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RESEARCH

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Discursos dos profissionais de saúde da família na ótica da assistência à saúde do idoso

Speeches of family health professionals in optics of assistance to the elderly

Los discursos de los profesionales de salud de la familia en la ayuda óptica para la tercera edad

Camila Amthauer[1]; João Werner Falk[2]

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Article taken from the monograph of expertise in public health "care to the elderly person in the perspective of professionals in the family health strategy", held in the year 2012, Federal University of Rio Grande do Sul, Porto Alegre/RS, Brazil.

ABSTRACT

Objective: To identify the practices performed by professionals of the Family Health Strategy (FHS) with the elderly attended at a Basic Health Unit (BHU). **Method:** This is a qualitative research conducted with FHS professionals. The research consisted of semi-structured interviews with 16 health professionals. **Results:** From the thematic analysis proposed by Minayo, seven categories emerged: home visits, group living, physical activity, listening, bond-responsibility of the elderly and disease prevention. **Conclusion:** To think about the meanings of aging should consider the dynamic relationships that society refers to the aging process. The role of the health professional to ensure full care for the elderly. Reflect on their care practices ensures the user a decent and humane care, including the elderly in their entirety.

Descriptors: Aging, Health of the elderly, Comprehensive health care, Family health strategy.

[1] Nurse. Public Health Specialist. Master in Nursing from the Federal University of Rio Grande do Sul. Nursing Course of the University of the West of Santa Catarina. Email: camila.amthauer@hotmail.com.

[2] Doctor. Professor in Medical Sciences. Faculty of Medicine. Federal University of Rio Grande do Sul. Email: joaofalk@terra.com.br.

RESUMO

Objetivo: Identificar as práticas realizadas pelos profissionais da Estratégia de Saúde da Família (ESF) junto aos idosos atendidos em uma Unidade Básica de Saúde (UBS). **Método:** Trata-se de uma pesquisa qualitativa, desenvolvida junto aos profissionais da ESF. A pesquisa constituiu-se por meio de entrevistas semiestruturadas com 16 profissionais de saúde. **Resultados:** A partir da análise temática, proposta por Minayo, emergiram sete categorias: visita domiciliar, grupos de convivência, atividades físicas, escuta, vínculo, corresponsabilização do idoso e prevenção de agravos. **Conclusão:** Para pensar nos significados do envelhecimento devem-se considerar as relações dinâmicas que a sociedade remete ao processo de envelhecer. É papel do profissional da saúde assegurar o cuidado integral ao idoso. Refletir sobre suas práticas de cuidado garante ao usuário um atendimento digno e humanizado, compreendendo o idoso em sua totalidade.

Descritores: Envelhecimento, Saúde do idoso, Assistência integral à saúde, Estratégia saúde da família.

RESUMEN

Objetivo: Identificar las prácticas llevadas a cabo por profesionales de la Estrategia de Salud de la Familia (ESF) con los ancianos atendidos en una Unidad Básica de Salud (UBS). **Método:** Se trata de una investigación cualitativa llevada a cabo con los profesionales de la ESF. La investigación consistió en entrevistas semi-estructuradas con 16 profesionales de la salud. **Resultados:** A partir del análisis temático propuesto por Minayo, siete categorías: visitas a domicilio, la vida en grupo, la actividad física, la escucha, bono-responsabilidad de la prevención de personas mayores y la enfermedad. **Conclusión:** Reflexionar sobre el significado del envejecimiento debe considerar las relaciones dinámicas que la sociedad se refiere al proceso de envejecimiento. El papel del profesional de la salud para garantizar la atención integral a las personas mayores. Reflexionar sobre sus prácticas de atención asegura al usuario una atención digna y humana, incluidos los ancianos en su totalidad.

Descriptores: Envejecimiento, Salud del anciano, Atención integral de salud, Estrategia de salud de la familia.

INTRODUCTION

Aging and the determination of who is elderly sometimes are conceptions that restrict the changes that happen in the physical aspect of the human being. However, other changes can be perceived in this process, like the way you think, feel and act.[1] To understand the elderly in its entirety, other aspects should be considered, as the biological order, psychological, cultural and social.

