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ELDERLY KNOWLEDGE ABOUT THE ACCESS RIGHTS TO HEALTH CARE

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ABSTRACT
This study addresses the knowledge of hospitalized elderly concerning their rights related to care and access to health services. For this, we used the convergent care research methodology, which aims to bring together the process of care and nursing research. The participants were 30 patients aged 60 years or more, hospitalized in two units of a hospital in Southern Brazil: a medical clinic and a surgical clinic. Data were collected through semi-closed questions applied during the hospital stay of the elderly and were organized into four categories: knowledge in terms of their rights; lack of knowledge regarding their rights; access to health services; and the right to be well treated. The evaluation of the results was done through the method of content analysis. The survey found that the knowledge of the elderly in terms of their rights and health care is superficial and disarticulated. They also reported difficulties in accessing health services, especially to set medical consultation appointments with specialists, get tests and receive medication. The study showed that managers and professionals should generate strategic actions to ensure the rights of the elderly, as well as to provide information and facilitate access to these services.

Keywords: Idoso. Hospitalização. Cuidados de enfermagem. Política de saúde.

INTRODUCTION

The aging process occurs quickly and intensively in Brazil. The elderly already represent more than 11% of the total population, and this age contingent has doubled in the last 20 years and has an average life expectancy of 74.8 years for births in 2013, possibly reaching 80 years by 2041. In the last decade, while the overall Brazilian population grew by 21%, the rate of people aged 60 and over increased 47% [1, 2].

This change in the age profile is attributed to the economic and social development, technological advances in health, reduced mortality rate and increased life expectancy, while the drop in fertility levels is continual. These factors have contributed to the elderly appear as an increasingly significant component in the total population, leading to a reflection on the meaning of old age, since today there is a large number of elderly people in different age subgroups which have different conditions health[1,2].

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To reiterate: the population is aging increasingly and the number of people aged over 80 and in good health grows gradually. With this comes the fact that they need to have comprehensive attention in care, which must be assessed in relation to the functional capacity of older people to verify the actual needs in terms of health service users[3].

Clearly the change in the population profile is reflected significantly in the proper care of health needs, not only with regard to the rights of the elderly population, but also in relation to the need to reorganize care models and access to them. However, the Brazilian reality has revealed insufficient resources to meet the demands of this population, not only in health but also in economic and social contexts [3].

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The publication of the Elderly Statute in 2003 has contributed to ensure guarantees for older people in family life, in society and in the state. It is a way to provide legal instruments aimed at the construction of the dignity of aging in Brazil [4]. That's because, in a country marked by inequality and the difficulty in achieving good levels of economic growth and eliminating poverty, it was necessary create laws that could meet the demands of this very significant number of people[5]. Thus, it is essential to preserve the rights of these individuals, giving priority to those in a position of greater social risk, and help reduce inequalities, since older people must be respected based on the principles of justice, social commitment, fairness, dignity and responsibility in preserving their rights[5].

Although the elderly care policies are predicted theoretically, human and material resources to meet these demands are insufficient because the public administration has not planned or made effective strategies that fully meet the priorities of the elderly[6]. Moreover, despite all the advances in the social protection system, there is still misinformation, disrespect for the elderly and precarious investment in the public health system [5].

On account of the older age, individuals aged 60 or more can bring a range of chronic degenerative diseases and possible functional limitations. This health condition should be considered by administrators and health professionals in order to develop strategies in primary care aimed at promoting and preventing diseases or their complications, thus ensuring the elderly a life with quality and access to care [3].

Having health services in primary care near the homes of these individuals or in accessible places is an unquestionable right, which should be offered to users so they may have adequate conditions care, especially with regard to people with disabilities, pregnant women and the elderly[6].

In this context, in 2006 the Pact for Health, which includes the National Health Policy for the Elderly, with emphasis on the promotion of active aging with comprehensive health care for the elderly was published. In addition, the Pact prioritizes education programs in Geriatrics and Gerontology, reinforces the importance of care of the elderly and their families and gives relevance to pharmaceutical assistance. Moreover, it provides special attention to the elderly in hospital and home care, in order to create conditions to promote their autonomy, integration and effective participation in society [7].

