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HEALTH PROFESSIONALS' PERCEPTION ABOUT THE DIFFICULTIES FACED BY THE ELDERLY

PERCEPÇÃO DE PROFISSIONAIS DA SAÚDE ACERCA DAS DIFICULDADES ENFRENTADAS PELOS IDOSOS

PERCEPCIÓN DE PROFESIONALES DE LA SALUD SOBRE LAS DIFICULTADES ENFRENTADAS POR LOS ANCIANOS

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ABSTRACT

Objective: to survey the perceptions of professionals from a Family Health team about the difficulties faced by the elderly during their aging process. **Method:** descriptive study, with a qualitative approach, carried out with professionals from the Family Health Strategy in a primary health center in Porto Alegre, Rio Grande do Sul, Brazil. Data collection took place by means of semi-structured interviews. Data were analyzed by Content Analysis, in its thematic modality. The study was approved by the Research Ethics Committee of the Clinics Hospital of Porto Alegre, under the Protocol 130467. **Results:** the professionals' perceptions were grouped into the following categories: loneliness, socioeconomic difficulties, loss of autonomy, physical limitations, devaluation and disrespect, difficulty of access, and architectural barriers. **Conclusion:** the public policies focusing on elderly health care must be reviewed, so that it is possible to take actions and interventions aimed at the elderly who have specific characteristics and needs. **Descriptors:** Family Health; Health of The Elderly; Aging; Health Professional.

RESUMO

Objetivo: levantar as percepções de profissionais de uma equipe de Saúde da Família acerca das dificuldades enfrentadas pelos idosos durante seu processo de envelhecimento. **Método:** estudo descritivo, de abordagem qualitativa, realizado com profissionais da Estratégia Saúde da Família em uma unidade básica de saúde em Porto Alegre (RS). A coleta de dados foi realizada por meio de entrevistas semiestruturadas. Os dados foram analisados pela Análise de Conteúdo, em sua modalidade temática. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Hospital de Clínicas de Porto Alegre, sob o Protocolo n. 130467. **Resultados:** as percepções dos profissionais foram agrupadas nas seguintes categorias: solidão, dificuldades socioeconômicas, perda da autonomia, limitações físicas, desvalorização e desrespeito, dificuldade de acesso e barreiras arquitetônicas. **Conclusão:** as políticas públicas que enfocam a atenção à saúde do idoso devem ser revistas, de modo que seja possível realizar ações e intervenções direcionadas a idosos que apresentam características e necessidades específicas. **Descritores:** Saúde da Família; Saúde do Idoso; Envelhecimento; Profissional da Saúde.

RESUMEN

Objetivo: levantar las percepciones de profesionales de un equipo de Salud de la Familia sobre las dificultades enfrentadas por los ancianos durante su proceso de envejecimiento. **Método:** estudio descriptivo, con abordaje cualitativo, realizado con profesionales de la Estrategia Salud de la Familia en un centro de salud primaria en Porto Alegre, Rio Grande do Sul, Brasil. La recogida de datos se llevó a cabo por medio de entrevistas semi-estructuradas. Los datos fueron analizados por el Análisis de Contenido, en su modalidad temática. El estudio fue aprobado por el Comité de Ética en Investigación del Hospital de Clínicas de Porto Alegre, bajo el Protocolo 130467. **Resultados:** las percepciones de los profesionales se agruparon en las siguientes categorías: soledad, dificultades socioeconómicas, pérdida de autonomía, limitaciones físicas, devaluación y falta de respeto, dificultad de acceso y barreras arquitectónicas. **Conclusión:** las políticas públicas que focalizan la atención de salud para los ancianos deben ser revistas, de modo que sea posible llevar a cabo acciones e intervenciones dirigidas a ancianos que tienen características y necesidades específicas. **Descritores:** Salud de la Familia; Salud del Anciano; Envejecimiento; Profesional de la Salud.

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INTRODUCTION

Life prolongation is an aspiration in any society. However, it may only be considered as an achievement as far as it provides quality to the additional years. Any policy aimed at the elderly must take into account the functional capacity, the need for autonomy, participation, care, and self-satisfaction. Furthermore, it should open the field to the opportunity of acting in various social contexts and developing new meanings for life in old age.¹

Not all people age the same way. The elderly represent a distinct population group, with very different characteristics from each other and from the other age groups. Personal, cultural, and family differences, as well as the very concept, are determining factors for the onset of old age. Human aging is a result of the individual history of each person and the way how she/he walked the path of her/his life.

