ABSTRACT
Objective: to identify publications related to the care for elderly people in Family Health Units. Method: integrative review in the LILACS and MEDLINE databases and SCIELO Virtual Library. Data collection took place between February and March 2017, through selection of full texts of articles published in Portuguese or English in the period from 2011 to 2017, available in full length. Seven articles were selected by categorical analysis. Results: after comparing and analyzing the publications, the cross-sectional theme identified in all publications was <<Embracement and bonding>> from which three subcategories emerged: <<Care for the elderly>>; <<Qualification of the team>>; and <<Professional/elderly care relationships>>. Conclusion: there was a precariousness of communication and fragility in the professional/elderly care relationships and lack of professional qualification. As contributions to the advancement of scientific knowledge, the challenges identified for access to health services, the provision of technological options for tackling problems and meeting priorities are addressed. Descritores: Humanization of Care; Embracement; Family Health Program; Health of the Elderly; Elderly; Aging.

RESUMEN
Objetivo: identificar publicaciones relacionadas al acogimiento del idoso en Unidades de Salud de la Familia. Método: revisión integrativa en las bases de datos LILACS, MEDLINE y Biblioteca Virtual SCIELO. La recolección fue entre febrero y marzo de 2017, seleccionándose artículos publicados en texto completo, en los idiomas portugués o inglés, disponibles en íntegra, publicados en el período de 2011 a 2017, con siete artículos seleccionados por análisis categorial. Resultados: después de la comparación y análisis de las publicaciones, identificó como tema transversal a todas las publicaciones <<Acogimiento y Vinculo>>, del cual surgieron tres subcategorías: <<Atención a la salud del anciano>>; <<Calificación del equipo>>; y <<Relaciones de cuidado profesional/anciano>>. Conclusion: se observó precariedad de comunicación y fragilidad en las relaciones del cuidar profesional/Idoso y carencia en la calificación profesional. Como contribuciones para el avance del conocimiento científico, se enfocan los desafíos identificados para acceso a servicios de salud, oferta de opciones tecnológicas para enfrentar problemas y atender prioridades. Descritores: Humanización de la Atención; Acogimiento; Estrategia de Salud Familiar; Salud del Anciano; Anciano; Envejecimiento.

ECHRACED OF ELDERS PEOPLE IN FAMILY HEALTH UNITS
ACOLHIMENTO AO IDOSO EM UNIDADES DE SAÚDE DA FAMÍLIA
ACOGIMIENTO AL ANCIANO EN UNIDADES DE SALUD DE LA FAMILIA
Ana Safira Trajano da Silva1, Frankcelia Lopes de França2, Dase Luzia Barbosa de Sousa3, Carla Karoline da Silva Simão4, Rita de Kassia Soares da Silva5, Rejane Marie Barbosa Davim6, Robson Edney Mariano Nascimento Silva7

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INTRODUCTION

Humanization in health care is characterized as a daily movement directed to the principles of the Unified Health System (SUS) to meet the needs and responsibilities of users taking into account their desires and interests, involving the valuation of the different subjects involved in the process of health production. The National Policy of Humanization (NPH) launched in 2003 proposes that embracement should be present at all moments of the care process, an action that should favor building trust, commitment with users and with health teams.¹

Embracement is a suitable working tool for all professionals and is not limited to receiving the user, but it is a sequence of acts and routines as part of the work process. According to the NPH, embracement and inclusion of users should promote service optimization, end of queues, risk hierarchy and access to the levels of the health care system.²

Embracement is defined as receiving with the intention to solve the problems of the people who seek the health units and assumes the mobilization of the subjects involved in all aspects of the relations that are established in this context. It is fundamentally important to be aware of citizenship, to recognize in the strategies proposed by the SUS a path to exercise the right to universal access, to achieve comprehensiveness and equality in health care. Thus, embracement is no longer a punctual and isolated action of the processes of health production and it is multiplied in innumerable other actions.³

The word embracement, both in dictionaries and in sectors such as the health sector has several meanings. A definition was obtained in the Volume I of the Basic Care Notebooks of the Ministry of Health (MOH), which treats embracement as a practice present in all care relationships, in the real meetings between health workers and users, in the acts of receiving and listening to people.⁴

