



PERCEPTIONS OF HEALTH PROFESSIONALS ABOUT THE ELDERLY CARE HOSPITALIZED AND PUBLIC POLICIES OF ATTENTION

PERCEPÇÕES DE PROFISSIONAIS DE SAÚDE SOBRE O CUIDADO A IDOSOS HOSPITALIZADOS E AS POLÍTICAS PÚBLICAS DE ATENÇÃO

PERCEPCIONES DE PROFESIONALES DE SALUD SOBRE EL CUIDADO A ANCIANOS HOSPITALIZADOS Y LAS POLÍTICAS PÚBLICAS DE ATENCIÓN

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ABSTRACT

Objective: to understand how health professionals of a public hospital deal with the process of care for hospitalized elderly considering the legislations related to health of the elderly. **Method:** it is an exploratory descriptive study with qualitative approach, conducted with 14 health professionals. A socio-demographic form and a script for the interview and for its review were used, and for its analysis, the Content Analysis technique was opted. This study had the project approved by the Research Ethics Committee, Protocol 221/2008. **Results:** four professional do not know laws and public policies to support the elderly, but recognize its importance, noting deficiencies for applicability of these services, and they already have witnessed mistreatment of the elderly. **Conclusion:** some health professionals are not properly trained to provide quality care to the hospitalized elderly people, according to the Public Health Policies aimed at the elderly person they also do not have adequate working conditions to perform them. **Descriptors:** Health Services; Hospitalization; Elderly Health; Public Policy.

RESUMO

Objetivo: compreender como os profissionais de saúde de uma instituição hospitalar pública lidam com o processo de cuidar do idoso hospitalizado considerando as legislações relacionadas à saúde da pessoa idosa. **Método:** estudo descritivo-exploratório, com abordagem qualitativa, realizado com 14 profissionais de saúde. Utilizou-se formulário sociodemográfico e roteiro para entrevista e, para sua análise, optou-se pela técnica de Análise de Conteúdo. Este estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 221/2008. **Resultados:** quatro profissionais não conhecem as leis e as políticas públicas de amparo à pessoa idosa, mas reconhecem sua importância, percebendo deficiências para aplicabilidade destas nos serviços, além de já terem presenciado maus tratos a idosos. **Conclusão:** alguns profissionais de saúde não estão devidamente capacitados para prestar cuidados de qualidade ao idoso hospitalizado, conforme estabelecido pelas Políticas Públicas de Saúde voltadas à pessoa idosa, além disso, não dispõem de condições de trabalho adequadas para o cumprimento dessas. **Descritores:** Serviços de Saúde; Hospitalização; Saúde do Idoso; Políticas Públicas.

RESUMEN

Objetivo: comprender como los profesionales de la salud de una institución hospitalaria pública lidian con el proceso de cuidar del anciano hospitalizado considerando las legislaciones relacionadas a la salud de la persona anciana. **Método:** estudio descriptivo-exploratorio con enfoque cualitativo, realizado con 14 profesionales de salud. Se utilizó formulario sociodemográfico y guía para la entrevista y, para su análisis, se optó por la técnica de Análisis de Contenido. El proyecto de este estudio fue aprobado por el Comité de Ética en Investigación, protocolo nº 221/2008. **Resultados:** cuatro profesionales no conocen leyes y políticas públicas de amparo a los ancianos, pero reconocen su importancia, notando deficiencias para aplicabilidad de estas en los servicios, además de ya haber presenciado malos tratos a los ancianos. **Conclusión:** algunos profesionales de salud no están devidamente capacitados para prestar cuidados de calidad a anciano hospitalizado, como establecido por las Políticas Públicas de Salud dirigidas al anciano, además de eso, no dispone de condiciones de trabajo adecuadas para cumplir las mismas. **Descritores:** Servicios de Salud; Hospitalización; Salud del Anciano; Políticas Públicas.

