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Concept of family insufficiency in the aged: critical literature analysis

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ABSTRACT
Objective: to identify the attributes of the “family insufficiency” concept of the aged in the literature. Method: critical literature analysis. Results: family insufficiency is characterized as a complex process of psychosocial interaction, founded mainly on low social support of the aged and impaired family ties. Its antecedents are found in contemporary transformations within the family system, intergenerational conflicts, impaired family relationships and social vulnerability of the family. The consequences of family insufficiency include social vulnerability of the aged, decline of psychological and functional health, lower quality of life and unsuccessful aging. An original theoretical proposal was elaborated for the concept of family insufficiency in the elderly, with the identification of its attributes, antecedents and consequences. Conclusion: the findings of this study constitute a theoretical advancement in the Family Insufficiency Syndrome in elderly people and provide data for future field research in developing the concept.

Key words: Aged; Family Relations; Concept Formation.

RESUMO
Objetivo: identificar na literatura os atributos do conceito “insuficiência familiar” na pessoa idosa. Método: análise crítica da literatura. Resultados: insuficiência familiar se caracteriza como um processo de interação psicossocial de estrutura complexa, fundado especialmente no baixo apoio social da pessoa idosa e no vínculo familiar prejudicado. Tem como antecedentes as transformações contemporâneas no sistema familiar, os conflitos intergeracionais, o comprometimento das relações familiares e a vulnerabilidade social da família. As consequências da insuficiência familiar incluem a vulnerabilidade social da pessoa idosa, o declínio da saúde psicológica e funcional, a menor qualidade de vida e o envelhecimento mal sucedido. Elaborou-se uma proposta teórica inédita para o conceito de insuficiência familiar na pessoa idosa com os atributos, antecedentes e consequentes identificados. Conclusão: os achados deste estudo constituem avanço teórico em relação à Síndrome Insuficiência Familiar na pessoa idosa, oferecendo dados para futuras pesquisas de campo no desenvolvimento do conceito.

Descritores: Idoso; Relações Familiares; Formação de Conceitos.

RESUMEN
Objetivo: identificar en la literatura los atributos del concepto “insuficiencia familiar” en lo adulto mayor. Método: análisis crítico de la literatura. Resultados: insuficiencia familiar se caracteriza por un proceso de interacción psicosocial de estructura compleja, establecido especialmente en el bajo apoyo social de lo adulto mayor y en el vínculo familiar perjudicado. Tiene como antecedentes las transformaciones contemporáneas en el sistema familiar, los conflictos intergeneracionales, el comprometimiento de las relaciones familiares y la vulnerabilidad social de la familia. Los consecuentes de la insuficiencia familiar incluyen la vulnerabilidad social del adulto mayor, el deterioro de la salud psicológica y el funcional, menor calidad de vida y el envejecimiento mal exitado. Una propuesta teórica sin precedentes se elaboró con el concepto de insuficiencia familiar en lo adulto mayor con los atributos, antecedentes y consecuentes identificados. Conclusión: los hallazgos de este...
INTRODUCCIÓN

En los últimos años, la esperanza de vida ha aumentado por diferentes razones, especialmente en el área de la salud. A partir de 2050, la población de más de 60 años superará a la población de menos de 15 años, y 80% de la población del mundo mayor de 60 años estará en países emergentes, según el Fondo de Población de las Naciones Unidas(1).

El aumento de la población mayor, tanto en Brasil y en el mundo, ha resultado en un amplio rango de transformaciones, económicas, sociales, en salud, en ocio, y también en relaciones afectivas, dentro o fuera de la familia. Similarmente, el cambio de la edad adulta a la edad envejecida es un proceso que ha generado nuevas demandas. Notablemente, entre ellos, está el reconocimiento de la importancia de sostener relaciones familiares con el fin de garantizar un ambiente fiable y seguro en el cual los ancianos puedan llevarl vidas autónomas, independientes y activas(2).

El concepto de falta de apoyo familiar puede ser entendido como un grupo de personas vinculadas por linaje, dependencia en la familia, dependencia o reglas de interacción social, viviendo en el mismo hogar o solos(3). También puede ser visto como un sistema interpersonal compuesto por personas que interactúan por diferentes razones, como afecto o reproducción, dentro de un proceso histórico, sin compartir el mismo espacio de vida(4). Se puede, por lo tanto, facilitar el desarrollo de vivencias sanas, estables emocionalmente, felices y equilibradas(2).

Así, una familia se constituye como un espacio de protección social, en el sentido de que es un lugar que proporciona apoyo a sus integrantes, solidaridad, reproducción social y cuidado(4).