Remember that the national legislation and the implementation of protection policies to the health of the elderly are still incipient and restricted in the institutions and in primary health care network programs. For example, it is common to find that hospitalized elderly patients and their families also need support and guidance in relation to the care that the elderly should receive after hospital discharge [3].

By analyzing this context, we became interested in checking the level of knowledge of hospitalized elderly in terms of health-related rights, such as guaranteed preferential immediate and individualized treatment provided by public and private agencies, as well as service providers to the population; preference in terms of the formulation and implementation of specific social policies, by checking access to medical assistance and care on a daily basis; as well as issues related to appointments, transport, purchase of medicines, the basic food and geriatric diapers, among others.

Aiming to know what the elderly know about their rights in relation to health, this research was conducted based on the following guiding question: what is the knowledge of the elderly in terms of their rights with regard to care and access to health care services? Thus, the study brought information that will educate and encourage managers and health professionals to inform more clearly the elderly about their rights, referring them to the proper jurisdictions in case they need it and seeking possible solutions to some of their social and health problems. Thus, this study shows that such strategic actions contribute to the development and citizenship guarantee of this population group, as well as they establish an assistance stream that constitute different sectors to achieve comprehensive care.

METHODOLOGY

For this study, we used the methodology of qualitative research by means of the Convergent Assistance Approach (CAA), which included strategies and techniques designed to provide information for studies in nursing, since the CAA proposes to provide a solution to a problem observed in the daily practice of health professionals

and enables researchers to integrate the research assistance process[8].

To obtain the information, we used an instrument with four semi-closed questions that addressed the experience of current and previous hospitalization, in order to capture the information that older people have in terms of their rights in care and in the access to health services. The semi-closed interview has the purpose of bringing related topics, although during its development, depending on the interaction between the investigator and the patient may be opportunities to deepen the subject, and generating other questions[8].

Data collection was conducted from June to November 2009. The study population consisted of hospitalized people aged 60 or more who could communicate verbally, present in a medical unit and other surgical clinic of a hospital in southern Brazil. The sample was collected according to convenience – the participants were the elderly patients who agreed to participate. At the end of six months it was evaluated that the data had reached saturation point by incidence of repetitive information.

The study subjects were the elderly aged 60 or more who were identified daily in the hospital census and were invited to participate at the moment they received information in terms of the goal and the purpose of the research, as well as in terms of the protection of their rights. Interviews were conducted individually in an area of the inpatient unit (as private as possible), respecting the individuality and confidentiality of the information reported, which were analyzed sequentially, according to the CAA criteria – consisting of four generic processes: apprehension, synthesis, theorization and recontextualization[8].

The research project was submitted to the Ethics Committee in research with human beings, according to Opinion No. 330/2009 – CONEP/UFSC. Survey participants had their anonymity rights and voluntary participation guaranteed, according to Resolution 466/2012 of the National Health Council [9]. The participants signed a free informed and informed consent term and their reports are identified by the letter I, corresponding to the word old (*idoso*, in Portuguese), followed by numbers 1 to 30.

RESULTS AND DISCUSSION

For the process analysis, apprehension and summary of results were conducted, resulting in the emergence of four categories described below.

Knowledge in terms of their rights

With over 11 years of existence, the Elderly Statute aims to ensure dignity for the elderly, but the Federal Constitution, in its article 230 already guaranteed protection to the elderly, such as family, society and the state responsibilities, which have a duty to support them[4]. As discussed previously, the Brazilian Federal Government established the National Human Rights Program, considering as its audience all specific population groups subject to discrimination, including the elderly. However, in the following report we can observe that, while there are laws that guarantee rights, knowing them, and exercising citizenship are still far from our reality[6].

During the interviews, when asked if they know their rights, elderly patients answered yes, but when approached more objectively about these rights, they showed only some knowledge, without much clarity regarding the theme. In general the information was vague and superficial, based on common sense and "hearsay":

> The rights are in the Constitution and the Statute of the Elderly; medicine and care are priority (I-26).

> I know I have the right to a companion during hospitalization, but no other right (I-10).

> I know little about my rights; the advanced age and illness interfere with learning and knowing my rights (I-9).

> I do not quite understand my rights (I-8).

