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ORIGINAL ARTICLE

TRAINING OF THE COMMUNITY FAMILY HEALTH AGENT IN ELDERLY ASSISTANCE

FORMAÇÃO DO AGENTE COMUNITÁRIO DE SAÚDE DA FAMÍLIA NA ATENÇÃO AO IDOSO FORMACIÓN DEL AGENTE COMUNITARIO DE SALUD DE LA FAMILIA EN EL CUIDADO A LOS ANCIANOS

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ABSTRACT

Objective: analyzing the skills of the community health agent regarding attention to the elderly. **Method:** a qualitative approach research performed with 36 community health workers. The production of the data was conducted through interviews and analyzed through the Descending Hierarchical Classification, after approval of the research project by the Research Ethics Committee, CAAE: 15525813.9.0000.5210. **Results:** the results were presented in two segments, divided into five classes: The elderly care by the community health agent; Singularities of the elderly; Actions of the community health agent in the elderly care; Importance of continuous training to the community health agent in the field of aging; and Context of the formation of the community health agent in elderly care. **Conclusion:** the elderly person has characteristics much own of this age group, which means that requires continuous training of these professionals to meet efficiently and solving the same. **Descriptors:** Aging; Community Health Agent; Continuous Training; Primary Care.

RESUMO

Objetivo: analisar a formação do agente comunitário de saúde em atenção à pessoa idosa. **Método:** pesquisa de abordagem qualitativa com 36 agentes comunitários de saúde. A produção dos dados foi realizada por meio de entrevista e analisados por meio da Classificação Hierárquica Descendente, após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE: 15525813.9.0000.5210. **Resultados:** os resultados foram apresentados em dois segmentos, subdivididos em cinco classes: O cuidado ao idoso pelo agente comunitário de saúde; Singularidades da pessoa idosa; Ações do agente comunitário de saúde no atendimento ao idoso; Importância da formação permanente do agente comunitário de saúde na área do envelhecimento; e Contexto da formação do agente comunitário de saúde em atenção ao idoso. **Conclusão:** a pessoa idosa possui características muito próprias dessa faixa etária, o que faz com que necessite de formação permanente desse profissional, para atender de forma eficiente e resolutive o mesmo. **Descritores:** Envelhecimento; Agente Comunitário de Saúde; Formação Permanente; Atenção Básica.

RESUMEN

Objetivo: analizar la formación de los agentes comunitarios de salud en la atención a los ancianos. **Método:** investigación de enfoque cualitativo con 36 trabajadores de salud de la comunidad. La producción de los datos se realizó a través de entrevistas y se analizaron a través de la clasificación Jerárquica Descendente, después de la aprobación del proyecto de investigación por el Comité de Ética en la Investigación, CAAE: 15525813.9.0000.5210. **Resultados:** los resultados se presentaron en dos segmentos, divididos en cinco clases: El cuidado a los ancianos por el agente comunitario de salud; Singularidades de las personas mayores; Acciones del agente comunitario de salud en el cuidado a los ancianos; Importancia de la formación continua de los trabajadores de la salud de la comunidad en el campo del envejecimiento; y El contexto de la formación de agentes comunitarios de salud en la atención a personas mayores. **Conclusión:** la persona de edad avanzada tiene características muy específicas de este grupo de edad, lo que significa que requiere la educación continua de estos profesionales, para dar el cuidado de manera eficiente y con solución a la misma. **Descriptores:** Envejecimiento; Agente Comunitario de Salud; Formación Permanente; Atención Primaria.

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INTRODUCTION

In Brazil, health is a complex matter, it involves intersectoral interventions at all levels of the Unified Health System and raise the need for training of professionals in order to bring about a resolute and transforming work. The Ministry of Health adopted the Family Health Strategy as a way to organize and structure the primary care health system. There are interdisciplinary practices developed by teams to comprehensive care, humanized, considering the reality and valuing the needs.¹

In this new way of working health, a category stands out are the Community Health Agents - ACS, which act as articulators between community and health facilities. To organize a regionalized and hierarchical network it was instituted the Pact in Defense of SUS, of Life and Management. The health of the elderly was one of the six priorities agreed.²

Aging is a reality and requires, especially by health professionals, to be prepared to deal with its specificities. Therefore, it is necessary training and updates in this area. The Pan American Health Organization (PAHO) defines aging as a single sequential process, cumulative, irreversible, universal, non-pathological, deterioration of a mature organism. The development of care policies for the elderly based on quality of life, involves the concept of functional capacity, ie maintaining the physical and mental skills necessary for independent and autonomous life.³

