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Review

How prepared are families for patients undergoing continuous ambulatory peritoneal dialysis therapy?

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ABSTRACT

Family readiness is crucial in Continuous Ambulatory Peritoneal Dialysis (CAPD) therapy, as families play a central role as caregivers, helping to maintain care quality and reduce complications. This scoping review aims to systematically assess the literature to identify key aspects of family readiness in supporting patients undergoing CAPD therapy, highlighting its importance for better patient outcomes and its contribution to broader knowledge in patient care. Literature was selected using the Population and Concept (PC) framework, with the population of interest being families of CAPD patients and the concept focused on family readiness. Studies from 2015 to December 2023 were sourced from PubMed, Science Direct, PROQUEST, and Google Scholar, with inclusion criteria focusing on family involvement in CAPD care and exclusion criteria eliminating non-relevant studies. Ten articles met the criteria, revealing critical aspects of family readiness, including caregiving burden, communication with healthcare providers, knowledge of the disease and therapy, material and emotional support, and understanding of the dialysis service system. These factors are essential for ensuring quality care, reducing risks, and improving overall CAPD therapy success.

Keywords:

CAPD
peritoneal dialysis
family readiness
family perception
chronic kidney disease

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Introduction

Chronic kidney failure causes death in 850,000 people every year (Zedan et al., 2022), according to data from the World Health Organization (WHO); this figure shows that chronic kidney failure is ranked 12th highest as a cause of death in the world (Gliki & Tavares, 2024). The prevalence of chronic kidney disease or CKD (permit) based on doctor's diagnosis at age ≥ 15 years is highest in the 65–74 year age group based on Riskesdas data (Kementerian Kesehatan RI Badan Penelitian dan Pengembangan., 2018). Data from the Indonesian Renal Registry 2018 showed a 499 per million population, which has almost doubled compared to the previous year (Rahmi et al., 2024). According to the United States Renal Data System (USRDS) report, the number of users of hemodialysis (HD) as the primary form of Renal Replacement Therapy (RRT) ranged from 111,000 to 113,000 for four consecutive years until 2018 (Winarti et al., 2021), while the use of peritoneal dialysis (PD) as a form of China only reached 18,631 cases (Jaelani et al., 2023).

Peritoneal dialysis (PD) is a renal replacement therapy option that has been proven to provide several benefits (Blake et al., 2020), such as the ability to maintain remaining kidney function (Blake et al., 2020), providing greater empowerment for patients and families (Perl et al., 2020), efficiency in removing solutes and solvents (Chuasuwan et al., 2020), reducing the burden of neutering, and improve survival rates and overall quality of life. In Indonesia, the peritoneal dialysis available is Continuous Ambulatory Peritoneal Dialysis (CAPD), which is relatively new (Isnaini et al., 2021). Data from September 2020 showed that there were 2,481 CAPD patients in Indonesia. Around 83 health facilities can provide CAPD services (Arlinta, 2023). CAPD uses the patient's peritoneal membrane with a working mechanism (Cho et al., 2021), namely that dialysis fluid is inserted into the peritoneal cavity using a catheter (Gliki & Tavares, 2024), which is divided into two branches (Kathuria & Twardowski, 2023) that will enter and exit the peritoneal cavity and is left for four to six hours to achieve balance (Andreoli & Totoli, 2020). The dialysate is then discarded and replaced with new dialysis fluid (Zawierucha et al., 2023). Changes in the glucose concentration in the dialysate will change the osmolarity, which regulates water movement by osmosis from the blood to the dialysate (Canaud et al., 2023). CAPD is the preferred choice in patients with Chronic Kidney Disease (CKD) because the technique is relatively simple and can be performed at home (Specifications, 2020).

This CAPD can also reduce transportation costs incurred for traveling to the hemodialysis center and the use of hospital facilities/hemodialysis machines (Ovaere & Proost, 2022). In patients diagnosed with severe anemia, cardiovascular complications, including severe hypertension and poor vascular access, are particularly suitable for choosing CAPD (Brown et al., 2022). CAPD, although easy to implement, can cause various complications (Bello et al., 2022), which, if not treated, can be fatal (Cullis et al., 2021). Peritonitis is a complication that is often encountered, although currently, the incidence of peritonitis in several kidney units has decreased from 4 people to 3 people per year (De Miguel-Ibáñez et al., 2021). This decrease was due to better patient selection, training, and technological advances such as connectors, in-line filters, and Y tubing (Regunath et al., 2023).

