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Accommodation to Elderly People in the Health Family Unities Profressionals View

ORIGINAL

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Abstract

We seek to know the elderly accommodation strategy utilization in the family health unities professionals' view. It is about an exploratory study, with qualitative approach, conducted in Family Health Unities in João Pessoa/ Paraíba/ Brazil. 248 basic attention professionals took part of the research, chosen randomly and per convenience. It was used a semi-structured questioning with guideline questions about the elderly accommodation strategy utilization, was pointed 3 semantic classes: Class 1. *Knowledge about accommodation*; Class 2. *elderly as priority*; and Class 3. *accommodation's difficulties and perspectives.* It is revealed that the professionals understand the accommodation as a tool that propitiate the improvement of the relation between the professional and the user, optimizing the provided attendance. However, there are indicatives of the lack of knowledge and qualification from some professionals, this fact denote the health permanent education importance.

Keywords
User Accommodation; Elderly; Primary Health Care.

Introduction

We shall understand the aging as it is in fact, a bio psychosocial phenomenon, where we appoint behaviors that are attributed to the aging process, in which are originated changes in relation to the world

and the life. The aging shall be looked as another step of the life, where the amount of lived years, achieve the connections with the elderly to the society where he is inserted [1].

It is estimated that Brazil will be the sixth country of the world in elderly numbers aging five decades, according to the World Health Organization (WHO). Therefore the elderly population will need more agility concerning the Unified Health System (UHS), due to the aging process [2].

In this context, the Health Ministry of the Brazil, aiming the changing of the assistentialist and hospitalocentric model, proposed in 1997, the Family Health Strategy (FHS), to the basic attention strengthen, with assistance decentralization, approximating the place, where the people live, ruled by the care integrality and humanization [3].

The receptiveness refers to the Exchange of knowledge between the user and his/her family members, that is, a conversation among professionals, users and family members, meeting the needs of the person-user and of the society, related to health. In this perspective, that action is important so that the professional agrees, listens, speaks, makes decisions, helps, and guarantees the rights to access to health during the service at primary care [4].

The accommodation is an operational directive that follows some principles like, the universal accessibility, the reorganization of working process and the worker-user relation qualification [3]. Therefore it is necessary to understand the accommodation as a care relation practice, experienced on the clinic, in the waiting rooms, in educative activity, in the health unity reception, in the domiciliary visit and by all the professionals who keep contact to the service user.

That way, one of the attributes proposed has been the accommodation, aiming the health problem resolution; the team prepared with their multi professional formation and with interdisciplinary practices, they use this resource aiming the renovation and assistance reinforcement with the elderly, offering solutions and answers, tending the elderly waiting at the health services decreasing [4].

In the elderly perspective, the accommodation inside the health services, pointed in studies, reveal that the elderly population seek for solutions, however without obtaining success, due to the manner in which the health professional, is attached to the medical attendance, trying to treat only the existences demands on the health unity, affecting the health actions resolutiveness and effectiveness [5].

For this reason, the accommodation shouldn't restrict a screening to doctor appointment, but through the individual or collective humanization, in which to a better team work process organization, evaluating risk and vulnerability from each case to the attendance priority that it requires.

In this context, the accommodation perception has been mixed with the administrative screening and routing transferring, without the certain hearing or evaluation of the individuals necessities or grievances, many times they accentuate an excluding practice. Demarcating what guides the FHS, to the community necessity attendance, mainly to the elderly population [3].

Given the above, it is sought to know the elderly accommodation strategy utilization in the Family Health Unities professionals' view, aiming to improve the elderly health attention quality, bearing in mind the Brazilian population aging process, as a phenomenon that resize all the policies and health actions.

Method

An exploratory study, with qualitative approach, conducted on the Health Family Unities (HFU) in João Pessoa/ Paraíba/Brazil. This study is part of a larger project titled Health Conditions, life quality and elderly social representations at the health family unities, proved by the CEP/HULW, protocol number 261/09 and CAAE: 0182.0.126.000-09.

Ethical principles written on the 466/12 resolution of the National Health Council were respected, and the Term of Consent was signed.

Data were collected at 100 Family Health Units in the city of João Pessoa, Paraíba, Brazil. The study sample consisted of 248 professionals, who worked, during the data collection period, at the FHUs.

The inclusion criterion was the professional who worked at the Basic Units in the city of João Pessoa, Paraíba, Brazil, belonging to one of the following professional categories: Nurse, Odontologist, Community Health Agent, Physician, Nursing Technician, Physiotherapist, Social Worker, Psychologist, Pharmacist, Physical Educator, Phonoaudiologist, Oral Health Agent, Nutritionist, Administrative Agent, Manager, Environmental Monitoring Agent, Typist, Occupational Therapist, of both genders, aged over 18 years, chosen randomly and by convenience, besides accepting to participate in the study, by signing the ICF.