Los cambios sociodemográficos y culturales, como el aumento de la esperanza de vida, la reducción de los índices de fecundidad, el aumento de la participación femenina en el mercado laboral, la valorización del individualismo y la intergeneracional, han sido factores que, a lo largo de los años, han afectado la estructura familiar y reducido la capacidad de apoyo familiar. Esto ha desestructurado el papel de proteger a las personas menos autónomas que han dependido históricamente del apoyo familiar y el cuidado(2).

Cuando la familia carece de las condiciones psicológicas y sociales necesarias, o de los recursos financieros y humanos para cuidar a sus miembros mayores, se exponen a situaciones de marginalidad. Esto crea un terreno fértil para la insuficiencia familiar, la cual puede perjudicar las condiciones de vida de las personas mayores, comúnmente conocidas como dependencia e institucionalización(8) y separación de sus familias. Actualmente, el concepto de insuficiencia familiar se considera como un síndrome geriátrico y uno de los siete gigantes de la geriatría(4).

Por lo tanto, surge un nuevo concepto en el lenguaje literario, el de la insuficiencia familiar, que aún está ajustándose a su actual significado; por lo tanto, la importancia de explorarlo con el fin de mejorar la conciencia de las enfermeras, los profesionales de la salud y la sociedad, especialmente la familia, en su papel de oponerse a este riesgo, invariablemente relacionado con la insuficiencia familiar, es directamente ligado a las relaciones humanas. Este contexto motiva a las preguntas de investigación: ¿Qué es la insuficiencia familiar? ¿Qué contribuye a este concepto? ¿Qué precede a la insuficiencia familiar? ¿Qué implicaciones tiene la insuficiencia familiar para los ancianos?

En este proceso, este estudio se propone identificar en la literatura las contribuciones del concepto de insuficiencia familiar en el envejecimiento y revelar lo que los autores significan por insuficiencia familiar. Esta investigación se justifica por el hecho de investigar, caracterizar e ilustrar el concepto de insuficiencia familiar, lo que tiene el potencial de contribuir al ámbito de la práctica, investigación y entrenamiento de enfermeras y otros profesionales de la salud en el contexto del cuidado de los ancianos.

MÉTODO

Este estudio se corresponde con un análisis de la literatura crítica(10-11) del concepto de insuficiencia familiar en el envejecimiento. Concepto se define como “representaciones cognitivas” de una realidad percibida, formadas por experiencias directas e indirectas basadas en situaciones, hechos o comportamientos(12). En este sentido, el concepto no se origina de manera espontánea, sino que surge de múltiples situaciones, influenciadas por factores intrínsecos y extrínsecos que se expanden, refinar y caracterizar. Se adquiere significado a través de su uso y aplicación en situaciones individuales(13). Conscientes de esta naturaleza conceptual, los conceptos son validados determinando sus componentes, normalmente referidos como atributos(12).

Un concepto puede ser comprendido explorando sus atributos identificados como antecedentes, definiendo atributos y consecuencias(14). Definir atributos es un acto que consiste en ejercer palabras o expresiones empleadas para determinar las propiedades que conforman el concepto, diferenciándolo de otros conceptos análogos o relacionados(15). Los antecedentes y consecuencias del concepto son analizados como situaciones, eventos o incidentes que preceden y preceden al fenómeno, respectivamente(15), y pueden no coincidir con los atributos definidos. Los antecedentes nos ayudan a entender el contexto social del concepto bajo estudio y nos permiten refinar su definición y identificar sus premisas subyacentes(15).

Datos y descriptors

La exploración teórica de los componentes abstractos y descriptors del concepto de insuficiencia familiar fue llevada a cabo por los autores (AS, TSP, JHSR, DSP, MAM) en septiembre de 2013. Los siguientes descriptors se emplearon en la base de datos de MEDLINE: “idoso” [DeCS] y “relaciones familiares” [DeCS] y “apoyo social” [DeCS], resultando en 268 referencias. En LILACS/SciELO los descriptors usados fueron “anciano” [DeCS] y “apoyo social” [DeCS] y “relaciones familiares”, que resultó en siete publicaciones. Los descriptors se usan en
the CINAHL and APA PsycNET search resources were “aged” [DeCS] and “family relations” [DeCS] and “social support”, which resulted in 43 and 35 citations, respectively, and a combined total of 353 potential references for this research.

Selection process

Publications presenting defining elements of the concept of family insufficiency, published in Portuguese, English or Spanish, were included in the study, regardless of publishing date. The titles of the 353 references resulting from the strategies employed in the bibliographical searches were read in order to select articles that were relevant to the study, as well as any existing abstracts. In case of doubt, or when the extract was not conclusive, the publication was saved for the following phase of full text reading.