To reduce the risk of complications, patients undergoing Peritoneal Dialysis (PD), including CAPD, require strong self-care support (Moola et al., 2020). Although CAPD therapy can be performed at home, it must still be monitored by healthcare professionals to ensure that the patient's condition remains stable (Thong-on et al., 2022). Therefore, the patient or their family must report the patient's condition while undergoing CAPD at home to healthcare providers (Rizal et al., 2021). Family readiness is crucial in supporting kidney failure patients undergoing CAPD (Brown et al., 2023), as it helps monitor the implementation of CAPD at home (Giuliani et al., 2022). Previous research has shown that the readiness of both patients and their families plays a significant role in the success of CAPD therapy (Farzi et al., 2019). A study by (Prasetya' Adhi et al., 2021) revealed that families with adequate knowledge of CAPD and sufficient training are more capable of assisting patients in managing home therapy, ultimately reducing complications and improving the patient's quality of life (Cao et al., 2023). Additionally, research by (Fox et al., 2020a) found that emotional support from families is essential in helping patients cope with the psychological challenges, such as anxiety and depression, that are often experienced during CAPD therapy.

In terms of psychological impacts, CAPD therapy can significantly affect patients' mental health, with many experiencing stress (Nataatmadja et al., 2021), anxiety, and depression due to the substantial lifestyle changes and increased self-care responsibilities (Fernandez et al., 2022). A study by Griva et al. (2019) reported that 30-40% of CAPD patients exhibit symptoms of depression and anxiety. Family support and psychological interventions can significantly help patients manage these mental burdens, improving their quality of life throughout long-term therapy (Lew & Centron, 2021). Families of CAPD patients need comprehensive support from healthcare workers and the community to ensure they are adequately prepared to assist patients. Therefore, assessing and enhancing family readiness is of utmost importance. The novelty of this scoping review lies in its focus on identifying the specific gaps in family readiness for CAPD therapy, which has not been extensively explored in previous literature. Unlike earlier studies that primarily focused on patient outcomes and caregiver burdens, this review specifically examines the structural and emotional support systems necessary for families to manage CAPD effectively. By doing so, it contributes original insights into how family preparedness impacts the success of CAPD therapy and the reduction of complications.

The objective of this research is to systematically identify and summarize existing literature on family readiness for CAPD therapy, providing recommendations for improving support structures.

This review aims to fill the knowledge gap regarding the role of family readiness in long-term care for CAPD patients and to provide a foundation for developing targeted programs to enhance family support. The research question this study seeks to answer is: "What are the key factors influencing family readiness in supporting CAPD patients, and what interventions can enhance their preparedness?" By answering this, the study will contribute to a more comprehensive understanding of the resources and strategies that are effective in increasing family readiness. In contrast to previous studies, which predominantly focused on patient education and care management, this review highlights the critical role of family involvement and readiness, addressing an underexplored aspect of CAPD therapy. The study also emphasizes the need for structured interventions to better equip families, ensuring they can provide sustained and effective care for CAPD patients at home.

Methods

This research employed a scoping review methodology to comprehensively assess existing literature on family readiness in Continuous Ambulatory Peritoneal Dialysis (CAPD) therapy. A scoping review is particularly suited for mapping the breadth of research on specific topics, helping to identify gaps in knowledge and summarize key concepts relevant to our study objectives. The population of interest consists of families of patients undergoing CAPD therapy. The study included peer-reviewed research articles that specifically focused on family involvement, readiness, or support in managing CAPD. To ensure relevance, articles focusing solely on patient outcomes, pediatric populations, or non-ambulatory peritoneal dialysis were excluded.

Data were systematically collected from major electronic databases, including PubMed, Science Direct, PROQUEST, and Google Scholar, covering the period from 2015 to December 2023. The search strategy involved using primary keywords such as "readiness," "family," and "Continuous Ambulatory Peritoneal Dialysis (CAPD)," with Boolean operators (AND, OR) to refine the results. Combinations like "family readiness" AND "CAPD" ensured comprehensive coverage. Filters were applied to limit searches to peer-reviewed articles published in English. During the screening process, non-English studies without full translations were also excluded.