In other words, it is not, a priori, good or bad, but a constitutive practice of caring relationships. So, instead of asking whether in a particular service there is embracement or not, it may be more appropriate to analyze how embracement is takes place. Embracement is revealed less in the discourse about it, than in concrete practices.⁵⁶

It is understood that the work process of the multidisciplinary team in the context of the Family Health Strategy (FHS) promotes a horizontal relationship between the professionals involved, valuing the knowledge of each member and enabling everyone to share knowledge, power and responsibility. Within the scope of the health care system, the FHS is seen as a gateway for users, and the Family Health Unit (FHU) as a space to put actions in practice. The FHU must be located in a specific territory with an assigned population, assisted by a minimum team composed of a physician, a nurse, a nursing technician and community health agents (CHA).⁷

Life expectancy has increased with the gradual improvement of health care services and consequently the percentage of the elderly population. It is estimated that the number of people aged 60 and over will increase to 1.2 billion by 2025, and two billion by 2050. Furthermore, by 2025, almost 75% of this elderly population will live in developing countries, overburdening the health care systems. These demographic transitions essentially require shifting the global focus to meet the preventive health care and medical needs of the elderly population. In Brazil, this pace of growth is expected to accelerate, with the number of older people rising from 12.5% (23 million) to 30% (64 million) of the country's population in the next 35 years. This will make Brazil a nation of elderly people.⁸

Aging is defined as people with chronological age of 65 years above, although this definition of age group is controversial. In almost all the world, the consequences of aging include the drop of fecundity and mortality and the creation of new needs and social demands in all the countries. The rhythm of aging in several contexts differs among countries, giving rise to different challenges. In Brazil, these demands posed by aging add to other basic social demands not yet met. Another guideline was the need to raise the awareness of countries to incorporate into their plans proposals for actions that would guarantee a healthy aging in which society should adopt a positive and active concept of the elderly oriented to economic and social development, involving change in the role of this population in society. A strong medicalization of the aging process we can also be seen in the plan.⁹

Information, education and communication strategies are observed in three large groups, namely, elderly people who would become older in the near future and younger people who are potential caregivers of parents/elderly relatives on issues of hygiene, nutrition, physical exercise, tobacco and...
Embrace of elderly people in family...

Improvement of the health of the elderly population, as there is much to be done until the SUS offers effective responses to the health needs and actions to the Brazilian elderly population.

**OBJECTIVE**

- To identify publications related to the embrace of elderly people in Family Health Units.

**METHOD**

Integrative review conducted with the following steps: creation of a theme and research question; establishment of inclusion and exclusion criteria of studies; definition of the information to be extracted from the selected studies; evaluation of studies included in the integrative review; interpretation of results; presentation of the review, synthesis of the knowledge. Data collection took place from February to March 2017 with a final sample of seven articles selected by categorical analysis with search in the MEDLINE and LILACS databases and SciELO Virtual Library. The question that guided the study was: How does the service to the elderly take place with regard to their embrace in health actions developed by multiprofessional teams in FHUs?

Based on the guiding question, the following Descriptors in Health Sciences (DeCS) were used: Humanization of Care; Embrace; Family Health Program; Health of the Elderly; Elderly Person and Aging. Original articles in Portuguese, English and Spanish were included in the study, with a five-year time cut, covering surveys published between 2011 and 2017. Exclusion criteria included articles with only abstracts available and those that did not answer the guiding question of the study.

After crossing the descriptors in the databases, 3280 publications addressing the subject were found. Following the reading of the titles and abstracts of the respective studies, 3136 publications were excluded, with 144 studies remaining in line with the eligibility criteria. Subsequently, the search was refined thorough reading of the eligible publications in full length, when 137 studies were excluded and the final sample consisted of a total of seven articles, described by databases represented in the Figure 1.
Figure 1. Sampling flowchart of articles retrieved from the LILACS and MEDLINE databases and SciELO Virtual Library. Natal (RN), Brazil. 2018.

Figure 2 presents the number of publications related to the embracement of elderly people in FHUs. Data presented in the

Table 1. Publications retrieved from the LILACS and MEDLINE databases and the SciELO Virtual Library on the management of embracement of elderly people in FHUs, Natal, Brazil. 2018.

