Activities Offered to the Elderly in Primary Health Care: Social Representations of Elderly and Professionals

Mayara Muniz Dias Rodrigues¹, Maria Adelaide Silva Paredes Moreira², Eliane de Sousa Leite³, Saemmy Grasiely Estrela de Albuquerque¹, Ronaldo Bezerra de Queiroz⁴, Antonia de Oliveira Silva², Jacira dos Santos Oliveira², Renata Rabelo Pereira⁵, Maria de Lourdes Farias Pontes², Cleane Rosa da Silva⁶, Cláudia Jeane Lopes Pimenta⁷

Abstract

**Introduction:** In the UHS, the Family Health Strategy, considered by the Ministry of Health as the elderly users’ gateway, is designed to reorient the health care of the population, promoting the quality of life.

**Objective:** Recognizing the social representations built by the elderly and health professionals about the activities offered to seniors in Primary Health Care Health Care.

**Method:** An exploratory study of a qualitative approach based on Theoretical contribution of Social Representations in its dimensional approach conducted with 257 elderly and 249 professionals in the Family Health Units in the city of João Pessoa/Paraíba/Brazil. The collected data were processed with the SPSS 20.0 software and Iramuteq 0.6 alpha 3.

**Results:** The results showed three classes: Dimensions associated with activities offered to the elderly, represented by: necessary, excellent, quality, poor, deficient and insufficient; Service improvement perspectives: improving, service, poor, lack, attention; and Professional dimensions in senior care, consisting of: importance, professionals, promote, quality of life, well-being, self-esteem.

**Conclusion:** It is expected that this study will contribute to the reflection about the quality of activities offered to seniors in primary health care services and serves as an improvement for changes needed in the current context of the health of the elderly.

Keywords
Elderly; Primary Health Care; Knowledge; Nursing.
Introduction

The Unified Health System (UHS) can be defined as an institutional arrangement developed to support the effectiveness of public health policy in Brazil. It was established with the purpose of integrating health activities of national, state and municipal levels, and requires the articulation of these subsidies of these three levels of government to meet in a functional way to demands for health care [1]. Thus, the Brazilian health system is not restricted to a system of provision of services, it consists of a complex system responsible for articulating and coordinating prevention and health promotion as well as healing and rehabilitation [2].

Under the UHS, the Family Health Strategy (FHS), considered by the Ministry of Health as a user gateway of the elderly [3], is designed to reorient the health care of the population, promoting the quality of life, for example, by promoting healthy aging. As aging is not a homogeneous process, needs and demands of the elderly vary, being necessary to strengthen networking to contemplate the attention to healthy elderly and meet those with different levels of disability or illness, even in households. Thus, proper care for the elderly requires a coordinated health system, with each instance contributing to the actions of the other service being made available to every need [4].

Although Brazil has advanced in the consolidation of policies protecting health of the elderly, the current situation calls for public policies and specific care programs that go beyond immunization and supply of medicine [2]. To provide adequate care, it is necessary that health professionals consider some relevant aspects, such as the social reality of belonging to the elderly, associated with social, cultural, educational level, psychological conditions, limitations, potential and social representations for the mapping of their real needs [5].

Thus, the major challenge in caring for the elderly is to contribute to that, despite the progressive limitations that may occur, they may rediscover ability to live their own life with the highest quality possible [6].

It is important to evaluate health services to work with specific aspects of the health of the elderly and to act as a partner and social support for the population, helping to optimize the family and community support, as well as in reinforcement of responsibility of bonds [5].

This assessment, even though difficult to be measured, because it is a measurement of opinions, which can be influenced by different situations, expectations and background, it can contribute to improving the quality of a service. Often, conflicts and qualities observed by the user go unnoticed by professionals and others with diverse needs of the user [7].

The Social Representations Theory (SRT) has been used as an evaluation support especially in social policy and planning interventions in the social sphere, in particular in the field of health [8]; while phenomena always on the Social Representations (SR) build date knowledge present in the social life of people. The study of these phenomena enables the seizure of different subjective aspects involved in the daily organizing their own knowledge of social reality. All these process components constitutes a significant totality that, in connection with the action, constitutes the core of the scientific research that seeks to analyze and describe it [9].

