



KNOWLEDGE OF NURSES ON HEALTH POLICIES FOR THE ELDERLY PERSON CONHECIMENTO DO ENFERMEIRO SOBRE POLÍTICAS DE SAÚDE DA PESSOA IDOSA CONOCIMIENTO DEL ENFERMERO SOBRE POLÍTICAS DE SALUD DE LA PERSONA ANCIANA

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ABSTRACT

Objective: to describe the knowledge of Family Health Strategy nurses on policies and health promotion for the elderly. **Method:** a descriptive and exploratory study with a qualitative approach, carried out from May to September 2013 in five Basic Health Units (BHU) in São Luís / MA, which had active Family Health Strategy teams and that attended a large number of elderly people, according to data provided by the Municipal Health Secretariat (SEMUS). Data was produced through semi-structured interviews, which were transcribed and analyzed by thematic content analysis. **Results:** after analysis of the discourses, two categories emerged: Public policies targeting the elderly and Nursing Care for the Elderly. **Conclusion:** there is need of training Strategy professionals to provide comprehensive care to the elderly. **Descriptors:** Health Public Policy; Elderly Health; Nursing; Health Promotion.

RESUMO

Objetivo: descrever o conhecimento dos enfermeiros da Estratégia Saúde da Família sobre as políticas e a promoção de saúde do idoso. **Método:** estudo descritivo e exploratório, com abordagem qualitativa, realizado em cinco Unidades Básicas de Saúde (UBS) de São Luís/MA, entre os meses de maio e setembro de 2013, que tinham equipes de Estratégia Saúde da Família ativas e que atendiam um grande número de idosos, segundo dados fornecidos pela Secretaria Municipal de Saúde (SEMUS). A produção de dados foi realizada a partir entrevistas semiestruturadas. Em seguida, foram transcritas e analisadas pela Técnica Análise temática de conteúdo. **Resultados:** após a análise dos discursos, emergiram duas categorias: Políticas públicas voltadas para os idosos e Assistência de Enfermagem aos Idosos. **Conclusão:** há necessidade qualificação dos profissionais da estratégia para prestarem a assistência integral ao idoso. **Descritores:** Políticas Públicas de Saúde; Saúde do Idoso; Enfermagem; Promoção da Saúde.

RESUMEN

Objetivo: describir el conocimiento de los enfermeros de la Estrategia Salud de la Familia sobre las políticas y la promoción de salud del anciano. **Método:** estudio descriptivo y exploratorio, con enfoque cualitativo, realizado en cinco Unidades Básicas de Salud (UBS) de São Luís/MA, entre los meses de mayo y septiembre de 2013, que tenían equipos de Estrategia Salud de la Familia activas y que atendían un grande número de ancianos, según datos fornecidos por la Secretaría Municipal de Salud (SEMUS). La producción de datos fue realizada a partir entrevistas semi-estructuradas. En seguida, fueron transcriptas y analizadas por la Técnica Análisis temática de contenido. **Resultados:** después del análisis de los discursos, surgieron dos categorías: Políticas públicas dirigidas para los ancianos y Asistencia de Enfermería a los Ancianos. **Conclusión:** hay necesidad de cualificación de los profesionales de la estrategia para prestar asistencia integral al anciano. **Descriptores:** Políticas Públicas de Salud; Salud del Anciano; Enfermería; Promoción de la Salud.

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INTRODUCTION

The aging process is not connected directly with pathologies, but the lifestyle that people adopt for years provide the installation of chronic diseases in old age because the body decreases the production of cells and metabolism. Since Brazil will become an aged country in the near future, health promotion practices and disease prevention should be encouraged at all ages.¹

Population aging has become worldwide. This is driven mainly by changes in living conditions and medical advances that reduced early mortality rates and increased life expectancy. Accordingly, since the 50s, the population has lived about 22.5 years more and has reached ages above 74.3 years in the past five years.²

Population aging is the increase in the proportion of people in advanced ages in relation to the rest of the population observed, also being described as the inversion of the age pyramid, due to the decrease in the proportion of children and young people under 14 years old. In Brazil, the number of people over 60 years old has increased only 2.1% between the years 1975 and 2000, however, in 2050, 29.4% of the population will be over 60 years old. This will put Brazil, according to projections, as the third country with the highest number of elderly people in Latin America, second only to Cuba and Barbados.³

Faced with this projection, the population must be prepared to face situations that may present with aging. With a view to such a situation, health promotion policies for the elderly aim to install a healthy old age.¹

