RESEARCH

CONSIDERATIONS ABOUT THE HEALTH TIE IN THE TRAJECTORY OF SEARCH FOR ELDERLY AND THE FAMILY CARE

CONSIDERAÇÕES SOBRE O VÍNCULO EM SAÚDE NA TRAJETÓRIA DE BUSCA POR CUIDADO DE IDOSA E FAMÍLIA

CONSIDERACIONES SOBRE EL ENLACE EN SALUD EN TRAYECTORIA DE LA BÚSQUEDA DE CUIDADO DE LOS ANCIANOS Y LA FAMILIA

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ABSTRACT

Objective: To understand how the relationship is in the link of the elderly and families who experience multiple chronic diseases with a 'trusted doctor'. **Method:** Case study is of qualitative approach, performed by the Focal Story of Life in-depth interviews and field diaries. **Results:** Draw the trajectory of searches undertaken by the elderly and their family, highlighting the importance of institutions accessible and the importance of the family doctor in this trajectory. **Conclusions:** to highlight the existence of a loving relationship, which influences the search for care, if starting from the elderly/family, and not vice versa, leading us to an approximation of the concepts of attachment and how tie influences the search for elderly care/family. **Descriptors:** Aged, Family, Professional-family relationships.

RESUMO

Objetivo: Compreender como se constitui a relação de vínculo da pessoa idosa e família que vivencia múltiplos agravos crônicos com o "médico de confiança". **Método:** estudo de caso de abordagem qualitativa, realizado através da História de Vida Focal empregando Entrevista em Profundidade e Diário de Campo. **Resultados:** desenhamos a trajetória de busca por cuidado empreendida pela idosa/família, evidenciando instituições e profissionais acessados, além da importância do médico de confiança nesta trajetória. **Conclusão:** destacamos a existência de uma relação afetiva, que influencia a busca por cuidado, se iniciando por parte da idosa/família, e não o contrário, levando-nos a uma aproximação das noções de vínculo e da maneira como o vínculo afetivo influencia na busca pelo cuidado da idosa/família. **Descritores:** Idoso, Família, Relações profissional-família.

RESUMEN

Objetivo: Comprender cómo es la relación de enlace de las personas mayores y sus familias que sufren múltiples enfermedades crónicas con el "médico de confianza". **Método:** estudio de caso de abordaje cualitativo realizado a través de la historia de la vida focal, entrevista en profundidad y diario de campo. **Resultados:** dibujamos la trayectoria de búsqueda por el cuidado llevadas a cabo por la persona mayor/familia destacando las instituciones y profesionales se ha accedido y la importancia del médico de confianza en esta trayectoria. **Conclusión:** se destaca la existencia de una relación afectiva, lo que influye en la búsqueda de cuidado, siendo iniciado por la anciano/familia, y no al revés, que nos lleva a una aproximación de los conceptos de enlace y cómo lo enlace afectivo influye en la búsqueda por el cuidado de la anciano/familia. **Descriptores:** Anciano, Familia, Relaciones profesional-familia.

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INTRODUCTION

The elderly population in Brazil and worldwide is increasing due to successive declines in fertility and mortality, longer life expectancy and improving health conditions. The population over 65 years, representing 5.9% of the population in 2000 reached 7.4% in 2010, and of these, 48.9% of the elderly suffer from more than one chronic disease, aging 75 years or more, the proportion reached 54% of this population[1].

The phenomenon of global aging occurs along with changing epidemiology, which is expressed by the decrease of infectious and parasitic diseases and growth that lasts longer than acute. The World Health Organization conceptualized as chronic conditions, the grievances which, being permanent or long stay, require ongoing management of care for a period of several years or decades, making it a challenge for health systems, which should offer long-term care and permanent over time, to meet the health needs that these conditions bring[2].

It is thought that the appropriate health care for these conditions is supplied longitudinally, so that the sick people can have a *"locus"* of reference for their health care, both at times of acute or not. The longitudinality is configured as a long-term personal relationship between health professionals and the sick people.

Thus, we consider that the longitudinality should do this more and more attention to the chronic condition, because the professional would know the caregiver as a whole, considering their values and needs, becoming a reference where care for the person and family. We consider the longitudinality health care is one of the aspects that favor the establishment of a bond, defined in this study in accordance with the terms Gomes and Duarte de Sá. [4:366]

> *The concept of tie is polysemic. [...] Presents an interface with other major concepts in public health, such as the humanization of care, accountability, integrity and co-management. The tie is something that binds or connects people, indicates interdependence [...] commitments of the professionals with the users and vice versa. Depends on how health teams are responsible for the health of all people in a determined microregion.*

Thus the concept of bonding, coined in the health field, refers to the importance of health professionals to establish this relationship with the ill person and family. Thus, to know the history of Mrs. Mocinha, the elderly affected by several chronic diseases and accompanied by a medical professional for 20 years, considered his trusted doctor, we decided in this study to approach the notion of "linkage." However, to deepen understanding of the history of illness and seeking care owner Missy and her family, we ask ourselves if only the search for a doctor by the same elderly and family could be characterized as "bond".

