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VISION OF THE ELDERLY PERSON ON BASIC ATTENTION NURSE CARE

VISÃO DA PESSOA IDOSA SOBRE O ATENDIMENTO DO ENFERMEIRO DA ATENÇÃO BÁSICA

VISIÓN DE ANCIANOS ACERCA DE LA ATENCIÓN DEL ENFERMERO DE LA ATENCIÓN PRIMARIA

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Objective: to describe the view of elderly people regarding the care of nurses in basic health care. Method: this is a descriptive study, using a qualitative approach carried out with 17 elderly people enrolled in the Family Health Strategies of Manacapuru, Amazonas, Brazil, during the period of January and February of 2016. For the data collection, the semi-structured interview was used. Thematic analysis was used to analyze the data collected. Results: most of the elderly were satisfied with the nurse's care; the others reported difficulty in accessing the professional; the care was not systematized and was limited to care in the Hypertension and Diabetes Program. Conclusion: Nursing care in basic health care, in the elderly person's view, was satisfactory, but it was related to the personal approach of kindness and attention and not to a systematized attention to care.

Descriptors: Nursing. Elderly. Primary Health Care.

Objetivo: descrever a visão da pessoa idosa a respeito do atendimento do enfermeiro na atenção básica de saúde. Método: estudo descritivo com abordagem qualitativa realizado com 17 idosos cadastrados nas Estratégias de Saúde da Família de Manacapuru, Amazonas, Brasil, no período de janeiro e fevereiro de 2016. Para a coleta de dados, aplicou-se a entrevista semiestruturada. Foi utilizada a análise temática para trabalhar os dados levantados. Resultados: a maioria dos idosos estava satisfeita com o atendimento do enfermeiro; os demais referiram dificuldade de acesso ao profissional; a assistência não era sistematizada e limitava-se ao atendimento no Programa de Hipertensão e Diabetes. Conclusão: o atendimento do enfermeiro na atenção básica de saúde, na visão da pessoa idosa, era satisfatório, mas se relacionava à abordagem pessoal de gentileza e atenção e não a uma assistência sistematizada de cuidado.

Descritores: Enfermagem. Idoso. Atenção Primária à Saúde.

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Objetivo: describir la visión del anciano sobre la atención del enfermero en la atención básica de salud. Método: estudio descriptivo, con enfoque cualitativo, con 17 ancianos catastrados en las Estrategias de Salud Familiar de Manacapuru, Amazonas, Brasil, de enero a febrero de 2016. Para recolección de datos, se aplicó entrevista semiestructurada. Se utilizó el análisis temático para trabajar los datos levantados. Resultados: la mayoría de los ancianos estaba satisfecha con la atención del enfermero; los demás refirieron dificultad de acceso al profesional; la atención no era sistematizada y se limitaba a la atención en el Programa de Hipertensión y Diabetes. Conclusión: la atención del enfermero en la atención básica de salud, en la visión de ancianos, era satisfactoria, pero se refería al abordaje personal de gentileza y atención y no a asistencia sistematizada de cuidado.

Descriptores: Enfermería. Anciano. Atención Primaria de Salud.

Introduction

Aging has taken place in all regions of the world in a significant way. It is projected that in less than 10 years the number of people in this age group will reach the amount of 1 billion and double by 2050, reaching the level of 2 billion[1]. Statistical projections from the World Health Organization (WHO), from 1950 to 2025, show that the elderly group in Brazil will increase by fifteen times, while the total population in five[2].

Data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* – IBGE) indicate that the elderly already represent 7.1% of the population of Amazonas, and the growth of this public is quite significant in ten years, adding up to 55 thousand people aged 60 or over in the State. The aging rate went from 13.2% in 2001 to 21.8% in 2011. Today, this figure has already reached 255,000, with an average of one elderly person for every five people under the age of 15[2].