The selection of articles was guided by specific inclusion and exclusion criteria. The inclusion criteria encompassed full-text peer-reviewed research articles, systematic reviews, meta-analyses, or clinical guidelines that addressed family readiness or support in CAPD therapy. Only studies published within the specified timeframe were considered. Conversely, exclusion criteria eliminated non-original publications such as letters to the editor, conference abstracts, and editorials. The quality of selected studies was assessed using the Critical Appraisal Skills Programme (CASP) checklist, focusing on aspects such as study design and clarity of objectives. A secondary reviewer validated the assessments to enhance reliability and minimize bias.

A total of 631 journals have been selected from seven large database sources, with details of 135 articles coming from PubMed, 140 articles from Science Direct, 145 articles from Proquest, and 211 articles from Google Scholar based on predetermined keywords. In the title screening process, articles irrelevant to the study population were removed from the inclusion criteria. As a result, only 148 articles were eligible, with details of 43 from PubMed, 44 from Science Direct, 20 from Proquest, and 41 from Google Scholar. Articles that did not fit the title of the Literature Review were removed from the list, and finally, a quality assessment was carried out on the ten selected articles. Procedures for searching and reviewing literature can be seen in Figure 1.

Data extraction involved summarizing relevant information from each selected article, including publication year, study design, population characteristics, and key findings related to family readiness for CAPD. The extracted data were categorized thematically to highlight critical aspects such as the burden of care, communication with healthcare providers, and emotional support. Although thematic synthesis was performed to interpret the findings, no statistical analysis software was utilized; instead, a manual coding approach was adopted to identify recurring themes across the studies. This qualitative synthesis focused on aggregating results to present a clear overview of family readiness in CAPD therapy.

