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## RESEARCH

### Abordagem ao idoso na estratégia de saúde da família e as implicações para a atuação do enfermeiro

The approach to the elderly in the family health strategy and the implications for nursing practice

El abordaje a los ancianos en la estrategia de salud de la familia y las implicaciones para la práctica de enfermería

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#### ABSTRACT

**Objective:** Identifying the actions of Primary Health Care of the nurse in relation to the elderly. **Method:** a field research, descriptive with a qualitative approach. The subjects were seven nurses from APS. The empirical data were collected through semi-structured interviews and analyzed from the perspective of Thematic Analysis. The research was approved by the Ethics Committee of the University, CAEE 09233312.8.0000.5353. **Results:** the approach takes place through the participation of older people in programs of the Ministry of Health or through the nursing consultation, none of those contemplating the peculiarities existing in old age. A home visit was not mentioned as a tool for dealing with these subjects. **Conclusion:** actions should consider the longevity and quality of life of those who ages and their families and, therefore, implies in an optimization of the health services and the restructuring of health programs. **Descriptors:** Role of the nursing professional, Elderly, Primary health care, Family health program.

#### RESUMO

**Objetivo:** Identificar as ações de cuidado do enfermeiro da Atenção Primária à Saúde em relação ao idoso. **Método:** pesquisa de campo, descritiva de abordagem qualitativa. Os sujeitos foram sete enfermeiros da APS. Os dados empíricos foram coletados mediante entrevistas semiestruturadas e analisados na perspectiva da Análise Temática. A pesquisa foi aprovada pelo Comitê de Ética da universidade, CAEE 09233312.8.0000.5353. **Resultados:** a abordagem acontece por intermédio da participação dos idosos nos programas do Ministério da Saúde ou através da consulta de enfermagem, nenhum desses contemplando as particularidades existentes na velhice. A visita domiciliária não foi citada como instrumento de abordagem a esses sujeitos. **Conclusão:** as ações deveriam contemplar a longevidade e qualidade de vida de quem envelhece e sua família e, para isso, implica em uma otimização dos serviços de saúde e a reestruturação de programas de saúde. **Descritores:** Enfermagem, Papel do profissional de enfermagem, Idoso, Atenção primária à saúde, Programa saúde da família.

#### RESUMEN

**Objetivo:** Identificar las acciones de los cuidados de enfermería de la Asistencia Primaria para la Salud en relación a las personas mayores. **Método:** investigación de campo, descriptiva con enfoque cualitativo. Los sujetos fueron siete enfermeros de la APS. Los datos empíricos fueron recolectados a través de entrevistas semi-estructuradas y analizados desde la perspectiva del Análisis Temático. La investigación fue aprobada por el Comité de Ética de la Universidad, CAEE 09233312.8.0000.5353. **Resultados:** el método se lleva a cabo a través de la participación de las personas mayores en los programas del Ministerio de Salud o por medio de la consulta de enfermería, ningún de estos contemplando las particularidades existentes en la vejez. La visita a la casa no fue mencionada como una herramienta para hacer frente a estos temas. **Conclusión:** las acciones deben contemplar la longevidad y la calidad de vida de quien se hace viejo y a su familia y, por eso, implica en una optimización de los servicios de salud y la reestructuración de los programas de salud. **Descriptor:** Papel del profesional de enfermería, Ancianos, Atención primaria a la salud, El programa de salud de la familia.

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## INTRODUCTION

**T**he discussion of reforms in the political structure of the health system in the country geared up from the 8th National Health Conference in 1986, owing to the movement of the Health Reform. The final text of the conference based the development of the new Federal Constitution in 1988, whose health movement and the government sided with the popular movement, thus initiating a process of social participation in the construction of public health policies, and especially in the Unified Health System (SUS).<sup>1</sup>

From this, understanding the health-disease process in its broadest conception, it was possible to understand the scope and complexity of SUS guidelines in Brazil. These doctrinal guidelines that legitimize the Brazilian system include universality, fairness, and comprehensiveness. Besides these, they include in the logic of SUS other organizational guidelines called - up consisting in regional and hierarchical health services, community participation and decentralization.<sup>1-2</sup>

In addition, the Primary Health Care (PHC), also understood as equivalent synonym for Primary Care (AB), corresponds to the first level of care and gateway to SUS. Have the ability to solve health claims and clinical actions construed as basic health needs.<sup>3</sup> The Family Health Strategy (FHS), tuned to the principles of the NHS, emerges as a tool for reorganizing the health care model through practices that could serve the community in terms of building the relationship, commitment, humane approach and problem-solving this restricted population.<sup>1,3</sup>

Therefore, the FHS is in a privileged position to provide comprehensive care to the elderly and the specifics of this phase of life. With regard to the aging process, it is necessary to deepen our understanding of the way these guys get older; meanings that attach to natural transformations (senescence) and especially when they cease to be expected and become problems arising in this period of life (senility), as they seek to mitigate them and what difficulties lie in that path.<sup>4</sup> Thus, from the understanding of the endless questions that run through the process of aging is possible to predict and measure the possible problems, then propose solutions about this process.