To think of the meanings attributed to aging, must be considered the dynamic relationship that society refers to the process of aging and the path taken by each person throughout his life.[2] Aging is an individual experience, and may be present negative and positive factors, as well as in any other stage of life. The life story of the person and of the representation of the "be" aging is going to determine how each perceives and faces old age.[3]

The need to meet and reflect on the meanings and representations that permeate the ageing, fall in an attempt to qualify the attention for elderly health services, with a view to planning actions and strategies that take care of the health needs of this age group. We need to understand the aging as a natural process and the interpretation of how this process affects their life.[2]

Old age is a complex process of changes throughout the people's life. The ways to reveal the meaning of old age and the process of aging for the elderly will depend on how he lived and did their adaptations and daily clashes since it is in a moment of biological process, but it is also a social and cultural fact.[2]

Given the peculiarities in each individual's essence, it becomes increasingly difficult to find an exact definition that can characterize all people who are passing by the aging process.[4] Therefore, the fact that longevity is occupying a significant space is leading the population to adapt to this new reality, enhancing the capacity and potential of this group and developing structures that meet your needs.[5]

To this new demographic and epidemiological reality that we're imposed, it is important to pay attention to the urgent need for change and innovation in health care paradigms of the elderly, with planning and differentiated actions so that health services are effective in their actions and that the elderly can be answered fully and humanized. Some concepts such as autonomy, independence and participation must be considered in a broader scale and in varied contexts when thinking about healthy aging and quality of life. The Foundation for ageing well are on equity of access to health care and the development of health promotion and disease prevention.[6]

OBJECTIVES

The aim of this study is to identify actions and practices performed by health professionals with the eldery who seek care at a Basic Health Unit (BHU), taking into account that most of the population served on UBS in that study are elderly belonging to the area.

METHOD

This is the indentation of the research entitled "the care to the elderly person in the perspective of professionals in the family health strategy," considering the object of study, which summarizes in question: "what is the concept of care and practice to be developed along the elderly users of a Basic Health Unit, in the perspective of working professionals in the family health strategy in the municipality of Porto Alegre/RS?".

This is research with qualitative approach, developed with the professionals in the family health Strategy (FHS) operating in a UBS, belonging to the Hospital de Clínicas de Porto Alegre (HCPA), a teaching hospital, linked to the Federal University of Rio Grande do Sul (UFRGS), Porto Alegre/RS.

The sample was random and consisted of 16 professionals (four doctors, four nurses, four nursing technicians and four community health agents). The determination of the

number of subjects in the study, while respecting the criteria of represent activity and professional teams, came by the saturation of the data. [7]

The study subjects agreed to participate in the research and signed an informed consent, respecting the ethical principles for research with human beings, according to the National Health Council Resolution No. 466, 12 December 2012.[8] The research project has been approved by the Research Ethics Committee (CEP) of the HCPA, under number 130,467.

The data were collected in own UBS where the study subjects act, during the month of December 2013, semi-structured interviews, recorded on *audiotape*, textualized and subsequently transcribed for analysis and interpretation of data. The names of the subjects were replaced by the abbreviation *E.* followed by an ordinal number.

Data were analyzed through content analysis of thematic mode, operationally, performed in three steps: pre-analysis, exploration of the material and processing of results and interpretation of data.[7]

RESULTS AND DISCUSSION

When asked about the care taken with the elderly in ESF, professionals describe assistance practices carried out with the elderly in the UBS they act, in order to assist it in its entirety and individuality. The relevant care for the elderly were grouped in seven categories, including: home visit, living groups, physical activities, listen, bond, bailout provisions of the elderly and prevention of diseases.

The main activities developed by the professionals of the ESF is the home visit. Fundamental importance to certain respondents visits, by the fact that there is a targeted follow-up with the elderly, where the professional can guide, educate and provide subsidies as measures for the promotion, protection and recovery of health, fundamental to ensuring the completeness of the care and attention to user-centered health and his family.

> *"[...] in the House of an old man, is a visit that you want to make in a given time, you do more, because the person is alone, she wants to talk, she wants to please you. So, you get involved, he wants attention." (2)*

> *"There are all the home visits that we perform [...] We have a caring, very big attention, I see on the part of all staff of both the medical staff, nursing, nutrition." (9)*

> *"The activities we do are follow-up home visits; whose frequency varies from case to case. There are people that are visited every month, some even weekly [...]." (15)*

> *"[...] whenever possible, we try to do together the home visits and set the plan of care, the therapeutic plan and view their needs [...]." (16)*

In addition to being regarded as a family-care tool, the home visits allow the healthcare professional to establish a bond of trust with the elderly and their families and identify potential health problems, meet the user in their context, their family relationships and how are the diseases present in the community in which he lives, assisting in the early diagnosis of the disease, the therapy and appropriate conduct for that specific problem and planning of prevention and health promotion.[9-10] The visits can be considered potential activities to provide new ways to care in health, more humane and welcoming.[11]

The home visit, understood as a method, technique and instrument is a rich moment in which are establish relations, listen, link and host of the user and of the family. It is important to consider the house visits as practice of health services and appreciate it as a fundamental strategy in the consolidation and implementation of professional practice.[12]

Another activity developed with the elderly in UBS is the group of coexistence, that arises as an alternative to keeping the elderly socially inserted in order to promote the appreciation of the older person in relation to himself and his family, adding quality of life and its recognition as a person. The group acts as a support network that assists in raising awareness of the importance of self-care and coexistence with other people of the same age group who experience the health-disease process similar to yours, helping the elderly experience the exchange of experiences and the sharing of knowledge.