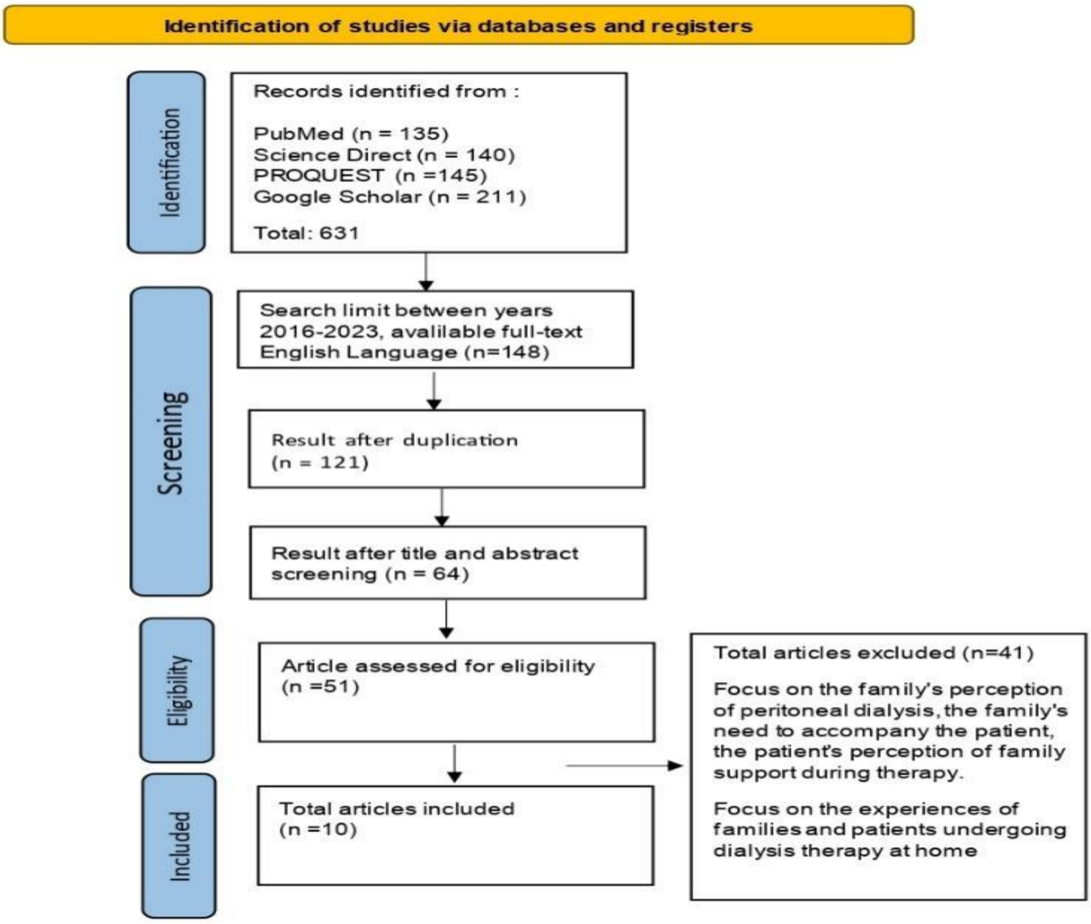

Figure 1. Literature search diagram

To ensure validity and reliability, the processes of data extraction and coding were double-checked by independent reviewers, and any discrepancies were resolved through consensus. While this scoping review aimed to provide a thorough overview of family readiness in CAPD therapy, some limitations were acknowledged. The review's focus on English-language publications may have excluded relevant findings from non-English-speaking contexts. Additionally, variations in methodology and sample sizes across studies may impact the consistency of the findings. Overall, this structured approach aimed to offer meaningful insights into the role of family readiness in supporting patients undergoing CAPD therapy.

Data review and data drawing

Journals are determined using the PC (Population, Concept) approach. The study population consisted of families of CKD patients undergoing CAPD. The research was conducted using a qualitative approach between 2015 and 2023. Data was selected and collected using the "Mendeley" application, with steps such as entering each database folder and deleting duplicate files. Journals that meet the criteria are placed in a folder labeled "Potential" after selecting their title and abstract. Researchers will review articles included in the "Potential" folder by selecting the full-text option to be included in the folder ("include for review"). The data review process is carried out manually by reviewers based on several research characteristics (first author, year of publication, location, language, research design) and participant characteristics (sample size, age, and research results).

The data synthesis process was carried out by systematically analyzing articles relevant to the readiness of families of CAPD patients following the research objectives and questions. Researchers present the results of several studies regarding the readiness of patient families to undergo CAPD therapy. Quality assessment was carried out on the obtained literature following evidence-based practice. Research identifies contributions from relevant literature to the research topic. The author searches for and finds data sources that suit research needs. Assessment of the quality of studies in this literature involves accuracy, purpose, credibility, relevance, and currentness.

Results and Discussion

Study Characteristics

This study involved ten articles with varying designs, including three semistructured interview research articles, one ethnographic study article, one experimental study article, four qualitative articles, and one descriptive-analytic study article. The studies were conducted in various countries, including the United States, Canada, the United Kingdom, New Zealand, Thailand, Brazil, Iran, and France. Detailed characteristics of the included studies are presented in Table 1.

Table 1. Study Characteristics

No	Author, year, location	Title	Study design	Sample	Result
1	Baillie J, Lankshear A, (2015), UK	Patients' And Relatives' Experiences of Peritonitis When Using Peritoneal Dialysis	ethnographic study	16 patients and nine family members	This research focuses on awareness of peritonitis complications in the dialysis process. There are four themes related to the role of the family as caregivers for CAPD patients at home, namely: understanding the risk of peritonitis; steps taken to prevent infection; how families continually monitor signs and symptoms of infection; how they then identify and intervene when peritonitis is suspected. The family must prepare sufficient knowledge, be resilient against fear and uncertainty, and continuously learn about the therapy process.
2	Walker et al. (2016), New Zealand	Patient and caregiver values, beliefs and experiences when considering home dialysis	Semistructured interviews	43 patients, nine caregivers	Five themes related to home dialysis were identified: 1)lack of decision power (complexity of information, limited exposure to home dialysis, feeling helpless, loss of options, pressure to choose), 2)maintaining