According to the Ministry of Health, the biggest challenge of elderly care is contributing so that, despite the progressive limitations, there is an opportunity to discover new ways to live her/his own life with the best quality. This possibility increases as the society takes into account the social and family context and can recognize the potentialities and the value of the elderly.²

The Family Health Strategy (FHS) was planned to provide a new focus to population care, fostering quality of life, for instance, by promoting healthy aging. As aging is not a homogeneous process, the needs and demands of the elderly vary, and there is a need to strengthen networking to focus on the care for healthy elderly individuals and assist those with different degrees of disability or illness, also at home.³

It is expected to provide the elderly person and her/his social support network, as well as her/his family members and caregivers, with a humanized care, with advice, monitoring, and home support, regarding local cultures and differences in the meaning of aging.² Thus, for deploying measures to promote elderly health, we have to know the aging process and being aware of its implications for the individual's life and to the society. We must evaluate the pertinent aspects regarding elderly quality of life, identifying the possibilities and limitations at their individual and social levels.⁴

The competences, skills, and tasks of FHS teams must be aimed at the comprehensive, continued, and humanized care. Resuming

human care is crucial for the health professionals from the FHS, especially when it comes to care for the elderly person who needs attention, affection, respect regarding her/his cultural values, due to the fact she/he is undergoing a situation of weakness caused by age itself. Elderly care must be comprehensive and interconnected, based on the individual's rights, needs, preferences, and abilities starting from access, physical infrastructure, and qualified team, so that a problem-solving care takes place.⁵

It is hoped that this study can provide the elderly person with a care that is qualified, effective, and rather targeted to her/his health problems, based on the peculiarities and specificities inherent to this population segment. Thus, the following objective was defined:

- Knowing the perceptions of professionals from a Family Health team about the main difficulties faced by the elderly during their aging process.

METHOD

This is a descriptive study, with a qualitative approach, conducted with professionals from the FHS working in a primary health center (PHC) belonging to the Clinics Hospital of Porto Alegre (HCPA), a university hospital linked to the Federal University of Rio Grande do Sul (UFRGS), in Porto Alegre, Rio Grande do Sul, Brazil. As recommended by the Ministry of Health, the professionals who make up the minimum FHS team are 1 nurse, 1 nursing assistant/technician, 1 physician, and 1 community health worker.

The sample was randomized and it consisted of 16 professionals (4 physicians, 4 nurses, 4 nursing technicians, and 4 community health workers). The determination of the number of subjects in the study, observing the criterion of professional and team representativeness, took place by means of data saturation, taking into account that the optimal sample is that reflecting the totality of its multiple dimensions, and the number is sufficient when it allows a certain recurrence of information.⁶

Data collection was conducted in the PHC itself, where the study subjects work, in December 2013, through semi-structured interviews, recorded on audiotape, textualized, and, then, transcribed for analysis and interpretation of information. Respondents' names were replaced by the abbreviation "R", followed by an ordinal number.

Data were analyzed by means of Content Analysis in its thematic modality, operationally performed in three steps: pre-analysis, material exploration and processing of results, and interpretation of data.⁶

The answers identified as for the difficulties faced by the elderly in the view of Family Health professionals were grouped into categories, namely: loneliness, socioeconomic difficulties, loss of autonomy, physical limitations, devaluation and disrespect, difficulty of access, and architectural barriers.

All participants agreed to participate in the study and signed the free and informed consent term. The study was approved by the Research Ethics Committee of the Clinics Hospital of Porto Alegre, under the Protocol 130467.

RESULTS AND DISCUSSION

As the professionals were asked about their perceptions concerning the difficulties faced by the elderly person during her/his aging process, some significant issues could be highlighted. Among the difficulties, a very frequent discourse in the testimonies refers to the elderly person's feeling of loneliness, often caused by abandonment by her/his family and/or the difficulty of a caregiver to care for this elderly person and provides her/him with support at this phase of her/his life.

