



MULTIPROFESSIONAL CARE FOR THE ELDERLY IN A CHRONIC CONDITION IN THE FAMILY HEALTH STRATEGY

Atenção multiprofissional ao idoso em condição crônica na Estratégia Saúde da Família

Atención multiprofesional al mayor de la Estrategia Salud de la Familia con condición crónica

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ABSTRACT

Objective: To identify the multiprofessional team's perception of health care for the elderly in a chronic condition. **Methods:** This is a qualitative research, developed in two Family Health Units, in a municipality in the southern region of the state of Mato Grosso, Cuiabá, Brazil, with nine health professionals. Data collection was carried out in the period from February to July 2017, by means of semi-structured interviews. According to content analysis, two categories have emerged: "Theoretical knowledge about the elderly with chronic conditions" and "Experiencing the practice in the promotion and prevention of health concerns affecting seniors". **Results:** The professionals demonstrated understanding the main aspects that involve the chronic condition of the elderly; however, the multiprofessional health care for the elderly in the Family Health Strategy is a fragmented practice in health care and health education. **Conclusion:** The multiprofessional care for the elderly in chronic condition still requires a parity-based involvement of all its members, and lacks greater theoretical knowledge and greater involvement of the team with systematic observation of the health promotion policy for the elderly, in order to provide quality care to this age group.

Descriptors: Aged; Chronic Disease; Health Care; Family Health Strategy.

RESUMO

Objetivo: Identificar a percepção da equipe multiprofissional sobre atenção à saúde dos idosos em condição crônica. **Métodos:** Trata-se de uma pesquisa de abordagem qualitativa, desenvolvida em duas Unidades de Saúde da Família localizadas em um município da região sul do estado de Mato Grosso, Brasil, com nove profissionais de saúde. A coleta de dados ocorreu no período de fevereiro a julho de 2017, por meio de entrevista semiestruturada. De acordo com a análise de conteúdo, emergiram duas categorias: "Conhecimento teórico sobre o idoso crônico" e "Vivenciando a prática na promoção e prevenção de agravos à saúde dos idosos". **Resultados:** Os profissionais demonstraram conhecer os principais aspectos que envolvem a condição crônica do idoso, contudo a atenção multiprofissional à saúde do idoso na Estratégia de Saúde da Família é uma prática fragmentada no cuidado e na educação em saúde. **Conclusão:** A atenção multiprofissional ao idoso em condição crônica ainda necessita de um envolvimento paritário de todos os seus membros, e carece de um maior conhecimento teórico e envolvimento da equipe com observação sistemática da política de promoção à saúde do idoso, a fim de realizar um atendimento de qualidade a esse grupo etário.

Descritores: Idoso; Doença Crônica; Assistência à Saúde; Estratégia Saúde da Família.



RESUMEN

Objetivo: Identificar la percepción del equipo multiprofesional sobre la atención a la salud de los mayores con condición crónica. **Métodos:** Se trata de una investigación de abordaje cualitativo desarrollada en dos Unidades de Salud de la Familia localizadas en un municipio de la región sur del estado de Mato Grosso, Brasil, con nueve profesionales sanitarios. La recogida de datos se dio en el periodo entre febrero y julio de 2017 a través de entrevista semi-estructurada. Emergieron dos categorías según el análisis de contenido: "Conocimiento teórico sobre el mayor crónico" y "Vivenciando la práctica para la promoción y prevención de agravios a la salud de los mayores". **Resultados:** Los profesionales han demostrado conocer los principales aspectos de la condición crónica del mayor, sin embargo, la atención multiprofesional a la salud del mayor en la Estrategia Salud de la familia es una práctica fragmentada en el cuidado y la educación en salud. **Conclusión:** La atención multiprofesional al mayor con condición crónica aún necesita del involucramiento paritario de todos sus miembros y hace falta más conocimiento teórico y el involucramiento del equipo con observación sistemática de la política de promoción para la salud del mayor para una atención de calidad con ese grupo etario.

Descriptores: Anciano; Enfermedad Crónica; Prestación de Atención de Salud; Estrategia Salud Familiar.