No	Author, year, location	Title	Study design	Sample	Result
		as a treatment option: a semistructured interview study			relationships (maintaining cultural involvement, family influence, trust in clinicians, minimizing social isolation), 3)reducing lifestyle disruptions (keeping a job, avoiding relocation, considering additional costs, seeking a flexible schedule, creating free time), 4)gaining confidence in choices (security assurance, relying on professional certainty, support from peers, overcoming fears), and 5) maximizing survival.
3	C. Singmanee, (2016), Thailand	Effect of Family Support on Health Behaviors among Persons with End-Stage Renal Disease Receiving Continuous Ambulatory Peritoneal Dialysis	experimental and control group	30 patients (Each 15 per group)	The health behavior of individuals with End Stage Renal Disease who received continuous ambulatory peritoneal dialysis improved significantly after receiving family support. Family members should be prepared to provide maximum assistance to CAPD patients regarding information, material support and emotional support to patients to improve their health behavior.
4	Tavares et al., (2016), Brazil	Peritoneal dialysis: family care for chronic kidney disease patients in home-based treatment	qualitative descriptive study	19 family members	There are three aspects proposed as the basis for home dialysis patient care by the family, namely: family knowledge about a familiar system, dialogue between the family and the nurse, and the family's scientific knowledge regarding the patient's illness
5	O’ Hare et al. (2017), US	“ Maybe They Don’ t Even Know That I	semistructured interviews at	17 family members	Three themes emerged from interviews with patients' families and friends: (1) their

No	Author, year, location	Title	Study design	Sample	Result
		Exist” : Challenges Faced by Family Members and Friends of Patients with Advanced Kidney Disease			role in care and planning changed with the patient's illness, (2) the needs of the health system influenced their involvement in care, and (3) they experienced tension in interactions with patients and the health care system.
6	DePasquale et al., (2019), US	Family Members’ Experiences with Dialysis and Kidney Transplantation	Qualitative study	49 family members	Three themes were identified that were discussed by family members when providing care for CAPD patients, including being responsible for the patient (unexpected responsibilities and sleep disturbances), delivery of care and logistics (insufficient information, drug regimen, and logistical inconvenience). , and patient morbidity (dialysis-related health problems and fatigue).
7	Farzi et al., (2019), Isfahan, Iran	Caring burden and quality of life of family caregivers in patients undergoing hemodialysis: A descriptive-analytic study	studi deskriptif-analitik.	254 family members	Quality of life and burden of care scores were 30.54±9.89 and 44.98±6.82 in the carers. Carer family members who experience a higher burden of care have a lower quality of life.
8	Griva et al. (2020)	Patient-Related Barriers to Timely Dialysis Access Preparation: A Qualitative Study of the Perspectives of Patients, Family Members, and	Qualitative study Setting	68 pasien, 19 keluarga, 9 perawat	Six themes were identified related to family preparation to accompany dialysis therapy: 1) knowledge about symptoms of complications, 2) fear of the dialysis process and practical concerns (excessive fear, pain, costs, lifestyle disturbances, work-related worries, burden on the family), 3) evaluation

No	Author, year, location	Title	Study design	Sample	Result
		Healthcare Providers			value compared to costs incurred, 4) consideration of alternative therapies, 5) social influence (experiences of others, input from people around), 6) interactions with health workers (distrust, interpersonal tension, lack of clarity in information).
9	Fox et al. (2020), Canada	Social Support in the Peritoneal Dialysis Experience: A Qualitative Descriptive Study	A qualitative, descriptive study	15 patients, six family members, and 11 nurses	Themes related to the four attributes of social support were identified: addressing emotional needs and managing emotions (emotional support); peritoneal dialysis tasks and life tasks (instrumental support); accessing information, receiving information, and learning (informational support); as well as external affirmation/support and self-confidence (assessment support).
10	Senghor, (2021), France	How do patients and health professionals perceive the role of family members in the decision-making process regarding choosing a dialysis method? A qualitative study	semistructured interviews	16 pasien, 20 tenaga kesehatan	This research identifies the role of the family in dialysis therapy decision-making. To carry out this role, families need to prepare themselves by understanding the disease conditions experienced by family members, being actively involved in therapeutic patient education sessions, providing emotional and practical support, and communicating openly with family members experiencing health problems.

These ten studies generally discuss six topics: burden of care, communication patterns and family relationships with health workers, knowledge about disease and therapy, material support, emotional support, and knowledge about the dialysis service system.

Maintenance Burden

The burden of care felt by families when caring for peritoneal dialysis patients refers to the physical, emotional, and social responsibilities borne by the family or caregiver in caring for the patient. It's not just about carrying out medical procedures such as dialysis; it also involves monitoring the patient's health condition, setting treatment schedules, and managing medication (Frontini et al., 2021). The burden of care can greatly affect the quality of life for families and patients, causing additional stress and pressure for caregiving families. A study shows that caring for patients on routine peritoneal dialysis causes physical, mental, and social burdens on family caregivers, with stress levels influenced by the severity of the patient's illness and other demographic factors (Zhang et al., 2020). Families often experience significant physical, emotional, and social burdens when caring for dialysis patients at home (Alshammari et al., 2021).