<table>
<thead>
<tr>
<th>Database/Virtual library</th>
<th>Title of article</th>
<th>Authors</th>
<th>Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>LILACS</td>
<td>Perception of hypertensive elderly people about their needs</td>
<td>Marin MJS, Santana FHS, Moracvick MYAD.</td>
<td>Rev Esc Enferm USP 2012; 46(1):103-10</td>
</tr>
<tr>
<td>MEDLINE</td>
<td>The care in family health units in the eyes of the elderly: social representations</td>
<td>Mendes CKTT</td>
<td>Dissertação de mestrado UFPB, 2009</td>
</tr>
</tbody>
</table>
The synthesis of information of each publication regarding the objectives, methodological characteristics and thematic considerations is shown in Figure 3, emphasizing that the order of presentation of the publications follows the same sequence in Figure 2.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Methodological characteristics</th>
<th>Thematic considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand the perception of the elderly about the resolving capacity and effectiveness of the health actions produced in the care relationships in the FHS of the municipality of Bambuí, Minas Gerais.</td>
<td>Qualitative approach</td>
<td>It is in the relational dimension of the field of health that the acts of embracement of the intentions of people in this encounter are produced, as well as complicity, with accountability, reliability, and hope that generate bonding and acceptance relationships.</td>
</tr>
<tr>
<td>To analyze the understanding of health professionals about comprehensive care and health needs of the elderly, of the Family Health Program (FHP), in the Municipality of Santos.</td>
<td>Qualitative approach using discourse analysis.</td>
<td>The FHP makes it possible to offer comprehensive care to the health needs of the elderly, but it is necessary that the team of health professionals give resolutions to the health problems of this population.</td>
</tr>
<tr>
<td>To know the perception of hypertensive elderly about their health needs, aiming to establish intervention strategies that meet their expectations.</td>
<td>Qualitative study, using focus group technique with elderly users of Family Health Units.</td>
<td>Bonding and embracement are considered fundamental elements in the feeling of shelter and security before the health needs and autonomy.</td>
</tr>
<tr>
<td>To know the profile of FHS professionals, identifying actions provided, facilitators and difficulties faced in the care of the elderly.</td>
<td>Descriptive research with a quantitative approach carried out in Caririaçu (CE).</td>
<td>The FHS must carry out actions in the different social spaces, the basic unit and the family, through interdisciplinary policies developed by teams in their territories, with a view to provide care based on the promotion of active and healthy aging.</td>
</tr>
<tr>
<td>To understand the senses of the experiences of nurses in the care for elderly people in the FHS.</td>
<td>Descriptive, qualitative study.</td>
<td>Nursing care at the FHS remains the same with the norms of general care applied to any user, regardless of the particularities of aging, thus requiring more investment in order to qualify care to this segment of the population.</td>
</tr>
<tr>
<td>To apprehend the social representations of FHU elderly about aging; to know the care offered to the elderly in FHUs; to verify whether the care offered to the elderly meets their expectations.</td>
<td>Exploratory study with quantitative qualitative approach, based on the statements of the elderly, prioritizing the subjective aspects of the service offered.</td>
<td>The elderly build common-sense theories that are convenient to explain the phenomenon of aging to guide the behavior and communication in relation to how to stay healthy in old age.</td>
</tr>
<tr>
<td>To identify the instruments of communication and roles developed by nurses in the interaction with the elderly.</td>
<td>Quantitative approach, carried out in UBS in the city of João Pessoa (PB).</td>
<td>Communication in the care considers the person as a whole, evidences respect for the elderly as a person and not as a body that is the subject of nursing intervention.</td>
</tr>
</tbody>
</table>

Figure 3 - Synthesis of objectives, methodological characteristics and thematic considerations of each publication, Natal (RN), Brazil. 2018.
Embracement of elderly people in family... of elderly users who evaluated the resolution and effectiveness of care acts in the FHS as negative, mentioning the quality of the interactions between users/professionals. From this point of view, the FHS has not shown to be effective in solving the specific demands of the elderly because the program takes care of the disease but not of the patient, understanding old age as a disease and the health problems as things that are typical of aging.¹⁰