Due to the high number of elderly people, there is a change in the demographic and epidemiological profile of the Brazilian population. There has been a reduction in the number of infectious diseases and an increase in chronic non-communicable diseases, leading to a greater and prolonged use of health services by the elderly, and it is necessary for professionals to direct their actions to the specifics of this group[2-3].

The actions aimed at the elderly are guaranteed by the National Health Policy for the Elderly (*Política Nacional de Saúde da Pessoa Idosa* – PNSPI) created in 2006. This policy defines that the health care of this population has as its main entrance the basic attention in the Unified Health System (*Sistema Único de Saúde* – SUS), using as reference the network of services of medium and high complexity[4]. Family Health is the priority strategy of basic care, acting through multidisciplinary teams in order to provide quality care to users. In the attention to the elderly, it aims to provide quality of life through the development of actions to promote healthy aging. In this way, the team has the function of meeting the healthy elderly, as well as those with disabilities[5-6].

In this perspective, the Family Health Strategy (FHS) aims to consolidate the promotion, protection and recovery of health through the care of the elderly population and their needs, offering comprehensive care, not just waiting for the initiative of the elderly in the search for health services, but performing an active search for these individuals[7]. Thus, the nurse is the professional that has an expressive and strategic insertion in the scope of basic health care. At the forefront of the whole process of caring for the population, it develops actions in the management and execution of assistance, educational, and preventive practices[8].

The nursing consultation is one of the activities of the nurse of the FHS that enables the strengthening of the bond with the elderly and their families, health education activities and the early identification of frail elderly, promoting health and preventing injuries[9]. In this context, the participation of the elderly in

care is important for the construction of the professional-user relationship, since the nurse needs to understand the degree of knowledge of the elderly about their clinical condition and their evaluation in relation to the care they receive. These actions generate a reflection on the practice of care offered and allow timely measures to be taken[10].

Thus, the present study aims to describe the elderly person's view regarding the nurses' care in basic health care.

Method

This is a descriptive study that uses a qualitative approach, which is part of a larger research entitled "Management of Elderly Care in Basic Health Care in the Municipality of Manacapuru, Amazonas". The study participants were 17 elders aged between 61 and 100 years, registered in the Basic Units of Family Health in the urban area of the city of Manacapuru (AM). The inclusion criterion was: elderly people who had at least five consultations by the nurse in the years 2014 and 2015. The exclusion criterion was: elderly individuals who had cognitive alterations that prevented them from responding with reliability to the interview script. This change was identified in the records contained in the medical records of the elderly.

Of the total of 1,000 registered elderly, 30 met the inclusion criteria. However, the sample number of 17 elderly people was used, because similarity in the speeches was perceived by means of the saturation technique. The determination of the number of interviews by theoretical saturation is a strategy that proposes to suspend the inclusion of new participants when the data become repetitive and redundant and certifies that the amount of data collected is sufficient to reach the goals proposed in the study[11].

The semi-structured interview was used in the data collection. Some were performed in the homes of the elderly and others in the basic health units, at previously scheduled times. Data collection took place in January and February 2016.

The socioeconomic characterization data of the elderly participants of the study were organized in a database in the Microsoft Excel 2007 program. Their statistics were described using software R version 3.2.2. The reports of the participants were analyzed qualitatively, through the technique of discourse analysis. The steps suggested by the thematic analysis, which covers, operationally, the steps were followed: pre-analysis, material exploration, treatment of results, and interpretation[12].

The study was carried out in accordance with the ethical and legal recommendations contained in Resolution no. 466/12, of the National Health Council (*Conselho Nacional de Saúde* – CNS), which deals with research involving human beings, taking into account the ethical principles of study benefits, privacy, non-maleficence, justice, autonomy, and veracity[13]. In agreement with the legal dispositions, it was decided to identify the elderly people of this study by the letter P for participants, followed by the sequential number of interviews.

Thus, the project was submitted to the Research Ethics Committee of the Federal University of Amazonas (CEP/UFAM), being approved and filed with CAAE no. 45582015.5.0000.5020.