Through the observation of the reports of the participants during the interviews, it became clear that their needs and demands are not met, even with their rights guaranteed by law. It was also apparent that some people associate old age with loss of cognitive ability to understand the information. For most, the disease means the main sign that old age has come, and physical dependence is considered by some as an excuse for lack of knowledge regarding their rights.

In the following reports, we can see that the elderly respondents state that they should be better treated, with respect and affection, in attention to the basic principle that the Brazilian Constitution guarantees to every human being: freedom.

> I have the right to be well treated and well cared for; the right to come and go (I-1).
>
> I am entitled to be well assisted by the doctor and in the pharmacies (I-15).
>
> I know I have rights, but I don't know much about the laws for the elderly (I-6).

These reports show that people know that they have rights guaranteed by law, but it is a superficial, vague and inarticulate understanding. In relation to Elderly Statute, most said they had heard of, but they did not have the opportunity to read the document; they could not even name one of the rights contained therein. When senior respondents say, for example, they know they have the right to be treated well and to be well assisted, in reality they do not know that there is a law ensuring it to them and they also have the right guaranteed to a dignified treatment and proper protection during their health recovery process.

In this context, the role of the elderly as a citizen is to seek their rights. The process of expansion of citizenship and the realization of the rights depend on access to information, political capacity and conscious participation of the individual. The recognition of the rights of the human being as a citizen should be the first step in this direction [10].

Infringements of their rights

In the search for identifying the knowledge of hospitalized elderly in term of their rights and access to them, it was evident the lack of information and clarification of their rights in relation to health. Normally the elderly do not question, do not seek to know the law. They accept the idea of just being a passive agent, always accepting what is offered:

> I know nothing about my rights (E-6)
>
> I don't know it. They don't tell me much (I-12).
>
> I don't quite understand my rights, I cannot read (I-22).
>
> I know I have, but I cannot explain (I-25).
>
> I know little about my rights, but aging and disease interfere with learning and knowing my rights (I-15).

These reports reveal that people are unaware of their rights. Therefore, the movement to make them aware of them, although difficult, is very important. The elder must have at least the basics to require that such rights are met and know which agency to turn to when they need help.

Human beings have their own individual peculiarities and needs, but it is notorious that society is not yet prepared to meet elderly's needs, especially those who need more specific assistance in terms of health care and especially in emergencies. Besides the fact that the institutions do not offer adequate structure to the requirements of the law, there is much resistance from managers to understand the economic impact of a rapidly aging Brazilian population and the demands that come aggregated with the law that ensures the rights of the elderly [11]. Population aging is not only one of the main achievements of the twentieth century, but also one of the biggest challenges in terms of national and global public policies, which should provide continuous development process, ensuring the maintenance of an economic, health, housing and dignity level through equity between the various age groups in the sharing of resources, rights and social responsibilities [10].

One of the great challenges is to ensure that the access to these rights, including health, occurs continuously, based on principles that guarantee minimum conditions to maintain human dignity.

In Brazil, unlike what happens in developed countries, population aging is occurring in an unfavorable economic environment, which does not allow the expansion of social protection systems for the elderly or which results in equitable distribution of health services. And this is due to high levels of social inequality existing in our society [10].

The living conditions are manifested concretely in the way older people understand and express their perceptions regarding their rights. As we know, inequality is expressed in an important way in health and this research shows that it is necessary, first of all, to understand the principle of universality, in order to contribute to the guarantee and implementation of the rights of the elderly. Thus, social protection may be an autonomy and independence factor for citizens in this age group.

The elderly should have the right to social inclusion, to feel integrated to a society and to take part in it. And one of the ways to promote this inclusion is to inform people about their rights and respect them [11].

The research showed that the condition of citizens and individuals are directly linked to the access that these individuals have to information in terms of their rights and obligations. When asked about these issues, the participants in this study reported the following:

> I live in the countryside, so I have few contacts to know the rights (I-12).
>
> I only know I have priority in services (I-21).
>
> I don't quite understand my rights (I-28).
>
> I'm not sure; I just know I can take the medication in the post (I-8).