INTRODUCTION

Population aging is a worldwide reality and is due, among other factors, to the reduction in mortality and birth rates and to an increase in life expectancy⁽¹⁾. Estimates from the World Health Organization (WHO) point out that Brazil will have more than 64 million older adults by the year 2050⁽²⁾. Rather than being treated as a problem, increased longevity must be regarded as an achievement of humanity⁽³⁾.

In this sense, the demographic data evidence the urgent need for managers to observe this transition and, along with society, to discuss the Public Policy for Health Promotion⁽⁴⁾, created by Administrative Rule GM/MS No. 687 of March 30, 2006, in order to evaluate what is proposed for this population, integrated with the National Health Policy for the Elderly, specifically created to develop actions of health promotion and prevention of health issues in older adults, approved by Administrative Rule No. 2.528, dated October 19, 2006, which considers an elderly individual to be 60 years of age or older, and is aimed at the recovery, maintenance and promotion of the autonomy and independence of the elderly, guiding collective and individual health measures to this end, in accordance with the principles and guidelines of the Unified Health System (SUS)⁽⁵⁾.

Aging is a natural process, which comprises a stage of life and is shaped by physical, psychological and social changes. In this regard, aging is considered to cause functional, cognitive and sensory limitations, and social withdrawal^(5,6). This is the phase in which the person has usually achieved their life goals, but is also faced with many losses, and the health status stands out as one of the aspects that can be affected⁽⁶⁾.

With the longevity of the elderly, situations of sickness can also follow this process, such as chronic conditions, which are characterized by slow onset and evolution, and present as major risk factors sedentary lifestyle, inadequate food intake, consumption of alcoholic beverages, heredity and exposure to environmental factors or aging^(5,7).

Chronic noncommunicable diseases (NCDs), persistent infectious diseases, mental disorders, physical disability and health maintenance conditions associated to the life cycle are characterized as a chronic condition⁽⁷⁾, representing a high burden for both the individuals and families, and the health system as well, because of the costs of care and high demand for medication⁽⁶⁾. Therefore, one realizes the need for continuous, proactive and integrated actions on the part of the health care system, professionals and users, for an effective, efficient and quality control^(7,8).

In this perspective, the care for the elderly in a chronic condition involves a multiprofessional team, whose care should follow clinical guidelines, being based on the evidence of relevant information and organized actions so as to provide them with proper care. Such actions, which can be carried out individually or in groups, include the prevention of diseases and health issues, and the encouragement of self-care⁽⁷⁻⁹⁾.

Primary Health Care (PHC) is the gateway to SUS, and where approximately 80% of the health care needs of an enrolled community must be approached in a resolute manner. Thus, it is in the Family Health Strategy (FHS) that the multiprofessional character has been determinant for the expansion in the perception of the health-disease process of the elderly in a chronic condition. From this, providing care for these individuals has become increasingly preponderant, given the need for continuous monitoring in order to improve their health conditions and quality of life^(7,10).

Health care for the elderly in a chronic condition, in the FHS, should be based on a health care model focused on the rights, needs, preferences and skills of these users, through a humanized multiprofessional assistance, creating bonds based on ethics, commitment and respect. However, there is still a need for mechanisms of awareness and social action on aspects related to health promotion and prevention for a healthy aging^(5,8,11). Thus, within the multiprofessional team, it is necessary that all members be committed to pursuing quality work, with a good communication in the team, an organized environment and planned actions, from the first contact until the end of the medical appointment⁽⁵⁾.

Faced with the perspective of a multiprofessional care for the elderly in the FHS, this study presents the questioning: "What is the multiprofessional team's perception of health care for the elderly in a chronic condition in the Family Health Strategy units?". In this context, the objective of the present study is to identify the multiprofessional team's perception of health care for the elderly in a chronic condition.