The biggest challenge is to find new ways to live well, with autonomy, despite the limitations that arise. This reorganization model requires the skills of professionals to deal with aging issues, especially the subjectivity.⁴ The definition of a training and development policy for SUS considers the concept of Permanent Education in Health, which is already a Policy and takes into account regional specificities, overcoming inequalities, training and development needs to work on health and the institutional ability to offer health education. It's learning at work, where learning and teaching are incorporated into the daily life.⁵

The Permanent Education Policy drew attention of managers to human resources, proposed changing the centralized logic and descending offering standardized.⁶ In Brazil courses, Paulo Freire's ideas are used to propose models for training and action in the health system including the incorporation of

the principles of health promotion in the Family health Strategy.⁷

This prominent role of the ACS (Community Health Agent), added to the fact of not receiving adequate training, particularly on aging and its consequences, justifies the interest in deepening this theme. The object defined for this study is the formation of the Community Health Agent in elderly care. Their goal is to analyze the formation of community health agent for the senior care based on National Health Policy for the Elderly.

METHOD

It is an exploratory research of a qualitative approach, conducted in five Basic Health Units located in urban areas of Teresina, Piauí. The choice of location was made because these units carry out prevention and health promotion with elderly groups.

The study included 36 community health workers, selected through proportional stratified random sampling process. Participants are crowded into five teams of the Family Health Strategy, linked to the three Regional Health Boards of the city of Teresina, identified as P1, P2 and P3.

For inclusion in the survey, the professional should be a member of one of the teams of the Family Health Strategy engaged for at least 1 year at this Basic Health Unit. Data collection took place in July 2013, through interviews with participants using a semi-structured interview, with questions related to the formation of the ACS and their characteristics of fixed variables.

For processing of data, we used the software IRAMUTEQ (R Interface pour les Analyses de Multidimensionnelles Textes et Questionnaires), which allows different forms of statistical analysis on the text corpus and tables of individuals per words.⁸ The text analysis we defined the method of the Descending Hierarchical Classification, which allowed assessing the relationship between classes of text segments, and showed the similar vocabulary with each other, had different vocabulary of text segments from other classes.⁹

The study followed determinations recommended by Resolution nº 466/12 of the National Health Council (CNS), which regulates research involving human beings and was approved by the Research Ethics Committee of the University Center UNINOVAFAP, under Protocol: 15525813.9.0000.5210.

RESULTS AND DISCUSSION

Regarding gender, women predominated with 81% share. Regarding age, the highlight was the age group 30-40 years old, with 39%.

Regarding education, the ACS presented the completed high school to university graduates, predominantly high school, with 58%. Studies^{10,11} about the formation of ACS found increased levels of these professional instruction, which still remain in the profession, which demonstrates that good employment area.

When asked if performed any other professional activity, as well as community health worker, 69% said no.

After the analysis performed by the software, it identified 36 initial units - contexts UCE's, divided into 113 segments of

text. For the analysis, 82 rated the program text segments, representing 72,57% recovery of the material. Classified segments were divided into 05 classes according to the dendrogram shown in Figure 01, with the occurrence percentage and X² value higher classes.

At first divided the corpus into two sub-corpus, we call shafts. In the second phase, a sub-corpus was divided into two and got to class 4. And the third time, there were more divisions originating from one side classes 1 and 3; on the other hand, the class 2 and 5. CHD stopped here, since the 5 classes were stable.