The work of health promotion actions involve the community itself taking into account that the teams should seek integrity of these actions and not only reproduce in their work process a model of biomedical care in the establishment of priorities, decision making, definition and practice of strategies. It is necessary to strengthen and qualify the subjects of the community by means of self-care and social support. Hence, there is a need for a broad and continuous process of health training, because professionals are multipliers of information. The family health team is the unit that produces the services in the FHS and each professional performs a set of actions separately, seeking constant continuity, articulating tasks developed by the other agents in the integral efficiency of actions and not only reproducing in their work process a biomedical care model.¹¹

It was possible to observe that in the perception of the elderly people about their health needs, the FHP gives them easy access to basic care, but not more complex care to which they are entitled, and which are often essential for a healthy and autonomous life.¹²

Subcategory 2 - Qualification of the team
The subcategory qualification of the team includes terms related to the team, knowledge about comprehensive care and health needs of the elderly.

A supposed impotence on the part of physicians is observed in dealing with chronic conditions that require permanent care, because these professionals are often trained to intervene in acute cases. To change this reality, it is urgent to recognize an interactive and procedural field, continuous growth, and learning in the health services, promoting the appreciation and education of health professionals about the aging process. The professionals need training in the constant search for improvement of social relations that are developed in the day-to-day of services, perceiving in a critical way the meanings and impasses of the problems arising from human interactions. From this perspective, the main instrument of the

**DISCUSSION**

The various thematic approaches summarized in Figure 2 guided the next steps in the research on the topic of embracement of elderly people in FHUs. In order to facilitate the grouping of data and compilation of results, providing a better understanding of the synthesis, a search criterion was adopted based on the category Embracement and bonding, supported by three subcategories: Care for the elderly; Qualification of the team; Professional/elderly care relationships.

**Category: Embracement and bonding**
The theme Embracement and Bonding was present in all papers analyzed, in one way or another, in the contents of the studies that composed this review. For this reason, Embracement and bonding was taken as a category of analysis.

The strategy of embracement is considered of fundamental importance in the reorganization of the work process so as to assist all who seek the health services, supported by the SUS principles in what concerns universality, comprehensiveness and equity. In the opposite direction to this reorganization, there are other aspects such as: lack of attention to the real needs of the elderly, distance from the service, little interaction between users and the service, and non-practice of the embracement strategy.⁸

There is a divergence between access and continuity of care, implying the fragmentation of care for the elderly population, thus requiring careful evaluation of services in order to find efficient strategic programs to improve the actions to this age group. Therefore, the first possibility of carrying out these actions aimed at the elderly can be presented at the time of embracing the patient. These transformations are potential bond builders, approximating those who offer the service to those who receive it, personalizing the relationship that must be committed, solidary, as a social construct and part of an effort involving the staff, institutions and the community.⁹

**Subcategory 1 - Care for the health of the elderly**
The subcategory attention to the health of the elderly encompass terms related to the practice, quality and resolution of care provided for the elderly.

The resolving capacity and effectiveness of health actions were revealed through the eyes...
therapeutic relationship is the health professional himself.\textsuperscript{13}

It was evidenced in a study carried out in Caririaçu (CE) on the recognition of the profile of the FHS professionals that the majority had a time of action between three to six years and none received specific qualification on the health of the elderly, or qualification in the area of geriatrics and gerontology applied to primary care. Therefore, it is important to emphasize that the low attendance of elderly people to the health service in relation to care programs is due to the low qualification of the teams.\textsuperscript{14}

Another study considers that the qualification of professionals in the FHS on health care for elderly people is insufficient, and it is necessary to invest in the development of skills to deal with the challenge of aging, including prevention, rehabilitation and a better understanding of the socio-environmental determining aspects of the health/disease process. In the health care of the elderly, the qualification of FHS professionals is insufficient and it is necessary to invest in the development of skills to deal with the challenges of aging. In the sense lived by nurses in the care of elderly people in the FHS, it was revealed the need of forwarding cases for specialties both in the nursing consultations and in the training. Although they show an interest in a more targeted approach than the care of hypertensive and diabetic patients, nurses find an insufficient training and barriers to a more specific assistance.\textsuperscript{15}

In this regard, with reference to the article related to social representations about aging, the results reaffirm the previously mentioned lack of qualified professionals to care for the elderly at all levels of attention and the need for professional qualification to care for the elderly, with training of human resources in this field.\textsuperscript{16}

Subcategory 3 - Professional/elderly care relationships

The subcategory professional/elderly care relationships refers to the communicative process inherent in the relational dimension and its interference about the action of providing care.