METHODS

This is a field research, with a qualitative approach⁽¹²⁾, because, according to the proposed objective, this allows researchers to understand the facts and phenomena that involve multiprofessional care for the elderly in a chronic condition. This study is justified by the authors' observation that, in the day-to-day work of FHS professionals, when caring for the elderly in a chronic condition, regardless of the policy of comprehensive care to this population for promotion of healthy aging and prevention of health conditions, such care is still provided in a fragmented way and by means of unstable actions.

This study was carried out in two FHS units in the municipality of Rondonópolis, Mato Grosso, Brazil, located in the southeast region of the state. The participants of the study were nine health professionals, selected in an intentional way⁽¹³⁾, distributed as follows: two physicians, two nurses, one dental surgeon, two nursing technicians, and two community health workers, whose actions were related to multiprofessional care for the elderly in a chronic condition. As criteria for participation in the study, they should be professionals of the multiprofessional team who worked directly with the elderly. Professionals who did not agree to cooperate with the survey and/or who were absent from the FHS unit due to leave or vacation during the period of data collection did not participate.

The municipality in question is located 210 km distant from the state capital, Cuiabá, and its population is estimated at 222,316 inhabitants⁽¹⁴⁾. Currently, it holds 39 FHS units⁽¹⁵⁾ in five districts, according to the geographic location, named as north, east, middle west, west and south districts. The neighborhoods where the selected units are located have, among their characteristics, a population of low socioeconomic status.

A total of 807 elderly patients were enrolled in the two selected units, of which 475 had a medical diagnosis of diabetes mellitus (DM) and/or systemic arterial hypertension (SAH), according to medical records of the patients, who are seen according to the specificities and routine of each service. The health teams working in the FHS units include the following professionals: medical doctors, nurses, nursing technicians, and community health workers (CHWs), and only one of the units had a dentist in the team.

Data collection was performed in the period from February to July 2017, with use of a semi-structured interview, recorded and transcribed verbatim. The interview had two stages. The first one comprised the variables: professional category, age, sex, length of time working in the FHS. The second stage contained the following guiding questions: "What is your theoretical knowledge about an older adult in a chronic condition? What are the activities put into practice by the team for health promotion and prevention of health issues in older adults?"

The interviews were carried out in the FHS units, according to a previous schedule and availability of the professional, and were performed in a private setting, lasting 30 minutes each.

For analysis of data on the health care provided to the elderly by the multiprofessional team, after collection of the research material, it was systematized and submitted to a pre-analysis for reorganization of the initial ideas, thus enabling further analysis and consequent interpretation, according to the content analysis method⁽¹⁶⁾. The following categories emerged: "Theoretical knowledge about the elderly with chronic conditions" and "Experiencing the practice in the promotion and prevention of health concerns affecting seniors".

Ethical aspects were respected during the research, according to Resolution 466/2012, beginning only after approval by the Research Ethics Committee of the Federal University of Mato Grosso, Approval no. 1.931.881. All participants signed the Informed Consent Form and, in order to guarantee anonymity, their citation used letters related

to their profession, as follows, community health workers (CHW), nurse (NUR), medical doctor (DOC), dental surgeon (DEN) and nursing technician (NTE), sequentially enumerated according to the order of the interview.

RESULTS AND DISCUSSION

Data on the characterization of the study participants are presented next, followed by the categories that emerged from the analysis of the collected material. In the category “Theoretical knowledge about the elderly with chronic conditions”, fragments of statements representing the team’s knowledge about chronic condition were grouped. In the category “Experiencing the practice in the promotion and prevention of health concerns affecting seniors”, the emphasis was on the activities developed by the team to promote health and prevent health issues in older adults.

Characterization of the study participants

The group of nine participants in the study was composed of two nurses, two community health workers, two medical doctors, two nursing technicians and one dental surgeon. The group was mostly composed of women, aged between 25 and 43 years.

As for the length of time working in the FHS, it was observed that the professionals with the longest time are the nursing technicians and CHWs, while the others had been in that position for a period varying from months to a few years, allowing to deduce that there is higher turnover in the professional categories of nurses and medical doctors.