Faced with the problem of the growing number of elderly and the reality of public policies aimed at elderly in Brazil, the question is: “What are the social representations of activities offered to seniors in the Health Units of the Family?”

This theme is of academic and social relevance, since the relational dynamics between social subject and object of representation through the use of words and gestures, it reaches an important theoretical contribution in relation to the positioning of the elderly/professional front services offered to this population. What will do for the design of front
service practices in primary health care services, but also will be able to justify the health policies to the elderly.

Thus the present study aims to recognizing the social representations built by the elderly and health professionals about the activities offered to seniors in Primary Health Care.

Method

It is an exploratory research based on the Social Representations Theory contribution in its dimensional approach [10], held in the Family Health Units, comprising five districts of the municipality of Health Joao Pessoa/Paraiba/Brazil.

The dimensional approach of the Social Representation (SR) of Moscovici emphasizes that, to be a RS, three dimensions are required: information, attitude and performance field. The information translates to "organization of knowledge that a group has about an object." The attitude characterizes "global orientation to the object of social representation", a predisposition to action. The representation field "refers us to the image of idea of social model, the specific content and limited propositions" [10].

The study was conducted from a secondary database of the project: Health Situation, Quality of Life and Social Representations in Elderly Assisted in the Family Health Unit, approved by the Ethics Committee/ HULW number 261/90, cover sheet number 294027, funded by Capes and FNS/Ministry of Health.

The sample consisted of two groups: Group 1 - comprised of 257 elderly and Group 2 - comprised of 249 health professionals. Inclusion criteria for Group 1 were seniors aged 60 or older with cognitive conditions to answer the instruments and who agreed to participate in the study, and Group 2 were professionals who exert activities at FHU and who agreed to participate in meeting the norms of Resolution 466/2012 [11].

Data collection was conducted from July 2010 to July 2011 using a semi-structured interview consisting of two parts or sections. The first part of the instrument included sociodemographic data of the elderly/ professionals, and the second information on the activities offered to seniors in primary health care services.

Sociodemographic data were entered and coded in dictionary in Microsoft Excel 2013 for Windows, building up the database. The data were imported into SPSS (Statistical Package for the Social Sciences) for Windows, version 20.0, which was calculated the simple frequency of variables applying the position measurements (minimum, maximum and average).

The data collected from the responses of the participants were organized into a corpus in the OpenOffice.org software, then processed with software aid Iramuteq 0.6 alpha 3 (R Interface pour les Analyses Multidimensionnelles de Textes et Questionnaires) developed by Pierre Ratinaud [12], computer program which enables different types of textual data analysis. We used the method of Hierarchical Classification Descending (HCD), which obtains text segments classes [13] which are arranged one dendrogram illustrating the relationships between classes with description of each, mainly by their vocabulary lexicon and the variables. In social representations, these classes may indicate theories or knowledge of common sense or image fields on a given object, or even just aspects of a same representation [14].

The results are presented in table and discussed in the light of the Theory of Social Representations.

Results

Characterization of the sample

The study enrolled 506 subjects, divided into 2 groups: (Group 1) - seniors and (Group 2) health professionals, both being comprised predominantly by females, respectively 72.4% and 87.1%.
In group 1, the age group of the highest incidence was of the 60-69 years old (53.7%), followed by 70 to 79 (31.9%), averaging 70.33 years old, while in group 2, 32.1% were aged 40 to 49, followed by 30 to 39 years old, with 26.5%, with an average of 41.24 years old.

Regarding education, 35.4% of subjects in group 1 had incomplete elementary level, while in group 2, 68.7% have college degrees.