It was evidenced that the relationship between the family caregivers and the elderly is so close that the caregivers change their way of living in order to care for the elderly. This change is not always the caregiver's will, but an imposition of the circumstances; when this occurs, the chances implied by physical, emotional, social and financial overload are higher. Regardless of the reason that motivated the caregiver to assume the responsibility of taking care of the elderly, their interaction is a relationship that may be imbued with participation or not. When the relationship involves participation, the caregiver remains present in the life of the elderly for love and fidelity, donating of himself to the other, being present. However, when the caregiver assumes this role by conjuncture, the relationship can take place without participation, without sensible involvement between caregiver and elderly.\textsuperscript{17}

It is within the scope of the encounter between professionals and users that the health actions materialize. Besides, it is in these meetings of inter-subjectivities that are produced, or not, the following acts of embracement and bonding: of the intentions put by the people in these meetings; complicity with accountability around the problem to be faced; reliability and hope that generate bonding and acceptance relationships. The lack of confidence in professional care may be reflected in the devaluation of the behavior adopted. In this regard, it is worth noting the reference to the medical professional's reception mode; elderly users show a rush in care, compromising the resolution and effectiveness of health actions. The emphasis on the posture of the medical professionals in this context is seen as deserving a highlight, because of the place they occupy in the health team and the power relationship with the other members of the team.\textsuperscript{13}

The health of the elderly and the integrality of the care provided are presented as challenges to the construction of bond between elderly and workers (embracement); the access to health services; the offer of technological options to tackle problems; the meeting of priorities in an expanded way and the understanding of the health needs related to aging through interactions with the elderly.\textsuperscript{6}

In this perspective, bonding and embracement appear as fundamental elements in favor of the feeling of shelter and security before the health needs and autonomy permeated by tranquility in dealing with the disease.\textsuperscript{18}

Another important point is directly related to the topic of embracement and bonding in the health service which consists of the presence or absence of teamwork in the FHU. Regarding this topic, the absence of teamwork proves to be an obstacle to comprehensive care, because this practice is relevant for the
comprehensive care of the elderly. And despite the recognition of the existence of intersectoral work, teamwork is still considered a difficulty faced by these professionals. In this sense, in the study that addresses the facilitating and difficult factors in the care for the elderly, most professionals affirm that they do not carry out activities as a team in their units. 15

The study about the role played by nurses in the process of communication with the elderly highlighted that it was possible to detect that certain nurses do not apply the communication instrument correctly, which may make it difficult for elderly people to understand their health state and the care that should be attained, aiming at welfare. 19

In addition, references point to the need for greater investment in the deepening of specificities of knowledge in gerontology in order to qualify the care to this population segment, developing activities in a horizontal, interdisciplinary way, with emphasis on communication always in a joint work with the elderly people, seeking to meet their individual needs, that is, their uniqueness as elderly persons and the type of care offered, which is often generalized and verticalized. 17

The interference of this poor approach makes the communication with the elderly to become noisy. Within the scope of the health service, this practice interferes negatively on the embracement and, consequently, on the link of elderly person to the health unit and to the professional staff. 20

CONCLUSION

The precariousness of the communicative process inherent in the professional/elderly care relationships, lack of qualification to deal with the elderly, and the problem of aging was evidenced in the studies. Flaws in the health care for the elderly were also detected, particularly with respect to the lack of guarantee of comprehensive care.

Considering the practical implications of the results, the following points were detected: an absence of teamwork, which is recognized as an obstacle to comprehensive care; the crisis experienced by the care model marked by the differentiation of interests of users; isolation between health professionals and ignorance of the importance of their practices; predominance of interventions focused on equipment and machine technologies based on structured knowledge and almost reduced to procedures; the need for qualification of health professionals on the theme of aging from the perspective of comprehensive health care for the elderly.

We consider as contributions of the study the advancement of scientific knowledge based on the identified challenges regarding access to health services, the offering of technological options to address the problems, meeting priorities in an expanded way and understanding the needs related to aging through the interaction with the elderly, and to extend the notion of health care from a different perspective to this population in Family Health Units.

REFERENCES


Embracing elderly people in family...
Embracement of elderly people in family...