The selected papers were read in full and analytically in order to identify those outlining possible elements of family insufficiency, whether antecedents, attributes or consequences. Most of the excluded references focused on the role of the elderly caretaker in the family, others alluded to the process of institutionalizing elderly individuals in the family, many referred to geriatric pathologies and therapies, among others. This phase led to a new selection of texts, resulting in the final set to be analyzed.

Data extraction and analysis process

This process started out with a close reading and critical analysis of the content of the publications brought up by the search. Those publications indicating possible contributions to the study of the concept of family insufficiency were set apart. These small texts were analyzed, within their respective contexts, to identify which elements they addressed, whether attributes, antecedents or consequences. Identification codes where then assigned to their content and inserted in a Microsoft Excel 2010 spreadsheet. The codes on the spreadsheet were constantly compared in order to identify the conceptual limits of family insufficiency[15]. And, consequently, they were grouped according to similarity of meaning, resulting in categories and subcategories which were individually named. The categories referring to the same approach of the concept of family insufficiency were grouped, which generated a new organization. During the analysis of the categories, some of them were renamed until the attribute meaning was adequately represented by a definite designation. This analysis was carried out by the authors (AS, TSP, JHMR) and validated by the researchers (DPS, MAM).

RESULTS

The theoretical exploration of the literature to analyze the concept of family insufficiency resulted in 23 publications. Box 1 summarizes the main characteristics of the studied publications: author/year, country of origin, impact factor, study type and objective. The critical literature analysis allowed the identification of the elements of the family insufficiency concept, namely, defining attributes, antecedents and consequences, which are presented in analysis categories and subcategories in Box 2. The findings of the analysis of the family insufficiency concept will be described in three parts, starting with the defining attributes, then the antecedents and finally the consequences, plus their respective synthesis tables, Box 3, 4 and 5. Also part of the result is a conceptual theoretical formulation of family insufficiency in the aged.

Defining or critical attributes of the concept of family insufficiency in the aged

Family insufficiency in the aged is characterized as a complex psychosocial interaction process[17] founded on two defining elements: low social support and impaired family ties. Family support is important for individual well-being throughout life; however, it can be particularly relevant in later life, when occupational, economic, functional and health challenges tend to increase[17].

Therefore, social, emotional and/or instrumental support, such as financial aid, transportation, help with household chores and illness treatment, may have different links to the well-being of elderly people[17-19]. After all, an inadequate social network added to financial difficulties or poor physical health may result in a tense life situation, contributing to the psychological suffering experienced by elderly people[20].

The main social integration networks, responsible for providing a broad base of support, are composed by relatives, friends and neighbors, besides those resulting from the involvement of elderly people with the community through neighborhood ties, religious groups, clubs or non-governmental organizations[21]. Such networks are distinct in structure, type and number of social ties, reciprocity, social engagement, relationship closeness and function, such as frequency of contact with the elderly and their participation[22].

The various sources of support may have different impacts on the well-being of the elderly[23]. The most obvious way to offer total social support to elderly people is through an equally total social network combining offspring, relatives and friends, considered the best social network[24]. The family, on the other hand, is the source of information, counseling and instrumental help[18,25]; however, family members provide instrumental rather than emotional support[19].

Low total social support stands out as a basic element of family insufficiency in the aged, which in turn is composed of low family support and low social support. Family relations have a mandatory nature, sustained by the institutionalized family structure and approved by prescribed social rules and roles[26-27]. Therefore, the network focused on the family is characterized by close links among spouses, children and siblings, but low contact with friends and controlled organizational participation[21]. Owing to physical, mental, emotional and social changes, the elderly require greater care and help from family members[28]. Consequently, the family is the main source of support for the elderly, and each family provides all help possible within its means to improve the life conditions of its elders, especially in times of “extreme need”[29]. Given the closeness, the family is able to detect swiftly and precisely any changes in its elderly members, such as the ability to perform daily tasks independently. Moreover, it
**Box 1 - Characteristics of the researched publications, Alfenas, Minas Gerais, Brazil, 2014**

