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Elderly Welcoming in Primary Health Care: The user Perspective

Acolhimento ao Idoso na Atenção Básica: Visão do Usuário

Atención a los Ancianos en Atención Primaria: Visión del Usuario

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ABSTRACT

Objective: Our aim herein has been to describe the elderly insight into the welcoming process in primary health care. **Methods:** It is a descriptive and exploratory study having a qualitative approach. The data were collected through semi-structured interview applied to 15 elderly registered in a Basic Health Unit in the city of *Teresina-PI*, Brazil, from January to February 2016. Data analysis has been done according to Bardin's perspective. **Results:** The results showed two categories, as follows: I) Welcoming is fulfilling the elderly affective needs; nonetheless, both the positive and negative aspects related to the welcoming were mentioned. II) In the speeches it was evidenced that the welcoming, as required by the National Policy of Humanization, is still under construction, which is in its very early stage and mainly related to the act of welcoming the user. **Conclusion:** The welcoming process is a challenge for managers and health teams regarding the perspective of an integral care, and at the same time fulfilling the elderly needs.

Descriptors: Welcoming, Elderly, Primary Health Care.

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RESUMO

Objetivo: Descrever a visão do idoso sobre o acolhimento na atenção básica. **Métodos:** Trata-se de uma pesquisa descritiva, de caráter exploratório, com abordagem qualitativa. A coleta de dados ocorreu por meio de entrevista semiestruturada aplicada a 15 idosos cadastrados em uma Unidade Básica de Saúde no município de Teresina-PI, no período de janeiro a fevereiro de 2016. A análise dos dados foi a de conteúdo de Bardin. **Resultados:** Apontaram duas categorias: Acolher bem é suprir as necessidades afetivas do idoso, porém foram mencionados os aspectos positivos e negativos relacionado ao acolhimento. Nos discursos construídos evidenciou-se que o acolhimento, conforme determina a Política Nacional de Humanização, ainda se encontra em fase de construção, de forma embrionária e relacionada principalmente ao ato de receber bem o usuário. **Conclusão:** O acolhimento é um desafio para os gestores e equipe de saúde na perspectiva de uma assistência integral, atendendo aos anseios dos idosos.

Descritores: Acolhimento, Idoso, Atenção básica.

RESUMEN

El objetivo del estudio fue describir la vista de los ancianos acerca de la acogida en la atención primaria. Los datos fueron obtenidos por medio de entrevista semiestructurada aplicada a 15 ancianos inscritos en una Unidad Básica de Salud en la ciudad de Teresina, PI, de enero a febrero de 2016. El análisis de datos fue el contenido de Bardin. Los resultados mostraron dos categorias: es bienvenida y satisfacer las necesidades emocionales de las personas mayores, pero no se mencionan los aspectos positivos y negativos relacionados con la acogida. En discursos construidos mostró que la acogida, como lo requiere la Política Nacional de Humanización, está todavía en construcción, embrionario y sobre todo en relación con el acto de bienvenida el formulario de usuario. Se considera la acogida un desafío para los gerentes de salud y personal desde la perspectiva de la atención integral, teniendo en cuenta los deseos de los ancianos..

Descriptores: Acogida, Ancianos, Atención primaria.

INTRODUCTION

Aging is a process that is already present since the earliest times of history, being part of the evolution of human civilization. Aging represents the life cycle, consequences and effects of the passage of time in human life, because biological changes are inevitable, active and a process without return.[1]

According to the *Instituto Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics], there are no more than 20 million people in Brazil aged 60 or more, representing less than 10% of the Brazilian population. According to statistical projections from the World Health Organization (WHO), from 1950 to 2025, the elderly group in the country must have increased by fifteen times, while a total population of five. Thus, Brazil will occupy the sixth place in relation to the contingent of the elderly, reaching, in 2025, about 32 million people with 60 years or more.[2]

The structure and the Brazilian population have been marked in recent years by significant changes in demographic patterns and a marked longevity.[3] Previous actions of the *Sistema Único de Saúde (SUS)* [Unified Health System], where the benchmark for the Health Services Organization was the primary health care that showed changes in the care model, in which the concept of basic health care has been used for municipal services, where in this approach the welcoming issue was highlighted and since then has been gaining importance.[4]

In order to follow the changes in the epidemiological profile that the country faces, it is necessary to review the public policies and reformulate it aiming to contemplate the elderly as a priority of attention. Nevertheless, it is worth highlighting the following as an important achievement in this aspect: the National Policy for the Elderly (Law nº 8,842 and Decree nº 1948/96), which aims to promote healthy aging, maintain and improve the functional capacity of the elderly as much as possible, prevent and treat diseases, ensuring that this population remains in its social environment.[5]