Where there is an elderly person and family participation is lacking, he becomes kind of depressed. We observe some difficulty in family issues. (R1)

Especially this emotional difficulty, the sense of abandonment and being alone [...] And the emotional aspect of loneliness, noticing that many family members do not care about him [...]. (R9)

[...] I see that the difficulty seems to be rather related to being alone. Because, usually, the family, children, have already left home, each one lives his own life and the elderly person is somewhat abandoned. (R12)

There are several difficulties [...] Many of them are lonely, live alone, face financial problems, family problems, do not have the family support network [...]. (R16)

The human being fears losses, since they cause suffering. The experience of losing may lead to clarify a situation of abandonment, characterized as a feeling of suffering that prevents the individual from fully living and coexisting. The abandonment of an elderly person is related to the history constructed throughout her/his life. Many of the situations leading to abandonment are caused by the condition of elderly weakness, derived from

her/his aging process, a time when there is a need for greater attention, because of the loss of autonomy and independence. The feelings of abandonment are reflections of losing affections, represented by the loss of her/his partner, children, family members, and friends.⁷

The family is the natural means of insertion for the human being. When there is an absence or disruption of this insertion, the elderly person experiences a situation of not belonging, she/he feels ignored, devalued, excluded. The family is the elderly person's hope as a way to keep family relationships and the possibilities of avoiding isolation. As the family is the group through which the human being is gradually inserted into the world, it represents the bond between the individual and the society.⁷

The feeling of loneliness may be mitigated with family support, significant for all human beings. People need to live in society, listen and be listened to.⁸ The families of the elderly need attention and not just be regarded as caregivers, as this phase implies an event not only for the elderly person, but for everyone who participates in this process, regardless of closeness or bond. This is a phase that results in a reversal of roles regarding care, recalling the fact that all of us age and finitude is an actual process in life.⁹

Another aspect pointed out by professionals is related to the economic difficulties that the elderly person starts facing, due to her/his distance from the labor market, the decreased value of her/his pension when compared to the wage she/he used to earn, having to adapt to a different economic status. This adaptation implies providing the elderly person with care, as we can observe in these testimonies:

[...] I see more difficulty regarding the issue of family financial situations. Where there are financial problems, there is more difficulty. (R1)

A great difficulty is the economic aspect. Many of them earn an extremely low retirement income that, sometimes, they find themselves in a situation of reducing drug treatment [...] in order to be able to comply with treatment and medication [...] I see this economic aspect, a very strong and significant aspect in the life of an elderly person. (R9)

Some elderly individuals from a somewhat lower socioeconomic status, we see that he has difficulty in reading, understanding, many of them use a lot of medications and have difficulty to understand how to take this medicine, the family is not always present [...]. (R12)

It is possible that the socioeconomic situation interferes with the elderly person's health by representing an adaptation to her/his new lifestyle. For many elderly individuals who face health problems and need treatment and monitoring, medications end up being somewhat expensive or they are almost unaffordable. Under this condition, the emotional aspects emerge quite changed, due to the construction of life in this new situation.

Although retirement is a guarantee of the right to social inclusion, a decreased income ends up hindering access of the elderly to their health care, education, and leisure, affecting their quality of life.¹⁰

When they retire, the situation of the elderly tends to get worse, because the amount of money paid to retirees is not enough to cover their expenses. Retirement is no longer seen as a right won, but as the time of changing the social role, something almost always stigmatized. In Brazil, the elderly are often living in anguish due to the devaluation of pensions.

Socioeconomic inequalities indicate different times and ways of getting ill and, also, different needs and abilities to seek and use the health services.¹¹ From this perspective, the financial issue is inextricably linked to the issue of seeking for services, referring to the possibility or impossibility of access, as a condition for the very recognition of its severity.¹²

During aging, the term quality of life is directly linked to keep autonomy and independence over the years. Having a healthy life is closely related to the elderly person's ability to take her/his daily activities independently. The elderly person's loss of autonomy was another factor cited by the professionals interviewed as a major difficulty to face during aging.

The difficulties they face are rather related to walking alone, autonomy. I think their autonomy is the aspect making life more complicated. (R4)

I think the elderly person has some difficulty to accept the limitations he starts facing. The difficulty related to that autonomy he loses. Autonomy for walking alone, going to a store, providing his physical and mental self-care. Sometimes, he has some difficulty even to wear a shoe, dressing up. Not everyone, but some of them face problems. Even when we check pressure, they think it is difficult to take off their coat. So, especially in this regard, they are losing their autonomy [...]. (R5)

[...] the issue of autonomy. Many want to go on alone. And the one who will decide the

issue of autonomy, until when he is able to stand alone or when he needs someone. (R8)

Autonomy suggests decision making, preserving the integrity and individuality, based on individual aspirations, values, beliefs, and objectives.¹³ Exercising autonomy helps in preserving the elderly person's ability for self-care, in order to avoid biological, physical, psychological, and social problems.