Educational programs tailored to families' needs can help increase their readiness to manage the burden of care. The family's readiness to face the burden of care when caring for dialysis patients is greatly influenced by the knowledge, emotional support, and social support they receive. Efforts to increase family readiness can help improve the quality of patient care and reduce the negative impact on the family (Hussein et al., 2021). This aspect of family burden is closely linked to communication patterns with healthcare providers, as effective communication can alleviate some of the emotional and social stresses families face.

Communication Patterns and Family Relationships with Health Provider

Communication patterns and family relationships with health workers in the context of dialysis therapy are critical. Several studies have identified effective communication as an essential factor in improving the quality of patient care. Maintaining a positive relationship between families and health professionals is crucial in the decision-making process regarding dialysis treatment (Shi et al., 2022). Good communication includes mutual understanding, respect, and support during the treatment process, which can directly mitigate the burden felt by families by ensuring they are informed and engaged (Finderup et al., 2021). Family support for dialysis patients enhances patient health behaviors (Ghafourifard et al., 2021).

Poor communication can lead to a lack of understanding of treatment procedures and patient conditions, resulting in errors in providing Care (DePasquale et al., 2020). This situation can increase the risk of complications and reduce the quality of patient care (Fox et al., 2020a). In addition, poor communication patterns can also cause tension between families and health workers (Nataatmadja et al., 2021), which can affect the availability and quality of care provided (Jones et al., 2021). Another impact is decreased adherence to therapy, where families may not follow treatment instructions correctly due to a lack of understanding or support from health professionals (Hannawa et al., 2022).

One way to foster good relationships is to strengthen effective and open communication between both parties (Fernandez et al., 2022). This process involves families and health workers listening to each other well, sharing information clearly and accurately, and respecting each other's opinions and needs (Kwame & Petrucka, 2021). Involving the family in patient care decision-making is also an important step in fostering good relationships (Molina-Mula & Gallo-Estrada, 2020), which not only improves communication but also empowers families (Lew & Centron, 2021), reducing their burden and increasing their confidence in managing patient care (Pama et al., 2023). By involving families, health professionals can better understand family preferences and values in patient care, thereby providing more personalized care. Providing emotional support to the family is also an effective way to foster good relationships (García-Meza et al., 2022).

Knowledge of Disease and Therapy

Knowledge about disease can include understanding the medical conditions that underlie the need for dialysis, symptoms to look out for, and signs of complications that should be immediately reported to health workers (Ngaruiya et al., 2022). Meanwhile, knowledge about dialysis therapy includes understanding the dialysis procedure itself (Maierean & Oliver, 2021), the monitoring required during the dialysis process, and the steps that must be taken in caring for patients daily (Chemweno & Pintelon, 2020). The family's readiness to understand the disease and dialysis therapy greatly influences the success of patient care (Pungchompoo et al., 2020). Families who have good knowledge about chronic kidney disease and dialysis therapy have better abilities in managing patient care.

They can better identify symptoms that require medical attention and take the necessary preventative steps. In addition, good knowledge also helps families understand the importance of compliance with dialysis therapy, thereby increasing the effectiveness of treatment (Susanti & Bistara, 2021). This knowledge ties back to communication patterns, as informed families can engage more effectively with health providers, leading to better care outcomes (Baumgart et al., 2020). Families skilled in necessary procedures during dialysis, such as placing tubes and controlling fluid flow, experience higher therapeutic success rates (Finkelstein & Foo, 2020). This connection illustrates how knowledge about disease and therapy can empower families (Blake & Brown, 2020), thus reducing their overall burden and enhancing their relationship with healthcare providers.

Material Readiness

The family's material readiness to support the dialysis therapy treatment process significantly impacts the success of patient treatment (Boyer et al., 2020). Families with good material preparedness, such as easy access to treatment facilities and medical information, tend to comply more with dialysis therapy (Noyes et al., 2021). They can also better overcome practical obstacles that may arise during treatment, such as additional costs and tight schedules. Families with adequate material support, such as financial assistance and access to quality medical care, have higher therapeutic success rates (Chan et al., 2020). Material readiness is closely connected to emotional support, as families with fewer material challenges are better equipped to provide emotional and psychological support to patients. When families are not burdened by financial constraints, they can focus more on their caregiving roles, enhancing the overall care environment for the patient (Walker et al., 2020).