The exclusion criteria were those professionals who were on vacation, medical or maternity leave, not working at the Basic Health Unit, being under 18 years old, not singing the ICF, or who refused to participate in the study.

Data collection occurred in 2015, and the professionals chosen randomly and by convenience, according to their time schedule, answered a semi-structured questionnaire, with guiding questions on the use of receptiveness strategy for the elderly, and another one with sociodemographic data. The interviews lasted an average of 50 minutes, being recorded and, next, transcribed in order to process them in the software IRaMuTeQ alfa 7.2, analyzing and interpreting the data according to the content analysis technique.

The information collected in the interviews were organized into a database. In order to process the data, they were transcribed and organized into a corpus, and then processed with the aid of the software for Text Analysis IRaMuTeQ version 0.7 alfa 2 (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*). The Descendant Hierarchical Classification was used, which allows the lexicographic analysis of the text material, using the vocabulary and text segments, thus classifying and grouping them into semantic classes, according to the semantic meaning of the words.

That software bases on a single archive (txt) or Initial Context Units (ICUs). The analytical sequence follows the stages: identification of the words and their reduced forms (roots), and the development of a dictionary: segmentation of the discursive material into Elementary Context Units (ECUs); delimitation of the semantic classes, followed by their description through the quantification of the reduced forms and function of the ECUs, as well as the connections established between them; association and correlation analysis of the informed variables to the obtained classes; and the analysis of the connections established between the typical words as a function of the classes (dendrogram).

Regarding the limitations of the study sample, the professionals' time availability, as well as the poor literature published on the theme, hindered the data collection.

Results

The study was conducted with 248 individuals, in whom the majority are female 95.9% (213), aged from 31 to 59 years old being 70.6% (175) of the individuals, nurses 22.6% (56), the time working with elderly from 0 to 10 years 69.8% (173).

On **Table 1**, it is observed the referent values to the variables age, gender, profession, and working time with individual elderly.

Regarding the interviews, after the floating reading, from the 248 questionings, only 95 were analyzed, for not treating in its content the researched thematic, about the elderly accommodation strategy utilization at the Health Family Unity (HFU).

The textual *corpus* analysis, processed on the IRaMuTeQ alfa 7.2 software, referring to the elderly

Table 1. Distribution of the variables, age, gender, profession and working time with the elderly individuals. João Pessoa/PB, 2015 (n=248).

Domains/Facets	Average	Median
Age		
18 – 30 years old	51	20,6
31 – 59 years old	175	70,6
60 years old or older	16	6,5
Didn't inform	6	2,4
Gender		
Male	34	13,7
Female	213	85,9
Didn't inform	1	0,4
Profession		
Nurse	56	22,6
Odontologist	49	19,8
Public Health agent	35	14,1
Doctor	17	6,9
Nurse Technician	17	6,9
Physiotherapist	16	6,5
Social Assistant	13	5,2
Psychologist	12	4,8
Pharmaceutical	6	2,4
Physical Educator	6	2,4
Speech therapist	5	2,0
Oral health agent	4	1,6
Nutritionist	4	1,6
Administrative agent	3	1,2
Administrator	1	0,4
Environmental Surveillance Agent	1	0,4
Typist	1	0,4
Occupational Therapist	1	0,4
Didn't inform	1	0,4
Working time with the elderly		
0 – 10 years	173	69,8
11 – 20 years	30	12,1
21 – 30 years	10	4,0
31 years or more	3	1,2
Didn't inform	32	12,9
Total	248	100

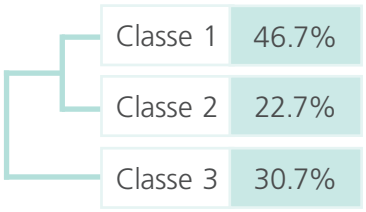
Source: Research, 2016

accommodation strategy utilization, resulted in 277 ways, 794 occurrences, 177 active ways, with ≥ 3,32 frequencies in the active ways and average frequency of 8,35 words, defining 95 analyzed segments, distributed in 3 semantic classes, with the exploitation of 78.85% of the *corpus,* presented by the Descendent Hierarchical Classification (DHC).

The **Figure 1**, resulted from the DHC, showed 3 stable classes, composed by text segments with similar vocabulary.