Results

Of the 17 elderly interviewed, ten (58.82%) were female and seven (41.18%) were male. The minimum age was 61 years and the maximum age was 100 years. The mean age was 72.76 years. The predominant religion was Catholicism, with 52.94% [9]; the others declared themselves evangelicals (47,06%). In relation to marital status, seven (41.18%) were married, five (29.41%) were single and five (29.41%) were widowers. All had between 1 and 10 children, with an average of 6 children. All of them lived in their own home, but 5 (29.41%) elderly lived in the context of extended families composed of spouses, children, grandchildren and other relatives; three (17.65%) lived with grandchildren, 3 (17.65%) with spouses and children, 2 (11.76%) with spouses, children and grandchildren, 2 (11.76%) with

children and grandchildren, 1 (5.88%) with only spouse, and 1 (5.88%) lived alone. Regarding the occupational situation of the participants, 64.71% [11] were retirees, 29.41% [5] housewives and 5.88% [1] pensioners. Of the elderly who had monthly income, 15 (88.24%) received up to 1 minimum wage and only 2 (11.76%) received from 1 to 2 monthly minimum wages.

After attentive reading of the reports recorded in the interviews, it was possible to perceive the manifestation of the phenomenon through the convergence of the utterances and extraction of the units of meanings. Two categories of analysis were established: The nurse as an agent of care in the perception of the elderly in the FHS; and Factors involved in care for the elderly: contributions / limitations.

Nurses as Agents of Care in the Perception of the Elderly in FHS

The FHS nurse is expected to play an important role in the health of the elderly, acting as a family, social and community care agent through health promotion and prevention activities. Thus, the perception built by the elderly regarding nurses must be based on the relationship that the professionals develop with this public. Most of the participants in the study demonstrated empathy with the nurses, although some were still dissatisfied with the way they were treated.

The relationship between nurses and the elderly begins in the care and involves reception, sensitive listening, and dialogue, which demonstrates the commitment of the professional to meet the needs of the elderly.

> *He assists us well; he is very attentive. He asks us how we are and what we feel, and we tell him, and he gives us some medicine.* (P3, 61 years).

> *She's a great person. For me the service is excellent. She treats me really well.* (P12, 65 years).

Some reports, however, showed that this was not always the reality lived by the patients. The nurses ended up showing indifference to the elderly person's situation or were absent from the care given to the elderly.

> *For the nurse to come to my house? I don't know when she comes. This girl always comes* [community health agent], *because she works here in the area, but the nurse, from the health center, come to talk to us here or there too?! They never talk to us.* (P5, 73 years).

> *The other* [community health agent] *comes in, gives me the pill, then she* [nurse] *stays outside. What I mean is that I don't talk to her and she doesn't talk to me, so I just look at her. She* [nurse] *only accompanies the other* [community health agent]. *I think she is afraid of getting sick.* (P6, 72 years).

It is important to point out that some elderly people, because of their greater rapprochement and contact with the Community Health Agents (CHA), saw the role of nurses in them, not being able to distinguish the two professionals when asked about their relationship with the nurse.

The elderly perceived that the actions developed by nursing professionals involved: periodic nursing consultations, dietary guidelines, use of medications, physical activity, home visits, referral to other health professionals who worked in the team, and educational lectures.

> *Physical education, I've been doing it there at the health clinic. The nurse tells me the day of the gym, and she accompanies us* [...] *I did the preventive examination with her. I've even received the result. There was nothing, thank God! She explains that it is to see if there is any cancer, any wound* [...] *she has already given a lecture there at the health post on breast cancer.* (P11, 61 years).

> *She talks a lot about diabetes to me* [...] *the nurse talks, takes notes of the remedies that I have here. They give it to me and teach me everything exactly in terms of how and when I should take it.* (P9, 61 years).

