

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i59p4162-4171>

Influence of the psychosocial welfare of the elderly in the facing of health adversities: experience report

Influencia del bienestar psicosocial de las personas mayores ante las adversidades en salud: informe de experiencia

Influência do bem-estar psicossocial do idoso no enfrentamento de adversidades em saúde: relato de experiência

ABSTRACT

The objective is to report the experience of family approach activities carried out with an elderly patient, broad history of coping with health and social adversities, assisted in the Family Health Strategy. It is a descriptive study, type of experience report, experienced from home visits by first year medical students, under the guidance of two teachers, in a family nucleus resident in neighborhood Castelão (Fortaleza / CE). Through the application of family approach tools, it was noticed that psychosocial factors tend to influence the quality of life, the perception of the disease and the performance of health actions for the elderly, which contributes on the well-being of senility. The experience got rich the formation of students by stimulating the expansion of knowledge focused on the precepts of Person-Centered Medicine, encouraging differentiated recognition of the individual, his family context and his social insertion.

DESCRIPTORS: Aged; Health of the Elderly; Psychosocial Support Systems; House Calls.

RESUMEN

El objetivo es reportar la experiencia de las actividades de acercamiento familiar realizadas con un paciente anciano, de amplio historial de afrontamiento de adversidades sociales y de salud, asistido en la Estrategia de Salud de la Familia. Es un estudio descriptivo, tipo de informe de experiencia, experimentado de visitas domiciliarias por estudiantes de medicina de primer año, bajo la guía de dos profesores, en un núcleo familiar residente en barrio Castelão (Fortaleza / CE). Mediante la aplicación de herramientas de enfoque familiar, se notó que los factores psicosociales tienden a influir en la calidad de vida, la percepción de la enfermedad y el desempeño de acciones de salud para los ancianos, lo que se contribuye en el bienestar de la senilidad. La experiencia enriqueció la formación de los estudiantes al estimular la expansión de conocimientos centrados en los preceptos de la Medicina Centrada en la Persona, fomentando el reconocimiento diferenciado del individuo, su contexto familiar y su inserción social.

DESCRIPTORES: Anciano; Salud del Anciano; Sistemas de Apoyo Psicosocial; Visita Domiciliaria.

RESUMO

Objetiva-se relatar a experiência de atividades de abordagem familiar realizadas com uma paciente idosa, de amplo histórico de enfrentamento de adversidades em saúde e sociais, assistida na Estratégia Saúde da Família. Trata-se de um estudo descritivo, tipo relato de experiência, vivenciado a partir de visitas domiciliarias por estudantes do primeiro ano do curso de medicina, sob orientação de duas professoras, em um núcleo familiar residente no Bairro Castelão (Fortaleza/CE). Por meio da aplicação de ferramentas de abordagem familiar, percebeu-se que os fatores psicossociais tendem a influenciar na qualidade de vida, na forma de percepção da doença e na realização das ações de saúde do idoso, o que contribui para o bem-estar na senilidade. A experiência enriqueceu a formação dos discentes ao estimular a ampliação dos conhecimentos voltados para preceitos da Medicina Centrada na Pessoa, incitando o reconhecimento diferenciado do indivíduo, do seu contexto familiar e da sua inserção social.

DESCRIPTORES: Idoso; Saúde do Idoso; Sistemas de Apoio Psicossocial; Visita Domiciliar.

RECEIVED ON: 09/15/2020 APPROVED ON: 10/22/2020

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INTRODUCTION

In the Brazilian scenario, the percentage of people over 60 years of age in the composition of society is noteworthy, given that the number of seniles in the population has increased by around 20% in the last five years and currently represents almost 14,3 % of Brazilians.^{1,2} This transition in the demographic profile directly reflects on collective living, which is accentuated with the development of chronic diseases and noncommunicable diseases, as well as with the emergence of permanent or long-term states to the health of citizens. Between January 2002 and April 2013, 199.666 new registrations of chronic diseases, such as diabetes and hypertension, were registered in the population over 60 years in the state of Ceará.³ In addition, showing even more the vulnerability of this social group, there are also aspects of fragility related to falls in old age, which, according to the Ministry of Health⁴, about 30% of elderly people fall each year, a figure with an even greater tendency for women up to 75 years of age, implying a high susceptibility to injuries. Thus, human aging can be presented as a process of progressive decline in the adaptive and compensatory capacity of human beings in the face of stressful events, associated with the biological, psychological and social changes of individuals.⁵