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INTRODUCTION

The Brazilian population is aging and the number of elderly people is growing faster than the number of people who are born, resulting in several situations that modify the structure of expenditures of countries in different important areas such as health and social security. In this way, Brazil shows a population profile in demographic transition and in the last 10 years, there was an increase of more than 6 million elderly and currently, they are 11.3% of the total population.¹

This demographic change is reflected in the dynamics of healthcare organizations being necessary the reformulation of health services to assist this new epidemiological profile. Therefore, population aging turns the health of the elderly an important focus of attention. A study conducted in Brazil² states that the normal aging process is associated with greater risk of illnesses and develops limitations.

The great number of elderly patients in hospitals is associated especially to chronic diseases. These diverse pathologies are caused by aging and worsen as the years pass.⁴

When considering that the elderly population is part of a significant portion of the users of health services, this population growth also has important consequences for professional practice in education health.⁵ In this context, in the case of the elderly, a human being that needs specific care, health care workers need to be prepared to take care of them safely, becoming exploited for such action.⁴

In fact, it is understood that the health professional integrates the viewer conditions and protagonist in carrying out actions of care and assistance to elderly and it should be based on a commitment that goes beyond the professional dimension, including ethics in personal relationships, enabling the elderly a better quality of life.⁶ Therefore, it is necessary that the professionals involved in the care process to the elderly's health are aware and engaged in the implementation of health policies for the elderly and seek to assist the biopsychosocial needs of the individual in different levels of complexity.

Thus, it is noticed that the elderly require a comprehensive care to the demands of the aging process. The comprehensiveness in health care covers promotion, prevention, treatment, rehabilitation and guarantee to all levels of complexity of the health system.⁷

Therefore, it was observed that the fundamental rights of the elderly, with emphasis on health care, are provided by the

law. However, there seems to be a mismatch between the achievements earned by legal means and the daily practice of health professionals in health service in order to ensure their rights. In this way, even with the existence of public policies for the elderly, they still experience vulnerabilities that imply the need for specific studies focused on problem solving, hypothesis formulation and development of suggestions and action plans focusing on active and healthy aging promotion.

The study is important because it raises questions about rights of the elderly's care and quality of care in accordance to protection laws for the elderly.

Thus, the guiding question was: Do the service and care provided by health professionals for the elderly in hospital meet the established by public health policies in force in the country?

The study aims to:

- Understand how health professionals from a public hospital deal with the care process for hospitalized elderly considering legislations related to the health of the elderly.

METHOD

Descriptive study with a qualitative approach, performed in a public hospital, located in a city in the state of Bahia. Data collection was in 2012.

Study participants were multidisciplinary health team professionals (nurses, nursing technicians, physical therapists, social workers and psychologists), directly or indirectly responsible for the care and assistance to elderly who seek health services in this hospital. It is emphasized that there was no involvement of the medical professional because of the difficulty to be part of the research. There were four invitation letters delivered, and there was any positive response to participate.

The professionals selected to participate were working in sectors of the hospital with a great care and assistance for the elderly. They are: Emergency room, Internal Medicine, Neurology and Intensive Care Unit (ICU). After identification of professionals working in each selected sector, they received a letter of invitation to participate in the research, with interviews occurred by schedule date, time and place by them. There were 14 health professionals who met the inclusion criteria, agreed to contribute to the study, until the empirical data saturation was found.

As data collection instrument, a semi-structured socio-demographic form was developed and used, consisting of essay questions mentioned by the interviewer after reading and signing the Free and Informed Consent Form (TCLE) by the interviewees. A tape recorder was used to record the interviews and the possibility of transcription of the speeches of these professionals subsequently, enabling then data analysis.

The script consisted of two parts previously developed by the authors: the *first* with socio-demographic characteristics such as gender, age, education, training time and the *second* part, with questions related to the specificity of care and assistance for the elderly in health services. All questions were formulated based on the articles and sections of the Elderly Statute (EI),⁷ of the National Health Policy for the Elderly (PNSPI)⁸ and the National Humanization Policy (PNH) of the Unified Health System (SUS)⁹ relevant to the construction of questions for the participants.