In Brazil, until the 70s, care for the elderly had a charitable nature. Only in the 80's, the Action Plan for Aging (PAE, in Portuguese) was established based on the Universal Declaration of Human Rights in order to sensitize governments and society to the need for public policies for the elderly, ensuring comprehensive care, that includes physical, psychological, socioeconomic, religious and health care.⁴

In 1996, the Family Health Strategy (FHS) was officially described as the main program of the Primary Health Care in order to reaffirm the principles of the SUS. The professional work must be done by a multidisciplinary team aimed at health promotion and disease prevention.⁵

The FHS was created to change the care model with innovative initiatives and information, education and communication,

and it was a space that should be used to provide comprehensive care to the elderly. This feature is mainly due to the proximity to the community through home visits and demand consultations, which allows the professional to have a perception of the elderly reality.¹ And the Ministry of Health (MOH) points as specific minimum assignments of nurses: the provision of comprehensive care to individuals and families at all stages of human development, that is, from childhood to old age; performing nursing consultation; supervising the work of Community Health Workers and the nursing team; and participating in the management of the Family Health Unit.⁶

The National Policy for the Elderly (PNI, in Portuguese) was approved in 1994 by Law No. 8842, which aims to ensure social rights to guarantee the promotion of autonomy, integration and effective participation of the elderly in society, to exercise their citizenship.⁷

The Elderly Statute (Law No. 10.741 / 2003) aims to ensure health care for the elderly and affirms the SUS responsibility for the health of this population. The PNI presents actions that since its inception have been used as a reference in the approach to the elderly. With the pact to protect SUS in 2005, the health of the elderly was placed as a priority for the axis in defense of life.⁸⁻⁹

After the Pact for Health, the National Health Policy for the Elderly (PNSPI) was deployed, governed by GM Ordinance No. 2528 of 2006, which recommended that the Primary Care / Family Health should be the gateway of the elderly population, having the specialized network as reference. As purpose, PNSPI aims to restore, maintain and promote the autonomy and independence of older people, guiding individual and collective health measures in accordance with the SUS principles and guidelines.^{7,10}

The PNSPI establishes that the Ministry of Health authorities and organizations conduct projects and programs within their guidelines and responsibilities for the promotion of a dignifying health care for the elderly. For this, essential guidelines have been defined, such as the promotion of active and healthy aging; comprehensive care to the health of the elderly; encouragement to intersectoral actions; provision of resources to ensure the quality of care to the elderly; encouragement to participation and strengthening of social control; training and continuing education of health professionals, managers and SUS users; promotion of national and international

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cooperation of experiences in the health care of the elderly; and support the development of studies and research.^{7,10}

The aging process happens quickly and widely, as well as the expansion of laws targeted for this population. Because of this situation, there is need for qualified professionals to provide a comprehensive and holistic care, based on the prevention of injury and health promotion. So, we wondered: "What is the knowledge of Family Health Strategy nurses on public policies for the elderly?". This study is justified by the need to know about this theme in order to provide support for nursing to work properly in elderly care and for the participation in the research group Education and nursing care: a focus on Health of the Elderly (NUPECE). The article aims to describe the knowledge of FHS nurses on health policies aimed at the elderly.

METHOD

This is a descriptive and exploratory study with a qualitative approach, carried out in five Basic Health Units (BHU) in the city of São Luís, from May to September 2013.

The study included five Basic Health Units (UBS) that had active Family Health Strategy teams and that attended a large number of elderly people, according to data provided by the Municipal Health Secretariat of the city of São Luís - MA (SEMUS).

A total of 16 nurses who worked in the five BHU were invited to participate in the study. As inclusion criteria, the nurse should be linked to a FHS team and agree to participate in the study by signing the Informed Consent Form (ICF). Nurses who were on leave during the collection period were excluded, therefore, participants were 15 nurses.

The production of data was carried out using semi-structured interviews, considering, initially, data on academic training. Then, two questions were made: the first addressed the nursing care provided to the elderly and the second, public policies for the elderly. The interviews were previously scheduled with the coordination of the BHU and happened in nurses' workplaces.

Data on academic training underwent quantitative analysis, and the absolute and relative numbers were considered. The interviews were transcribed and analyzed using the thematic content analysis¹¹, which is a set of techniques to discover the units of meaning, i.e., the communication themes whose presence or frequency of terms are relevant to the study. For analysis, the following steps were followed: data

exploration, where a careful and exhaustive reading was held; coding, in which the information was condensed with support in the questions and objectives; and categorization, at this stage, common nuclei were identified and grouped into each item, thus emerging the categories. So, two categories emerged: Public policies targeting the elderly and Promoting the elderly health. The results were discussed based on similar literary studies in order to deepen the study object.