The FHS, as a proposal for reorganization of health practices in the communities, has achieved significant results in many municipalities, but relevant problems have emerged, such as the turnover of staff, as observed in the present study. It is understood that the alternation of members of the health team represents a great challenge for managers, given the difficulty in maintaining the same team for an extended period, which becomes highly detrimental to the implementation of health actions, including the creation of bonds with the population⁽¹⁷⁾.

Theoretical knowledge about the elderly with chronic conditions

In this category, the multiprofessional team’s theoretical knowledge about the chronic condition of the elderly emerged. Thus, it was observed that aspects related to evolution, etiology and functional capacity were listed.

For the multiprofessional team to work on health promotion and prevention of diseases and health issues in the care for the elderly, it is essential that the professionals understand the importance of their role and continuously seek to update their knowledge, which will enable them to provide comprehensive and equitable care to the enrolled population⁽⁷⁾.

Thus, in this study, we sought to know the multiprofessional team’s understanding of the chronic condition of the elderly:

“I think that, in the chronic condition, the older adults are totally dependent on another person.” (NTE1)

“These are diseases that people have for the rest of their lives, better care is required.” (NTE2)

“A pathologic condition or disease that the individual has for a long time.” (DEN)

“The person who has a chronic condition needs continuous care and follow-up. The health team is indeed very important for this patient in chronic condition.” (DOC2)

“Chronic condition is a situation in which the patient is weakened by genetic or external factors. Patient requiring continuous care.” (DOC1)

For some of the health professionals participating in the current study, the definition of chronic condition involves characteristics such as temporality, need for continuous care, and dependence on others. The chronic condition can be considered a life experience that involves permanence and deviation from the normal, caused by pathologic conditions that lead to losses and dysfunctions, in addition to permanent changes in people’s daily lives. It also expresses that this permanence causes stress because of altered body image, need for social and psychological adaptation, and a change in life expectancy as well. Its main characteristics are the need for stabilization of the condition and supported self-care^(7,9).

The several changes that affect individuals arising from chronic conditions should be recognized by all professionals, since planning and execution of activities for health promotion and prevention of health issues imply knowing how to act when dealing with the complexity involved in the care for older adults. In this regard, studies have pointed out a

varied knowledge that the team should hold, such as the aging process, chronic illness, care technologies, and the role of caregivers and/or family members^(7,18,19).

In Brazil, one observes that, along with prolongation of life, important changes have been occurring in the level of health of the population, warning that aging occurs from the interaction of an accumulation of social, biological and behavioral processes throughout life, and, therefore, the health and disease status of the population requires rigorous assessments and interdisciplinary actions. For this reason, the concern with infectious-contagious diseases loses ground in view of the high prevalence of chronic conditions^(6,8). Considering that, the professionals in the present research emphasize in their statements that an older adult in chronic condition demands a greater attention for their care, which involves in their treatment not only the health team, but also the caregiver and the older adults themselves:

“The older adult needs greater attention from everyone in the family, from everyone around them.” (CHW1)

“[...] That patient who requires continuous care has to be monitored more closely. Caregivers should be more involved with the treatment.” (DOC1)

In the previous fragments of statements, one observes that, for professionals, when the chronic condition is associated with elderly people, it demands attention that does not only involve the medical treatment and the health professionals working in the FHS, but also family, time, human relations and continuous care.

For the elderly in a chronic condition, comprehensive care involving the health settings and professionals, in addition to guidelines for self-care, should be provided. From this perspective, individuals and their families need support in their communities and comprehensive and systematic policies for prevention or effective management of the individual's health status, as well as for management of symptoms, treatment, physical and psychological consequences, and changes in the lifestyle⁽⁸⁾.

In the present study, the team members emphasize the importance of involving the caregivers in care for the elderly in a chronic condition. The impact of experiencing the process of caring for these people in the family nucleus has been the object of study⁽²⁰⁾, highlighting that the multiprofessional team should know and identify feelings and needs, especially when a new configuration of the family structure occurs, as a result of the worsening of the disease and patient hospitalization.