> *Because I'm hypertensive, right? I have a follow up. It tells me how to feed myself with less fat, salt and pepper. She gives me a requisition, when there is no medicine in the health posts. She refers us where it's easier and we go and get it there* [...] *Wednesdays are reserved only for the elderly hypertensive and diabetic.* (P12, 65 years).

Factors Involved in Elderly Care: Contributions/Limitations

In the care given to the nurse in the FHS, the elderly find contributing factors and factors that limit their access to health care. The home visit, for example, enables the elderly with the need for greater care, the home care.

The progressive loss of vision and the reduction of muscle strength make it difficult for the elderly to move to the Basic Health Unit (BHU), making them more dependent on home

care; however, it was identified that the visit was not frequently performed by nurses. In addition to this factor, the lack of material resources and medicines in the UBS limits the care to the elderly, since they cannot continue the treatment without the medication.

The majority of the elderly reported they found that accessing the nurse's appointment was easy because it was marked by the CHA. In the case of non-scheduling, the service was done by spontaneous demand.

> *The easiest part is that I call my health agent, so she sets the appointment for me.* (P11, 61 years).

Other factors that facilitated the care with the nurse were the preferential care and the use of clear language by the nurse during the care and the home visit for the more dependent elderly.

> *She comes to my house and it's easier for me because I don't walk well. I have to go either by car or motorcycle to get there* [Basic Health Unit]*, because I won't walk, you know? And my conditions don't work for me* [...] *for me it's easy the care I have, because I wait at the door and she comes.* (P7, 100 years).

> *She* [the nurse] *speaks very clearly because usually the person who has a higher structure needs to have a higher level; the person who has a lower level, like me, who has studied until the fifth grade; she speaks my Portuguese.* (P12, 65 anos).

> *I have priority, thank God. I have no difficulty for that.* (P12, 65 years).

The elderly have limitations due to aging that makes them gradually dependent. The difficulty of locomotion was one of the related factors that made it difficult for the elderly to go to the BHS, as well as reduced visual acuity, pain in joints and muscles, and history of falls and fractures. Fear of further falls was the main cause of the elderly avoiding leaving alone.

> *It is necessary to take my leg and put it on the bike. I feel that this tendon here is numb, and I don't have the strength to put it on the bike, to pull myself on the bike. That's why I didn't ride a motorcycle anymore. If I go to the health clinic, it's risky for me to fall and end up hurt somewhere.* (P6, 72 anos).

The family scenario in which some elderly people were inserted became improper for their care, since they lived with other people of the same age group and were responsible for the maintenance of health among themselves, not having help from other relatives. This fact made the therapeutic approach even more difficult in these cases.

> *She* [the interviewee's mother] *is 89 years old. The doctor said that she has atrophied nerves, that she does nothing, she doesn't eat; we feed her in the mouth, and she doesn't do anything* [...] *when I get there* [Basic Health Unit]*, she [nurse] knows my problem, that I take care of my mother, and I say "nurse, I left my mother alone" and she [says] "come here, madam* […]*". Then she assists me fast, so I come home faster.* (P8, 63 years).

Another difficulty experienced by the elderly was the lack of medicines and material resources in the BHS. That's why they had to buy the medication. Those who did not have financial conditions and were prevented from continuing treatment were thrown to their fate.

> *Look, I just say that there wasn't the thing to pierce the finger* [dexterous] *I don't know how they still have this device to check the pressure* [...] *Medicine?! Not even AS to take, let alone other medicines* [...] *when there is no medicine here at the clinic, I buy it. I buy the pills, everything, because here at the clinic there is nothing.* (P9, 61 years).

Discussion

The elderly, within the FHS, should be cared for according to their peculiarities, understanding that the advancement of age, associated with physiological changes and the appearance of pathologies influence the increase of their fragility. Thus, it is the nurses' responsibility to accompany this public, developing effective actions to promote health and prevent injuries.