In this context, the following questions were prepared for the *second* part of the script: A) The representativeness of the population of hospitalized elderly; B) Knowledge of health professionals on public policy of public health for the elderly; C) Effectively compliance with public health policies in service and care to the elderly in the institution where the study was conducted; D) Understanding by human assistance; E) Training provided by the hospital to approach the care context to the elderly; and F) What they considered a crime in the treatment and care for the elderly at the hospital.

For data analysis, the Thematic Content Analysis Categorical Technique was used,¹⁰ which consists of three poles to be followed. In the pre-analysis - period of intuitions that aims to systematize the initial ideas, directing the development of succeeding operations, with a view to analysis. In the exploration of the material - took place the completion of the preparation of the material for analysis in terms of coding, discount or enumeration, according to formulated rules. In the treatment and *interpretation* of the results obtained set in tables and models from which inferences and interpretations were performed.¹⁰

Content analysis was performed with all the recorded interviews, transcribed and organized for their understanding, identifying them with fictitious names, in order to maintain the anonymity of the participants.

From the study of the *corpus*, it can be understood and then interpret the contents

explained during communication and thus make the *corpus* analysis from the construction of the thematic class, categories and subcategories established based on the statements of the informants.

From the study of the corpus the contents explained during communication were then understood and then interpreted and thus preceded the *corpus* analysis from the construction: 1) **Thematic Class** - the care process for hospitalized elderly: the confrontation between the ideal and the real, 2) **Categories** - attention to elderly people in health care; concept of professionals about public policies for the elderly and; concept of health professionals about violation of the rights of the hospitalized elderly person; 3) **Subcategories** - representation of the elderly in the hospital service; effectiveness of Primary Care; knowledge of public health policies; importance attached to public policy aimed to health for the elderly and its implementation and; violation of rights: complaints and causes, established based on the participants' statements.

This study was developed according to Resolution 196/96 of the National Health Council, which regulates research with human beings, a now is updated by Resolution 466/12. The data collection took place after approval by the Research Ethics Committee of the State University of Southwest Bahia, Jequié Campus, Bahia, under the protocol number 221/2008. Participants' anonymity and the respect of not accepting to participate, refusing or quitting at any stage of the research, without being penalized was ensured in the document. The participants signed the informed consent (TCLE) after being informed about the objectives, methods, risks and benefits of the research.

RESULTS AND DISCUSSION

The study sample consisted of 14 professionals, 12 female, five were from 20 to 30 years old, five were from 31 to 40 years old and four were from 41 and 50 years old. With regard to their profession, there were five nurses, four nursing technicians, two social workers, two physical therapists and a psychologist. There were not interviews with medical professionals, four letters of invitation were delivered, but they were unanswered or not accepted for participation. As for the time of training, five professionals had less than five years, four had six and ten years, one had between 11 and 15 years, two had between 21 and 25 years and two of them had over 26 years of training.

♦ Thematic Class: the care process for hospitalized elderly: the confrontation between the ideal and the real

From the analysis of the content, it was possible to understand perceptions and practices of health professionals in the care of the hospitalized elderly, considering legislations related to the health of the elderly. From this thematic class, three categories and five subcategories emerged.

♦ Category 1: attention to elderly people in health care

In this category, thematic units described by two subcategories were added. They bring: a) perception of health professionals about the quantitative of the elderly patients in hospital service and b) their association with assistance in primary care.

♦ Representation of elderly people in the hospital service

From the reports of the study participants, it can be seen in this subcategory that all respondents consider significant the proportion of elderly people hospitalized in the sectors in which they work:

[...] In the emergency room we have. Many elderly people. Very high amount. (Int. 1) Here (medical clinic) we work in around 80% of hospitalized patients with age above 70 years old. (Int. 9) Absolutely. Today, for example, from ten patients in the ICU, six patients are elderly, more than 50% and is usually that amount[...]. (Int. 13)

Although many elderly are healthy, independent and able to manage their own lives, they are more susceptible to getting sick than individuals of other younger age groups. In this sense, they constitute the majority of the assisted clients in hospital services,¹¹ evidence that made the researchers to question what are the reasons for this high rate of elderly hospitalizations.