It is important to emphasize that the welcoming is not a space or a specific place and neither does it presuppose time or a determined professional to develop the process. In fact, it is an action that presupposes interaction between health professionals and users, considering their social network. It covers the relationship of knowledge, needs, possibilities, which are constantly renewed. The family health team welcoming process should be characterized by the development of proactive actions, and keeping in mind the planning that is the necessary basis for the implementation of the welcoming, considering the "welcome in the family/community".[2]

In this perspective, it is evident that the community care of the elderly should be based, especially, on the family and the primary health care, through the Basic Health Units (BHU), which should ideally represent the elderly linked to the health system. Thus, welcoming basic care is the establishment of a relationship of solidarity and trust essential to the process of co-production of health, under the guiding principles of the *SUS*.[6]

By relating the population growth of the elderly that is happening worldwide and the growing concern with the health and well-being of this clientele; in addition to the implementation of new policies directed to the elderly population based on the basic health care network, centered on the reception, felt the need for a more in-depth and reasoned study on the subject in question, to know and to analyze the vision of the elderly person about the reception offered by basic care through their experience, their thinking and how they integrate their experiences with the reception process.

It is noteworthy that the welcoming is the basis for the implementation of humanized care in primary health care not only for the elderly, but also for the entire Brazilian population.

OBJECTIVE

The study's goal is to describe the elderly insight into the welcoming process in primary health care.

METHODS

We have chosen a qualitative approach, of a descriptive-exploratory nature, because it was wanted to obtain information about a problem for which solutions are sought, to either confirm hypotheses raised or to identify new phenomena in the face of the problem in question.[7]

The research was carried out in a Basic Health Unit (BHU), in the Northern region of *Teresina-Piauí*, linked and maintained by the Municipal Health Foundation (MHF). The BHU welcomes patients throughout the week, morning and afternoon shifts throughout the family health teams. Fifteen elderly people enrolled and attended at the BHU participated of this study. The participants were identified by numbers to ensure their anonymity. Lucid, conscious and oriented elderly were included. Elderly people with cognitive impairment would be excluded, however the Mini Mental State Examination (MMSE) test showed positive results regarding the preserved cognition of the elderly interviewed with a value of 25 points. The data were collected from January to February 2016, through semi-structured interviews. The interviews were recorded in the estimated time of 30 minutes and later transcribed with total legitimacy.

The analyzed data followed the analysis of thematic content for a better understanding and interpretation of the speeches responding to the objectives proposed by the study.[8] The study was approved by the Municipal Health Foundation and approved by the Research Ethics Committee of the *Faculdade de Saúde, Ciências Humanas e Tecnológicas do Piauí (NOVAFAPI)*, under CAAE number 50962015.6.0000.5210, on November 27th, 2015. The ethical principles were according to the Resolution nº 466/12 of the National Health Council.[9]

RESULTS

Regarding the characterization of the study, the results obtained in this research in relation to the sociodemographic data show that the majority of the interviewees are female, 14 (94%) and only 1 (6%) male. The prevalence in age ranges from 60 to 69 years, with 09 elderly (60%), followed by 70 to 80 years with 04 elderly (27%), and 81 to 82 years with 02 elderly (13%). In relation to schooling, a little more than half of them had primary education with 10 elderly people (67%), high school with 4 elderly people (27%), and only 1 were illiterate (6%); (47%), 5 elderly were married (33%), 2 were single (13%) and only 1 were divorced (7%).

The economic situation of the interviewees shows that the majority, 13 elderly people (87%) have exclusively retirement income, followed by 02 elderly people (13%) with income from different sources.

[...] I feel welcomed, thanks to God (laughs) ... very good, it's very good people to meet us, all legal ... I have nothing to say bad. (D4)

[...] they go well, we get there, right? It has to have patience, there are many people, but thank God I am very welcomed. (D7)

[...] very well received, I thank God when I get there, there are people who already know me, they already know the medication I need [...]. (D10)

[...] I feel very good, thank God, no problem, I speak to the doctor, he hears me very well, I receive my medicine from the "pressure" [...]. (D14)

[...] when I get my medicine I'm well attended, see! There is no problem [...]. (D14)

[...] here it's too good ... I feel, I feel too welcomed, that doctor loves me very much and the nurse of the service, come here, everything embraces me ... (D5)

[...] If I come here, they welcome me, if I come there, they welcome me, if I come here, they will take care of me, and everyone will take care of me. [...] (D1)

[...] it is good only because I receive the remedy of "pressure" for free [...]. (D11)

[...] positive ... what I really think is that I get my medication, when I come I get free and I have nothing to say too [...]. (D15)

[...] here is good, right! And it is everywhere ... All are good people [...]. (D3)