In addition, aging commonly brings with it some peculiarities such as changes in health standards, reduced functional capacity and the possibility of experiencing weaknesses that make co-residence with family members necessary.⁶

Under this bias and following the current prerogatives of the World Health Organization (WHO), the concept of health is underestimated when it focuses exclusively on the context of absence of disease, emphasizing only the physiological dimension of individuals and neglecting the complex interactions between emotional dimensions, cognitive, social and cultural.⁷ Therefore, the health guarantees of the elderly must value the individual's proper functioning in plurality, in the family and in well-being in all its dimensions. When considering the individual as a whole and with an active role with regard to his health and disease, there is an immersion in the biopsychosocial perspective, which, notably, has been standing out as a model of health care and seeks to integrate biological, emotional factors and social,⁸ which reinforces the importance of the insertion of the person in collective relations as a fundamental factor for better coping with adversities to overcome health problems.⁹

Furthermore, it is highlighted that the psychosocial processes interfere in the formation of the subjects, constituting not only values, but life guidance

systems, which also act in the form of perception of illnesses and in the performance and manipulation of health actions.⁷ In this context, the Family Health Strategy (FHS) is an ideal facilitator for action centered on the elderly and the experience with a family approach, during medical training, allows learning beyond specific clinical knowledge. Since contact with life stories has an important value for personal growth and for the maturing of the future doctor, in addition to providing an understanding of the influence that the family has on the individual's well-being, in order to prepare the medical student to treat the elderly person in their particularities and in their context of life.¹⁰

From this perspective, the present work was developed to present the importance of psychosocial well-being for coping with health problems in senility, through an account of the experience obtained from home visits to an elderly patient, with a broad history of overcoming biopsychosocial adversities, with the purpose of strengthening student education on this theme through the practical application of the family approach in undergraduate medicine.

METHOD

It is a descriptive work with a qualitative approach, type of experience report,

elaborated in the context of the Integrated Actions in Health I discipline, given in the first semester of the undergraduate course in medicine at a private university in the city of Fortaleza. The activities were developed in the second half of 2019, with field applications in the months of October and November of the same year.

For didactic purposes, the work was implemented in four sequential and complementary steps: theoretical study on mechanisms, strategies and tools of Primary Health Care (PHC); presentation and simulation of clinical cases; three home visits to form bonds with the family and practical application of family approach tools; data analysis, sharing of experiences and reflections with students and tutors, through the elaboration of an expanded summary and presentation of it in the form of the closing seminar of that discipline, in December 2019.

The experience of home visits occurred with the family of an elderly patient, chosen randomly by the ESF team of the Primary Health Care Unit Edmar Fujita, in the Castelão neighborhood, in the city of Fortaleza/CE, with initials MBS, 79 years old. The activities were carried out by three students of that discipline, accompanied by a community health agent and under the supervision of two teachers from the educational institution.

The three visits were guided by the application of the following family approach tools: family genogram, Ecomapa, FIRO and family Apgar, which are used in the practical routine of the FHS teams. Such applications allowed the obtaining of data on the index patient and her family, which enabled the knowledge of the family history, as well as the approximation and construction of a bond with the index patient and her family, culminating in products for discussions and analyzes on the influence of psychosocial well-being on senility.

As this is an experience report, there was no use of the Informed Consent Form (ICF). It should be added that no data will be released to enable identifi-

cation of those involved, in accordance with the recommendations of Resolution no. 466/2012 of the National Health Council - CNS.¹¹

**A vivência das
visitas domiciliares
ocorreu junto
à família de
uma paciente
idosa, escolhida
aleatoriamente pela
equipe de ESF da
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Primária à Saúde
Edmar Fujita, no
bairro Castelão,
na cidade de
Fortaleza/CE, de
iniciais MBS,
79 anos.**

RESULTS

The previous theoretical study in the university environment on PHC mechanisms and, mainly, on the performance of the FHS, enabled students in the first semester of the medical course to carry out home visits and supervised conduct of family approach practices.