Thus, to better specify it, add the qualifier "resolute", and to approach it, we began to question the practices of this trusted doctor, offered the elderly over time, from the design of search paths taken care by the elderly and their families.

The objective of this study was to understand, from the path of seeking care owner Mrs. Mocinha and family, as is the relationship of bond elder and family who experiences multiple chronic diseases with the "family doctor".

METHODOLOGY

This is a case study of qualitative[5] approach that is used to meet the specific characteristics of experienced events, speeches and showing real life situations, as well as the context in which they occurred or occur, enabling, in this case, a deeper understanding of the illness

experience and the search for care of individuals and families who experience a chronic condition.

Inclusion criteria for the selection of the subject of the research were: being elderly, or aged 60 or older[6]; who experience a chronic condition resulting from cardiovascular injury, as the first cause of morbidity among the elderly in Brazil.[1] Given the research matrix, we also included the following criteria: have resorted to court seeking the realization of their right to health and who is resident in Cuiabá.

To grasp the uniqueness of the experience of chronic condition by the Elder and his family used the Life History Focal (HVF), a methodology that allows people to tell their stories, enabling a deep understanding of the situation experienced, discovery, exploration and evaluation how people understand their past, bind their individual experience to their social context, interpret it and give them meaning.[5,7] The HVF was operationalized by Interview in Depth, which is not in a single interview, detailed in several meetings.[7] Thus, we held three meetings during the period between February and April 2011, everyone in the house of the elder, Mrs. Mocinha, attended by her daughter, Anne, and his son-in-law, Charles.

The Field Journal was used in each encounter of the interview, for the record of field observations, which include the behaviors and other nonverbal information, in addition to the "insights" of the researchers on the surroundings of the narratives[5], and the transcript of the full interview.

From a meticulous reading of the corpus analysis, we design the Itinerary Therapy (IT) of Mrs. Mocinha and her family, a health technology evaluation that allows us to understand the experiences of illness of individuals and families, their ways of producing the necessary care, the track lines in the different systems of care, as well as networks of support and support woven to sustain them in this experiment. IT consists of drawings of great potential analyzer, namely the genogram, the eco-map and drawings of trajectory, temporal and spatial search for care.[8]

Specifically in this study, we used the design of the track line for care, as enabled us to understand the logic that led the search for the care taken by the elderly and their families, as well as evidence for her accessed institutions, in particular, the presence of medical family trust this path and their responses to the health needs of the elderly.

Thus, the discussion about the "bond resolutive" was based on the design of the analyzer trajectories as well as the narratives of Mrs. Missy and her family, to try to understand the logic of searching for this particular doctor to several conditions that the elderly presents as well as the answers it gets in these searches. Thus, the trajectory highlight the searches undertaken doctor Luiz, being the professional core of the discussion on bond in this case study.

All methodological strategies provided in this study are included in the design matrix, which binds this study, approved by the Research Ethics Committee of the University Hospital Julius Muller (HUJM) under protocol 671/CEP-HUJM/09.

RESULTS AND DISCUSSION

Mrs. Mocinha is 79 years old, widowed twice, affected by several chronic diseases: hypertension, dyslipidemia, labyrinthitis and cataracts. Due to labyrinthitis, the elderly suffered a fall two years ago, which resulted in impaired mobility, leading her to use a cane to aid in walking.

With her first husband had four children: one man and three women, and one of the daughters died due to a ruptured appendix. After the death of her husband, Mrs. Missy lived in a stable relationship with her second husband for 30 years, who died about six years. Currently, he resides alone in a neighborhood on the outskirts of

Cuiaba, where it is known by neighbors as a "seamstress".

