

## SERVICE HOSPITALIZED ELDERLY: PERCEPTIONS OF HEALTH PROFESSIONALS

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### ABSTRACT

The increasing elderly population weakened and co-morbidities have contributed to hospitalization and dependence on care provided by health professionals, which play major role in promoting and ensuring comprehensive care and qualified for the elderly. In this context, this study was outlined in order to describe the perceptions of health professionals working in public hospital unit on the care provided to elderly people in a city in the interior of Bahia. The information was collected through interviews and subjected to qualitative analysis. Investigated for professionals, care for the elderly is linked to the performance standards of the different sectors and the difficulties for adequate service elderly are associated with: physical structure improper, inadequate hospital beds and human resources and the lack of training for care gerontogeriatrico. Therefore, it is necessary to the Implementation of the Network of Health Care of the Elderly and readjustment services to ensure skilled care, guided by public policies specific to the person ages.

**Keywords:** Aged. Hospitalization. Health Services. Nursing.

### INTRODUCTION

Currently, there is worldwide concern about the health care of the elderly, due to the rapid growth of this population and the need for specific care. In developing countries, the pace of aging is much faster and both the health system and the institutions find it difficult to adapt and offer quality services to the elderly<sup>(1)</sup>.

In Brazil, in 2010, 11.3% of the population was 60 years old, with a projection to 22.7% in 2050<sup>(2)</sup>. Socioeconomic and demographic factors, such as low education and income, poor housing conditions, adoption of unhealthy lifestyle, career employment in unhealthy environments, lack and / or inadequacy of social support and greater longevity contribute to the current population of Brazilian elderly to be vulnerable, or present health problems, generating the need for consumption of health services<sup>(3)</sup>.

In Bahia, in the northeastern of Brazil, the elderly now represent 10.7% of the population. Of these, 51.5% are not educated, 65.5% receive monthly up to minimum wage and only 17.5% have health insurance<sup>(2)</sup>. In contrast, this state ranks first in the ranking of those with the highest absolute number of centenarian elderly in the country<sup>(4)</sup>. The data indicate that the conquest of aging with longevity is achieved through a considerable portion of the population in the Northeast, under poor living conditions<sup>(5)</sup>.

The elderly have higher rates of hospitalization and longer stay compared with other age groups and their care require a greater demand for financial, human, physical and material<sup>(6)</sup>. The main reasons for hospitalization of the elderly population are circulatory diseases, with a prevalence of heart failure, followed by diseases of the respiratory system, digestive system, cancer and infectious and parasitic diseases<sup>(7)</sup>.

Given the specific demands of this clientele

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and inequities of access and use in public institutions, it was legally established, through the Statute of the Elderly<sup>(8)</sup>, the right to have preferential treatment in health services. Thus, any professional in this area should cherish the warranty priorities to the elderly person seeking care at a hospital.

In the routine of these services, nursing professionals integrate the interdisciplinary team and are directly involved in the care of the elderly, uninterruptedly, since the hosting throughout the hospitalization process, until they leave the hospital, are transferred or die. Therefore, these professionals know from experience the different conditions faced daily in order to ensure a dignified service to elderly people.

In a study on care for the elderly in hospitals located in state capitals, it was observed that there are structural deficiencies to meet quality to both elderly and family caregivers, and the number of professionals, particularly nurses, has proved to be insufficient<sup>(9)</sup>. Elderly hospitalized state of São Paulo expressed dissatisfaction to hospital care, with regard to the guarantee of the right to attention and respect, to aid comfort and well-being, physical privacy, information, presence of a companion and religious assistance<sup>(10)</sup>. Thus, there seems to be a mismatch between the achievements in formal and everyday practice of hospital services in respect to care for the elderly, requiring a deeper understanding of the reality experienced by these professional services as well as the main difficulties encountered in effecting Policies aimed at the aging person.

Given the inter-regional special demands of the Brazilian territory and the primary role of health workers in promoting and ensuring comprehensive care and qualified to the elderly, we asked: What are the perceptions of health professionals on the care provided to the hospitalized elderly? The research aimed to describe the perceptions of health professionals working in a public hospital unit on the care provided to older people, in a city in the countryside of Bahia.

It is intended, from the results obtained, to sensitize health professionals on the principles of universality, comprehensiveness and equity in health care for the elderly, as well as to alert

hospital managers for specific conditions and services, necessary adjustments in order to provide a better quality of care for these patients.