<table>
<thead>
<tr>
<th>Author/year</th>
<th>Country of origin</th>
<th>Impact factor</th>
<th>Type of study</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dupertuis et al., 2001</td>
<td>USA</td>
<td>1.65</td>
<td>Empirical</td>
<td>To investigate the differential relationships between different types and sources of social support and of physical and mental health.</td>
</tr>
<tr>
<td>Chou &amp; Chi, 2003</td>
<td>China</td>
<td>1.67</td>
<td>Empirical</td>
<td>To investigate the reciprocal relationship between social support and depressive symptoms among Chinese elderly.</td>
</tr>
<tr>
<td>Comman et al., 2003</td>
<td>Taiwan</td>
<td>1.65</td>
<td>Empirical</td>
<td>To assess the effects of social relationships on the physical and mental health of elderly people.</td>
</tr>
<tr>
<td>Chou et al., 2004</td>
<td>China</td>
<td>1.67</td>
<td>Empirical</td>
<td>To determine the relationship between higher sources of income and depression among elderly people in Hong Kong.</td>
</tr>
<tr>
<td>Boey &amp; Chiu, 2005</td>
<td>England</td>
<td>1.67</td>
<td>Empirical</td>
<td>To analyze the relationship between higher sources of income and depression among men and women aged 70 or over.</td>
</tr>
<tr>
<td>Béland et al., 2005</td>
<td>USA</td>
<td>3.00</td>
<td>Theoretical</td>
<td>To assess joint trajectories of cognitive decline and social relations among the elderly.</td>
</tr>
<tr>
<td>Giles et al., 2007</td>
<td>Australia</td>
<td>1.97</td>
<td>Empirical</td>
<td>To examine the effects of social networks on residents in nursing homes.</td>
</tr>
<tr>
<td>Ruiz, 2007</td>
<td>USA</td>
<td>-</td>
<td>Empirical</td>
<td>To explore the role of familismo and filial piety and how a familismo approach results in health and support action for Latino and Asian elders.</td>
</tr>
<tr>
<td>Ryan &amp; Willits, 2007</td>
<td>USA</td>
<td>1.65</td>
<td>Empirical</td>
<td>To investigate the impact of the quantity and quality of family ties on the health and well-being of elderly people.</td>
</tr>
<tr>
<td>Teixeira, 2008</td>
<td>Brazil</td>
<td>-</td>
<td>Theoretical</td>
<td>To identify important changes in the dynamics of families with elders participating in the Programa Terceira Idade em Ação (Senior Citizens in Action Program) – PTIA/UFPI.</td>
</tr>
<tr>
<td>Thanakwong &amp; Soonthorndhada, 2008</td>
<td>Thailand</td>
<td>2.58</td>
<td>Theoretical</td>
<td>To examine the relations in which family networks are influential and support health-promoting behavior among the elderly.</td>
</tr>
<tr>
<td>Merz &amp; Consedine, 2009</td>
<td>USA</td>
<td>2.38</td>
<td>Empirical</td>
<td>To analyze the association between family support and well-being among the elderly.</td>
</tr>
<tr>
<td>Cheng et al., 2009</td>
<td>China</td>
<td>3.00</td>
<td>Empirical</td>
<td>To analyze social networks types and examine the supporting roles of relatives or non-relatives towards older adults.</td>
</tr>
<tr>
<td>Nanthamongkolchai et al., 2009</td>
<td>Thailand</td>
<td>2.58</td>
<td>Empirical</td>
<td>To identify factors influencing life happiness in elderly females.</td>
</tr>
<tr>
<td>Cardona-Arango et al., 2010</td>
<td>Colombia</td>
<td>0.480</td>
<td>Empirical</td>
<td>To analyze the social support of institutionalized elder adults.</td>
</tr>
<tr>
<td>Doubova et al., 2010</td>
<td>Mexico</td>
<td>2.08</td>
<td>Empirical</td>
<td>To describe and determine the association between social network types and functional dependence among the elderly.</td>
</tr>
<tr>
<td>Li et al., 2011</td>
<td>China</td>
<td>1.31</td>
<td>Empirical</td>
<td>To examine perceived and instrumental support and life satisfaction among youths and elders.</td>
</tr>
<tr>
<td>Pignatti et al., 2011</td>
<td>Brazil</td>
<td>-</td>
<td>Empirical</td>
<td>To identify aspects of social support among families of elderly rural workers.</td>
</tr>
<tr>
<td>Li &amp; Chi, 2011</td>
<td>USA</td>
<td>1.65</td>
<td>Empirical</td>
<td>To examine how family support influences the use of health services among older Chinese adults.</td>
</tr>
<tr>
<td>Pelcastre-Villafuerte et al., 2011</td>
<td>Mexico</td>
<td>-</td>
<td>Empirical</td>
<td>To analyze the main characteristics of social, formal and informal support to poor elders in an urban environment, relating them to ageing life and experience.</td>
</tr>
<tr>
<td>Huxhold et al., 2012</td>
<td>Germany</td>
<td>3.08</td>
<td>Empirical</td>
<td>To examine the dynamic interplay in social networks related to health and well-being in older age.</td>
</tr>
<tr>
<td>Kim &amp; Sok, 2012</td>
<td>Korea</td>
<td>0.88</td>
<td>Empirical</td>
<td>To examine the perceived health status, family support and life satisfaction and their correlations in elderly Koreans.</td>
</tr>
<tr>
<td>Hatfield et al., 2013</td>
<td>USA</td>
<td>2.97</td>
<td>Empirical</td>
<td>To examine and associate potential effects of social support on illness burden, functional impairment and depressive symptoms in elderly people.</td>
</tr>
</tbody>
</table>
can identify their physical conditions or notify them of health changes and difficulties, down to the most discreet depressive symptoms, and thus help them manage or deal with potential health problems (30). In particular, elders suffering from diseases benefit greatly from family support (23). Within this context, low social support to elders by the family has a negative impact on interdependence, personal affection, emotional intimacy and reciprocity, in both physical and psychological care (27).