The analysis of these reports allows the conclusion that it is necessary to work so that problems can be identified in order to prioritize solutions, creating strategies that facilitate access to information and knowledge of the rights of the elderly. For this to become reality, a collective awareness that elevates information to a broader level is essential, with concrete and applicable actions in the practice of professionals, both in primary care and in hospitals.

Access to health services

The most common complaints of those surveyed in this study with regard to access to health services are related to the lack of specialized medical consultations and diagnostic tests. The provision of services for diagnostics and health treatments for people older than 60 years in the public network system has not kept pace with the demand, jeopardizing access to health services and care, guaranteed to the elderly as a constitutional right.

Experts of the protection policies on the rights of health users say that, in order to have access to medical specialties, there must be a referral provided by the basic network to hospitals, considering the indication and severity [13]. However, health professionals living with these people during hospitalization have reported the difficulties of these people in waiting for an opportunity to be treated by medical specialists and in hospitalization to treat their diseases, whether chronic or sharpened. Thus, the problem worsens, and the last resort for these patients is to seek emergency units and wait for a hospital vacancy [3].

It should be noted that already exists an information system structured to organize scheduling appointments and procedures, SISREG - online system designed to manage the complex regulatory of the basic network for hospital admission, aimed at the humanization of services[14]. However, in the reports of the elderly participants of this research, it is clear that the operation of this service is flawed, and the goal of reducing queues and waiting time at appointments and examinations has not been achieved for this age group:

> The health center is awful. My wife waited for the vascular treatment for four years (I-26).
>
> They treat me well in the post; sometimes you have to set the appointment and wait for a long time (I-22).
>
> At the post everything is very difficult and slow (I-25).
>
> It's very difficult to set exams and consultations (I-16).

In the last decade, people aged 60 years and over have been more protected, with actions aimed at promoting a more dignified and longer life with fewer misfortunes. However, we are far from meeting this target audience in its entirety, even when viewing the challenge of caring for 32 million older people, as is expected for 2025. National and international health agencies consider that the attention provided to the elderly should be implanted in the basic plan, in order to achieve higher effectiveness rates in the first level of assistance in order to alleviate the burden on average and high complexity services [1, 2, 7].

In this regard, an important advance was the National Health Policy for the Elderly (PNSPI), which has clearly defined the obligation of the federal authority to transfer funds to the municipalities in order to enhance the humanized care and improve the physical infrastructure of health facilities to facilitate access of the elderly, as well as training of human resources for skilled care [7].

However, in some statements transcribed below the effectiveness of such policies has not been identified. The elderly reported their difficulties to receive health treatment, especially in cities in the state. Exercising the right to receive specialized care or a more effective referral for health centers that provide these services was a recurring concern; therefore, we must consider the complexity of health care enhanced by an aging population, for the specialized services ratio falls short of the multiple problems presented by the elderly.

> The service here is not difficult, but in my city it is lousy; there is a shortage of doctors and there are many people to be serviced (I-10).

> The municipal health service is terrible, poorly managed, and we are not respected (I -24).
>
> The service takes too long. Things were faster here; I have to thank them (I-28).
>
> Tive que fazer plano de saúde, pois no posto é ruim, e sempre fecha cedo (I-I5).
>
> Em parte a gente sempre teve sorte; a única coisa é que com o SUS tem que ser paciente (I- 4).

Importantly, the role of every health professional is to promote mechanisms to facilitate the life of the elderly. Authors emphasize that it is important to live long, but with quality, preserving the functional independence at all levels of care [3].

Caring for the elderly, which is an age group that increases exponentially, has been a challenge. This is because, despite the legal instruments adopted in the past decade, it is not possible to observe the implementation and operationalization of these who meet the care requirements with respect to the health treatment needed.

The right to be well treated

The right to be treated well and have a decent care in health institutions is an indisputable factor for all users, especially the elderly with chronic diseases. In the studied institution the satisfaction of respondents was unanimous:

> People respect me a lot; they always treated me well (I-3).
>
> I'm always respected by the professionals here (I-8).
>
> I'm respected during hospitalization (I-11).

During hospitalization, the elderly live with strangers in an environment that is totally different from their usual. They have only a bed, a chair and a bedside table, differently from their homes.