## METHODOLOGY

Descriptive exploratory study, resulting from interinstitutional research entitled "The difficulties encountered in non-infringement of the rights and care of the elderly in health services" developed in partnership with the Federal University of Bahia (UFBA / DEMCAE / SNOW) and the State University of Southwest Bahia (UESB / DS / Grepe). The scenario chosen was a large public hospital, located in the municipality of the state of Bahia, in view of the relevance of this unit as a provider of care for older people with varying degrees of complexity.

Research collaborators were made up of 23 health professionals (12 nurses, 2 physicians, 3 nurse technicians, 2 nutritionists, 2 physiotherapists and two social workers), with experience in the care of the elderly in the hospital for at least six months in Emergency units, Intensive Care and Medical, Surgical and Neurological Clinics.

The technique of data collection consisted of an interview conducted by nursing students trained at the time of Undergraduate Research Fellows, using a script containing questions to sociodemographic identification, followed by guiding questions: "How are the elderly treated in the unit you are working on? Talk about preferential care for the elderly in the unit where you work." All participants read and signed the Informed Consent Form (ICF) prior to the starting the interviews, which were conducted in the period of October to December 2010 and recorded with the aid of a digital recorder. Then the material was transcribed and subjected to thematic content analysis. Through ordination, classification and final data analysis, we formed clusters of similar content and themes were established. The discussions were guided by references of gerontology and Brazilian laws specific to the elderly.

The study was approved by the Research Ethics UESB, under Protocol No. 221/2008. We kept subjects anonymous by using, shortly after their statements, the letter "P" with reference to the professional, followed by the Arabic numeral

representing the order in which the interview was conducted and the acronym of the profession: physician (Md), nutritionist (Nt), nurse (Nr), nursing technician (NrTe), physiotherapist (Ft) and social worker (Sw).

## RESULTS AND DISCUSSION

Of a total of twenty-three healthcare professional, eighteen respondents were female, fourteen aged 20-40 years old, fifteen members of the nursing team, ten under 5 years of professional experience and twenty-one received no training for care specific to the elderly, in addition to the content (s) subject (s) covered during the training.

From the content of the interviews, it was possible to identify two themes: "Care for the hospitalized elderly" and "Difficulties in the care for the elderly in the context of the public hospital." The following will present and discuss the results related to each category.

### Different ways to serve the hospitalized elderly

The respondents reported that, in the care for the elderly, they consider in the first instance, standards and protocols for operating units. Thus, there are, in their discourses, different ways of operating the preferential care to the elderly in the Emergency Room, Intensive Care Unit (ICU) and the Medical, Surgical and Neurological services.

In the emergency department, the priority is subject to assessment of imminent risk to life, as noted in the following report:

[...]He has priority as long as he falls in the classification of risk. You can't, for instance, give priority to the elderly just because of the age(P9-Nr).

The host, with evaluation and classification of risk, is a device proposed by the Ministry of Health to change the logic of production and health work. Its aim is to "expedite service from the analysis, from the perspective of pre-established protocol, the degree of user needs, providing focused attention on the level of complexity and not in the order of arrival"<sup>(11)</sup>.

Chapter IV of the Elderly Statute, in its Article 15<sup>(8)</sup> states that the NHS must ensure comprehensive health care for the elderly, also contemplated in the National Health Policy for Older Persons (PNSPI) in one of its guidelines

which prays over the structuring of a Comprehensive Care and Integrated Health of the Elderly<sup>(12)</sup>. In the emergency department, the elderly is recognized as a special user of the service, ensuring him priority care. However, the age criterion is not set to be unique, because of the risk of imminent life of other users.

He [the elderly] has priority. Now, if it arrives a heart attack, a stroke, a stab wound, gunshot, a car accident ... These patients have priority because they are at risk of imminent life(P7-Sw)

In practical terms, health professionals say there is a continuous demand of the elderly in emergency departments, seeking solutions to clinical problems that worsen due to insufficient action in primary care.

[...] The elderly continue coming up with pains that are clinical cases and they [doctors] do not meet them. The argument is that the ER is for emergency care. But emergency rooms are trauma, falls, surgeries ... But I consider a pain in an elderly an urgency. To the elderly, it is an emergency [...](P17-Nr).

On receipt of an emergency service, it is considered a priority care to the person who has chest pain, intense chest or abdominal pain, resulting from severe trauma and severe headache of sudden onset. Therefore, assistance to people with chronic pain is not a priority in this service, the user must be redirected to another unit of the Network of Health Care to solve their problem. In municipalities where this network is not structured, it is possible that the elderly suffer lack of assistance and have the right to integral attention violated.

