

SYSTEMATIC REVIEW

Self-Care of Family Caregivers of People Peritoneal Dialysis

Autocuidado del cuidador familiar de personas en diálisis peritoneal

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ABSTRACT

Introduction: self-care of family caregivers of people on peritoneal dialysis is essential to preserve their physical, emotional, and social well-being, as well as to ensure the quality of patient care. Frequent caregiver burden and associated stress make it necessary to systematize evidence on self-care strategies and protective factors.

Objective: to analyze the dimensions of self-care in family caregivers of people on peritoneal dialysis.

Method: an integrative systematic review was conducted in LILACS, SciELO, Pubmed and RedALyC using the descriptors and keywords: "self-care," "family caregiver," and "peritoneal dialysis," combined with the Boolean operators AND and OR. Original studies and reviews published between 2014 and 2024, in Spanish or Portuguese, that addressed self-care, caregiver burden, and coping strategies in caregivers of peritoneal dialysis patients were included. Incomplete texts, studies focusing on pediatric populations, or those exclusively on hemodialysis were excluded. Study selection and data extraction followed PRISMA guidelines, and synthesis was performed narratively, identifying patterns, protective factors, and limitations.

Results: caregivers experience physical and emotional burden, stress, and alterations in health habits. Continuous education, active coping strategies, and participation in support networks are key protective factors. Self-care is conceived as a conscious process that requires professional guidance and institutional recognition.

Conclusions: self-care in family caregivers of people on peritoneal dialysis is a set of practices aimed at maintaining and improving overall well-being, directly impacting the quality of patient care. These findings highlight the need for nursing policies and strategies that strengthen caregiver support.

Keywords: Self-Care; Family Caregiver; Peritoneal Dialysis; Integrative Systematic Review; Nursing.

RESUMEN

Introducción: el autocuidado del cuidador familiar de personas en diálisis peritoneal es esencial para preservar su bienestar físico, emocional y social, así como garantizar la calidad del cuidado del paciente. La sobrecarga frecuente y el estrés asociado hacen necesaria la sistematización de la evidencia sobre estrategias de autocuidado y factores protectores.

Objetivo: analizar las dimensiones del autocuidado del cuidador familiar de personas en diálisis peritoneal.

Método: revisión sistemática integrativa, en LILACS, SciELO, Pubmed y RedALyC utilizando descriptores y palabras clave: "autocuidado", "cuidador familiar" y "diálisis peritoneal", combinados con el operador booleano AND. Se incluyeron estudios originales y revisiones publicadas entre 2014 y 2024, en español o

portugués, que abordan autocuidado, sobrecarga y estrategias de afrontamiento en cuidadores de pacientes en diálisis peritoneal. Se excluyeron textos incompletos, centrados en población pediátrica o exclusivamente en hemodiálisis. La selección y extracción de datos siguió las etapas del diagrama PRISMA y la síntesis se realizó de manera narrativa, identificando patrones, factores protectores y limitaciones.

Resultados: los cuidadores presentan sobrecarga física y emocional, estrés y alteraciones en hábitos de salud. La educación continua, estrategias de afrontamiento activas y la participación en redes de apoyo son factores protectores clave. El autocuidado se concibe como un proceso consciente que requiere acompañamiento profesional y reconocimiento institucional.

Conclusiones: el autocuidado del cuidador familiar de personas en diálisis peritoneal es un conjunto de prácticas orientadas a mantener y mejorar su bienestar integral, repercutiendo directamente en la calidad del cuidado del paciente y evidenciando la necesidad de políticas y estrategias de enfermería que fortalezcan su apoyo.

Palabras clave: Autocuidado; Cuidador Familiar; Diálisis Peritoneal; Revisión Sistemática Integrativa; Enfermería.

INTRODUCTION

Chronic kidney disease represents a growing public health problem worldwide, and its progression toward the need for replacement therapy places burdens on both the healthcare system and the patient's family environment. In particular, peritoneal dialysis shifts much of the care process to the home environment, which means that the person undergoing treatment and their family caregiver must actively and continuously participate in managing the procedure, monitoring, recording fluids, cleaning equipment, and other technical aspects, as well as the psychosocial aspects associated with the home. In this scenario, self-care by the family caregiver plays a key role not only in preserving the caregiver's health and well-being but also in ensuring the quality and continuity of care for the person undergoing peritoneal dialysis.