In this research, the social integration network is marked by frequent contact with friends and neighbors, but low contact with relatives or even no family ties whatsoever. Such a network can become more restricted due to rare social activities and low organizational participation (21). And low social support to elders is one of the psychosocial factors with potential impact on individual health promoting practices (31).

Finally, impaired family ties can foster social isolation among elderly people (6).

### Antecedents of the concept of family insufficiency in the aged

The antecedents of the concept of family insufficiency in the aged are determining elements that somehow collaborate to establishing family insufficiency among elderly people. They are composed of the following analysis categories: Contemporary transformations in the family system; Intergenerational conflicts; Impaired family relations; and, finally, Social vulnerability of the family.

In this research, the social integration network is marked by frequent contact with friends and neighbors, but low contact with relatives or even no family ties whatsoever. Such a network can become more restricted due to rare social activities and low organizational participation (21). And low social support to elders is one of the psychosocial factors with potential impact on individual health promoting practices (31).

The family is the source of information and counseling; impaired family ties can harm its capacity to provide elders with comfort, support and company, for example, when few family members take an active interest in the health care of their elders, being thus unable to follow medical instructions and understand the effects of the clinical procedures they are undergoing (19). Impaired family ties can be reinforced by a sense of poor involvement and perceived incompetence of relatives (22). Finally, impaired family ties can foster social isolation among elderly people (6).

### Box 2 - Synthesis of the analysis categories and subcategories of antecedents, defining attributes and consequences of family insufficiency in the aged, Alfenas, Minas Gerais, Brazil, 2014

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Defining attributes</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemporary transformations in the family system</td>
<td>Low total social support</td>
<td>Social vulnerability of the elderly</td>
</tr>
<tr>
<td>Role inversion</td>
<td>Low family support</td>
<td>Decline in psychological health</td>
</tr>
<tr>
<td>Empty nest</td>
<td>Low social support</td>
<td>Functional decline</td>
</tr>
<tr>
<td>Intergenerational conflicts</td>
<td>Impaired family ties</td>
<td>Lower quality of life</td>
</tr>
<tr>
<td>Impaired family relations</td>
<td></td>
<td>Unsuccessful aging</td>
</tr>
<tr>
<td>Social vulnerability of the family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Box 3 - Analysis categories and subcategories of the defining attributes of family insufficiency in the aged, Alfenas, Minas Gerais, 2014

<table>
<thead>
<tr>
<th>Categories/subcategories</th>
<th>Main codes and references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low total social support</td>
<td>Low social support (17,18,23); Low instrumental support (17-18); Inadequate source of instrumental aid (18); Low emotional support (17); Inadequate social network (20); Long-term institutionalization (24); Low social integration (22).</td>
</tr>
<tr>
<td>Low family support</td>
<td>Low family support (6,17,23,27-30); Networks focused on family (21); Mandatory nature of family relations (20); Family relations sustained by prescribed rules and roles (20); Impaired family support (30); Low perceived support (23); Low support by family children (23); Low support by family youth (23).</td>
</tr>
<tr>
<td>Low social support</td>
<td>Low social support (31); Networks focused on friends (21); Restricted networks (23); Unidirectional support (18).</td>
</tr>
<tr>
<td>Impaired family ties</td>
<td>Impaired family contact (22); Sense of impaired family involvement (22); Inadequate source of family information (19); Inadequate counseling source (19); Perceived incompetence of family members (22); Social isolation (6).</td>
</tr>
</tbody>
</table>
medication and food. Pensions have commonly become crucial to family survival and finances, and in many cases are the main, if not sole, source of income.

On the other hand, owing to the natural evolution of life, to the resulting changes in the family system and to globalization, adult children are increasingly living far from their parents, given the economic and social opportunities available from home, thus leading to the emergence of the empty nest condition. Added to role inversion, this can contribute to trigger family insufficiency in the aged.

Intergenerational relationships within the family are governed by strong rules of filial piety. These incorporate emotions, including respect and intimacy between older adults and their children. In addition, providing support to parents is marked as a moral and social obligation in which children should be obedient and subservient, respecting their parents throughout their whole lives. However, some families stand out as sources of intergenerational conflicts, sustained by relationships of violence, negligence, disrespect, abandonment, domination, power and force. Such a family context fails to fulfill its important supporting role in intergenerational relationships, with their cultural expectations of love, closeness and solidarity, thus leading to the impairment of family unity. What stands out in this situation, added to the stress of modern life problems, is the loss of the cultural value of authority and respect among family members, leading to the potential weakening of ties with elders or social isolation.