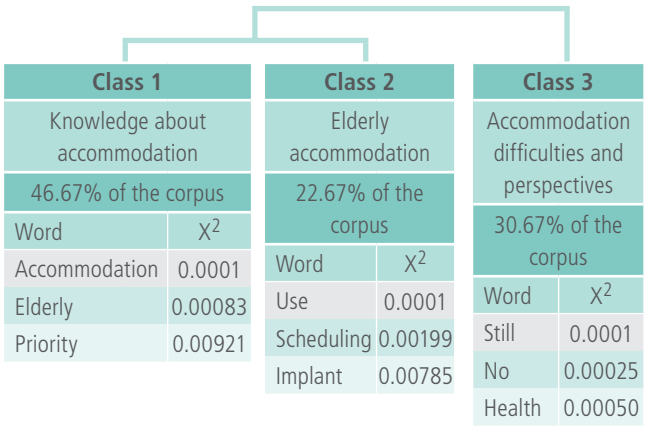
It is verified that the different classes organized by the IRaMuTeQ program, emerge from the text *corpus*, in which are represented the narrated words gap sense and may suggest elements belonging to the studies about the approached thematic [6].

Figure 1: Descendent Hierarchical Classification (DHC), about the elderly accommodation strategy utilization.



Source: *Iramuteq*, 2016.

Figure 2: Thematic structure on accommodation to elderly people in the health family unities profressionals view. Elementary Context Units.



Source: *Iramuteq*, 2016.

The figure below shows the percentage and the relation between the classes, as well as the chi square of the words. **Figure 2**

Following are presented the speech stretch, with references to the individuals who proffered them, in a way to enable the contextual comprehension of the classified words meaning.

Class 1. knowledge about accommodation.
Composed by 46.67% of the entire corpus, revealing on the individual speech the knowledge about the accommodation inside the service, pointing also the facility and efficiency of the attendance with the elderly accommodation strategy use. The following stretches show the characterization of this class:

[...] The accommodation is essential to provide a better attendance [...] the accommodation nowadays is based on the attendance and hearing [...] and makes the difference, all the other services flow better when the accommodation happens, the service is faster and more efficient [...] .
Professionals 34; 51; 75; among others.

Class 2. Elderly accommodation
In which represented 22.67% of the corpus, is denoted the elderly attendance priority at the HFU, however it is referred to this way of attendance as the accommodation, as well as they also justify the non use of the accommodation strategy for the elderly have already priority on the services. It is observed some stretches:

[...] I don't use the accommodation, but we respect the priority according to the Law [...] I use the priority sheet [...] On the hypertension and diabetes programs is possible to use the accommodation to direct to the specific services without occasioning barriers on the access [...].
Professionals 59; 93; 195; among others.

Class 3. Accommodation difficulties and perspectives
Comprising in 30.67% of the corpus, it is highlighted in this class the speeches about the elderly accommodation implementation difficulties, the individuals affirm the necessity of improvement on the attendances, and also the fears about the actions inefficiency inside the unities and the team work difficulties, they also explain that the elderly accommodation strategy is being conducted by the public health agent. Following reported:

[...] I use, but we still need to work on this accommodation [...] The accommodation is made during all the attendance but is not well developed yet, the actions are precarious [...] Not, because we solve with the shift support only to them that it is a kind of special accommodation, everyone is attended [...] Not, although thinking a very important tool [...] I use frequently with the public health agent [...] I still couldn't implant in the unity due to ideas incompatibility with the team [...]
Professionals 07; 17; 86; 102; 143; 147; among others.

Discussion

The results point to, in relation to sociodemographic data, the prevalence of women, similar to the data found by another study performed in northeastern Brazil, in which women prevailed [7]. As for the individuals' profession, nursing professionals prevailed. In a study, the author [8] stated that 94% of the Nursing students are women, considering that those findings relate to the reality of developing countries, such as Brazil.

Thereby, the Nursing profession is predominantly female, what corroborates with the finding. However, in other study [9], was not evidenced profession differentiation as codification criteria. Although another author [10] reports that the Nursing professional was in second place with 17.85% of the interviewers under only to the public health agents.

The evidenced age is between 31 to 59 years old, compatible to the finding [10] with the predominant age between 35 to 45 years old. Moreover, the working time with elderly was between 0 to 10 years. Seen also by the same author, that specifically was approached the capacity to the work with elderly proved in only 32% of the interviewed professionals, it is, only 9.

Considering the study results, we observed that the accommodation implementation as innovating practice, is to the professionals and users a tool that improves the user-professional relation quality in a reciprocal way and becomes positive due to the correct guidance of the service solicited by the user, thus, optimizing his time on service.

In this context the conducted study aiming the comprehension of the nurses perception in Lins, São Paulo, was observed that the accommodation is guided on the attention model at the Unified Health System (UHS), understanding thus the accommodation ruled on the principles, integrality, universality and humanization, thus as on the users necessities, at the multidisciplinary team work and hearing [11].