This study meets the recommendations of the Resolution 466/12, which provides for research on human subjects and was approved by the Research Ethics Committee of the University Hospital President Dutra Unit - HUUPD with opinion No. 128,214. All participants signed an Informed Consent Form. To preserve anonymity, nurses were identified by the letter N, numbered in sequence according to the interviews.

RESULTS AND DISCUSSION

Of the 15 professionals interviewed, 13 nurses had never made any qualification / update course related to human aging and only two attended some course on the theme, of whom one did it for four hours and another for ten hours. As for the courses on Geriatrics / Gerontology / Elderly Health, it was found that 14 nurses had never made any specific course in the area. It is noticed that, despite the increasing number of elderly in the population, there is still a shortage of courses in this area, which may contribute to this data.¹

During basic training, eight nurses had some discipline on Elderly Health / Geriatrics / Gerontology and when asked about their knowledge regarding the health of the elderly, 10 nurses considered their knowledge insufficient to meet the elderly in the FHS. Study¹² was consistent with this research, in which most of its population considered their knowledge on elderly health insufficient. Another study¹³ confirmed that, despite being able to work in the FHS, professionals are not qualified for primary care to the elderly. According to PNSPI, health professionals should receive training provided by the Ministry of Health to promote healthy aging and comprehensive care to the elderly. This information is relevant to demonstrate the need for continuing education in the FHS, especially for nurses, since they are responsible for the team, in addition to being in direct contact with the elderly.

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After analyzing the speeches, two categories emerged: Public policies targeting the elderly and Nursing Care for the Elderly, whose results are presented below.

♦ Public policies for the elderly

In this category, we have the results of the questions about policies known by nurses. Authors sought to grasp the knowledge of nurses on Public Policies, especially the PNI and PNSPI.

It was found that the respondents were unable to provide accurate information on the National Policy for the Elderly or on the PNSPI, which is more closely linked to health workers, especially nurses¹⁴. The lack of training courses and the way the care for the elderly is addressed in training courses, targeting care for diseases, can be factors that contribute to this scenario.¹ Despite not being able to give an accurate explanation, the majority was aware of the existence of public policies for the elderly. A study¹⁵ corroborates this research, since its findings were similar. Respondents also cited parts of the PNI, as the Elderly Statute; however they could not inform the competences and objectives of the policy, as evidenced in the following speeches:

Well, I do not have much knowledge if there is a Ministry of Health policy targeted to the elderly (N08) [...] I had never had a training on the elderly, I know there is the Elderly Statute, but in terms of knowing better the program, what it comprises, I really do not have that knowledge (N15) [...] In the paper it is gorgeous, the PHC notebook of the elderly health is all fine, but in practice it does not work (N07) [...] There are policies, but they have to be better considered, there is not even elderly cardboards in the units (N09) [...] Health policies are very pretty on paper, but in practice we realize they are not applied (N13).

The SUS recommends that health actions are universal and comprehensive, providing users with a quality, humanized and accessible care, but it is clear that the BHUs' infrastructure does not meet these requirements, which hampers the care.¹⁶ Also found in other studies¹, the lack of structure in the BHU, of necessary materials and knowledge of older people and families themselves are challenges for professionals when implementing the actions recommended by the PNI.

The federal government has done their part, but when it goes to the municipalities, the quality is poor, there is lack of funds, infrastructure, things like that (N01) [...] There is lack of structural conditions that the government should provide for us, to

provide a good service, a good follow-up, especially in relation to inputs, the mobility to make a visit and have a multidisciplinary team (N05) [...] Many older people do not understand, nor family members understand these policies (N14).

Another aspect found in the speeches that should be stressed is the standardization of care. Although nurses do not have a qualification in Elderly Health, they emphasized the importance of the protocols in force on the PNI for elderly care. Such protocols facilitate the nurse's activities by guiding assistance, confirming the importance of using standardized elements for FHS in order to meet the guidelines of PNSPI. These protocols propose a change of approach by focusing assistance on the individual, and not in the disease.¹⁷

We try to provide care according to the protocols of the MOH (N01) [...] Today, public policies have a new constitution, there was a redesign and definitions were standardized with specific protocols designed specifically for the care of the elderly, which makes it easier for the professional to follow a national parameter determined for the FHS (N10).

There is need to disseminate information about the PNI for the families and the elderly. So, it is essential that nurses give importance to the PNI and have knowledge of these policies to pass on the elderly and family during consultations, visits and educational activities. Nurses are responsible for planning actions to promote healthy aging ruled on strengthening primary care. It can be seen, both in respondents' speeches and in the literature, the awareness of the importance of the nurse's role in dissemination of knowledge.¹⁸

The nurse has a great responsibility with this, to bring the knowledge to the elderly because many of them do not know their rights (N02).