According to the World Health Organization (WHO), there are some strategies that allow the improvement of multiprofessional care for the elderly in a chronic condition, such as the expansion of information and knowledge among professionals/users, and between professionals/caregivers/family, as well as educational guidelines to improve the management of this condition, such as adherence to treatment and self-care⁽⁶⁾.

However, for these strategies to be effective, scientific knowledge on the part of the professionals about the concept of chronic condition, treatment and adequate follow-up of this public is needed. Otherwise, the practice will not be based on scientific knowledge, nor on the needs of the elderly population⁽⁶⁾. Professionals also need to know the NCDs, since these are not limited to DM and SAH. Therefore, they should have the capacity to care for the elderly with other chronic conditions.

Experiencing the practice in the promotion and prevention of health concerns affecting seniors

This category describes how the professionals composing the ESF team envision the care provided to the elderly, aiming at promotion and prevention of health conditions. The need for continuous attention to the health of this population requires different levels of intervention by the health services, permeated by a multiprofessional team, adequate to the different phases of the illness and to the degree of incapacity⁽⁹⁾.

Thus, as they experience the daily work of care for the elderly in a chronic condition, serving to this population was mentioned through actions developed by the team, such as the walking group, in which not all professionals are involved, as can be seen below, in the lines:

“We have the walking group every Tuesday and Friday morning. Before walking, the CHWs do some stretching and say a prayer together with the elderly, and we walk, though not very far, and one nursing technique or the nurse always goes along with us.” (CHW2)

“There is the walking for seniors. And I believe that this should be emphasized, as this is a very important group for these older adults. Up to now, it's only twice a week. Walking, the elderly like it very much.” (NTE2)

Physical activities, such as walking, are important mechanisms of prevention and health promotion for the elderly, but it imposes on the professionals the technical capacity and theoretical knowledge to perform such activities⁽²¹⁾.

Thus, physical activity, when performed on a regular basis, contributes to improving the quality of life of the elderly, providing physical conditioning and rendering them capable of performing their daily tasks throughout life^(7,22,23).

Stimulating the elderly population to join a physical activity also contributes to the prevention/control of cardiovascular diseases, since physical inactivity and/or lack of regular exercise is one of the behavioral risk factors for the onset of hypertension⁽²⁴⁾ and other health issues related to chronic conditions⁽¹⁹⁾. In this sense, stimulating the practice of regular physical exercise is essential, since its benefits to the promotion of health and quality of life are unquestionable. Moreover, stimulating the older adults who already have the habit of exercising to maintain it is considered primordial⁽²⁰⁾.

The subject of walking has been raised, but this is still a sporadic activity in these units, as observed next:

“There’s only the walking. There is nothing else and not many older adults participate. We have a park gym but, being outdoors, it is not even feasible for the elderly to stand around there, and we do not have professionals to help them, as well.” (NTE2)

The previous speech demonstrates a reality in which the infrastructure conditions are precarious and other professionals, such as a physical educator, are not present. It is important to highlight that the place where the study was carried out is located in a region of very hot climatic conditions, which hampers outdoor activities.

The accomplishment of any activity in the FHS involves the planning of actions with participation of the whole team. However, low involvement of some health professionals has been observed⁽²²⁾, thus generating some discouragement of the other members. Nevertheless, the practice of caring for older adults requires a “global, interdisciplinary and multidimensional approach”, emphasizing the interaction between the physical, psychic and social aspects that permeate the health of the elderly⁽⁵⁾.

Another aspect related to the care of the elderly refers to medical appointments, usually scheduled in advance, especially for those patients with chronic diseases such as diabetes and hypertension:

“There is this group that they [seniors] can come to schedule the appointment, every Thursday.” (CHW2)

“In regard to the organization [of care for the elderly], there is the day of the hypertensive and/or diabetic patient, which is on Tuesdays. And on Thursdays, which is the elderly health day, then some who have hypertension and/or diabetes also come.” (NUR2)

“I think they are well monitored, medicated, followed up by the doctor. We manage to monitor them and supervise their medications.” (CHW1)

In these lines, one observes that there are still professionals who have a vision focused on the curative care model. The care for the elderly in chronic condition is organized in a fragmented way, which does not meet the need to be followed by a multiprofessional team. According to the National Health Policy for the Elderly, the model of care based on individual medical care is not effective in promoting health and preventing health issues in the elderly⁽⁵⁾. Chronic conditions require a continuous, sustainable and long-term effort with comprehensive and long-lasting strategies that influence and reflect the structure, services, health systems, and real needs of the population⁽⁹⁾.