Those elderly individuals who identify themselves as being autonomous, they feel more appreciated by other generations. According to them, lacking autonomy reflects on quality of life, meaning that they are not recognized by the family as individuals able to make choices, they do not feel treated with affection and socially included.¹⁴

In the action taken by health professionals, we know that observing the elderly person's autonomy is something incipient in practice, in the implementation and execution of public policies in health services. Popular listening and knowledge, not infrequently, are disregarded in the planning of care actions that guide health behaviors among the elderly. Thinking and experiencing aging with quality of life implies thinking, planning, and executing actions aimed at preserving the autonomy of these people.¹⁴

Human aging is marked by the transformation of various factors, among them biological, social, and psychological factors that, added to the years of life, bring restrictions to the elderly people's life, hindering their relation to this process. According to the testimonies, the greatest difficulties are related to the limitations of a physical nature, which make the elderly person dependent on care, something which ends up impacting on her/his quality of life.

Just in this regard, with a compromised health status. I do not know if it is due to the person's lifestyle, the difficulties she undergoes, that she ends up getting sick, going into a deep depression, and that leads to getting sicker. (R2)

[...] age does not come alone. Diseases begin to appear, there are very ill elderly individuals. (R6)

The difficulties that we observe more frequently are those posed by health limitations. (R15)

[...] walking difficulties due to the health status. Elderly individuals who live in apartments that have stairs, they cannot go out so easily [...]. (R16)

With advancing age, organic functions resulting from the aging process, as a consequence of health problems faced throughout their life, become more vulnerable to functional decline¹⁵, with consequent

decreased capacities and activities, including two types of disadvantage: physical losses, related to decreased vigor, agility, endurance, and muscle strength, when compared to other stages of life; and loss of health, defined as a higher incidence of health problems, with their implications and greater difficulty to recover.¹⁶

From this perspective, old age is seen as a gradual process of physiological and functional changes, besides being represented and experienced in different ways in the various cultural contexts. During this period of the life course, there are several important changes, such as increased risk of diseases, sensory and cognitive impairments, changes in physical appearance, and changing roles and social status.¹⁶

The elderly person's functional capacity consists in a significant indicator of the independence degree, as well as the need for preventive measures or even therapeutic interventions that reduce the mechanisms affecting the individual's declining ability to fulfill her/his basic life activities.¹⁷

Keeping the elderly functionally independent is the first step towards a better quality of life. To do this, there is a need to deploy specific intervention programs, aimed at eliminating risk factors related to functional disability. Furthermore, it is crucial to develop health promotion actions, as well as disease prevention and health recovery and rehabilitation that directly interfere with maintaining the elderly people's functional capacity.¹⁸

The prejudice suffered by the elderly was also mentioned by a health professional as a difficulty faced during aging, where they encounter a society that does not appreciate and respect them, due to their limitations and other related issues.

People do not have much respect for the elderly. Everyone will get old one day. And there are many things that "Oh, he is an old man, he has no right to it...". I think they have the same rights as ours. They can have an active life. And we see that there is a lot of prejudice against it. (R6)

Social attitudes towards the elderly are predominantly negative, resulting in the formation of prejudices and stereotypes that tend to relegate them to conditions of disability, unproductivity, dependency, and senility. The prejudice towards the elderly is a form of intolerance that restricts opportunities and encourages unequal treatment. Thus, aging can involve a lot of social problems, generally expressed in behaviors and attitudes in everyday

interactions with elderly individuals, who are constantly challenged by the current social standards, which tend to appreciate the symbols of youth.¹⁹

The difficulty of access of the elderly person to health services is another issue pointed out by professionals, as shown in the following excerpt:

[...] we have a very large elderly population. Although there are policies such as scheduling appointments by phone and the groups, I think we still have problems regarding access [...]. (R14)

When relating the representation of users who are served by the primary health network, there is a need to regard the political dimension that guides access as a responsibility of the State, which must be guaranteed by means of the planned distribution of resources in the network of services, according to the population's demands and needs.²⁰

The concept of access goes beyond the entry into the health services, because accessibility also indicates the degree of (un)fit between the patients' needs and the services and resources used. Accessibility is not only restricted to the use or non-use of health services, it includes the adequacy of professionals and technological resources used to meet the users' health needs.²¹

The determinants for using health services must be thought of as users' characteristics and possibilities. The use of health services is the result of the interaction between the individual and the professional who leads her/him into the system. However, needs change according to different users, something which generates the need for an organization of access that addresses and observes these differences. In order to ensure equity in care and access to health services, the FHS represents a significant change in the health care model, increasing the bond and rethinking users' accessibility to the primary health network.²²

Because of the many obstacles imposed, the accessibility of the elderly person also shows to be impaired when it comes to architectural structure, especially in big cities, making more difficult the elderly people's access and daily activities, who become restricted to their home due to the difficulty to face these barriers.