The family care to the owner Missy is organized by the sons of two ways: (a) all the children come together to fund the health plan's elderly, who does any kind of health monitoring in public, (b) care more nearby are performed by the youngest daughter and son in law, Ana and Carlos respectively. In this second mode of organization of care, including care provided to home and food to medical monitoring. In this context, the following figure shows the trajectory of the search for care performed by elderly and their families, highlighting the many moments in which the physician confidence is triggered:

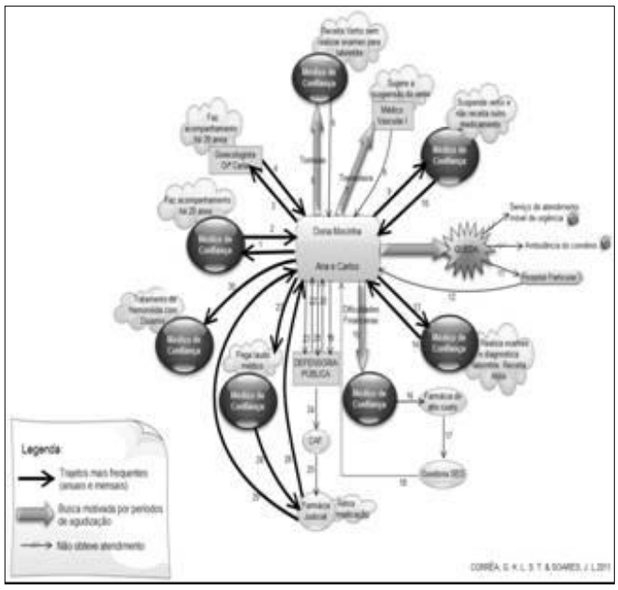

Figure 1: Trajectory spatial search for care undertaken by elderly and their families.

Mrs. Mocinha makes tracking your health with Luiz cardiologist for 20 years (Fig. 1 arrows 1 and 2). The narratives suggest that the relationship between the old and the doctor is permeated by trust that she and her family have the cardiologist, because it serves not only the mistress Missy, but also their children and son in law. This confidence is evidenced, among other reasons, by the fact that the doctor appears several times in the course of seeking care for elderly and undertook his family, and has been from his guidelines, which sought Ana Public Defender (Fig. 1 arrow # 19) to get the drugs needed to treat his mother as the following narrative:

> *We talked with doctor Luiz then he was and says: 'No, if you enter with the request there on in, have a practical remedy in advocacy, I'd get right. There was a point that I had a way, my mother, gives even money! Then I fought, I followed, then a help, help others, help us know, so there I was able. With much struggle I managed (Ana).*

We realize that, over the years, the cardiologist became the reliable old doctor and his family, working not only with regard to injuries related to his specialty, but exercising at various times, a general practitioner skills. Thus, on several occasions, sought by the elderly physician confidence in situations that did not relate to their specialty, as when she complain of dizziness and the presence of hemorrhoid (Fig.1 arrows n. 5 and 30).

In the case of hemorrhoids, the doctor prescribes a medication called confidence Diosmin ® (Fig.1 Arrow n. 30), since, due to old age, could not perform the surgery indicated for this type of offense:

> *[...] Here this lady can’re taking it that is proper for hemorrhoid so! Then I continued, because went to the doctor because [emphasis]. Then he speak that couldn’t operate more hemorrhoid because of my age (Mrs. Mocinha).*

At the time of the complaints of dizziness, the doctor says the diagnosis of labyrinthitis, prescribing medication called Vertix ® (Fig. 1 arrow # 5), as can be seen in the following statement: "Well, now when this was with the maid, and ... I felt I had been with dizziness, right, there Doctor Luis speaks: 'this one is labyrinthine!’ He speaks labyrinthine "(Mrs. Mocinha).

After some time, making use of this medication, the elderly began to show tremors and sought another doctor, an angiologist, suggested that discontinuation of prescribed

medication confidence, justifying the use of the tremor appeared Vertix ® (Fig.1 arrows nº 7 and 8). Before accepting the prescription angiologist to discontinue use of the medication, owner Missy returns to the clinic of your trusted doctor and tells him to suggestion from another professional. No contest, he agrees and suspends the medication (Fig. 1 arrows n. 9 and 10), as evidenced in the following excerpt:

> *There was the doctor Luiz, I went in there doctor Luiz then the doctor, there I said to doctor said Luiz, who speak to the doctor I stop co VERTIX because of that trembles, in this tremor in his hand! [...] He speaks 'well done!' Can stop! (Mrs. Mocinha).*

This event caught our attention by demonstrating the importance for Mrs. Mocinha, the opinion of the physician confidence in the treatment of your health, because, despite the guidance of another physician, the elderly only stopped the medication after your consent. Nevertheless, Mrs. Mocinha remains nearly two years without treating labyrinthitis regularly taking medications only when not feeling well, "he [the doctor Luiz] a step anything, it just suspend!" (Carlos).

This fact shows the importance of the opinion of the cardiologist about other aspects of health of Ms. Missy as she starts to not take medication regularly by suspending the physician, even though relief for their dizziness with medication use: "No, it is a stay without taking [emphasis]! It's always time she felt she took the Vertix because she trusted the Vertix "(Ana).