The majority of the elderly interviewed demonstrated satisfaction with the care received from the nurse, emphasizing that this professional treated them with attention and respect. However, this perspective reveals that attention and respect are enough to provoke satisfaction in terms of care in basic health care. A survey that evaluated basic care in the city of Lagarto (SE) showed that the creation of a link between professionals and users is an attribute of accessibility to basic care, from the perspective of humanization and integral care[14].

Some elderly people perceived difficulties in communicating with nurses and the lack of prioritization of care for the elderly, when

they identified that the most assisted were the pregnant women. The emphasis given by the interviewees to the Community Health Agents on care for the elderly should be related to the more constant presence of the Agent in meeting their difficulties and needs. The Agent appears as a facilitator in the communication process.

These findings corroborate a study carried out in Rio de Janeiro, which analyzed the attention to the elderly in the work of the FHS, evidencing that the CHA had greater contact with the elderly users, taking charge of a good part of its monitoring in the basic unit programmatic actions, due to the great user demand[6].

The interviewees 'views on nurses' work, besides courteous service, include home visits, referrals to other professionals of the FHS, educational lectures, and orientations related to food, physical activity, use of medication, and personal hygiene. It was not evidenced the perception that nurses should provide the elderly with an assistance based on effective work methodologies, prioritizing the multidimensional assessment of these users to develop a care plan that aims at maintaining its functionality, independence and autonomy, focusing on active and healthy aging, offering guidance on activities of daily living and self-care[15].

During the analysis of the interviews in this study, it was possible to identify the absence of reports on the nursing consultations directed to the health of the elderly, although the majority of the elderly are cared for in the Hypertension and Diabetes Program (*Programa de Hipertensão e Diabetes* – HIPERDIA). The reports showed that, instead of a consultation, the care was limited to the renewal of prescription and guidelines on hypertension and diabetes, while the other actions, considered essential in the consultation with the elderly, such as physical examination and cognitive and functional evaluations, were not mentioned by any of the elderly who participated in the study.

A study carried out with nurses from the FHS of a municipality in the state of Bahia, which aimed to understand their experiences in nursing care for the elderly, resulted in the need for nurses to have specific knowledge on care for the elderly, since their consultations do not follow an appropriate evaluation guide for this group, which is limited to the health care of the HIPERDIA program, and not presenting a guide to the peculiarities of the elderly[3].

In a study carried out in Florianópolis (SC), the nurses of a Health District of the Municipal Health Department highlighted fundamental points that the nursing consultation to the elderly in the FHS should include, such as: nursing history; complete physical examination; nursing evaluation and diagnosis; prescription, guidelines, care plan, and referral[8].

Access to the nurse's appointment through a schedule made by the CHA was one of the facilities experienced by the elderly in the care of the professionals. This data corroborates a study carried out in Campos Gerais (MG), which evidences the community agent as a fundamental interlocutor between the community and the health team of primary care, responsible for articulating the care provided to the elderly, and prioritizing users who have some limitation[16].

Most of the elderly reported having priority in the care offered in the basic unit. Law no. 10,741/2003[17] guarantees this user immediate and individual preferential care in public and private agencies that provide services to the population.

Among the reports, the ease of dialogue with nurses was highlighted, due to the use of simple language during care guidelines. In the process of care for the elderly, it is fundamental that nurses make use of simple, clear and objective language. It should avoid technical terms, to facilitate understanding of health guidelines. It should also consider the possible difficulties of this user to learn new knowledge due to aging, which brings limitations, such as impairment of assimilation capacity[18-19].

Older people who have difficulty getting around, impaired visual acuity or have a weakened state of health highlighted the home visit as a facilitator of access to nurses. In a study carried out in Araraquara (SP), which aimed to evaluate the perception of the population served

by the local BHS after the implementation of the FHS, it was evident that the practice of home visits was a tool to guarantee the continuity of care with users and the construction of a greater bond between professionals and community[20].