For the care of the elderly in the ICU, a health care professional reported that access is deprecated in the elderly compared to youngsters, explaining that such an attitude can be supported on prejudice related to age.

[...] The only sector that I still see that there is a difficulty for him to enter is the ICU. There's still much discretion by age: between young and old, I realize that the young will always have preference (P1-Nr).

Sometimes, one finds that the elderly have lived enough... I can not say, because I never heard it clearly, but ... well, the actions of some professionals say so. So, if they get sick or in a serious condition, it seems that it's like a relief for their suffering, the end came for him, you know?

For example, when going to the ICU, who does? It is the young who are more likely (P8-Nr).

Similarly, in a study conducted in the city of Salvador, Bahia, it was observed that there is among health professionals a tendency to set time limits for when the patient is living in old age, overlapping the beliefs and values of those on the capabilities and desire that the elderly have to live and to implement their projects of life<sup>(13)</sup>. For the manager of a hospital in Curitiba (PR), the main factor related to the issue of restricting access of the elderly lies in the shortage of ICU beds<sup>(9)</sup>.

The ICU is designed to meet severe patients, which are potentially recoverable and have some benefit that justifies the detailed observation and invasive treatment that they will be submitted<sup>(14)</sup>. In a scenario of high demand, shortage of beds and resources, often the health professional lives the dilemma of having to decide who will be benefited by the treatment in the ICU. Although this is a decision guided by pre-established protocols, it is important that it is secured to the elderly the right to universal and comprehensive health care provided by the NHS and that, for his age, they are not subject to discrimination because such conduct translates into an offense according to the Statute of the Elderly<sup>(8)</sup>. Opposed to what was mentioned above by the professional participant of this study when identifying a difficult of access to the elderly to the ICU, we found no record in the literature that this clientele is an expressive user of intensive care whose bed occupancy rates can reach 50%<sup>(15)</sup>.

In terms of care for the elderly in the Medical, Surgical and Neurological areas, the professionals reported that there is a concern in prioritizing them, given their fragile condition and vulnerability to complications. Therefore, the preferred occupation is given to people aged 60 and over, as shown in the following statements:

I believe that ... 90% of our patients that we receive here [at the Medical Clinic] are seniors and we say that here is a part of geriatrics, do you understand?. So, well, we always had greater contact with the elderly, that's why I can tell you that our attention falls mostly in them, they need a better caring. The service is good, we feed, we chat, we provide them all the caring (P5-Nr).

At the time of his/her admission in Neuro we give priority to the elderly. If you have a youngster and if you have an elderly, we always put them. If you

only have a spot ... we give priority to the elderly (P19-Nr).

Look, he [the hospitalized elderly in the Surgical Clinic], is taken care according to the needs he/she has (...) Generally, we provide eggshell mattress, which reduces pressure ulcers. This type of patient we follow blood glucose and pressure levels (P14-Nr).

Hospitalizations of elderly are frequent, long and of high cost, caused mostly by problems that could be prevented or managed so that complications could be avoided or postponed. Hypertension and diabetes contribute to cardiovascular events common in the elderly, such as stroke, myocardial infarction and peripheral vascular disease which reduces their functional capacity.

Although seniors have priority in admission to such units, the care provided in the context of this investigation does not meet the specifics of the elderly, in part, by insufficient qualifications for specific care for this clientele and the absence of a unique model of care. Another aspect, also reported by health professionals, was the occupation of Clinical Surgery by older women undergoing orthopedic surgery due to falls that occur while performing household activities. Given the above, there is the deficient implementation of special attention to the problems that affect mainly the elderly, it is observed disarticulation of activities and services for the prevention, promotion, protection and recovery of health in breach of Articles 15 and 18 of the Statute the Elderly<sup>(8)</sup>.

In a study conducted in a public hospital in Feira de Santana-BA<sup>(16)</sup>, the authors also found that older people are prioritized because they understand that they are more fragile, may show rapid decline in general health, and are generally poorly understood. With the aging population and the possibility of prolonging life, even in the presence of comorbidities, clinical care wards have their beds occupied by elderly and very elderly, who along with his/her family companion need greater support and attention through the assistance of a multidisciplinary team, with a view to holistic and humane care<sup>(17)</sup>.

### **Difficulties in caring for the elderly in the context of a public hospital**

When describing their perception of hospital care

provided to elderly people, health professionals highlighted structural and organizational difficulties, which affect the quality of care offered in the areas where they operate.