> *"[...] This helps them feel not alone, to live more in a group because they have parties, the social one is pretty cool, he won't be cut off [...]." (4)*

> *"In this unit, I see that the old person is well supported [...] they celebrate, have festivities, make tours [...]. Everyone tries to help them in some way to make them feel better. I think everyone can do a good approach with them, seeing their difficulties." (5)*

> *"[...] I think that the group is really interesting, they like it a lot. It's a leisure [...]." (7)*

> *"[...] it is a group that has a lot of activities, whose aim, focus, are fun activities [...] this group welcomes these seniors [...]. They like a lot. They do dance, do walks, is very interesting [...] And all are professionals, the team gets inserted in a multidisciplinary way [...]." (9)*

"[...] There is a group they come, exchange ideas, lectures are made according to their interest. Is a group of living together, which I find pretty important [...]." (10)

In the following statement, the professional mentions the importance of groups as a resource for keeping the elderly socially active, in constant activity. He says that social practices should be developed, so that there is greater involvement of the elderly, making them responsible for various tasks and leaving them inserted in the social space in which they live. Participation in coexistence groups allows the elderly to exercise their role as citizens, use of its potential, share experiences and develop bonds of friendship with elderly people living alone and need attention, to talk and be heard.

"I think having a space for coexistence. They had some activity, could be something else. The group is once a week, fills little, although it helps [...]. Because our area is an area with predominance of elderly. Have a larger space, where they could have an activity to help other people. In addition to health care, have some more practical activity, they could even develop their skills [...] And they could feel useful and participants." (10)

Living groups are characterized as a reception space, listening and attention. In addition to the importance of good family coexistence, having a leisure activity, participate in some group like Church, Neighborhood Association, sport and even have a sound work, whether paid or volunteer, are alternatives that can help the elderly to feel useful and active, away from possible health problems.[13]

In addition to distraction and leisure, favours the exchange of experiences and interactions that transform significantly the social relations of the elderly. The group meetings allow participants to have new relationships and expand their social network, because it keeps them in touch with other people and places, causing them to see themselves as an integral part of society, there is a perception of improvement in health and quality of life.[14]

With the goal of working the autonomy and quality of life, the UBS allows the practice of physical exercise as a way to keep the elderly physically active, through tours and hiking.

"They always have an activity, something to do [...]. There are activities that they make group ride [...]. They come here and love it [...]. Encompasses all of this, the quality of life, participation, guidance, walk [...]." (1)

"[...] they go out, go for a walk. Sometimes they do activities, hiking." (6)

"We do walks in the park with them." (7)

The social representations are noted as positive and indicated by feelings of satisfaction, happiness, and escape from the stereotype of old age disturbing, erased and unhappy.

The regular practice of physical activities is regarded as a strategy for reducing the impact of aging on the functional autonomy and quality of life.[15] Physical activities have been recognized for its physical, psychological and social benefits from their practice. Especially among the elderly, favors the maintenance of independence, health and quality of life and can reduce the use of health services and of medicine, the risk of developing diseases or chronic diseases and institutionalization.[16] The practice of physical exercises gives the elderly a life more active and balanced between its limitations and potential.[17]

In the next statement, the health care practitioner delegates the issue of listen to the elderly to seek health services. The old-aged needs a space where his desires, joys and tribulations will be heard, as well as to have the attention of professionals. To listen contributes to the strengthening of the link between professional/user, which is essential for the provision of assistance based on effectiveness and completeness of the care, in which all the professionals of the health team should be integrated.

"The main thing that we see is the matter of listening. It's more the loneliness that hurts the care. The bug, the fellowship also [...]." (2)

Listening goes beyond the act of listening to what the other speaks, one must understand what is being said and share the feeling that is being put in that special moment.[18] The care assumes capacity for listening and dialogue, as well as willingness to understand each other, as a subject with potential, rescuing the autonomy and stimulating citizenship.[19] Is this relationship of respect, understanding that makes the difference between health practices.[20]

In order to deliver quality to the listening, it is up to the professional to be creative, empathic, skillful and able to listen to the elderly, enabling the interaction occurs so that ideas, visions and complaints are expressed, identified and valued.[21] Right now, professionals can identify user needs, questions, guide or get next to it the best solution to the problem, where the team must be able to propose interventions in problems identified, wielding new knowledge and promote the quality of life and a healthier aging.[22]

The trust and established link between the professionals and the elderly was also mentioned in the interviews. The link can assist the team approach with these seniors, in order to meet their requirements and needs resulting from the aging process and to provide care to these people.