In a quality assistance focused on the patient, the healthcare team should be able to take care of the elderly with respect, considering their individuality and specificity, especially when they are most vulnerable [16].

The attention and care rendered to these elderly people require specific skills and knowledge on the part of health professionals. It should be reiterated that this team must be prepared to promote actions related to the aging process, developing activities that encourage their functional capacity and ensure their autonomy and independence [15, 16].

Authors rescue relevant points that should be considered in the hospital, involving, besides the professional attitude, expertise to provide a comprehensive health care for the elderly. Elderly people who use health services, in most cases, have chronic illnesses, and their hospitalizations last a long time, requiring qualified professionals with sensitivity to perceive their weaknesses, but without underestimating the potential and their life experience[14].

Positive expressions related to elderly care in the institution concerned:

The right to a good service, with respect for the individuality and dignity in an integral way, must be ensured to the human person and in particular the elderly, as noted in the following reports:

> I think I'm being treated well (I-30).
>
> I'm being treated well; I have no complaints (I-12).
>
> I have always been well cared for when I'm in the hospital (I-15).
>
> Some people are not very patient with the elderly, but here it's okay (I).

The service to the human person, the action of caring, should not be regarded as routine practice, but it should be based on the perception of the human being holistically, respecting its principles and values. It is essential to consider that the hospitalized elderly becomes very fragile, and the way care is provided by health professionals directly reflect in their recovery [16]; that is, it is of paramount importance for the elderly that the services provided in health institutions are easily accessible. When approached about their feelings on the current hospitalization, the participants in this study reported their experiences on past and current hospitalizations, describing the care provided:

> I have never had problems here; I'd rather not bother (I-27).
>
> I have never had trouble here; they helped me a lot (I-30).
>
> In another hospital, I had shortness of breath and heat in the wards; I think the medication was incorrect. However, conditions here are better (I-9).

During medical practice, researchers have observed that when patients are hospitalized they are identified by room number and bed they occupy. Many health professionals also refer to patients by their medical diagnosis, ignoring their names. At this moment the patients' identity as

citizens is no longer respected. For older people this situation is a little more impersonal or more infantilized.

When the elderly are hospitalized, they are placed in an environment different from that to which they are accustomed, and their space needs to be shared with others who were not part of their acquaintances. Authors state that, to feel respected in the hospital setting, small actions can mean a lot for the elderly, as the simple act of knocking on the door and ask permission before entering, explain and ask for permission to carry out certain procedures and inform them of any changes, such as changing bed or room. These actions are extremely important for the elderly to feel respected, valued and accepted [3-12].

While performing certain procedures, especially those that are more invasive, such as bladder catheterization, diaper change, bedpan and urinal use, and the routine and necessary actions, nursing professionals must protect the elderly from any intimacy exposure. If these behaviors are not respected, they can cause discomfort and vulnerability to patients, particularly the most reserved ones. Even being necessary procedures for the treatment and recovery of the elderly, it is required that they are carried out in a private environment, with attitudes that preserve the dignity, self-esteem, privacy and individuality of the patient [15, 16].

Therefore, in order to provide quality care and respect, professionals should always keep an ethical, accountable and transparent posture, demonstrating commitment and security, and promoting a healthy relationship. From this perspective, health professionals' attitude during the course of care should ensure the patient quality care that involves the recognition of the human being in its entirety.

FINAL CONSIDERATIONS

Although protection policies for the elderly has advanced significantly in Brazil, it has been found through this research that their effectiveness is insufficient and presents a significant disconnection between the benefit and the guarantees provided by the legislation.

As a result, this study showed that this low efficiency is due to several factors, compounded by an ineffective social control, for not knowing the content of the laws on the part of participants, by the lack of awareness of most participants in terms of their rights guaranteed by law and little understanding of the elderly on the current legislation regarding their benefits. It was found also that the information they have comes down to vague notions overheard in the media.

Therefore, to extend the citizenry proposed by the attention and protection policies for the elderly and minimize the current precariousness of care, it is necessary, among other measures, to adapt the institutions through initiatives that seek to improve the physical structure, empower the professionals directly involved in care and socialize information.