♦ Effectiveness of Primary Care

The analysis of this subcategory reveals that factors such as not solving health problems in primary care levels can motivate the elderly to seek hospital health services. Four of the professionals pointed this fact as responsible for the high demand of elderly people in the hospital:

[...] I see a poor care by both the caregiver and the staff. (Int. 13) We see here in the medical, the elderly are hospitalized for decompensated diabetes, hypertension, diabetic foot, diseases that could have been

treated before the Health Centre, in a Basic Unit, but because we do not support this Basic Unit, these diseases become chronic and they have to come [...] already in an advanced state that could have been solved before and it was not [...]. (Int. 10)

It is noticed that when the elderly enter in an emergency care and hospital emergency, that is very often, they have had their health condition worsened by not monitoring their health status, absence of multidimensional assessment or failures in mechanisms to protect health in the basic levels of care. The hospital then becomes a point of confluence of the elderly who usually have situations of comorbidities and constitutes also as a problem in elderly care.¹²

Based on the Public Health Policies, the statements show challenges to PNSPI and the need to incorporate in primary care the mechanisms that promote the improvement of quality and increased solving the care of the elderly with primary care involvement of professionals and family health teams, including home care and outpatient, encouraging the use of validated technical tools such as functional and psychosocial assessment.⁸

♦ Category 2: Concept of professional about the public policies for the elderly

In this category, it was possible to find the knowledge of professionals on public health policies for the elderly and the relevance of their enforcement. This was added in thematic units described by two subcategories.

♦ Knowledge of public health policies

Six participant of the research said they knew the public health policy aimed at the elderly, and the other said they have heard about it, but do not remember what, and know nothing about it.

[...] They (health policy for the elderly) must be known by the health worker and are not yet. There is a distance between the development of the policy and its regulatory and execution, so we needed first to disclose to workers and then to implement it, so I think this is the first difficulty, as several laws in Brazil, they already exist on paper but at the implementation, it is lack of disclosure [...]. (Int. 12)

♦ Importance given to the Public Health Policies aimed to the elderly person and its Effectiveness

It was identified that six health professionals know the laws of protection to the elderly, four reported that they did not and four know it, but do not remember. However, many of them recognize the

importance of formulating public policies of this type. Also, they realize deficiencies in the applicability of these policies on a day-to-day services:

[...] Public Policies are very well prepared, [...] the SUS is very well structured, there is a theoretical part that if it put into practice, as it is there, we would have problems, of course, but would be well minimized, then so they are very important, advances, [...] the problem is in the execution of them. [...] (Int. 5) I think it is very important [...] (Int. 10) especially that we know that Brazil population is aging. So we really have to rethink on these policies [...]. (Int. 10)

Despite the several legal provisions developed to ensure rights of the elderly for the realization of a public policy, it is necessary to have a conscious and citizen attitude of those involved and interested in healthy aging.

From this perspective, 12 professionals say there are difficulties for the effectiveness of Policies, referring to the hard work time, training, lack of knowledge, together with the small number of professionals as a direct constraints of this process, health professionals¹³ are responsible directly and indirectly by the care in health insurance, ethical and quality. Therefore, agents to enable of these public policies are very important to the elderly. This is repeated especially in Art. 9th of the Elderly Statute⁷, proposing as the state's obligation to guarantee the elderly the protection of life and health through public social policies that allow for healthy aging and dignified conditions effectively.