[...] I feel good ... [...] I am received, thank God ... (D2)

[...] the welcome I think is good, when the person serves me well [...] (D2)

[...] what I do not like is just this business of people marking and delivering an examination with the greatest need [...]. (D12)

[...] negative thing that I think is that it should have the proper equipment, especially an ... an electrode and an RX that is an urgent thing [...]. (D3)

[...] it's like that without having material, you need more material because the people get there and they do not have material to do the dressing, there's no material to take an injection [...]. (D9)

[...] lacking material for dressing and medicine, that has to improve there, more medicine and material for dressing is what is always lacking at the post [...] (D8)

[...] I do not feel no, there are many, many things that should change, starting to attend the day of marking the chips, making the appointment ... the staff "are" very ignorant, do not treat us right [...]. (D11)

[...] it is reasonable, they are annoyed as if they are going to arrive at the wrong time there in the information, at the reception sometimes you arrive and the attendant, for some reason, it "is" so a little annoying [...] (D13)

[...] the people have to have time to wait, right? There are a lot of people coming in and coming in because they're old. [...] (D8)

[...] there is a clerk who makes a record there that she should already be retired, nor see right she does not see, she keeps marking the appointments with her face anyway on the computer. Just talk to us with ignorance. [...] (D11)

[...] it was good if I had more doctors, because every time I'm missing a doctor. (D6)

[...] putting more doctors to take care of people well, that we are already sick, needs to be well taken care of, because there is time that we do not even have the condition to be leaving home .... (D2)

DISCUSSION

The increase in the elderly population implies changes and adaptations in the local reality, especially with regard to the reception performed in the BHUs. In face of this study, it is possible to observe several situations in which the elderly person feels welcomed. However, there are several understandings elaborated by the elderly in the meaning of "being welcomed".

According to the Health Ministry, the welcoming process is a set of concepts frequently used to show the relationships that occur between users and professionals in health care. Not only a simple relationship of service provision, but also a humanized welcoming and qualified listening to the user.[10]

Therefore, it can be understood that the welcoming is not only an isolated practice, but also a set of behaviors that translates into actions taken by both the professional staff and the users, and that starts at the door of entry until the service ending. These attitudes should be seen as a strategy to meet the requirement of access and provide bond and well-being between the team and the user, providing satisfaction for both as the testimonials show.

It was noticed in the speeches that the elderly think that being welcomed is having a good care by the reception professionals, because they feel that their needs are satisfactorily met.

In general, the reception in health services favors improvements based on holistic care, the interaction between individuals and staff, the organization of the service and the work process to meet the quality of people, as well as the search for continued care.[11]

In contrast, there are those who understand the well welcoming in another way, such as receiving the medication. In some reports, the elderly emphasized the welcoming process as the fact that they can receive their medication correctly, and by assessing with this act that their reception needs are being met. One of the elements that influence people to take care and individual attention given to users include the dimensions of access, communication and customer service. So, in addition to the availability of medication in the BHU, there was progress in relation to access to medication, which has now been a major claim of the elderly.[12]

These findings corroborate with the statement[13] (394-404) "in fact, the *SUS* has advanced considerably in recent years in the organization of programs in order to guarantee the population's access to the drug."

In this sense, health needs means, resources, professionals, participation and valuation so that all legal prescriptions will make possible the health of all with access and quality. Therefore, in order to attend to this reality, nurses must be able to understand the stages of aging, making it easier for the elderly to enter the different levels of health care. The professional should have a relationship of trust and respect with the elderly person, thus provoking a good reception, as the feelings are expressed in some lines.

Conversely, some authors say that the welcoming process is a stage that ranges from the reception of the user in the unit until the service ending, considering the integrality in the assistance. The elderly, in their biopsychosocial aspects present their own transformations, demanding different types of care, especially in terms of health. Those, as human beings endowed with demands, see in their longings the need for a good reception. It occurs because when reaching this stage of life the elderly seek an improvement in life expectancy, thus calling for better care in order to meet their demands.

The link is the link that moves the reorganization of health actions, since it is evident that the comprehension of the greatness of the need for care self-referred by the elderly makes possible the establishment of more energetic strategies, being that its possibility is given by the approximation between the nurse/team and the subject.[14]

When talking about positive aspects of the elderly, it is important to take into account the scenario in which the elderly are involved and their need of the moment, since in many situations the elderly tend to impose their need first, seeing what is convenient for them, and also in receiving medication prescribed during care, which became relevant for the elderly and finally was considered as a good welcoming.

Access to medicines is an indicator of the quality and resolution of the health system and an important determinant of the follow-up of prescribed treatment. The above statements corroborate with the author's thinking, given the relevance that is given by the users when receiving the medication.[15] It is also observed in the elderly testimonials that the welcoming happens in a "good" way, as many have put in their speeches, following the premise of good service.