The long wait to schedule appointments with specialists, high-cost exams, and poor service were some of the complaints raised, although already part of the right guaranteed in the Constitution. The elderly participants in this study reported having knowledge of their rights, access to medicines (including those at high cost) and priority in health care; however, in reality, they feel that their rights are not fully respected.

Another point considered relevant refers to the feelings in terms of the experiences of previous hospitalizations. When the elderly participants were asked, they reported that most of the time, they felt respected, especially in the local institution of study. However, because they live in smaller cities, far from the state capital, health services are still scarce and access to them is far more precarious and burdensome and these facts makes them feel disrespected in their cities.

Given the above, it is necessary to review care practices, taking into account that information is important for the elderly, because from the moment they are informed of their rights and know how to use the necessary resources, they may demand that the laws are complied, enforcing their citizenship. One should also consider that we must clarify for the elderly that the consolidation of access to certain public services will only become reality with extensive knowledge in terms of the legally prescribed rights but generally omitted from the large portion of users. This research, therefore, brought to light significant elements and does reflect on the reality of the elderly and the real possibilities of implementing more efficient and effective public policies.

O CONHECIMENTO DA PESSOA IDOSA SOBRE SEUS DIREITOS DE ACESSO AO CUIDADO EM SAÚDE

RESUMO

Este estudo aborda o conhecimento dos idosos hospitalizados sobre seus direitos relacionados à atenção e ao acesso aos serviços de saúde. Para tanto, utilizou-se a metodologia de pesquisa convergente assistencial, que visa aproximar o processo de cuidar e a investigação em enfermagem. Participaram da pesquisa 30 pacientes com 60 anos ou mais, hospitalizados em duas unidades de um hospital do Sul do Brasil: uma clínica médica e outra de clínica cirúrgica. Os dados foram coletados através de perguntas semifechadas aplicadas durante a hospitalização dos idosos e organizados em quatro categorias: conhecimento sobre seus direitos; desconhecimento dos seus direitos; acesso aos serviços de saúde; e direito de ser bem tratado (a). A avaliação dos resultados foi feita por meio da modalidade de análise de conteúdo. A pesquisa constatou que o conhecimento dos idosos sobre seus direitos e cuidado com a saúde é superficial e desarticulado. Eles relataram ainda dificuldades de acesso aos serviços de saúde, principalmente para marcar consultas médicas com especialistas, conseguir exames e receber medicamentos. O estudo demonstrou que há a necessidade de gestores e profissionais da área gerar ações estratégicas para assegurar os direitos dos idosos, bem como, para oferecer informações e facilitar o acesso a esses serviços.

Palavras-chave: Idoso. Hospitalização. Cuidados de enfermagem. Política de saúde.

EL CONOCIMIENTO DEL ANCIANO SOBRE SUS DERECHOS DE ACCESO A LA ATENCIÓN EN SALUD

RESUMEN

Este estudio aborda el conocimiento de los ancianos hospitalizados sobre sus derechos relacionados a la atención y al acceso a los servicios de la salud. Para ello, se utilizó la metodología de investigación convergente asistencial, que tiene el objetivo de aproximar el proceso de cuidar y la investigación en enfermería. Participaron del estudio 30 pacientes con 60 años o más, hospitalizados en dos unidades de un hospital del Sur de Brasil: una clínica médica y otra de clínica quirúrgica. Los datos se colectaron a través de preguntas semicerradas aplicadas durante la hospitalización de los ancianos y fueron organizados en cuatro categorías: conocimiento sobre sus derechos; desconocimiento de sus derechos; acceso a los servicios de salud; y derecho de ser bien tratado(a). La evaluación de los resultados se realizó por medio de la modalidad de análisis de contenido. La investigación constató que el conocimiento de los ancianos sobre sus derechos y cuidado con la salud es superficial y desarticulado. Ellos relataron, incluso, dificultades de acceso a los servicios de salud, principalmente para conseguir citas médicas con especialistas, solicitar exámenes y recibir medicamentos. El estudio demostró que existe la necesidad de que gestores y profesionales del área generen acciones estratégicas para asegurarles los derechos a los ancianos y para ofrecerles informaciones y facilitarles el acceso a estos servicios.

Palabras clave: Anciano. Hospitalización. Cuidados de enfermería. Política de salud.

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