In the practice of the health team in primary care, the focus of attention is still centered on individual approaches, with some practices involving prevention⁽²⁵⁾. Therefore, it is justified the need to deepen studies that address proposals to improve the health conditions of the population as a whole, and not in an individualized way, especially for chronic conditions such as cancer, dementia, and other age-related diseases⁽²⁵⁾.

It can be seen, then, that the health care model for the elderly in the units of the current research is predominantly characterized by the fragmentation of care, with centralization of power in the medical professional.

Another relevant aspect that emerged in the FHS working environment is that, for some professionals, the creation of bonds between professional/elderly and professional/family is fundamental in the care for the elderly in a chronic condition:

“[...] It is very important that we have a very good bond, both with the elderly and with the family, to find out more details about his life.” (DEN)

“[...] One must have affection for what is doing, one must have love, hold by the hand, look in the eyes, one must embrace. Older adults like it a lot, and this is very important, not only because they are old and you have to do something, but I think the doctor should have this contact, and this creates confidence [...]” (DOC2)

“The family is also the basis for the improvement, the patient rehabilitation, because, if the patient is sometimes dependent and does not have the family support, or even if not dependant at all, if the family is not somehow supportive, treatment will not result as expected, no, it will not be appropriate as we were expecting.” (NUR 1)

The embracement process is an act that implies receiving and listening, offering protection, support, and giving some response capable of solving the problem presented by the individual. It represents the interaction between the health professional/user/family, and is arranged as a practice permeated by communication actions. Therefore, the multiprofessional team in the FHS is responsible for establishing bonds with the population, enabling commitment and continuity of care, which constitutes a new way of acting, in which responsibilities for health care should be shared among the families and teams^(17,26,27).

The family, besides experiencing the natural conflicts of their own family life cycle, is also faced with different adversities, such as the chronic condition of a family member, who lacks a closer and responsible look on the part of the health professionals. In such cases, care needs to be frequent and systematic, aiming at improving the quality of life of the family as a whole, with respect to human and social rights⁽²⁸⁾.

Specifically one of the members of the multiprofessional team identifies the behavior of some professionals in embracing the elderly in the FHS identified as inadequate:

“Not everyone embraces the old adult as they should do. Many do not have patience, do not even listen, just turn their backs and leave them talking to themselves.” (NTE2)

When there is no embracement based on qualified listening, able to meet the needs of the user, it is difficult to guarantee timely access to the appropriate technologies. That prevents, for example, that all be served to with priority based on the assessment of vulnerability, severity and risk^(29,30). Therefore, the consolidation of embracement and bonds between professionals/older adults/family members is of fundamental importance for the actions of the multiprofessional team to achieve their purpose. Which, in this case, is to provide comprehensive and equitable care to the elderly in a chronic condition.

Additionally, home visitation was highlighted in the multiprofessional team as an activity pertinent to the process of health care of the elderly in a chronic condition:

“[...] There is the home visitation. If necessary, we also provide this kind of care.” (NUR1)

“[...] They have the visits from the CHW with the nurse and doctor together, so we can involve the family, who also collaborates and helps.” (CHW1)

“[...] There is home visitation, which I usually do more for the elderly in chronic condition, because of their inability to come to the unit.” (DOC2)

Among the activities under the responsibility of the multiprofessional team in the National Primary Care Policy (*Política Nacional de Atenção Básica - PNAB*), home visitation contributes to actions of health promotion, prevention of diseases and health issues, and health surveillance⁽³¹⁾. Such fact probably contributed to this activity being mentioned by the participants of the present study.