In the Latin American context, the literature indicates that family caregivers of people on peritoneal dialysis face specific demands; for example, a Peruvian study reported that 94,7 % of caregivers experienced mild overload in caring for patients on peritoneal dialysis, with the majority being women living with the patient.⁽¹⁾

Another study conducted in Mexico found that the skill level of the primary caregiver of older adults on peritoneal dialysis reached high levels in 65 % of the group, highlighting the role of nurses in training these skills.⁽²⁾ In turn, a more general Latin American review of self-care in informal caregivers shows that it is diminished, which directly impacts the health of the caregivers themselves.⁽³⁾

These findings highlight several knowledge gaps relevant to nephrology nursing. First, although the overload, skills, and experiences of caregivers in peritoneal dialysis have been explored, the concept of "self-care of the family caregiver" in this context still lacks a clear operational definition in our region. On the other hand, terminological and methodological diversity make it difficult to compare studies and generate evidence to guide nursing interventions for caregivers. For example, although nursing education is recognized as a fundamental pillar of home dialysis, a qualitative Peruvian study revealed that caregivers value such training but also indicate a lack of follow-up, fatigue, and a need for ongoing support.⁽⁴⁾

From the nursing discipline, it is essential not only to care for the patient but also to consider the caregiver as a subject of care, requiring resources, skills, support, and self-care strategies. This recognition aligns with the family-centered care perspective and the promotion of caregiver autonomy as a key component of home care. However, for nursing to design, implement, and evaluate interventions aimed at caregivers' self-care in peritoneal dialysis, it is first necessary to clearly systematize the existing evidence and propose a robust operational definition that can be used in subsequent studies and in professional practice.

Therefore, it is considered relevant to carry out an integrative systematic review with the following purpose: to systematize the available Latin American scientific evidence on the self-care of family caregivers of people undergoing peritoneal dialysis replacement therapy, and to propose an operational definition of the concept of "self-care of family caregivers in peritoneal dialysis," which provides a basis for nursing research and practice. This review will identify the main factors that condition caregiver self-care, the strategies or interventions used by nursing, the gaps in the evidence, and, consequently, offer an operational conceptual framework that promotes the quality of home care in peritoneal dialysis and the well-being of the caregiver.

Finally, this review is presented with the belief that it will contribute to scientific advances in nephrology nursing and to the design of future research that considers the caregiver as a central actor in the home care process for peritoneal dialysis.

METHOD

An integrative systematic review was conducted to identify, evaluate, and synthesize scientific evidence on the

self-care of family caregivers of people undergoing peritoneal dialysis replacement therapy. This approach allows the integration of findings from quantitative, qualitative, and mixed-methods studies, offering a more complete understanding of the phenomenon and facilitating the development of an appropriate operational definition for nursing research and practice. To ensure the transparency and reproducibility of the study selection process, the PRISMA 2020 diagram⁽⁵⁾ was used, which is widely used in systematic reviews published in health science journals.

The research question that guided this review was: What scientific evidence exists on the self-care of family caregivers of people undergoing peritoneal dialysis replacement therapy? The PICo format was used to structure the question, with the population (P) consisting of family caregivers of people on peritoneal dialysis, the interest (I) focused on caregiver self-care, and the context (Co) on replacement therapy using home peritoneal dialysis. Inclusion criteria were established for articles published between January 2015 and December 2025, in Spanish, Portuguese, or English, available in full text, and published in indexed journals, that addressed the self-care of family caregivers in peritoneal dialysis.

The extension of the period to ten years was justified by the need to obtain a sufficient body of evidence, given that scientific production in Latin America on this topic is limited, and to provide an overview of the phenomenon's conceptual and methodological evolution.⁽⁶⁾ Studies focused solely on hemodialysis, letters to the editor, editorials, protocols, conference abstracts, or documents without empirical results were excluded.

The search for information was carried out in the PubMed, LILACS, SciELO, and RedALyC databases, using DeCS/MeSH descriptors and free terms such as Caregiver, Self-Care, Peritoneal Dialysis, Family, Home Care, Autocuidado, and Cuidador familiar, combined with the Boolean operators AND and OR. The results were managed using a bibliographic manager (Mendeley) to eliminate duplicates and organize the information. The selection of studies was carried out in three phases, following the PRISMA flow: identification of all articles retrieved in the search, screening by reviewing titles and abstracts, and evaluation of eligibility by reading the preselected articles in full. The data search strategy is described in table 1.^(7,8)