When considering the specificities of the aging process of the elderly, the gaps present in the training of nurses and responsibility of the individual to ensure improvement in the conditions of their health, the research question of this research consisted of: "how care is given to elderly primary care by nurses of the municipality in the state of Rio Grande do Sul? ".

The study aimed to identify the actions of nursing care of PHC regarding the elderly. It is noted that this article comes from the Labor Completion of Undergraduate Nursing, Regional Integrated University of High Uruguay Missions, URI Campus Santiago/ RS.

## METHOD

This is a qualitative descriptive study, the type field research. The subjects studied were seven nurses of the PHC council, who agreed to participate voluntarily in the study. There were all women, specifically the FHS coordinators in urban areas and different scope. The time undergraduate training these subjects ranged from two years to twenty five years. We chose not to reveal the name of the municipality to preserve the identity of the individuals.

Regarding data collection, we used the semi-structured interview using a voice recorder to collect information that was later transcribed in full and returned to the participants for their conference. The analysis was done using the methodology of Thematic Analysis<sup>5</sup> in an attempt to achieve the manifest and latent meanings in qualitative material.

The empirical material obtained went through reading, rereading and organizing groupings of similar lines is creating thus the corpus of the work process. The testimonies of the interviews allowed the construction of categories that ordered the examination.

The interviewees are represented by the letter "E" followed by the numeric sequence: E1, E2, E3, (...). The subjects received a Term of Free and Informed Consent Form (ICF) which makes explicit the intentions and methods of this research. The study follows the guidelines and rules for research involving human subjects, according to resolution n. 466/2012, of the National Health Council. The study was approved by the Ethics Committee of the Regional Integrated University (URI), approved under paragraph n. CAAE 09233312.8.0000.5353.

However, this article discusses one of the four categories that emerged in the development of the study, it thus: approaching the elderly in the Family Health Strategy.

## RESULTS AND DISCUSSION

The municipality, located in the central-western region of Rio Grande do Sul, is composed of 49.071 inhabitants, according to the last census, in 2010. Those residing in rural and urban perimeter, 8.073 are subjects aged greater than sixty years, representing approximately 16,5% of the population Santiaguense.

The municipality is divided into twelve geo-sanitary districts. Ten units have FHS Six of the oral health team. The coverage rate of the units corresponds to 80% of the total urban area. Each strategy has a multidisciplinary team comprising the following categories:

one general practitioner doctor, a nurse, a dentist, two nurses and technicians from five to seven community health workers according to the number of micro-areas they cover.

From the research emerged a category of analysis "approach to the elderly in the Family Health Strategy" in which realized identify which shares of direct and indirect health care team promotes a way that addresses these seniors.

While acknowledging that age is not the only parameter to define the socio and demographic aging process in order to facilitate data analysis, this study adopted the criterion is considering "elderly" people aged sixty or older.

It is important to contextualize here that was from the Alma-Ata Conference in 1978, one of the most significant events for public health, which sought evidence on the effectiveness and efficiency of the PHC and the FHS came to be seen as an idealized political to respond to empty assistenciais<sup>1</sup> this level of attention.

Based on the National Policy for Older Persons (PNSPI), 2006 Health, health care subjects aged more than sixty years has as a gateway to PHC from the FHS, which aims at reorganizing the level of care in accordance with the principles of universality, comprehensiveness and equity guided by the legislation of the Health System.<sup>6</sup>

It is evident that in speaking on the subject:

The FHS has a more direct contact with the user, from the creation of the link; not only the user but the entire family. (E6)

The interviewees recognize that FHS corresponds to accessing first contact professionals whose duties shall consist completeness, longitudinality, family counseling and community.

The health of the elderly population is not only restricted to the control and prevention of aggravation of chronic diseases such as Diabetes Mellitus (DM) and Hypertension (HBP), but the interaction between physical, mental, financial independence, functional capacity and social support.<sup>7</sup>

However, according to the respondent:

The only time we [health professionals] see the elderly and in most of them is 'elderly', is in groups and groups, in quotation marks, which is the delivery of drugs for hypertension and diabetes, which is the most elderly. (E1)

The care of the elderly, in the previous statement, is restricted solely to the monitoring group of patients with hypertension and DM, the HiperDia group.

The HiperDia it is the Plan of Reorganization of Care for hypertension and DM approved by Order/GM n° 16 of 03/01/2002 establishing the organization of care, prevention and health promotion, linking users to the network the implementation of an ongoing education program for hypertension, diabetes mellitus and other risk factors for cardiovascular disease.<sup>8</sup>

Importantly, in this program there is no specification of age, gender, social class, among other parameters. However, such discourse is disturbing in that it promotes a

reflection on how the groups are planned health education, regardless of the target audience.