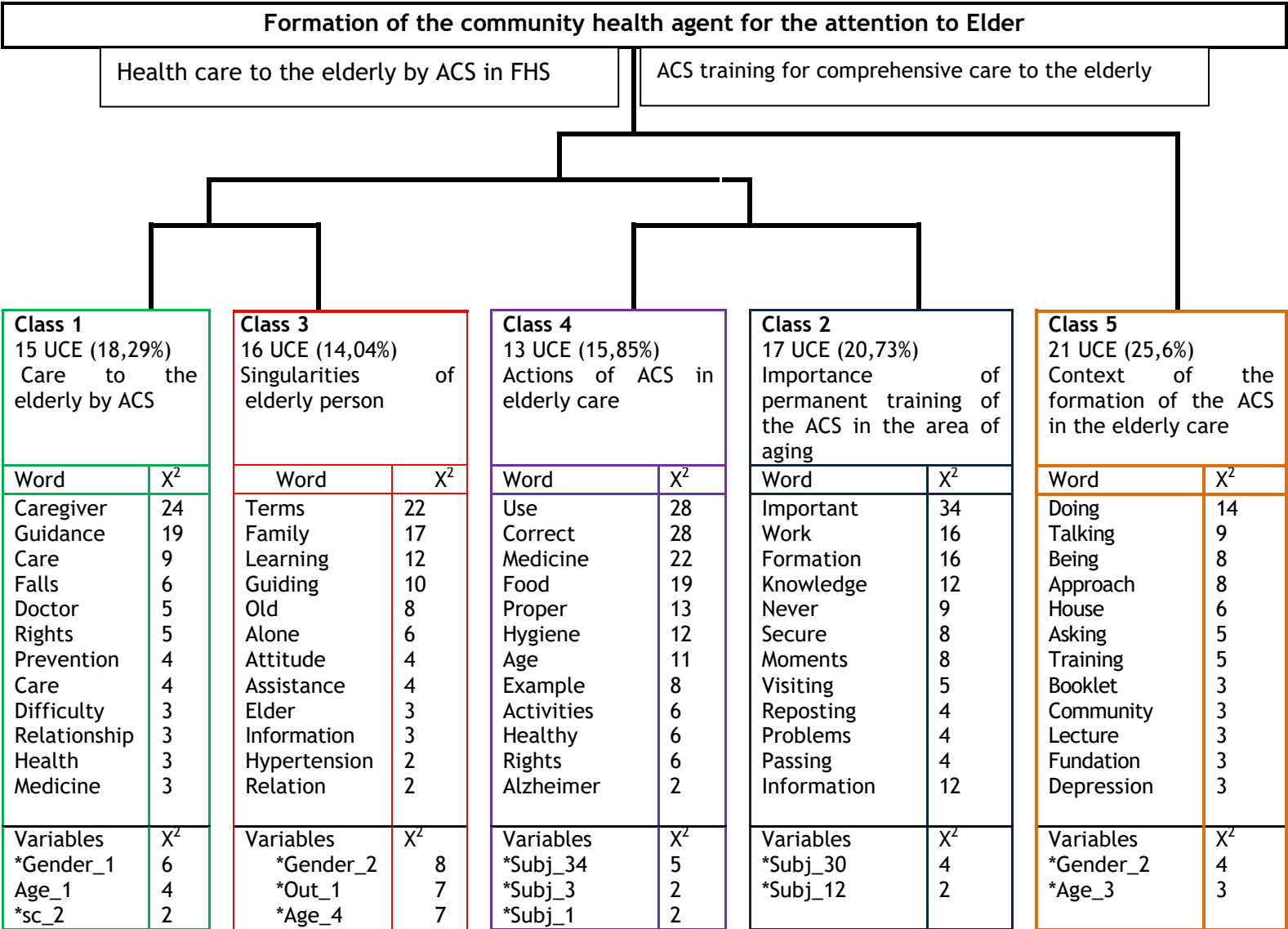


Figure 1. Dendrogram of training classes of the community health agent in the elderly care. Teresina, 2014.

The first axis depicts the reality of the work of the community health agent in attention to the elderly person, formed by classes 1, 3 and 4.

♦ Class 1- The elderly care by the community health agent

In Class 1 stood out ACS male, aged between 20 and 30 years old and incomplete higher education. The words (caregiver,

guidance, care, falls prevention) were selected by the frequency and higher X² values in this class.

According to the community health agents during home visits, the caregiver demonstrates doubts about care for the elderly and tiredness with this activity.

Especially in relation to assisting the elder, as well as with the caregiver who ends if workloading and getting sick. (P.19)

The caregiver should understand that careful person has reactions and behaviors that may hinder the care provided, such as when the caregiver will feed the people and this is denied. It is important that it recognizes the difficulties to provide care when the cared person is not ready for such work and their feelings without guilt.¹²⁻¹⁴

Given the various dynamics of family life are not enough available solidarity and caregiver to take care, it is essential that they receive support and guidance.¹⁵

Regarding elderly, ACS revealed that these present problems, since self-care is limited.

There are many elderly in my area. There are guidelines for family, medication, prevention of falls due to difficulties getting around the elderly. The elderly also have difficulty coming to the Health Center mainly due to poor transportation. (P.21)

The study of factors associated with functional disability among older adults¹⁶ confirms that the inability to process that affects the elderly is caused by chronic diseases that are preventable, from this time the need for better resolution at the primary level of health care.

When we are young, we are in constant process of construction of our identity. The old revises positions, reshapes attitudes, fix his mistakes. I am constantly working memory. But to realize it, need support, security, health and a good retirement.^{17,18}

ACS in the daily work arise many questions, especially by the elderly and their families and according to them is needed constant updating to pass along the guidelines.

We need to be updated to answer the questions of the elderly and their family. We need moments of training on oral health care for the elderly. (P.21)

A case study about family and care for the elderly depends¹⁹, proved that the person receiving support from the health care provider can better meet the needs of the elderly. It states that, to achieve balance, the caregiver learns to better organize daily life.