The creation and expansion of policies and programs for the Elderly Health, especially to promote health and prevent chronic diseases are on the rise. The participation of nurses is essential for these programs expand and consolidate. For this purpose, qualification and awareness about aging healthily should be assimilated by the Nursing.¹⁹

♦ Promoting the Elderly Health

In this category, authors sought to know the strategies that respondent nurses use to promote the health of older people in the FHS. As a core meaning, there is the health education.

Health education, through educational activities and lectures, are the main means

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used to promote health, prevent disease and accidents and maintain the functional capacity of individuals.²⁰ Nurses must assist the elderly in full, addressing their context of life and dissociating aging diseases. Nurses' guidelines should be directed to the reality and needs of the elderly.²¹ There was an unequal treatment between BHU visited. Some nurses referred guiding elderly according to the situational diagnosis of the region, whereas others provide care focused on chronic diseases, such as systemic hypertension and diabetes mellitus, as seen in the speeches:

With education and health, with health and information, we do a monthly meeting with seniors who have or not chronic diseases and we address issues related to their lives, such as fall prevention, nutrition, violence (N03) [...] We do the best possible, especially the actions aimed at prevention or treatment programs (N04).

The elderly groups are tools that nurses use to achieve a greater amount of people, providing information necessary for the promotion, prevention and health maintenance. Assistance held in groups encourages independence and increases the support network of the elderly and assists them in socialization, raising self-esteem and improving even their mood. This technique facilitates the sharing of experiences, information, displays models of behavior, makes them realize that other people also experience the same problems and encourage pro-activity of the elderly, making them the active part of the promotion of their health.^{18,22}

The themes discussed in these groups should approach different situations of elderly's everyday life. They should not be focused on chronic diseases and their problems; the elderly should be encouraged to take an active part in the group and in society.¹⁸ As previous studies has shown²², there are different opinions among professionals about the topics discussed, which can be ratified in the following speeches:

We do a monthly meeting, as this group, we discuss issues related to their lives as fall prevention, chronic diseases, diet, physical activity, violence and also on holidays we always do something related to that date (N03) [...] We have the group of hypertension and diabetes; it is a loyal group and we discuss different themes, like an elderly group (N12) [...] We do tours, educational activities, lectures for prevention, promotion and assistance (N15)

Other tools used to promote elderly health cited by nurses are: the nursing consultation

and home visits. Both should be focused on overall health, addressing the elderly holistically; however, the hospitalized and curative care still predominates, even in the PHC. In the literature, we found that FHS nurses still links the aging process to the process of becoming ill. This difference must be clear to health professionals, because only then a surveillance model can be deployed with emphasis on health promotion.²⁰

In the speeches, it was observed that the biomedical model is still present and the nursing consultations remain focused on chronic diseases, particularly systemic hypertension and diabetes, whereas the home visits are restricted to the bedridden elderly and during vaccination campaigns, as evidenced in the following cuts:

We have treatment and monitoring of chronic diseases, which are mainly hypertension and diabetes; we focus on those diseases; they not only depend on the diagnosis but are those that have a work routine (N04) [...] We monitor the elderly with diseases chronic, and also the bedridden (N07) [...] We always direct our attention not to aging but to the pathology that comes with aging [...] here in the unit we carry out home visits to all seniors who cannot move, the bedridden, and those who have problems such as hypertension and diabetes (N09) [...] We do home visits, during the vaccine campaign we go from house to house and take the opportunity to check blood pressure, blood sugar, monitor the seniors (N13).

The Nursing Care recommended by the ordinance GM No. 2528 of 2006 should be comprehensive to the elderly, composed of Nursing consultation with multidimensional evaluation and guided by evaluation protocols (tools of the Elderly Health notebook of PHC). Home visits should be carried out in all households, regardless of the elderly be affected by any comorbidity, and nurses must organize educational activities and qualify their team.⁷

FINAL CONSIDERATIONS

This study evidenced the deficit in knowledge on the PNI. Although participants referred having some knowledge on the subject, most acknowledge that these are insufficient. And even though most participants had some expertise and worked in the FHS, their knowledge was superficial on public health policies and especially on the PNI.

Clearly there is fragmentation of knowledge of these professionals about the PNI, which is probably due to lack of

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encouragement from the MOH and from the professionals themselves, who are still attached to the biomedical model, focused on the disease. So that improvements indeed occur in care for the elderly, there is a need to improve access of professionals working in the FHS to knowledge related to elderly health. This would probably be possible with the imposition of continuing education by the MOH, focused on issues that concern the Strategy needs, such as elderly health, the PNI and the PNSPI.

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