In the category of impaired family relations, the absence of family members can have a negative impact on elders’ personal affection, emotional intimacy or even physical and/or psychological care. Moreover, impaired family relations contribute to reduce the sense of self-esteem of elderly people. Likewise, family members can assume a critical attitude in situations of health problems, disapproving of or rejecting the elder’s behaviors and decisions, which can lead to further functional decline, adaptive health behaviors, increased negative affection or even depression.

Finally, social vulnerability of the family is also characterized as an a priori condition of family insufficiency in the aged. Such family vulnerability can be caused by unemployment, alcohol and drug dependence, family ties or stressed relations due to modern life problems such as overvalued materialism, increased individualism among family members, loss of the values of authority and respect, among others. In addition, negative social interaction can aggravate the effects of poor health conditions and emotional decline in elders. Depending on the living conditions, the family can drive its elders to social isolation. Therefore, social isolation of elderly people emerges as the main antecedent of the family insufficiency concept.

Consequences of the concept of family insufficiency in the aged

The consequences of the concept of family insufficiency are defined as situations, events or incidents resulting from the application of the concept, that is, implications of family insufficiency in the aged. The analysis categories of the consequences are described in Box 5, to wit: Social vulnerability of the elderly; Decline of psychological health; Functional decline; Lower quality of life; and Unsuccessful aging.

Social interaction of elders with their relatives provides greater support for their affective ties to preserve interpersonal relationships, among other considerations. Therefore, social vulnerability of elders, generally occurring within the family, happens when the aged face potential threats to their needs and health, and lack the necessary personal, social and legal

### Box 4 - Analysis categories and subcategories of antecedents of family insufficiency in the aged, Alfenas, Minas Gerais, Brazil, 2014

<table>
<thead>
<tr>
<th>Categories/ subcategories</th>
<th>Main codes and references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemporary transformations in the family system</td>
<td>Non-patriarchal family system; Diminishing family size.</td>
</tr>
<tr>
<td>Role inversion</td>
<td>Unidirectional support; Source of financial support to the family.</td>
</tr>
<tr>
<td>Empty nest</td>
<td>Social and economic opportunities away from home; Married children living far from their parents; Distant family.</td>
</tr>
<tr>
<td>Intergenerational conflicts</td>
<td>Low sense of “filial piety”; Low cultural expectations of fraternity; Impaired family unity; Loss of cultural value of “authority” among family members; Loss of cultural value of “respect” among family members; Conflicting relations between generations.</td>
</tr>
<tr>
<td>Impaired family relations</td>
<td>Impaired family relations; Decreased personal affection among family members; Impaired emotional intimacy among family members; Low reciprocity among family members; Impaired offer of physical care; Impaired offer of psychological care; Violence in family relations; Negligence in family relations; Disrespect in family relations; Abandonment in family relations; Critical family; Low family instrumental support.</td>
</tr>
<tr>
<td>Social vulnerability of the family</td>
<td>Negative social interaction; Unemployment in the family; Alcohol and drug dependence in the family; Stressed family ties due to modern life problems; Individualism in the family; Overvalue of material goods; Isolation.</td>
</tr>
</tbody>
</table>
Box 5 - Analysis categories of the consequences of the concept of family insufficiency in the aged, Alfenas, Minas Gerais, Brazil, 2014

<table>
<thead>
<tr>
<th>Categories</th>
<th>Main codes and references</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social vulnerability of elders</td>
<td>Social vulnerability [33]; Impaired affective ties [38]; Impaired interpersonal relations [35]; Greater negative impact of stress factors – poor physical health and financial problems [20]; Institutionalization [27]; Long-Term Care Institutionalization [24].</td>
</tr>
<tr>
<td>Decline of psychological health</td>
<td>Negative feelings towards life [37]; Low self-esteem [28]; Negative affection [37]; Poor adaptation to crises [38]; Greater vulnerability to health-related stressors [39]; Stress [38]; Impaired psychological care [27]; Impaired emotional functioning [39]; Deficient psychological well-being [28, 31, 36]; Psychological suffering [38]; Low mood [38]; Depression symptoms [26, 32, 35, 36]; Impaired psychological health [28].</td>
</tr>
<tr>
<td>Functional decline</td>
<td>Reduction of health-promoting behavior [31]; Inadequate health behavior [38]; Greater vulnerability to health problems [27]; Impaired physical and psychological health [27]; Impaired physical care [27]; Impaired help with daily activities [28]; Decline of functional activity [28]; Impaired functional health [27]; Functional dependency [27]; Decline of general health status [27]; Increase of Mortality Rates [28].</td>
</tr>
<tr>
<td>Lower quality of life</td>
<td>Unhealthy life [30]; Well-being deficit [31]; Dissatisfaction with life [6, 30, 34]; Impaired quality of life [20, 31]</td>
</tr>
<tr>
<td>Unsuccessful aging</td>
<td>Increasing cognitive aging [37]; Greater cognitive decline [27]; Increasing physical aging [27]; Unsuccessful aging [30].</td>
</tr>
</tbody>
</table>