[...] Human overload is very large in a small environment, we end up not meeting the great demand [...] (Int. 1) we try to optimally care, give adequate attention, but [...] the little number of employees, we do not have that attention that we should have [...] (Int. 6) we have [...] a single city hospital that is a reference in trauma. [...] It has a number of very large accidents and so [...] who are more serious end up having priority assistance [...]. (Int. 7)

The workload means tiredness, stress and physical and mental exhaustion. The time available for the care of each elderly is reduced and the priorities "meetings" are of biological nature, the routines provided in the dynamics of the hospital and consistent work with the prevailing health care model. In fact, an even more complex issue is the hospital management and the staff dimensioning. Through dimensioning, it is possible to fix and establish parameters to distribute the professional staff for assistance units in health

institutions and similar. For this, some indicators in the literature are important to characterize the quantity of human resources in hospitals.¹⁴

♦ Category 3: Concept of health professionals about violation of the rights of the hospitalized elderly person

This category is supported by a subcategory, which refers to practices of violation of health professionals against the rights to the elderly in the hospital.

♦ Violation of rights: complaints and causes

From this subcategory, six of professionals said they had witnessed in the hospital service they work some kind of inhuman, violent, harassing or embarrassing treatment against the elderly:

[...] Embarrassing, many [...]. (Int. 12) Routinely we see the pressure the professionals have, not paying attention, the elderly asks, he does not respond, or sometimes is a long time to pee or is feeling pain, complains and the professional does not have time to give assistance at that time. (Int. 2) What distresses me is the issue of the corridor to be exposed, sometimes he is there, with diaper, probe, naked, he's with a wound in the foot, foul-smelling and everyone rejects, is a mistreatment, no one comes close because of that odor [...]. (Int. 12)

Searching for care in a health service, the elderly can become victims of violence and actions that violate their rights under the Law. Rituals of aggression, violence and abuse taking place against the elderly are expressed in strength, word, in silence, omission, holding. Speaking of violence, aggression and abuse means to speak of psychological, emotional, moral and physical trauma.¹⁵

All reported situations are arguably violation of the rights of the elderly as a citizen of respect and dignity. Theses situations go against the Art. 4th of the Elderly Statute⁷ that no elderly will be object of any type of negligence, discrimination, violence, cruelty or oppression and any violation of their rights, by act or omission, shall be punished according to the law. In addition, it is the duty of all to prevent the threat or violation on the rights of the elderly.

However, what is observed in such situations is the impunity imposing such violations. This is often due to ignorance by the elderly and their companions about their rights guaranteed by law, or by fear and/or insecurity to question and demand their rights. Therefore, users remain in passive position, not questioning nor participating in the defense of their own cause. Ensuring

rights and duties, also Article 6th of the Elderly Statute⁷ says that: “Every citizen who has witnessed or who has the knowledge, has the duty to inform the competent authority any form of violation to this Law” that is anyone who witnesses and recognized a rights violation situation, both the healthcare professional, caregiver or even the user.

FINAL REMARKS

It was found that there is a big quantity of elderly who is hospitalized, whether due to the aging process, or by failures in the management of Primary Care. Public Political of Elderly Health Care show the need for human resources involved in the care process to be properly trained and updated to quality care.

The reality found is that professionals with this profile are a minority and also the hospitalized elderly suffers from readmissions processes, prolonging treatments or ineffective therapies.

In this way, it is a challenge for the health team to produce a comprehensive care, integrated and citizen, in order to ensure a new way of being and acting in health valuing aging individuals. It was found that few professionals know the Public Health Policies to the elderly, and those who know, in most cases, are lack of adequate working conditions for their fulfillment because the find difficulties with a large demand of work and few human resources for tasks division.

Different manifestations of violence against hospitalized elderly, as the quality of the care deficit and constraints were mentioned. Therefore, it is necessary to this issue be discussed in the health institution to promote a reflection on what each person can do to change this reality. A good start is to clarify that the institutional violence is not less than physical violence, constituting a violation of human rights; stimulating a more positive view about aging and implementing the culture of intergenerational solidarity.

It is essential to broaden the health care resources for investment in professional training, creation of a Health Care Network of the Elderly, strengthening primary care, expansion of human resources and improvements in the hospital infrastructure under study, changes that will contribute to quality care for the elderly.

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