"[...] We take that bond, we will acquire that trust with them. I work very much on that, make they laugh a lot, I

start to talk [...] And we find it so rewarding, satisfactory also [...].” (1)

“[...] Here we realize that every team, all the time is taking the best care of the elderly [...]. They are welcome here.” (5)

“[...] We have a very direct contact with the patient [...] It has a very great bond [...].” (6)

“[...] the perception is that the bond that they are with us, they have a great customer service satisfaction of them here on the unit, this is a very common talk in the waiting room. Has link with nurses, doctors, with the professionals who work here [...].” (16)

The binding established with users is the result of a proper treatment, with respect to individuality, to differences in language, culture, values and assuming an attentive listener position, directing all the focus of attention for the individual/family in that odd moment of the relationship.[18]

The trust and the link are considered essential in the development of car of elderly who seek for health services. The link makes those who participate in the process of care and those who care are able to exchange ideas and opinions about their practices, as a means of validating, adapt or modify forms acceptable and beneficial health care.[23]

The link between professional/user stimulates autonomy and citizenship, promoting their participation during the service. This space should be used for the construction of subject, both professional and patients, because there is no link building without the user is recognized on condition of subject who talks, thinks and wants.[24]

In the statement that follows, the health professional believes that accountability agreed between the professional and the elderly to have commitment to their self-care, have positive effect on the health of the elderly person. This relationship between professional/user care, turns out to aid the construction of the autonomy and independence of the elderly.

“[...] Sometimes, you give attention or you gives taska. I have the idea that if you simply give a task, do a combination he becomes responsible for his health, committed to you. Because he, perhaps, there isn't anyone who undertakes in life, because he has already made his task, has already raised the children. So, he is engaged with you and still coming ..., like a kid when you bring the proof, you know, “look, I did what we agreed, everything”. And, in general, I think that's good.” (13)

The bailout provisions of the elderly with their health is a factor that has been excelling in research on aging. The elderly has become actors in the process of living and aging, where the family support network, the financial resources and the level of independence are important elements.[25]

The autonomy deals with the possibility of decision-making. For this to occur it is essential to review the relationship between the subject involved in the action. The human/patient needs have clearly explained its position as a recognized person, with rights in decisions about your treatment.[26]

The commitment and the link favor full care for democratizing and health practices, to the extent that build affective ties, trust, respect and appreciation of knowledge from users/family/health professionals. In this way, it promotes the development of the bailout provisions, the partnership of those subject to the improvement of the quality of life of the elderly.[27]

Professional reports that, among other care, prevention activities are carried out, to the health of the elderly. The prevention of diseases becomes important in identifying the imminent risks of morbidity and mortality.

“[...] There's a whole accompaniment, there is the monitoring of prevention, which you can give guidance to them. The issue of hypertension, diabetes, various guidelines you can give for them to have a better life [...].” (6)

Activities for the elderly should be proposed in line with the goals of disease prevention and health promotion, aiming at the effectiveness of these educational actions, based on awareness, prevention of diseases, as well as in the control of the same.[28]

Although the main concepts of prevention of health are already assimilated by professionals of the area, you can see a lot of difficulty in operation, particularly when we focus on the age group of the elderly. Despite the presence of the discourse of prevention, most services are traditional dressings, and argue that is difficult to measure the effectiveness for such programs from the financial point of view. Therefore, a model of health care for the elderly that intends to make effectiveness and efficiency needs to apply at all levels of prevention and have a well designed flow of education initiatives, health promotion, prevention of avoidable illness and rehabilitation of injuries.[29]

CONCLUSION

The aging population is a reality that is imposed in Brazil, bringing epidemiological and demographic order transformations that must be considered. To meet these needs which we are faced, strategies should be (re)designed for the health actions intended for the population over 60 years are effective and resolute.

Among the care taken with the elderly, professionals reported the house visits, which allows the health team to

know the context in which the elderly are inserted and their living and health conditions; living groups, allowing the elderly to remain socially active in your community; physical activities, considering the importance of this activity for the quality of life of the elderly; to listen, as a way to qualify the care provided, based on real needs presented; the link established between professional and user, important for the trust relationship established between the parties involved; the bailout provisions for the elderly, in order to bring it as active participant of your health and ageing process; and, the prevention of diseases, with the goal of minimizing the risk of morbidity and mortality.

Thinking about planning of actions to the health of the elderly goes beyond the treatment of diseases and the medicalization of health. Requires health professionals, in a multidisciplinary way, in activities that the elderly feel socially active in its context and develop their autonomy, independence and participation, craving a healthy aging and quality of life.

Health professional's role is to ensure the integral health care for the elderly. Reflect on their actions and practices of care offered to older persons in their working environment, ensures the user a decent and humane care, understanding the elderly in its entirety.

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Author responsible for correspondence:
Camila Amthauer
Rua 1 de Janeiro, nº 170, Edifício Lugano
Bairro Centro, São Miguel do Oeste/SC, Brazil
ZIP-code: 89900-000