resources to avoid violation of their human rights [23]. The absence of resources, evidenced by counterproductive social exchange, may increase poor health conditions and emotional decline [35]. Similarly, the negative impact of life stress factors on elders can be alleviated by an effective social network [20].

Consequently, among the multiple social networks available to elderly people, the total social network, composed of all children, relatives, friends and confidants, plays an important role in protecting against residency in Long-Term Care Institutions [24]. On the other hand, with the impairment of this type of network, allied to loneliness, elderly people become vulnerable to institutionalization [27] and separation from the family.

A further consequence of family insufficiency in the aged is the decline of psychological health. When elders are neither integrated into their families nor into the communities to which they belong, sustaining fragile relationships, they normally present negative feelings towards life [27], low self-esteem [28], and increased negative affection [35]. Therefore, loneliness, isolation and negative social interaction aggravate poor emotional functioning [35], create stressful situations [38] and result in inadequate psychological care to the elderly [27]. In addition, lack of affection and aid to elderly people can weaken their defense against health-related stressors and hinder their capacity to adapt to crises [20].

The consequences of insufficient social support to the elderly in the family are also linked to impaired health-promoting behavior and reduced psychological well-being [31], potentially contributing to psychological suffering in elders. Such suffering can be especially aggravated when combined with stressful life situations, such as poor physical health and financial difficulties [20]. Moreover, a deficient or limited family network can trigger low mood, with depressive symptoms [26], or actual depression [32, 35, 38], which can be aggravated when combined with common old-age chronic diseases [35]. In this perspective, low family support is decisively linked to psychological health decline in elders, which can obviously lead to their social isolation.

Alongside decline in psychological health, functional decline in elders is a further consequence of the family insufficiency concept. It is equally characterized by the impairment of health-promoting behavior, as well as inappropriate health behavior in the context of health disorders [39]. Therefore, limited or poor interaction with family members, such as in widowhood, is related to greater dependency [28] and vulnerability to health problems among elders [27], resulting in impaired physical health [23] and its potential complications [28]. Elders in a restricted social network, i.e., with little help from and social interaction with relatives, also present a greater decline in daily life activities, since they have less help to perform daily tasks, including physical care [27].

Once the most important source of well-being for the elderly – the family – is scarce, lower quality of life or impaired well-being [31] emerges as a logical consequence of the social isolation of elders in a situation of family insufficiency [30]. Lack of family support can hinder the preservation of health and cause the reduction or loss of life satisfaction [3, 6, 34] or even of quality of life [20, 31].

Social vulnerability of elders, decline of psychological and functional health, and lower quality of life culminate in the major consequence of the concept of family insufficiency in the aged, namely, unsuccessful aging. This occurs since, through psychological, behavioral and physiological processes, elders with few or fragile family ties tend to undergo greater cognitive decline, which impacts physical aging [22, 37].

The analysis of the defining attributes, antecedents and consequences of the family insufficiency concept through Literature Critical Analysis [10, 39] allowed the formulation of the original theoretical proposal of the concept of family insufficiency in the aged:

Family insufficiency in the aged is characterized as a complex psychosocial process founded on impaired family ties and, above all, low social support, the latter being mainly determined by poor family support, both emotional and in terms of instrumental help. Contemporary transformations in the family system, among them the inversion of the role
of elders and their empty nest, combined with intergenera-
tional conflicts and impaired family relations, may trigger or
strengthen the social vulnerability of the family. As to the
social vulnerability of elders, the decline of their psycho-
logical and functional health, with loss of quality of life, in
short, their unsuccessful aging, these are consequences of
family insufficiency in the aged.

DISCUSSION

The growth of the elderly population has produced numer-
ous transformations, especially in family relations. For elders
to continue leading autonomous and active lives, they must
live in a reliable and safe environment, chiefly provided by
family support\(^{22}\). Alongside the perception of nurses and other
health professionals of the inadequacy or even lack of family
support, this study aimed to research in the literature elements
that constitute family insufficiency in the aged in order to for-
mulate a proposal of that concept.