Social Representations of Offered Activities for the Elderly

The corpus formed from 506 interviews, 505 constituted Segments of Text (ST) generating the textual set that were processed with the aid of the program Iramuteq 0.6 alpha 3. The textual data analysis was based on the distribution of vocabularies, following the steps from a Hierarchical Classification Descending (HCD) of words held in separate steps. The results from this analysis considered the texts associated with elderly between 60 and 69 years old, literate and with incomplete and complete elementary level.

Figure 1: Social Representations about activities offered to the elderly in Primary Health Care Services. João Pessoa, PB.

Class 1 (68.9%)
Dimensions Associated to Activities Offered to the Elderly

- Offer
- Few
- Activity
- Elder
- Excellent
- Required
- Inadequate
- Quality
- Participate
- Important
- Deficient
- Bad
- Medium

Associated with elderly between 60 and 69 years old, literate and with incomplete and complete elementary level.

Class 2 (16.6%)
Perspectives of Improvement of Services

- Improve
- Need
- Lack
- Precarious
- Management
- Currently
- Support
- Attention
- Duty
- Furthermore
- Attendance
- Capacity
- Service
- Advance
- Much
- Stay

All subjects also contributed.

Class 3 (14.5%)
Professional Dimensions in Elderly Assistance

- Health
- Quality of life
- Need
- Importance
- Big
- Disease
- Promote
- Best
- Welfare
- Physical
- Directed
- Helping
- Accomplish
- Self esteem
- Bring
- Advance
- Duty
- Health Professionals
- Control
- Socialization
- Attention

Associated to professionals between 40 and 49 years old, literate and with college degree.
without dividing them into Text Segments (TS), what is recommended for short answers, so 73.43% of the texts were considered in HCD, with 371 words being taken advantage of.

From the hierarchical analysis, three classes or categories of different text segments to each other were emerged, represented in figure 1, according to its interclass relations.

In Class 1. The Associated Dimensions to Offered Activities for the Elderly, with 68.9% of ST, the elderly evaluated the activities offered to their age group, associating positive and negative dimensions. The positive aspects stand out as necessary, important, great, and quality participation, and negative, such as: poor, defective, little and insufficient. Contributed in building this class, seniors aged 60 and 69 years old, literate and with incomplete and complete primary level (figure 1).

In Class 2. Perspectives for service improvement, with 16.6% of TS, the elderly and professionals emphasize the necessity that it is needed to improve the care and service, as they are still considered poor, with lack of attention, support and training of health professionals, although older people have realized the advances are still needed to improve the management of services. Subjects from both groups contributed to the formation of this class (figure 1).

In Class 3. Professional Dimensions in Service to the Elderly, with 14.5% of the corpus ST and was mainly produced by the professionals between 40 and 49 years old, literate and with college degrees. The subjects indicated on the focus of care to the elderly in the context of health services, looming the importance of health professionals to enhance the quality of life, health and well-being to improve self-esteem, directing them to socialization and dispensing attention appropriate to the real needs (figure 1).

Discussions
The assessment of care quality refers to the setting and/or system in which care is dispensed and the people that are favored. The degree of user’s satisfaction with a service depends on the interpersonal relationships with the professionals, the availability of use and consumables, as well as the representations of users and professionals about the service itself [15,16].

Regarding Class 1. the Associated Dimensions to Offered Activities for the Elderly, the testimonies presented below reflects a form of evaluation of health services offered to the elderly.

...the activities offered in health services for the elderly have few initiatives and little structure...
Subject 230 - Group 1.

...Are few activities and lack commitment of many health professionals who do not attach importance to these activities, this cycle of life needs help managers in equipping health facilities with professionals with experience in therapies, physical activities, recreation, craft activities, among others...
Subject 302 - Group 2.

...Are important activities offered in health services for the elderly because they get better and professionals meet and...
Subject 33-Group 1.

...The activities offered in health services for the elderly are poor by some professionals and industries...
Subject 65 - Group 1.

...The activities offered in health services for the elderly are good, but centralized and lack training for professionals...
Subject 336 - Group 2.
To have quality are necessary attributes deriving principally by the ability of the professional develops in advancing this process and the ability to view limitations and effective routes to be followed.