Table 1. Search strategy by database

Database	Descriptors	Search strategy
LILACS, SciELO, RedALyC	Self-care; family caregiver; peritoneal dialysis; integrative systematic review; (peritoneal dialysis) AND (integrative systematic review) AND (nursing).	(((Self-care) AND (family caregiver) AND (peritoneal dialysis) AND (integrative systematic review) AND (nursing)))
PubMed	Self-care; family caregiver; peritoneal dialysis; integrative systematic review; (peritoneal dialysis) AND (integrative systematic review) AND (nursing).	(((Self-care) AND (family caregiver) AND (peritoneal dialysis) AND (integrative systematic review) AND (nursing)))

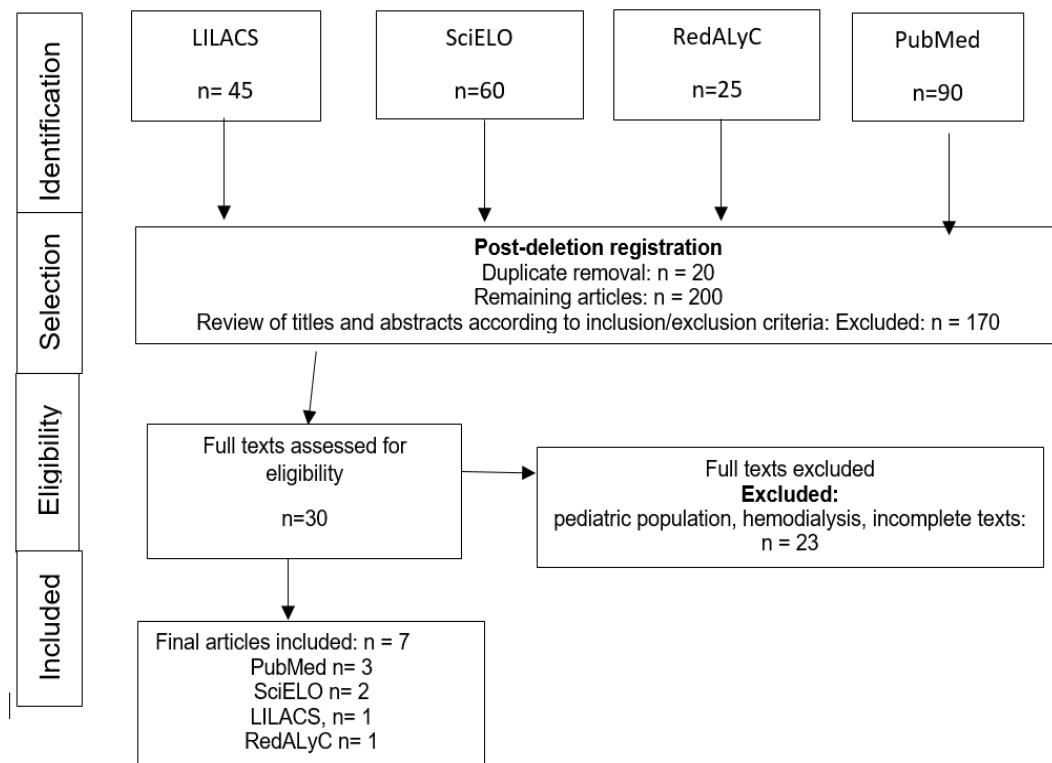


Figure 1. Flow chart of the systematization of the search in the LILACS, SciELO, RedALyC and PubMed databases. Pachuca de Soto, Hidalgo, Mexico, 2025

Data extraction was performed using a Microsoft Excel matrix that included variables such as author, year, country, design, population, context, definition of self-care, primary findings, and contributions to nursing practice. The analysis was carried out using thematic content analysis, combining inductive and deductive procedures to identify emerging categories and patterns in the evidence.

The search returned 200 articles, and seven were selected based on the criteria. The flow of the search systematization in the databases is described in the figure.

The synthesis was structured into two levels: descriptive, to characterize the studies by year, country, design type, and scope; and analytical-interpretative, to identify determining factors, self-care strategies, nursing interventions, and knowledge gaps. Finally, an operational definition of self-care for family caregivers in peritoneal dialysis was developed based on the reviewed evidence. As this was a documentary review, approval by an ethics committee was not required; however, the principles of transparency, scientific integrity, and recognition of the original authors were observed.

DEVELOPMENT

The studies selected with the aspects of interest for analysis by the researchers are shown in the analysis matrix in table 2.