Family insufficiency in the aged is understood as a psycho-
social process. It is a process since it exists in an updated,
continuous and permanent movement. It is psychological
for being founded on internal constructions and on mean-
ings, and it is social for happening in the interaction of elders
with the family, with the context in which they live and also
with themselves. Given that the family is a complex construc-
tion\(^{17}\), the experience of family insufficiency is an equally
complex process of interactions, symbolically constituted by
non-linear events occurring simultaneously and influencing
each other, such as impaired family relations, contemporary
transformations in the family system, intergenerational con-
licts, decline of psychological and functional health, among
others. The process of family insufficiency in the aged evi-
dences links existing between the causal conditions leading
to the increase of family insufficiency, to the experience itself,
founded on impaired family ties and low social support, and
to the consequences of or responses to the experience of fam-
ily insufficiency.

In the literature analysis, the attributes that define family
insufficiency in the aged are characterized by low total so-
cial support, which is composed of family and social support,
besides impaired family ties of elders. The sources of social
support in the consulted literature, in turn, also lack a better
conceptual differentiation concerning its nature, role and un-
derlying mechanisms, indicated the need for further research.

The family stands out as the main source of support for
elderly people\(^{26}\). Among the family relationships of elders,
those established with children are identified as the most im-
portant to the physical well-being of elderly individuals\(^{23}\).
Likewise, the support of the family youth predict greater well-
being of old-age members\(^{17}\). Therefore, low family support,
whether of adults, youths or children, is fully linked to the
development of family insufficiency in the aged. Support
must be bidirectional so that elders receive support from fam-
ily and friends and at the same time contribute by caring for
grandchildren, performing simple household chores or doing
informal work to increase the family income\(^{26}\). However, in
the context of family insufficiency, support is mainly unidirec-
tional, that is, from the elder to the family.

The aging process demands greater care and support,
which must be provided by the main source of support to el-
ders – their family. Therefore, family interaction is beneficial
for elders\(^{22}\) and, when scarce, family ties are naturally im-
paired so that when support is not provided, the process of so-
cial isolation of elders begins. Likewise, the studied literature
does not outline the concept of family ties and its distinction
from family relations, once more suggesting further research
questions.

The antecedents, which contribute to reinforce the family
insufficiency concept, can be explained by the contemporary
transformations affecting the family system, such as the empty
nest. These cultural transformations also tend to increase the
value of individualism, independence and autonomy among
family members, as well as socioeconomic conditions, as in
the search for higher income and better health conditions,
triggering greater estrangement in family relations\(^{6,14}\).
The context of low social exchange within the vertical family gives
rise to the concept of distant family, characterized by a high
exchange of support with the family extended horizontally,
i.e., with non-family members, neighbors, friends, institu-
tions, religious groups, among others\(^{27}\).

The reduced social contact of elders, whether through
physical separation, social barriers or even psychological
mechanisms, has wide repercussions for elderly people.
When applied, the concept of family insufficiency makes
elders vulnerable and promotes the decline of their psycho-
logical health, ranging from negative feelings towards life,
low self-esteem and low mood to actual depression symp-
toms. Moreover, it triggers their functional decline, espe-
cially by reducing health-promoting behavior, compromis-
ing their general health conditions and, consequently, their
quality of life.

In the analysis of the family insufficiency concept, social
isolation of elders was characterized as a major attribute,
since it appears as an antecedent, as a defining attribute and,
lastly, as a consequence. Therefore, social isolation of elders
is an important factor in the onset of family insufficiency, as
well as in its establishment, after which social isolation tends
to increase among elderly people.

CONCLUSION

The findings of the research on the family insufficiency
concept in the literature, through Critical Literature Analy-
sis\(^{10-11}\), provide relevant theoretical material to formu-
late such a concept. The theoretical proposal of the concept
of family insufficiency in the aged represents innovative evi-
dence on the topic, providing data for future field research
on the development of the concept in order to understand
how it occurs and is structured in the daily life of elders. The
findings also further the development and expansion of the
conceptual components identified to date and indicate the
need for a deeper understanding of the family insufficiency
concept.
As for the practical implications, this study exposes a set of defining or critical attributes pointing to the concept of family insufficiency in the aged. The clear outlining of these attributes for nurses and other health professionals favors the assessment and identification of family insufficiency and, consequently, supports clinical decision-making and the design of effective strategies within the family and community, aiming at improving the well-being of elderly people. Finally, this study provides a theoretical framework for both health professionals and the family to support the elderly in their aging process.

In addition, the conceptual theoretical proposal of family insufficiency in the aged can be used as a tool to support improvement in learning to diagnose this Geriatric Syndrome. A further possibility is carrying out additional research to validate family insufficiency as a nursing diagnosis.

REFERENCES