In the first home contact, information about family history was sought, covering aspects such as life cycle, affective bond, support network and presence of inherited diseases in family members, which supported the development of a family genogram, which is shown in Figure 01. This instrument made it possible to identify the family structure and the connections established between family members and the index patient. An Ecomapa was also developed, shown in Figure 02, through the arrangement of the relationships between the index person and the community, illustrating the accessible support networks and the links established.

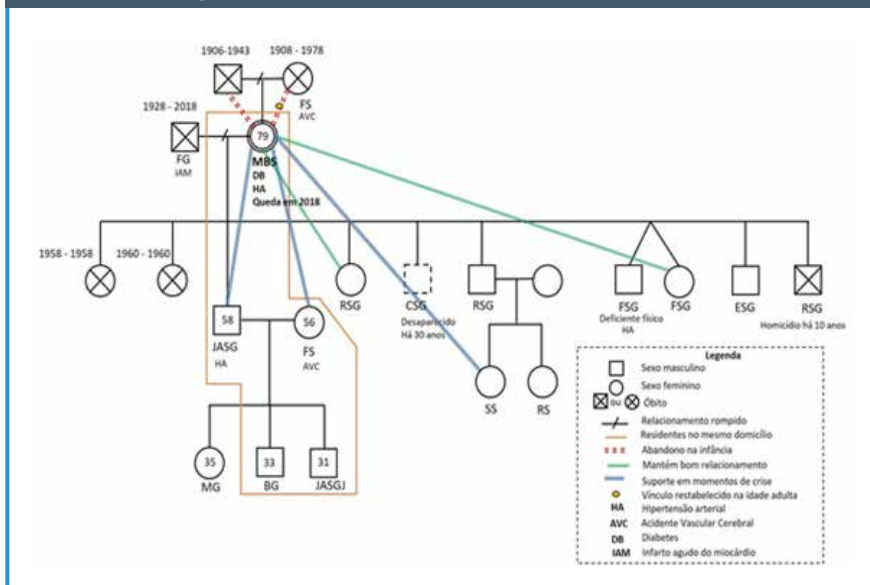
On the second visit, it was possible to expand the knowledge about family dynamics, with the application of the “Fundamental Interpersonal Relations Orientation” (FIRO) model, which facilitated the assessment of feelings of family members in the experiences of habitual relationships.

Finally, on the third visit, the family Apgar tool was applied^{12,13}, which provided the best understanding of functionality and family connectivity, I try to obtain the result in score 9 and categorizing the family structure of MBS as a functional family.

DISCUSSION

Data analysis started with the formation of a family history timeline and a schematic reading of the MBS family genogram (Figure 1), identifying the representation of 4 family generations and the insertion of the patient in the second lineage. It is noteworthy that this lady had early cuts in relationships with her

Figure 1 - Genogram of the index patient - authors' own production using the Power Point program.



individual overcoming for single-parent family maintenance.

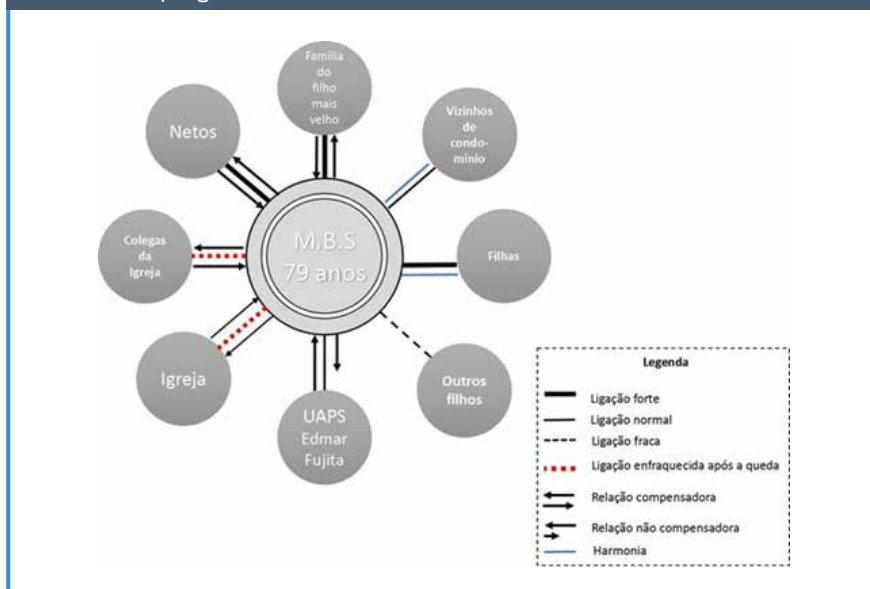
Regarding their descendants, MBS had 10 children, of whom two girls died in early childhood. Currently, six children are in contact with the patient, as one has suffered homicide and the other is missing. However, only three have a strong relationship with the target patient, who are two daughters, and JASG, the eldest son, who have always been supportive in times of crisis. Among these moments, there is a fall suffered in 2018, which culminated in co-residence with the family of JASG due to the need for supported care.