The structural difficulties were highlighted especially in the emergency department. The elderly step inside the service as soon as he/she is directed to the reception to fill the data identifying the records and sent to the Hospitality sector with Risk Rating. After this evaluation, the nurse directs those who can wait for medical care for a specific area that, according to the reports of health professionals, is inappropriate to the condition of the elderly.

[...] The chairs are uncomfortable. I think it's uncomfortable because usually the patient is an elderly patient and they are lean and thin, the structure of their muscle mass is decreased. So, to wait in a wooden chair is uncomfortable. Usually, they also has back trouble and there is no comfortable chair for him to sit. (P22-Ph).

[...] No one will stand up, you know? Those who can not stand sitting, we can have a litter (P9-Nr).

The accommodations offered to the elderly are usually not appropriate, considering the loss of muscle mass and strength that come with aging. Improvisation has been an everyday rule of these services, which compromises the humanized service, warm and decisive for the elderly. Generally, the elderly appears to hospital accompanied by a relative who also suffers from the discomfort caused by the lack of infrastructure, which constitutes a breach of the precepts of the Elderly Statute <sup>(8)</sup>, Article 16. Thus, public hospitals, contractors, or insured by the SUS must enable means for continuing escorting the elderly, considering the importance this has for biologic care in maintaining the elderly emotional integrity and in building capacity for continuity of care in post hospital discharge.

The companion of the elderly, while offering the comfort and safety of their presence, almost always establishes themselves as a contributor of the professional and require greater brevity in meeting the needs of the elderly.

[...] The companion charges. Sometimes we think it's bad, but if it wasn't not for him, we would take two hours to make a diaper change. When they are charging, we do it in an hour. I think it greatly influences(P13-NrTe).

The support offered by family, commonly alleviates the burden experienced by nursing professionals responsible to meet a considerable number of patients with a high degree of dependence. However, the family does not fit the function of compensating for the lack of human resources of nursing care. It is worth observing that, in situations of illness, the family becomes too fragile and needs to be cared for by health professionals.

But, one must consider that not all seniors seeking care at hospital have a social support network, leaving health professionals a special look to the elderly unaccompanied, as observed in this story of a nurse active in the emergency unit:

[...] I see a lot of seniors coming here alone, some live far away and sometimes comes by motorcycle. They find a person that gives a real or two, pay a bike and comes, which is also a risk. They can get dizzy and can fall off the bike in the street [...](P17-Nr).

By being continuously open and having professionals, medications and diagnostic tests on all shifts, the hospital was targeted by health workers as the service used by a large portion of elderly people who find it difficult to access in primary care.

[...] They [the elderly] claim that health units are not working, there's a lack of doctors and they tend to come here looking for clinical care and then here we only make emergency. Then I tell them to look for a Health Post [...] they come here thinking that we will fix all their problems [...] (P22-Ph).

[...] They should submit [the elderly] to a rheumatologist, but there is not one in the city so it becomes a pushing game (P17-Nr).

The Network of Health Care of the Elderly is composed of health services at various levels of complexity that make up the NHS, in order to maintain and restore the functional capacity of the elderly and, consequently, improve their quality of life <sup>(18)</sup>. The absence of this network favors the pilgrimage of the elderly services, which is not consistent with the principles of universality, fairness and integrity guiding SUS, nor cherishes human dignity.

Another organizational problem experienced in public hospitals is the lack of professionals, especially nurses, to meet the demand of the elderly <sup>(9)</sup>. In many cases, at the time of

admission, the elderly enter service with pressure ulcers, malnutrition and high dependency for basic daily activities such as bathing, dressing, feeding and moving around, requiring more care nursing time.

In these circumstances, it is required an interdisciplinary team that acts in the training of family caregivers, identify people in the community who can act as members of the support network, as well as inform and refer to other services of the Network of Health Care of the Elderly to improve the quality of life and prevent readmission. In this study, the insufficient number of professionals has been identified as a major factor that affects the quality of care provided, as reported below:

[...] We have, in the Medical Clinic, seventeen places for men and fourteen for women. We have three professional assistants for all these beds per shift. [...] Our contact is even more professional: it is curative, it is medication and bathing, because the issue is the time [...] the number of professionals is reduced (P13-Nr).