If the family experiences financial constraints in meeting care needs during dialysis therapy, the family can seek information about available financial assistance or subsidy programs. The government usually has these programs that can help cover the cost of care. Additionally, families can look for more affordable treatment alternatives, such as attending a treatment program at a lower-cost facility or seeking local resources that provide free or reduced-cost medical assistance. Seeking support from organizations or foundations that care for dialysis patients can also be helpful. These organizations often provide financial assistance, information, and other resources to help families overcome financial obstacles. Additionally, families may try to rearrange the budget and look for ways to save on other expenses to allocate more funds for dialysis treatment. This problem can be solved by reducing non-essential expenses or looking for additional sources of income. Dengan demikian, kemampuan untuk mengakses sumber daya material secara langsung berdampak pada kualitas komunikasi dan hubungan keluarga dengan penyedia layanan kesehatan.

Provide Emotional Support

Providing emotional support to CAPD patients is important in the treatment process. The family's readiness to provide emotional support can positively impact the patient's well-being. Research by Emotionally prepared families have a better ability to understand and respond to patients' emotional needs (Ania-González et al., 2022). Emotional support provided by the family can increase the patient's motivation to undergo therapy regularly and improve their quality of life. In addition, emotionally prepared families tend to be more patient and able to deal with stress that may arise in the care process. This condition can reduce levels of anxiety and depression in patients, as well as improve relationships between patients and families.

Families need several things to achieve readiness in providing emotional support to CAPD patients. First, they need to have a good understanding of the disease condition and the CAPD therapy process. This understanding includes knowledge of possible symptoms, necessary treatment procedures, and how to deal with possible complications. Apart from that, families also need to have good communication skills. They must listen empathetically and express their feelings clearly to patients. Maintaining open and honest communication can help build a strong relationship between family and patient, thereby increasing the emotional support provided. Families also need to be aware of the importance of their role in the patient care process. They must be prepared to provide consistent and ongoing support and deal with challenges and stress that may arise during treatment. By having a good understanding of the disease condition, good communication skills, and awareness of their role, families can be ready to provide the emotional support CAPD patients need. This readiness can help improve patients' quality of life and the overall success of their therapy.

Knowledge of Dialysis Service Systems

Family knowledge about a familiar system is one of the aspects proposed as a basis for home dialysis patient care, including knowledge of the procedures required in CAPD treatment, such as how to carry out daily care, replace dialysis fluid, and keep the injection area clean (Tavares et al., 2016). Families must know the roles and responsibilities of doctors, nurses and nutritionists in the CAPD care team. Hence, they are better prepared to communicate and collaborate with these health workers to ensure optimal patient care. They will be better prepared to deal with medical complications, logistical issues, or financial constraints associated with CAPD treatment. Regarding service policies, a good understanding of the dialysis service system can also help families understand their rights and obligations as partners in the CAPD patient care team.

Conclusion

The conclusion of the review of ten articles indicates that the family's role in supporting patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD) is crucial and interconnected, given the caregiving burden faced by families, which includes physical, emotional, and social aspects that affect the quality of life for both patients and their families. This study addresses the question of how various factors, such as the caregiving burden, communication patterns with healthcare providers, knowledge of disease and therapy, material readiness, emotional support, and understanding of the dialysis service system, influence the effectiveness of the care provided. It was found that good communication between families and healthcare professionals is key to reducing stress and enhancing the quality of care, while adequate knowledge about the disease and therapy improves families' ability to recognize symptoms and complications, thus reinforcing patient adherence to therapy. Additionally, material readiness, which includes access to resources and information, contributes to the success of care management, while emotional support from families boosts patients' motivation and reduces anxiety and depression. All these factors are interconnected and highlight the importance of a comprehensive approach in supporting CAPD patients, including adequate education and training for families to strengthen their role in the care process. Therefore, appropriate interventions from healthcare providers are expected to improve care outcomes and the quality of life for patients, while also reducing the burden felt by families.

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