Regarding Class 2, which deals with perspectives for the improvement of services, the authors Travassos and Martins [17] state that the use of services can have a negative impact if it is not combined with the quality of care and effective procedures. Although there is accessibility to services, health planning and organization, and implemented care models, direct execution of care goes beyond technique, ie, the link between professionals and those seeking the service is one of the determinants of this process.

As we can see below:

**...The service and the return are time consuming, and doctors do a quick query...**
Subject 72 - Group 1.

**...The activities offered in health services for the elderly are satisfactory but need better care...**
Subject 90 - Group 1.

**...The activities offered in health services for the elderly are important because they offer better quality of life, socializing and raising the self-esteem...**
Subject 321 - Group 2.

**...The activities offered in health services for the elderly are very important because they are reasonable, because they need more attention and enhanced the services offered to elderly...**
Subject 297 - Group 2.

Returning to Class 3. Professional Dimensions in Service to the Elderly focusing on assistance to this population, it is understood that to provide appropriate care for the elderly, it is essential that health professionals consider some aspects such as: the social reality that the elderly are inserted, associated with gregarious, social, cultural, educational level, psychological conditions, limitations, and potential social representations to perception of their real needs [5].

The greatest challenge in caring for the elderly is to reach the rediscovery of the elderly regarding the ability to live their own life with the highest quality as possible. This possibility increases from the time the elderly is seen in a family and social context, and is recognized as someone of value [6].

**...it is important that health services offer targeted activities for the elderly in order to prevent disability and promote health to improve the quality of life...**
Subject 350 - Group 2.

**...the activities offered in health services for the elderly are very important and indispensable as the elderly need activities to improve the psychological and self-esteem...**
Subject 300 - Group 2.

**...the activities offered in health services for the elderly are very important because in addition to promoting physical and mental well being, providing the inclusion of older people in the social environment enabling healthy aging...**
Subject 426 - Group 2.
The primary purpose of the National Health Policy for the Elderly is to restore, maintain and promote the autonomy and independence of older people by directing collective and individual health measures for this purpose, in line with the UHS principles and guidelines [18].

This is the understanding of most professionals in this study, it is believed, before the reports, that what is done today is still little to meet the needs of this population that only grows, as seen in the speech:

...it evolved discussion of the elderly in the health system, but due to excessive demand for elderly services cannot meet all the requirements laid down...

Subject 425 - Group 2.

...the activities offered in health services for the elderly do not meet the needs of the elderly, but noted that many professionals today are concerned not only with the disease but with the well-being and prevention...

Subject 486 - Group 2.

...In theory the activities offered in health services for the elderly are complete, but in practice the activities offered are few...

Subject 307 - Group 2.

Given the speeches of the participants it is evidenced some weaknesses in serving the elderly population studied, although there is a policy that guides all the care that should be offered to these persons. Given the above, these professionals should seek to qualify so they can offer the elderly a fast and resolute assistance and that assistance is of the desired quality for every citizen.

Conclusion

The present study sought to understand the social representations built by the elderly and health professionals about the activities offered to seniors in Primary Health Care.

The results of the study revealed the social representations in which older people and professionals evaluated the activities offered in services with positive and negative dimensions, judging activities sometimes as important and quality, now poor and insufficient, emphasizing the need for improvements in services and management, in addition to highlighting a weakness in the conduct of activities by health professionals. It also focused on the need for seeking to promote quality of life, health and well being of older people, paying proper attention to the needs; aspects that must be taken into account in the reality of health services.

From the social representations, it infers the need to rethink the effectiveness of public policies in achieving objectives related to this audience to focus on the work of identifying the needs of same for planning activities, and prioritize professional training in the area for effective care with promoting the quality of life for seniors.

It is hoped that this study contributes to the debate on what is actually offered to the Elder in primary health care services and to serve as a boost for changes needed in the current context. Noting that although there is an express dissatisfaction in the reports, are evident favorable social representations in which activities are considered great, important and quality for some, that is, they are satisfied, although certain expectations and needs are not met.
References


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