It was observed that the welcoming process proposal in the users' thinking is still a practice in construction, is still very limited to the moment of listening in the reception of this user. For them, a good welcoming process is this minimal act and it is known that the good welcoming is not only limited to the act of receiving, but is also composed by a sequence of acts and ways that are part of the work process, in the relationship with the user, in the BHU inside and outside.

The limitations related to the welcoming process were also mentioned by the deponents, such demands directly influence the reception offered to the elderly, which are users of the system. As limiting aspects of the reception in the view of the elderly, it was observed the need to implement new services, such as radiology and electrocardiography service, basic exams, but that contribute to the resolution of their health problems, considering that their accessibility is greater and easier on the BHU, as the accounts show.

It is noticed that there is an annoyance with the lack of basic resources that could make the difference in the time of a good reception, as well as the necessity of materials and necessary inputs in the BHU, as the speeches show.

It is noteworthy that in these years of the *SUS*, the advances do not hide the difficulties that threaten the very maintenance of the achievements. No one is unaware that, under current conditions, there are important limitations to the implementation of the principles and guidelines of the *SUS*. The concept of *SUS* is theoretically optimal, but in practice, it is known that everything that is said in Law nº 8,080, which provides for the conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services and other measures, too much still needs to be done.[16]

There are still speeches that portray the limitations in the reception, as organization of the queues, marking of exams and lack of respect with the same, demonstrating dissatisfaction with the services rendered, being one of the reasons for not seeking the health service by the elderly, as the testimonials show.

In these testimonials there are a variety of reasons elderly people find relevant in the reception and are not being satisfactory. It is observed that some important concepts of the reception were denied, like qualified listening, good communication, permanent attention and respect to the needs of the users. Internal conflicts were evident to the team and low adherence of some professionals who provide care.

It is noticed that the lack of preparation of the health professionals generated a poor attendance to the users interviewed, since besides generating this discomfort to the attendance, often triggers intolerant and even aggressive attitudes between workers and users.

Reality shows a precarious service network, bureaucratized, with a lack of necessary solvency for the users, a reduced organization and few working conditions for the health teams, as well as the lack and preparation of some professionals.[17]

Therefore, there is a need to qualify workers to develop skills to receive, attend, listen, dialogue, make decisions, support, guide and negotiate. Welcoming is a process in which workers and health services are involved and commit themselves to the responsibility of intervening in their field of action, considering their clientele and consequently their needs, seeking a warm, harmonious and humanized relationship to provide health at the individual and collective levels.

Yet, some respondents report discontent and concern about the lack of medical care at the BHU. The user's access to the medical consultation is seen with limitations, mainly due to the difficulties involved in scheduling and the user's care by this professional. For some authors,18 there is a disproportionate number of this professional in relation to the demand, reflecting in this way a great demand for a small number of medical professionals.

In this context, it is important to remember that in a survey conducted by the *Instituto de Pesquisas Econômicas Aplicadas (IPEA)* [Institute of Applied Economic Research][19] revealed that the main problem faced by the *SUS* nowadays is the lack of doctors. In this same survey, 9% of the interviewees who used or accompanied family members in the public health system in the 12 months prior to the survey pointed out the lack of doctors as the most serious problem of the *SUS*.

Nonetheless, knowing the users' vision about the reception that is given in the basic health care, after experiencing such situation, contribute profoundly to the implementation, evaluation and optimization of actions that promote the improvement of the welcoming process quality.

CONCLUSIONS

The dynamics of the welcoming process can be seen in different ways, presenting multiple interfaces, which are related to momentaneous needs of each person, and many other factors that can interfere in this process.

It was observed that the elderly showed lack of affection, since the welcoming process was directly connected only to the act of "receiving well", thus contradicting the scientific studies that describe the welcoming as a more comprehensive process, having to meet the wishes of the elderly in the determined by the National Humanization Policy.

Consequently, it is evident from this study that the definition of the welcoming process for the elderly is still confused, undeveloped and nonvisible to these users. Thus, it is reflecting their difficulty in identifying the true meaning of the welcoming. This situation reveals the users' lack of knowledge about their rights within the humanization policy.

In this sense, the welcoming process is still a challenge for managers and health teams regarding the perspective of an integral care, and at the same time fulfilling the elderly needs, considering the reception as a necessary strategy for the planning, organization and production of actions and health services, placing as the central element of qualification in the humanized service, as well as in the evaluation of the management of the services.

It is very important to perform new complementary studies involving managers and multiprofessional teams in the basic attention for reflection, evaluation and discussion about the welcoming, with the purpose of evaluating the knowledge and skills necessary for the implementation of the welcoming in its totality

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