Home visiting is a very important health care tool for the elderly in chronic condition in the FHS, since it allows the development and strengthening of bonds and the prevention of potential complications resulting from the disease process⁽¹⁰⁾. This instrument enables health professionals to carry out a systematic follow-up of the elderly and their families, as well as the conception of an individualized care plan⁽³²⁾.

Therefore, professionals working in the FHS should have no doubts about the importance of maintaining the elderly in the family routine and in community life, in a participatory and constructive manner⁽²⁵⁾, especially those in a chronic condition that requires multiprofessional assistance. Thus, the results of the research in question allow us to suggest that the older adults in chronic condition still lack actions on the part of the multiprofessional team, since the knowledge and activities presented by the participants of this research do not fully contemplate the guidelines of the National Health Policy for the Elderly. Thus, the results show that the conditions related to elderly care are susceptible to intervention, which is fundamental for prevention and promotion of their health, thus avoiding adverse clinical outcomes, especially with regard to chronic diseases. Professionals' knowledge of the factors associated with these diseases in the elderly allows health actions proposed to this group to be developed.

Thus, some initiatives integrated with intersectorality, with the other levels of complexity, with schools, universities, community and other sectors, are important for the discussion on intervention actions in the care of the elderly. It is suggested, initially, to identify the vulnerabilities of this population group and know the social and economic conditions and the way the access to the FHS unfolds. Additionally, it is suggested to plan the training of the multiprofessional team to care for the elderly; integrate a physical educator to the multiprofessional team; enable a more in-depth knowledge, on the part of the team, of the National Health Promotion Policy⁽⁴⁾ and its articulation with the National

Health Policy for the Elderly⁽⁵⁾; effectively use the Elderly Person Health Handbook⁽³³⁾; systematically use the Primary Care Notebook on Aging and Health of the Elderly⁽³⁴⁾, and encourage the staff to visit the elderly in chronic condition at home. The handbook helps to identify health risk situations for the elderly, information on their health condition, family and social support, and provides technical subsidies that will help in the qualification of the daily practice of health teams, especially of primary care professionals⁽²¹⁾.

In this conception, it is also worth mentioning the creation of Waiting Room groups, since they can design an excellent setting for discussion among professionals, the elderly, and family, providing health education through experiences and exchanges of experience. This health education process supports the family and the elderly in assuming responsibility for self-care and health promotion, and the family member in coping with the fact of being the caregiver of a person with chronic condition.

Thus, it is expected that the actions proposed in the current study for health professionals will be suitable to reorient health services, and they represent the beginning of a work that is initially intended to alleviate the fragmentation of disease-oriented care for older adults, with a view to providing comprehensive care for the elderly.

With regard to the interventions previously proposed, positive impacts are expected as results in the improvement of older adults' health conditions, as well as the implementation of activities in a systematic way in the search for healthy aging of the enrolled population. To that end, one realizes the need for permanent assessment of the activities carried out by the professionals, as well as analysis of aging indicators, such as functional (physical, mental and social) capacity, autonomy, absence or low rate of health issues, among others.

Among the limitations of the present study, the fact that it was performed in only two FHS units stands out; however, its importance is extended, considering the significant number of elderly patients in chronic condition who depend on an equitable and resolute multiprofessional care.

FINAL CONSIDERATIONS

By means of this study, it was possible to observe that the participants understood the chronic condition in regard to temporality, need for continuous care, and the importance of family/caregiver involvement in this process. Nevertheless, it should be noted that multiprofessional care for the elderly in chronic condition in the two Family Health Strategy units investigated still needs an equal involvement of all members, focusing on health promotion and prevention for this population.

Based on the findings of the study, actions focused on the professionals are suggested, so that they recognize and assume responsibility for the care of the elderly, as well as for the promotion of a healthy aging of the population as a whole.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest in the study.

CONTRIBUTIONS

Andressa Christiny da Silva Ferreira participated in the study design, data collection, organization, analysis and discussion, and writing of the manuscript. **Magda de Mattos** participated in the study design, data analysis and discussion, writing of the manuscript and final revisions.

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