♦ Class 3 - Singularities of older people

Class 3 presents most of ACS female, age 50-60 years old and completed high school. The words (family, learn, alone, information) were the frequency and X² values. Regarding the aspects that distinguish the elder, agents report that they spend a lot of time alone, or with people underage, incapable of exercising self-care, which forgets the information received during the visit, making it difficult to carry out the actions of self-care.

The old person is like a child, soon forgets the guidelines he receives and the family does not follow. (P.2)

Some specifics of the process of human aging, such as loss of auditory acuity, visual and recent memory among others, make it essential to involve families and caregivers in the care of the aged¹⁸. It is necessary to rethink policies and healthcare practices to the elderly, to humanized care, because it is a special patient who requires special care.²⁰

♦ Class 4 - Actions of the community health agent in elderly care

In Class 4, highlight the words (medicine, food, hygiene, rights and Alzheimer) were selected by the frequency and higher X² values in this class. The ACS pointed out as the main difficulties the elderly, proper use of medication, balanced diet, proper hygiene, dementia and respect for their rights.

It's frustrating not being well prepared to guide, take your questions about proper use of medicine, proper hygiene, handling with the elderly bedridden or with difficulty walking, healthy eating. (P.34)

Common conditions among the elderly such as chronic disease, use of multiple medications, adverse effects, and lack of proper prescription can contribute to negative changes in the health status of this population.²¹ Studies about the ability of the elderly to carry out daily activities²² suggests that some capabilities are associated with lack of education and compromise their socialization.

Axis 2 shows the formation of the community health worker for comprehensive care to the elderly. It is divided into two classes. The Class 2 which is the importance of ongoing formation of the community health worker in the field of aging and its most frequent words and X² value (capital, labor, training, knowledge). The ACS state being very important moments of training to improve their work and that must happen continuously.

Yes, we had a lecture about health of the elderly, but a long time ago. It is very important for the development of my work in the area. (P.30)

The ACS, in this scenario, is presented with a prominent role in primary care, as it acts as a link between the health team and family²³. The health promotion work involves the community shares in the list of priorities, decision, and definition and implementation strategies. Therefore, it is necessary to strengthen and qualify the subjects of the community for self-care and social support; hence the need for a comprehensive and continuous education of health professionals, where professionals are multipliers of information.

ACS professionalization is important for the teams and for the community and should be guided by the reality of each community and involve the whole health team, because there are professionals who still do not understand the role of ACS.²⁴

The establishment of a training and development policy for the National Health System, should consider the concept of Permanent Education, which is based on meaningful learning and the possibility of transforming professional practices. Educational approaches have become in recent years accompanied on the one hand, the critical reflection of the classic trends and for all, incorporating the contributions of the sociology of organizations, institutional analysis and perspective of adult education, particularly in work situations.²⁵

It is necessary to train the ACS to the value of his genuine knowledge acquired by belonging to his community.²³

♦ Class 5 - Context of the formation of the community health agent in care for the elderly

The other class is the 5, whose words were more present (approach, ask, training, lecture). Most ACSs of this class are women aged between 40 and 50 years old. When talking about their training, mainly in service, professionals reported that there are rare moments of formation on the theme of the elderly, which they say undermines their work, especially in relation to the approach during the visit. According to them, learning occurs in daily practice.

Over these years I had three courses, but none has been on the elderly. What I spend for them is what I learn at the hospital. Here we only hear complaints and complaints. (P.13)

In a study about the relationship between the ACS and the care for the Elderly²⁶, gaps met in gerontological knowledge of Community Health Agents and suggested that any proposal for continuing education facing these professionals are encompassed various aspects of aging, with emphasis in psychosocial issues.

The issue of ACS professionalization involves complexity, because their work is in the community, specifically within households. The challenge of preparing appropriate professional to SUS needs implies changes in the organization of their training.^{13,27}

FINAL REMARKS

The results show the importance of continued training of the Community Health Agent, based on the strategy of lifelong learning, given the complexity of the work, especially among the elderly.

In everyday life the ACS are faced with many questions, the elderly and their caregivers, involving from common situations of daily life, to the most complex. Hence the need for constant updates, so that the elderly and their caregivers receive the support they need to feel safe.

In the statements, the ACSs claim they do not receive enough training to develop a resolute work with the elderly person and their family. It is necessary to provide these professionals and the entire team, a significant and transformative learning that goes beyond the curative aspect and including the bond and the host.

The health promotion work is complex; it involves changes in behavior, new meanings. To act in this reality it is fundamental trained in the daily work, accompanied by critical reflection on the experienced cases. It is joining learning with teaching very well explained the concept of Permanent Education, we propose as guiding strategy for activating the continuous training of community health agents of Teresina.

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