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A busca de assistência à saúde em serviços de pronto atendimento por mulheres adultas

Health care search by adult women in emergency care services

Búsqueda atención de la salud en los servicios de atención de emergencia para mujeres adultas

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ABSTRACT

Objective: To know women's health behavior and their reason to seek for care in an emergency service. **Methods:** Descriptive, exploratory and qualitative study done with 18 women who were attended in a municipal emergency unit in the northwest of Paraná. These data were collected in November of 2015 with a semi-structured interview and subjected to content analysis, in thematic modality. **Results:** Two empirical categories were identified: "Women behaviors before health complications" shows that the initial conduct of women in situations of illness is self-medication and postponement to seek health services; and "reasons to seek emergency care service", which shows that the demand for this level of service is driven by the perception of better resolution, effectiveness and agility, as well as proximity to home. **Conclusion:** It is common for women to delay seeking treatment because of gender-related responsibilities, and when they do it, they prefer to choose more resolute services.

Descriptors: Health Services; Ambulatory Care; Women's Health.

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RESUMO

Objetivo: Conhecer o comportamento de saúde de mulheres e os motivos para buscar assistência em um pronto atendimento. **Métodos:** Estudo descritivo, exploratório e de natureza qualitativa realizado com 18 mulheres atendidas em um pronto atendimento municipal no noroeste do Paraná. Os dados foram coletados em novembro de 2015 por meio de entrevista semiestruturada e submetidos à análise de conteúdo, modalidade temática. **Resultados:** Foram identificadas duas categorias empíricas: “*Comportamentos de mulheres diante de intercorrências na saúde*”, mostra que as condutas iniciais das mulheres, em situações de adoecimento, são automedicação e protelamento em procurar serviços de saúde; e “*Motivos para procurar o serviço de pronto atendimento*”, identifica que a procura deste nível de atendimento é motivada pela percepção de maior resolutividade, eficácia e agilidade, além de proximidade do lar. **Conclusão:** É comum às mulheres retardarem a procura por atendimento em virtude das responsabilidades inerentes ao gênero e, quando o fazem, preferem serviços mais resolutivos.

Descritores: Serviços de Saúde; Assistência Ambulatorial; Saúde da Mulher.

RESUMEN

Objetivo: Conocer el comportamiento de la salud de las mujeres y la razón de buscar atención en un servicio de emergencia. **Métodos:** Estudio descriptivo y exploratorio, cualitativo con 18 mujeres que acuden a un servicio municipal listo en el noroeste de Paraná. Los datos fueron recogidos en 11 2015 entrevista semiestructurada y se sometieron a análisis de contenido, modalidad temática. **Resultados:** Se identificaron dos categorías empíricas: “*Mujeres comportamientos ante complicaciones de salud*”, muestra que el comportamiento inicial de las mujeres en situaciones de enfermedad, son la automedicación y el aplazamiento de buscar los servicios de salud; y “*razones para buscar el servicio de atención de emergencia*”, en donde se encontró que la demanda de este nivel de servicio es impulsado por la percepción de una mejor resolución, eficacia y agilidad, así como la proximidad a la casa. **Conclusión:** Es común que las mujeres retrasan la búsqueda de tratamiento debido a las responsabilidades relacionadas con el género, y cuando lo hacen, prefieren los servicios más resueltas.

Descriptor: Servicios de Salud; Atención Ambulatoria; Salud de la Mujer.

INTRODUCTION

From the first decades of the twentieth century, attention to women's health became part of public health policies in Brazil. In 2004, it was created the National Policy on Comprehensive Health Care of Women (PNAISM), which emphasizes comprehensive care and health promotion actions as guiding principles of ensuring the women's rights.¹

Lately this issue has been discussed in various social contexts, which is appropriate because there is a greater supply of support services to women's health, from prenatal care, breast cancer prevention and cervical until relief of symptoms of menopause, leading to greater demand for cultural demand for health services by women.²

Emergency care is also provided in health programs for women, to solve acute problems, such as the Pre Menstrual Syndrome (PMS), uterine dysfunction, dysmenorrhea as well as complications of pregnancy, childbirth and postpartum.³

In health care network, the emergency area and emergency has undergone major changes in recent years, mainly due to strong demand for care that could be carried out at other levels of attention in health.⁴

Municipal Emergency Care Services (Pronto Atendimento Municipal - PAM) are intended to provide termination and qualified assistance to acute or worsen dramatically cases of clinical nature and provide the initial care to surgical or traumatic cases, stabilizing them, and performing initial diagnostic of investigation and referral to services more complex hospital, as necessary. But often these services are used as a "gateway" in the health system, mischaracterizing the solvability of primary attention.⁴⁻⁵

Women's double working hours aligned with the difficulty in getting medical

consultation in primary care, in addition to the restriction on opening hours in this health care level, provide the demand for care in the Emergency Care Units (ECU), especially at night and weekends. For being an open "gateway" they provide easy and convenience to users, especially since there is possibility of adaptation to the times of everyday life in its multiple personal and professional responsibilities, and also by having appropriate technological resources to solve their problems.^{4,6}

Considering the importance of this context in the health scenario, the aim of this study is to know the health behavior of women and the reasons why they seek assistance in emergency care service.

METHODS

This is a descriptive, exploratory and qualitative research, conducted with 18 women who were attended in a municipal emergency unit in the northwest of Paraná, in November of 2015. The participants were selected by convenience and availability and addressed after medical release. It was considered inclusion criterion to be woman and to be between 18 and 59 years old. The inclusion of the participants ended when the aim of the study was achieved and the lines began to be repeated.