Table 2. Studies selected

Authors / Year / Country / Database	Purpose	Results	Conclusions
Irianda-Gómez RI et al. ⁽⁹⁾	To analyze the burden on caregivers of peritoneal dialysis patients at the IMSS.	Higher levels of burden were identified in female caregivers, and caregivers networks reduce the burden with less social support. The burden was correlated with caregivers' depressive symptoms.	Mental health intervention and promote self-care among caregivers.
Zhang R et al. ⁽¹⁰⁾	Review the role of home nursing visits as support for patients and caregivers in peritoneal dialysis.	Home visits promoted treatment adherence, prevention of complications, and guidance on self-care by caregivers and self-care practices for caregivers.	Home nursing support is a key strategy for strengthening self-care by caregivers and patients.
Marinho LC et al. ⁽¹¹⁾	Identify the needs of people on dialysis and their caregivers.	Caregivers expressed needs for information, emotional support, and professional support to manage stress and burnout.	Care programs should integrate the needs of the caregiver as part of the therapeutic plan and promote self-care guided by nursing.
Huérfano Martínez D et al. ⁽¹²⁾	Identify the needs of people undergoing dialysis therapy and their caregivers.	Caregivers expressed needs for information, emotional support, and professional guidance to manage stress and exhaustion.	Care programs should integrate caregiver needs as part of the treatment plan and promote nursing-guided self-care.
Hovadick AC et al. ⁽¹³⁾	Synthesize interventions that improve the well-being of caregivers of patients on peritoneal dialysis and hemodialysis.	Psychoeducational and group support interventions reduced stress and improved quality of life.	Emotional training and health education are fundamental elements for self-care and the well-being of family caregivers.
Pastrana-Villafuerte LM et al. ⁽¹⁴⁾	Assessing the caregiving ability of the primary caregiver of older adults on peritoneal dialysis.	Caregivers with higher levels of education and family support demonstrated better caregiving skills and less exhaustion.	Promoting training in the role of the caregiver and networks favors self-management.
Seco-Lozano L et al. ⁽¹⁵⁾	Explore the relationship between generativity and self-care in older adults on dialysis.	A positive relationship was observed between the perception of life purpose (generativity) and self-care, both for patients the maintenance of self-care and older caregivers.	Promoting a sense of purpose improves self-care, both for patients and behaviors.

The role of the family caregiver in the context of home peritoneal dialysis therapy is vital, transcending mere technical assistance to the patient to involve physical, emotional, social, and relational dimensions. The need for this caregiver to practice self-care is therefore key to the sustainability of treatment and the quality of life of the person receiving care.

Renal replacement therapy via peritoneal dialysis is performed at home, with significant involvement of the patient and their family.

This scenario poses significant demands not only for the person with chronic kidney disease but also for their primary family caregiver, who takes on complex and prolonged responsibilities. Caregiver self-care, understood as the deliberate actions taken to maintain their own physical, emotional, social, and spiritual health, is a key factor in ensuring both the caregiver's well-being and the quality of care provided to the patient.

Several studies have documented that caregivers of people on peritoneal dialysis experience a significant burden: physical, psychological, and social changes, financial stress, among others. For example, a study of 180 caregivers found that continuous ambulatory peritoneal dialysis was associated with greater overload, and that hours spent caring, occupation, and education were associated with a high burden.⁽¹⁰⁾

Other studies show that caregivers of these patients experience significant levels of overload. For example, a study of 170 caregivers of peritoneal dialysis patients found that 60 % had a mild-to-moderate burden and 18,2 % had a moderate-to-severe burden, suggesting an inverse relationship between well-being and burden.⁽¹¹⁾ In addition, the ambulatory peritoneal dialysis modality appears to be a factor associated with a higher burden; one study found that patients in this modality whose caregivers had severe overload had higher mortality at 12 months.⁽¹⁰⁾

Along these lines, it has been reported that caregivers start a new routine, change family dynamics, take on technical tasks, and require skills, time, and sacrifice.⁽¹²⁾ The health and well-being of the caregiver have a direct impact on patient care: a greater caregiver burden is associated with worse patient outcomes.⁽¹⁰⁾ This shows that caregiver well-being is not a secondary issue, but can influence patient clinical outcomes.

This evidence highlights that caregiver overload affects their physical health, for example, through increased fatigue and sleep disturbances, their emotional health, through anxiety and depression, and their social life. Consequently, self-care emerges as a protective strategy against these adverse effects.

The caregiver of a person on peritoneal dialysis assumes a high level of technical and emotional responsibility: they must be alert to risks, manage changes in the patient's routine, cope with the impact of the disease and treatment on the family, and, at the same time, take care of themselves. In this scenario, without adequate self-care, the risk is twofold: the deterioration of the caregiver, which can manifest itself in exhaustion, depression, physical health problems, and also a decrease in the quality of care received by the patient, which can translate into poorer adherence, more complications, and a lower quality of life.