During the accommodation process we still can articulate others network attention services, empower the interdisciplinary, empower the user to his self care and responsibly him on the health production process.

The condition to accommodate refers to the user individualization, understanding the other necessity as something singular, that makes the professionals evolving with the process, above all when is associated to the resolute capacity of the accommodation, to the hearing capacity, to the found demands. The accommodation is a tool in which can direct, organize and plan the attendance, making the user understand the service working [12].

Others aspects pointed by the interviewed professionals was the elderly attendance priority as accommodation, this fact reveal the misunderstanding by those professionals about the accommodation tool to the basic attention, as found in other study, in which was detonated the lack of prepare and qualification of the professionals, as indicatives that hinders the accommodation implementation [11].

In this sense, other study points out that professionals use receptiveness as a selection or choice of those to attend first, which is different from the receptiveness model proposed by the Humanization National Policy in Brazil, whose receptiveness is beyond choosing, abolishing the idea of social exclusion [13]. That reality is a difficulty for the care to the elderly person, because it often excludes the elderly who most need care.

It is remarked that the elderly health has challenges, being one of those the bond construction with the professionals, and the technological options offering at the health necessities confrontation. In Brazil the elder has his right to attendance priority, being that the accommodation goes beyond this, settled on the Elderly People Attention Notebook [14], on the elderly accommodation, the health professionals shall be aware, to establish a respectful relation, to use a clear language, to call the elderly people by their name and to keep eye contact, among others.

In the third last class, it is observed on the reports the found difficulties by the professionals at the accommodation utilization, it is denoted in a study that among the greater difficulties to the accommodation practice are: the not adequate training, the non collaboration among the Family Health Strategy teas and the actions prioritizations. In which the team work establishes notion and valuation of the other's job, pointing concordances related to the objectives to be acquired [15].

Another important aspect is the implanted accommodation as a risk classification, it is a mere procedure that classifies the users as for the clinical risk categorizing them by attendance order, bringing few results on the assistance quality improvement, don't changing the necessary conditions to give quality to the assistance, where for the researched professionals only changed the attendance

order, don't changing the necessary conditions to give quality to this attendance. In this same study with the researched professionals is to recognize the necessity to change the provided accommodation to the health unities users aiming an integral assistance [16].

It is noticed that on the speeches the accommodation is centered on the Public Health Agent (PHA), corroborating with the finding in other study, affirmation few evolvement from others professionals, in which a PHA thinks that he is less prepared to the accommodation and has few authonomy [12]. In that way the literature reports that all the team professionals must be qualified and compromised to the service user well choosing act [11].

The main implications of the difficult in the receptiveness to the elderly user, as we can observe in the professionals' reports, refer to the lack of knowledge of the professionals on the concept of receptiveness strategy and the importance of its use during the service.

In this context, we understand the importance of that service strategy, known in Brazil as receptiveness, for the professional, since it develops the trust between the professional and the patient, and ensures the service continuity and efficacy. Therefore, the receptiveness bases on identifying the risk and vulnerabilities of the elderly user, guiding the type of intervention performed by the professional [17].

Conclusion

Upon this study objective was possible to know the elderly accommodation strategy utilization under the Family Health Unities professionals' perception, it is determined that the elderly accommodation, is related with the attendance quality, and also the elderly people health necessities efficiently and resolutiveness.

Relating those points with the accommodation, is revealed that the professionals understand the accommodation as a propitious tool to the user-professional relation improvement, optimizing the provided attendance, as well as their responsibility to the elderly health necessities, the team working, the hearing importance and mainly the humanized accommodation.

However, even that the professionals know the accommodation concept and importance to the elderly, there are indicatives of the lack of knowledge and qualification from some professionals, this fact denotes the importance to the health permanent education, the adequacy of the physical structure and the participation of all the professionals, just as well the management, on the elderly adequate accommodation implementation.

Finally, this study allows us to make some reflections on the thematic of elderly accommodation provided by the health services under the professionals perception, in that way is appointed the necessity of the professional's consciousness on the humanized and integralized accommodation practice.

Therefore the study limitations, in which can be solved in future researchers, bearing in mind the size of the sample and higher availability of the professionals to data collection, as well as few published literature about the thematic, noticed that, this study aims to contribute with the scientific population knowledge increasing, concerning the elderly accommodation.

Conflict of interests

The authors declared absence of conflict of interests

Authors' contributions

KLA, ABC, FMCO, KDO, VRMV, HNMM, FLGP, PCF, ANMSM, TVF, BSNM, VLGS and FAAPF worked in all the article elaboration steps, since the conception, outlining, data analyses and interpretation, manuscript writing, as well as the data bank and manuscript critical review preparation; KLA and MASPM, conducted the manuscript guidance and approval of the final version to be published.

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