Thus, frequent dizziness with and without daily medication, owner Missy suffers a fall, remaining on the ground for about fourteen hours on a cold day (Fig. 1 Arrow n. 11), as she tells in the following excerpt:

> *I no, no had the strength to get up! [...] This part here was my nightshade [showing the right leg] because it was the second day that we had darn cold and I was lying all day in floor. I think the coldness of the floor burnt my leg. Got black! Then the phone rang me there right?! Then I said thank God! (Mrs. Mocinha)*

Only after this episode, the family doctor asks a series of tests that leads to the diagnosis of labyrinthitis, then prescribing a medication called Alois® (Fig. 1 Arrow # 13): "[...] there after the way the doctor Luiz, right! Is she came to take the Alois®. More Thurs only after the fall "(Carlos).

Thus, we believe that the person is more inclined to accept the prescription if it establishes a trust relationship with the professional that attends.[9] We emphasize that this inclination does not happen because of this professional be the keeper of scientific knowledge, but because the person feel welcomed by the professional.

Thus, the narratives show that the bond held by Dona Young lady with the medical professional is characterized as a one-way relationship in which the search for care always begins by the elderly and their families, and not the reverse, since in no time in the narratives of the family, the physician or other employee of the clinic schedule return query or perform any other contact with the same, except that the defendant strictly for her. Furthermore, medical practices appear to be focused primarily on drug prescriptions and tests:

> *These time I went there to see, speak to him, marked a consult and because my right foot it was swollen! He was, I went there, I told him the problem and ... he talk like this: I know! It's problem, the remedy! Then he change! That was right (D. Mocinha).*

Hence the importance of the bond is characterized as a relationship so close and so clear, that the professional must be sensitive to the suffering of the person who experiences the illness, feeling responsible for the life and death of that person.[10] Raising awareness with the whole look is the person holistically, being almost

exclusively to the professional carrying out this link, this whole look. [11]

Thus, the bond owner by Missy and her family seems to have settled because they feel welcomed by the professional as evidenced by the following excerpt: "He is very thoughtful. [...] It is a rush to meet us. [...] You get there, he'll listen to everything you need [...] We find it very cool, very like to treat with him "(D. Mocinha).

The host is a fundamental part of the process of creating and bond, according to the Ministry of Health, is hosting an action approach, a "being with" and "being around", ie an attitude of inclusion that implies being in relation to something or someone.[12]

In this sense we understand that the link for the elderly with reliable doctor is configured as a bonding characterized by the feeling of welcome that Miss Missy and her family have regarding the same. However, this bond is not just enough for the health care of Mrs. Mocinha is resolute. This requires the establishment of an effective link that is characterized by integrity, longitudinality and effectiveness of care provided.

Thus, the health professional should be able to grasp the set of health needs that person and his family have cared for, and be responsible for responding to those who are under their professional possibilities, and should refer and monitor those that need to be resolved by other professionals. Thus, completeness, although "focused", not lost as the entire extended horizon that must be achieved by all professionals and services.[13]

We understand that longitudinality enable development of a personalized relationship that endures in time, in which the professional is the benchmark of care for the person and family, regardless of the presence or absence of specific problems related to health or the type of problem.[3]

CONCLUSION

The design of the trajectory showed that the relationship owns girl and her family have with the medical professional, a fact that allowed us to approximate the notions of relationship, allowing us to understand the way in which the affective dimension influences the search for care of individuals and families. Allowed us also learn that this affection is not guaranteed, often the problem solving in health care Dona Missy, since being unidirectional, did not appear to constitute a liability of health professionals with the elderly.

Thus, the ratio of bond in this study presents a unidirectional way, taking the initiative in seeking and maintaining this relationship to elder and his family. The professional responsibility, to care for the other would be the realization of this link, which in this study, called effective link, but its success could not be perceived in relation to Dona Missy and her family with medical confidence. It is perceived that the practice is limited to prescription drugs and tests for the treatment of elderly health.

Thus, we believe that, as the bond is a concept from the field of health, characterized by exchanges of solidarity with the "double duty" in the care saúde14; dual in the sense that not only depends on the ill person to seek the realization of their health care, but also by professionals, who must be involved in this process. We understand now that the direction of the establishment of the bond shall be effective initiative for the professional with the ill person. Which could not be realized in the experience of Dona girl and her family, since the family maintain emotional ties with the doctor, but the work does not establish effective linkages with the elderly and family.

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Acknowledgements

I thank Master Geovana Hagata de Lima Souza Thaines Corrêa who contributed greatly in collecting and analyzing the data, as well as in the writing of this manuscript, and Professors Doctors Laura Filomena Santos de Araújo and Roseney Bellato, who both collaborated in designing the central idea of this work, data analysis, drafting and final revision of this manuscript.

Received on: 25/08/2012

Required for review: no

Approved on: 25/10/2012

Published on: 01/10/2013