Although the problem of the small number of health professionals to meet the demand of hospital services not specifically reach the elderly population, it is important to highlight that the elderly maintain or regain their autonomy and independence according to time, even with some limitations, they perform self-care activities. Another aspect to be considered is that the practice of nursing care for the elderly has been developed, generally by professionals with generalist, since gerogeriatrics is a new field in Brazil <sup>(19)</sup>. And yet, the work process has been developed based on complaint behavior and routines previously established, rather than a humanistic care, we view the elderly as one endowed with multidimensional needs and human development potential along the course of life. Therefore, it is possible to identify a gap in the practice of care for hospitalized elderly and the

principles governing the National Humanization Policy<sup>(20)</sup> to provide quality service with care environment and adequate working conditions.

## CONCLUSION

To the investigated professionals, care for the elderly is linked to the performance standards of the different units of the hospital. Because of the complexity of the services offered in this context and the high demand for attendance, age is established as a special feature, but not the only one.

Improper physical structure, lack of hospital beds and human resources and lack of training for gerontogeriatric care were identified by study participants as difficulties that compromise the delivery of skilled care and decisive for the elderly hospitalized.

Therefore, it constitutes a challenge to the Network Implementation of Health Care of the Elderly and the organization, restructuring and expanding services to ensure skilled care, guided by public policies specific to the person who is aging.

One limitation of the study was the small number of professionals belonging to a single public hospital in Bahia. Thus, we recommend the development of research in different contexts of Brazil, also using observation to grasp the reality of care and assistance that the elderly are subjected to in public hospitals.

The results may offer subsidies for reflection and planning of health actions aimed at the hospitalized elderly. Health services and standards established for its operation must operate in an integrated manner, viewing the well-being of older people, as human beings, citizens, even before their specific health condition and independent of the weakening and progressive disease they may experience.

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## ATENDIMENTO AO IDOSO HOSPITALIZADO: PERCEPÇÕES DE PROFISSIONAIS DE SAÚDE

### RESUMO

O aumento da população idosa fragilizada e com co-morbidades tem contribuído para hospitalização e dependência de cuidados prestados por profissionais de saúde, os quais desempenham função primordial na promoção e garantia de atenção integral e qualificada à pessoa idosa. Neste contexto, delineou-se este estudo com o objetivo de descrever as percepções de profissionais de saúde que atuam em unidade pública hospitalar sobre o atendimento prestado às pessoas idosas, em um município do interior da Bahia. As informações foram coletadas por meio de entrevista e submetidas à Análise de Conteúdo Temática. Para os profissionais

investigados, o atendimento à pessoa idosa vincula-se às normas de funcionamento dos diferentes setores e as dificuldades encontradas para o atendimento adequado à clientela idosa estão associadas a: estrutura física imprópria, insuficiência de leitos hospitalares e de recursos humanos e a falta de capacitação para o cuidado gerontogeriatrico. Portanto, faz-se necessário a Implementação da Rede de Atenção à Saúde da Pessoa Idosa e readequação dos serviços para assegurar um atendimento qualificado, norteado pelas Políticas Públicas específicas à pessoa que envelhece.

**Palavras-chave:** Idoso. Hospitalização. Serviços de Saúde. Enfermagem.

## ATENDIMIENTO AL ANCIANO HOSPITALIZADO: PERCEPCIONES DE LOS PROFESIONALES DE SALUD

### RESUMEN

El aumento de la población de ancianos debilitados y con co-morbilidades ha contribuido a la hospitalización y la dependencia de cuidados prestados por profesionales de salud, que desempeñan un papel importante en la promoción y garantía de una atención integral y calificada a la persona anciana. En este contexto, el objetivo de este estudio fue describir las percepciones de profesionales de salud que actúan en unidad pública hospitalaria con relación al cuidado prestado a las personas ancianas, en una ciudad del interior de Bahía. Las informaciones han sido recogidas a través de entrevistas y sometidas al Análisis de Contenido Temático. Para los profesionales investigados, el cuidado a la persona anciana está relacionado a las normas de funcionamiento de los diferentes sectores y las dificultades encontradas para el cuidado adecuado a la población anciana están asociadas a: estructura física inadecuada, insuficiencia de lechos hospitalarios y de recursos humanos y falta de capacitación para el cuidado gerontogeriatrico. Por lo tanto, es necesaria la implementación de la Red de Atención a la Salud de Personas Ancianas y de readecuación de los servicios para asegurar una atención calificada, orientada por las Políticas Públicas específicas a la persona que envejece.

**Palabras clave:** Anciano. Hospitalización. Servicios de Salud. Enfermería.

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