Still, then the respondent adds that among the actions specifically aimed at elderly public,

(...) There is no action on this team. (E1)

The testimony reinforces the thought that the elderly are not being watched, contemplating the specifics involving the aging process. E4 considers this issue as the "Achilles heel" and justifies it:

Strategies (refers to FHS) was implanted in the portfolio of old and had not a thread. (E4)

On the other hand, when asked about the activities that could be carried out by the professional nurse:

(...) Specifically in promoting the health of the elderly. (E1)

Health promotion is one of the elements that make up the primary care level. This gives the idea of autonomy of individuals and social groups, enabling the reduction of the liability of health delegating the task to the subject of self-care services.<sup>9,10</sup> Inclusive, promoting health also enables the prevention and treatment of diseases, both individual and collective providing a better quality of life.

When, therefore, considering health in its broader concept, it is recognized the need for change in the current context toward the production of more favorable to the elderly and non-elderly, but they are also always in the process social and cultural environment, constant and irreversible aging.

However,

We [Professionals] are turned pro coming. (...) Have those programs [referring to the Ministry of Health programs] and you answer it there, that demand of that program. (E3)

Wonders, opposite the quoted statement, that programs for health of the general population - and in this case of elderly people - are getting contemplate the tenacity of the aging process, and even if they are adequately meeting the demand of users vulnerable older people, enabling larger share of this population segment in spaces in society?

Respondents indicate that the elderly are welcomed by health services as part of groups, specifically HiperDia. Still, in no time the respondents have referred the family and caregivers included in the process of care for the elderly.

Thus, it is necessary to recognize that through the group health nurses do not display the legend that affect each of these subjects, because through the group, the subjects are seen only as hypertensive and/or diabetic.

It is not possible to identify, in this sense, a holistic look, which allows viewing the subject in its social, cultural dimension in their family context, limitations arising from her natural aging process easily explained by senescence.

It is believed that the work of nurses in the units should consist mainly of the elderly in maintaining family routines and community life seen these as key factors for maintaining the bio-psychosocial balance.

As noted in a given study, one of the biggest challenges for the Brazilian public health is to ensure healthy aging and this requires political and social commitment to prioritize the human condition.<sup>11</sup>

Another significant point for discussion relates to the duties of the FHT that in addition to planning and executing health groups also have the home visit that allows nurses to recognize the real conditions of life of individuals, contextualizing it in your environment and this was not cited as one way to approach the elderly audience.

When asked about the completion of the nursing consultation, all respondents mentioning that perform as well as perform any other public.

He [the elderly] comes to the unit because a transformation is happening that he does not know is a disease often, and he will find that there (...) and then he wants to solve this question, he wants a tranquility to these days (...) rule out that he has an illness or want to treat it if it has a disease. He wants resoluteness. (E5)

Among the interviews, it was possible to observe certain contradictions because some of the participants visualize determined resistance in elderly users to expose the reason for the search query and to make proposals by professional guidelines. Others report having better ease of approach:

In nursing consultation when you let him in a room for him to speak a little, you can see where it is the difficulty. (E5)

Seen it, the Nursing Consultation (NC) performed by nurses is restricted to the relevant interview, which facilitates comprehensive health assessment of this subject and a subjective explanation of current and past health status. However, this traditional evaluation not only provides the professional nurse the elements necessary for planning appropriate care.

It was found that, with regard to, cognitive, affective and social functional assessment of the elderly, the NC is deficient because it does not address these issues that would allow nurses to a more comprehensive view of the impact of all the variables related to quality of life the elderly.

Thus, there is need for greater understanding of aspects that should permeate the activity of NC. The narratives permitted realize that this practice is led by a subject in order to facilitate the professional identify events that each individual expresses. However, it is through this personal contact that enables the professional understanding of the lived and their social interactions, which include: housing, culture, education, work, leisure, health, transportation, food and health, to promote the humanization and qualification in the care process.

## CONCLUSION

Because of that, it is clear in the narratives that FHS corresponds to accessing first contact the elderly. However, these are hosted by the service when they participate in groups offered by the health unit and none of these is specific to this audience. Another possibility is when seeking professional who carries out the NC, but few know about the aspects that differs senescence senility.

Still, respondents recognize that such public activities should be guided by the health promotion from the perspective of active aging and maintaining their autonomy and independence, aiming thereby minimizes the significant impairment of quality of life of older people strategy.

On the other hand, observed that two points were not mentioned at any time by subjects: first, when citing the public elderly care, there is no reference to family members and caregivers, and second, the Home visits was not mentioned, so it is believed that is not being recognized as a tool that allows viewing the general context that affects the elderly subjects consisting of housing, family relationships, behaviors, among others considered essential to maintaining the quality of life of these people.

In short, actions to these subjects should be developed in order to contemplate the longevity and quality of life of older guy and his family and, therefore, implies an optimization of health services in PHC and restructuring of programs mode matching this population and its specificities.

The professional nurse in this context requires knowledge of existing in the community for coverage, based on that, plan the priority actions of intervention peculiarities. To do so, it requires training through the Continuing Education in Health From this perspective, we gain the much desired full care, humanized, and resolute, providing opportunities to those individuals rediscover the ability to live their own life with the highest quality.

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