The Ecomapa exam (Figure 2) showed the patient's strong religiosity and the impairment of her social and eucharistic performance after the fall in 2018. However, it was noted that this weakness in the relationship with church members did not affect religious devotion of the patient, who has great demonstration of faith and adherence to Catholicism's recommendations. This type of religious attitude is important for personal empowerment in the face of health problems, which possibly favors the psychosocial contentment of MBS and, consequently, its resilience and quality of life.⁹

With the application of the FIRO tool, it was observed that the MBS family members usually are always present in her life, especially JASG, who takes control of family care. On the other hand, in relation to the way of sharing, the index patient showed to be a little uncomfortable for having become dependent on the care of her son's family and not having the privacy that existed in her home previously, since she sleeps in an improvised bed in the living room. However, during home visits, the patient was happy and satisfied with the attention received by the people with whom she lived, presenting a good general state of lucidity, personal care and mental health, in addition to moderate functional capacity.

As for the score 09 obtained in the application of the family's Apgar tool, categorizing the framing of the MBS

Figure 2 - Ecomap of the index patient - authors' own production using the Power Point program.



parents, who abandoned her as a child and, thus, she was adopted by another family. Years later, there was a reestablishment of the relationship with her mother, after she was affected by a stroke and only MBS came forward to take care of her. This fact highlights that, even with possible traumatic factors in childhood, which indicated MBS to hold a grudge

against her biological mother, she chose compassion and acted in caring for the death of her mother in 1978. It is also noted as a factor psycho-affective conflict, the separation with her ex-husband, FG, when their children were children, due to a possible extra-marital relationship and the fragility of the family bond, demanding from the patient great effort and

family structure as a functional family, it is shown as a classification compatible with the exposures and perceptions obtained during visits, reinforcing the importance of a good family structure for the well-being of the elderly and, consequently, for better coping with health adversities.¹⁴

Thus, despite the great history of facing multiple adversities, the few complaints reported by this lady were related to homesickness, her reduced autonomy in domestic activities and the loss of the Eucharistic performance routine, without any mention of resentment, defeatism, sadness or rancor in the face of the various problems experienced.

Furthermore, in view of the assessments developed through the family

approach tools applied in this case report, the intrinsic resilience with which the patient faces her injuries was perceived, as she always seeks to see the positive side of adverse events. This view of MBS is extremely important, because it directly interferes with your self-care, creating an empowering perspective on treatment and raising self-esteem for greater therapeutic adherence.

The authors highlight the relevance of the knowledge acquired in the development of theoretical and practical activities on the precepts of the FHS and Person-Centered Medicine, already at the beginning of academic training, as a way of strengthening humanized care and differentiated monitoring of the individual in his family context and social.

CONCLUSION

With this experience report, it was possible to understand that psychosocial factors influence the mechanisms of life orientation, the way of perceiving the disease and the performance of health actions for the elderly, which tends to contribute positively to individual and for coping with diseases in senility.

Furthermore, the development of this study enriched the training of undergraduate medical students by contributing to the practical understanding of the principles of Person-Centered Medicine, stimulating the differentiated recognition of the individual, his family context and his social insertion, which are fundamental for the health care. ■

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