In this study, the elderly did not mention the decrease in auditory acuity, corroborating a study developed in Salvador (BA), which showed, in their results, the smallest proportion of elderly individuals who reported difficulty hearing. This study also did not attribute damage to the psychosocial sphere as a result of this auditory alteration, although the authors evidenced the presence of hearing loss in almost all the participants of the research, besides revealing a similar audiological profile with presbycusis - hearing loss associated with the aging process[21].

Among the difficulties that the elderly experienced in the care with the nurse, the following were highlighted: the lack of medications in the BHU as a factor that impaired the continuation of the treatment, especially the hypertensive and diabetic patients; and the difficulty of getting to the basic unit due to the consequent limitations of aging. These findings corroborate a study that sought to identify the challenges of self-care practice for elderly patients with Type 2 Diabetes Mellitus, users of the Basic Health Unit, where the difficulty of getting to the BHS, the lack of access to free medicines and the high cost of drugs associated with low income were mentioned by the elderly as factors that hindered the care process in which they were inserted[22].

In relation to the elderly that have limitations of getting to the BHS, it is the responsibility of the primary care teams to serve them according to their needs, using home care as a care instrument. This practice of care provided greater visibility and importance to the team due to the aging of the population and the recognition and reconfiguration of the home as a locus of care, especially for the elderly with incapacitating and more dependent diseases[23].

The data referring to the difficulty of living in a family context, where they are responsible for the care of other elderly people and for all the care tasks, confirmed a study carried out in a city in the country region of Rio Grande do Sul, aiming to identify the main complaints involved in the care of the elderly and how they may be interfering with the daily routine of caregivers. The results of this study showed that in the majority of the family contexts in which the elderly dependents live, the spouses, who are also elderly people and have health problems, assume the role of caregivers. As a consequence, an elderly person provides care to another elderly person. The study highlights the importance of family caregivers being seen as having their own needs, aiming to provide quality care for the elderly[23].

It should be noted that this study had limitations regarding the sample, which had a small size, allowing considering the results found only for the population in question. In this perspective, it was noticed the need to carry out new studies on elder care, in which the focus is both the elderly population as well as the professionals responsible for care in basic health care in the Amazonian context.

Conclusion

It was possible to identify that the majority of the elderly justified the satisfaction regarding the nurses' care due to their kind and attentive approach. This satisfaction was more associated to the professional-patient relationship and to the personality of the professionals than to the health services offered by these professionals to the elderly population. However, those who actually referred to the difficulty of access to nurses in their speech were based on the greater accessibility to the CHAs and to the fact that they are dependent on the orientations regarding aspects of their health.

In view of the results of this study, one can see the indispensability of a directed, comprehensive and systematized approach to the health of the elderly, understanding that this involves the environment in which the elderly are and their socioeconomic and cultural aspects. In addition, the enlightened understanding that aging is a

physiological process, not synonymous with disease is also necessary. The study also revealed that there is a deficit in care, especially regarding the development of abilities and skills for the self-care and autonomy of the elderly person.

There is evidence of the need for improvement in the management of health services and in the health care of the elderly, which, even with advances, is still configured in basic and superficial care. Professionals need to pay attention to the effective implementation of the public policies of Health Care of the Elderly Person and to be trained in the area of geriatrics and gerontology to provide care to the elderly in a qualified, integral and singular way regarding their needs.

Collaborations:

1. conception, design, analysis and interpretation of data: Sara Nogueira Sampaio, Arinete Veras Fontes Esteves, Ana Paula Pessoa de Oliveira, Patrícia da Costa Franco and Eurides Souza de Lima;

2. writing of the article and relevant critical review of the intellectual content: Sara Nogueira Sampaio, Arinete Veras Fontes Esteves and Patrícia da Costa Franco;

3. final approval of the version to be published: Sara Nogueira Sampaio, Arinete Veras Fontes Esteves, Ana Paula Pessoa de Oliveira and Patrícia da Costa Franco.

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