[...] in big cities people are not prepared for the increased life expectancy of the population [...] Many of them already have limited mobility, they are people who have a slower life dynamics, it is harder to get on the bus, it is difficult to walk on the

sidewalk, there is the security issue [...] I see the elderly suffering a lot due to these things. (R15)

The architectural barriers posed to people with temporary limitations and the elderly are formed by any and every barrier related to urban constructions or buildings. Barriers hinder the exercise of the most basic rights of any citizen, to move freely. The presence of stairs, high steps, non-adapted bathrooms, inadequate public transportation, potholes in sidewalks is part of the numerous examples of barriers that hinder the transition of the elderly. This same difficulty is experienced in spaces aimed at health care, with buildings adapted and inadequate to users' needs.²³

Health professionals pay attention to the need that the municipality provides asylum houses and institutions where the elderly person, without financial resources and without family support, can enjoy a dignified life. Elderly care involves the provision of services that meet the needs of this demand, whose structure has characteristics that enable an appropriate access, observing the limitations that many elderly individuals show.

I had a few cases of elderly individuals that we had nowhere to send, elderly individuals without family, undergoing a big social problem. The municipality did not have a home for the elderly so that they could go there [...] The clinics are private, the elderly do not have purchasing power, because for those who have some money we may find a solution. But we care for, especially, the elderly who have a low income level, those who do not have access to the private service. I think this is very complicated, in these very social issues. (R11)

The increased number of elderly individuals, as well as the increased longevity of human beings, should not be regarded as a problem, because they are achievements arising from the social aging process. It is up to society creating conditions so that the elderly can enjoy better living conditions, considering the normal changes of the aging process.²⁴

Health care is important at any stage of life and even more in old age, because it is at this stage that people are more likely to acquire certain health problems. Given this biological factor, it is expected that most elderly individuals have some disease, something which requires specific care procedures, sometimes permanent, by a multiprofessional and specialized team to deal with this clientele, and this includes the asylum institutions.²⁵

The Ministry of Health, by means of the National Policy of Elderly Health Care has thought of strategies to deploy and modify the health actions that can interfere with the quality of life of the elderly. Among these actions, stand out the long-stay institutions (LSIs), which should be seen as a specialized home able to preserve and observe the individuality of the elderly, considering their social and emotional life, everyday needs, and health care, enabling the elderly person to live with quality.²⁶

The society should think of alternatives to overcome the current options and invest in rather complex initiatives for social support. With the availability of asylum houses, home services, and/or sheltered workshops, many elderly individuals could be kept in their social/family environment. For this, there is a need for training professionals and volunteers, conducting multidisciplinary activities, and establishing strategies aimed at the elderly person's family, as recommended by the programs and public policies aimed at this population segment.²⁵

CONCLUSION

According to the health professionals' perception, by means of their work experience in the services, in this case, in a PHC, we can observe that there are many difficulties faced by the elderly during their aging process. To minimize such difficulties, the public policies proposed for elderly health care must be reviewed, in order to cover the issues addressed, so that it is possible to take actions and interventions rather targeted to this population, with such specific characteristics and needs.

Sometimes, the elderly seek for services without having a specific health problem, but because they feel lonely and helpless, and they find care and support by talking to the professionals, with whom they create a bond of affection. It is up to the health professional providing the elderly person with the care she/he needs, so that she/he can feel embraced within the services, either in the primary health network or in hospital institutions, public or private.

However, it is apprehended that we cannot generalize the difficulties faced in relation to all elderly individuals. Each person has her/his own way of living, aging, and noticing the aging process, taking into account the socioeconomic status, the culture, the bonds established over life, the activities fulfilled and those in which they participate in the family and in the community, and the way how they regard themselves in relation to the

aging process. Respecting the elderly person and her/his health specificities is part of the professional's role when seeking to provide the elderly with a good quality care.

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