In this sense, the role of self-care is not an "extra" or something that can be established if there is time to spare: it is a central component of the sustainability of home care in peritoneal dialysis. When caregivers are well supported physically and emotionally, they can meet the demands of care more efficiently, with fewer errors, greater attention to safety details, greater ability to adapt to unforeseen events, and better relationships with the patient and the healthcare team.

In addition, integrative reviews indicate that among the needs expressed by caregivers and people on dialysis are education, training, follow-up, connection with the healthcare team, and autonomy in decision-making.⁽¹³⁾ Among the protective factors identified in the literature are ongoing education for caregivers on peritoneal dialysis and its management, participation in support networks or caregiver groups, availability of professional support, and promotion of active coping strategies. For example, a systematic review of interventions for caregivers of dialysis patients found that group sessions on caregiving, coping, and self-care improved caregiver well-being, although the evidence remained limited.⁽¹⁴⁾

Likewise, nursing education in peritoneal dialysis is identified as a key factor in minimizing complications and promoting adherence, thereby alleviating the caregiver's burden. Therefore, promoting caregiver self-care is also considered a strategy for treatment safety, quality, and sustainability.

The review of the evidence suggests that family caregiver self-care in peritoneal dialysis should be addressed as a structural component of the program rather than an optional extra. From a nursing perspective, this involves several tasks: early caregiver training and intervention, systematic assessment of their burden and well-being, the design of support interventions, and interdisciplinary collaboration to detect and mitigate risks.

Considering the above, it is possible to propose the following operational definition of self-care for family caregivers of people on peritoneal dialysis as the "set of deliberate, consistent, and planned strategies and behaviors that a family caregiver engages in to preserve their physical, emotional, social, and relational health and well-being, so that they can effectively perform the role of caregiver in the home peritoneal dialysis setting, minimizing their burden, preventing their own and the patient's complications, and maintaining their sustainability and health over time."

For evaluation in a study, it could be operationalized using indicators such as: number of hours of rest per week, participation in training sessions, self-reported emotional well-being, presence of symptoms of overload, monitoring of one's own health, perception of control over care, and availability of a support network.

For clinical nursing practice, the implementation of self-care programs for caregivers should consider: initial assessment of the caregiver's burden and resources, personalized self-care planning (including rest, nutrition,

physical activity, emotional support, and social networks), periodic monitoring, and coordination with the peritoneal dialysis team to adapt training to the caregiver.

Finally, from a health policy perspective, caregivers must be recognized as an integral part of the home peritoneal dialysis therapeutic system, with the right to support, resources, and institutional recognition. The sustainability of home care depends on both the patient and the caregiver, and both require strategic consideration.

Based on these reflections, self-care among family caregivers in peritoneal dialysis is an essential pillar for the quality and sustainability of home care. It is not just a matter of “caring for the caregiver,” but of recognizing that the caregiver’s well-being directly impacts the patient’s treatment and well-being.⁽¹⁵⁾ Health teams need to integrate this as part of the therapeutic strategy, with training, monitoring, and evaluation programs, and caregivers need to be considered active participants with their own needs, not just an extension of the care system.

Promoting self-care involves a paradigm shift: from the caregiver who gives without limit to the caregiver who also takes care of themselves, protects themselves, maintains their health, their life, their relationships, and, therefore, cares better and more sustainably.⁽¹⁶⁾

For research, it is essential to promote more integrative (and systematic) review studies, specifically in the field of peritoneal dialysis and family caregivers, as evidence remains scarce in this subgroup. Specific interventions to support caregiver self-care can improve both caregiver health and patient outcomes.

CONCLUSIONS

Self-care for family caregivers of people on peritoneal dialysis is a multidimensional process encompassing physical, emotional, and social aspects, all of which are directly related to the quality of care they provide. Caregivers often experience overload, stress, and deterioration of health habits, which can affect both their well-being and patient adherence to treatment.

Active coping strategies, continuing education, and participation in support networks are identified as key factors in strengthening self-care. Recognizing the caregiver as a subject of care and promoting comprehensive wellness practices are priorities in nursing and health programs.

An operational definition is proposed that conceives of caregiver self-care as a set of conscious practices aimed at maintaining and improving their physical, emotional, and social well-being, thus ensuring sustained, quality care for the person on peritoneal dialysis.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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