The data collection was carried out by means of semi-structured type interviews and was held in a private room inside the institution. They lasted up to 15 minutes being recorded in digital media.

After they were fully transcribed, preferably on the same day of completion, the data were submitted to analysis of content theme, using up the three steps: pre-analysis, exploration of the material and the processing of results with inferences and interpretation.⁷ Thus, it was initially performed exhaustive reading of the speeches of women so as to immerse the themes. Later we held fomented discussions in the literature for reasons of reflections, which were illustrated with excerpts from speeches coded with M (woman) and an indicative numerical algorithm of the order of interviews followed by the woman's age and the reason for health assistance, aiming to keep the anonymity of participants.

The study followed the present national ethical rules about research involving human beings and the project was approved by the Standing Committee on Ethics in Human Research of the State University of Maringá (CAAE: 49269815.2.0000.0104). All participants have signed consent and clarified form in two ways.

RESULTS AND DISCUSSION

In November of 2015, 1775 women were treated in the municipal emergency service, and almost half of them (773) were aged between 18 and 59 years old, and it shows how much adult women look for this type of service. From the total of 18 women who were studied, 12 of them were married, three were single, two were divorced and one was a widow. Only three of them self-declared to be housewives. Eight of them had health insurance and four had health problems such as diabetes, hypertension, depression, and one of them had diabetes and depression. The most frequent reasons to seek immediate treatment reported were pain (6), vomiting (5), diarrhea (5) and epigastric pain (3) and maximum waiting time for care was 1 hour and 25 minutes.

The analysis of the reports enabled the identification of two empirical categories: women's behavior in regard to complications in health and reasons to seek emergency care service. In order to better understand these themes, their units of meaning will be discussed in isolation, but providing interrelationships between them through inferences and interpretations.

Women's behavior in regard to health complications

When they talked about what they usually do before any complications in health, women demonstrated in their reports that the complication condition generates anxiety, stress and insecurity.

"I get very nervous when I am sick. When I'm not well, I am very stressed and nervous. It's the only thing [...] Oh I just cry [laughs] Actually, I just cry [...]" (M3-39, epigastric pain)

"When I get sick, I want desperately to seek help." (M5-52, wound with cut)

However they reported that they do not always think it is necessary to look for care, as it can be seen in the following excerpts:

"I look for a doctor [...] I do sometimes but I do not always [...]" (M1-45, wound with cut)

Women are often the strong link of a family and for it they face several current events in daily life. But when they get sick their reactions become fragile and sensitive, as it could have been seen in previous speeches. This is more likely to happen because they know that the consequences of this illness do not affect only themselves but everyone around them and, in particular, those who are under their care, since the disease can limit the performance of some essential tasks for family life in progress.

It is noticeable how women suffer when they get sick, especially those who work outside home, take care of the children and the house, and are also concerned about the progress of their work activities.

Another issue highlighted was that in some cases women shows a delay in seeking the health service, as shown in these excerpts:

“When I get sick, well, I’m going to work normally then if I see that I cannot so I look for the Emergency Care [...]” (M7-41, diarrhea and vomiting)

“I get very tired and weak, indisposed. If I am very ill, I seek care in the emergency unit. Now I’m not too bad I stay at home [...]” (M4-22, vomiting)

Men, more than women, postpone the demand for health services, it is common to do so only when the health condition is getting worse. However, the results of this study shows that this behavior is quite common among them.

Given the fact that women are inserted into professional world as much as men, when there is any complication in health-disease process, women tend to seek services that meet their expectations and needs. They look for resolving and concrete actions, which they evaluate that they do not find this in the primary care network, for the delay in scheduling appointments or the lack of specialized care, encouraging the distance and breaking the link between users and the basic units of health.⁸

It is believed that due to the numerous daily activities and social change of the role of women today, women no longer have time to prioritize care of themselves, so they postpone the demand for health services even in serious cases. In fact, the rush of everyday life does not allow them to do medical monitoring routine and preventive exams. Therefore, they only seek health services when they are ill.⁹

Moreover, this behavior is also influenced by the fact that they often believe that the symptoms are perceived as temporary and banal. A research made with women with breast cancer found out that those who were interviewed did not imagined that the initial symptoms might have been related to something more serious.¹⁰

The reports have also shown that they often make use of self-medication, especially where they are already accustomed to the occurrence such as a factor in daily life, which makes women to postpone the demand for care, as can be ascertained next:

“Firstly I take medicine, before I look for care. I take ibuprofen, almost always. Hence when I have a very strong pain I look for care. Since yesterday this pain began, at three o’clock.” (M17-36, abdominal colic)

“Sometimes I take medicine, but when I do not get better I look for a doctor. I take paracetamol when I have pain and I’m alone and ENO when I have stomachache. I have sometimes. I eat, and something happens, when I eat fried food, then I take and I get better, then I do not always go to the doctor.” (M8-24, epigastralgia and vomiting)

“When I get sick... I wait, when I see that I can take a medicine at home. Now when it is more serious I go to a health unit [...]” (M5-52, wound with cut)

Because it is natural a woman caring for others - and culturally and intrinsic factor to women - they consider themselves owner of cure knowledge, what makes self-medication a gift from everyday habit in women’s life. Indeed, medicating themselves and also other

people in their care are directly linked to the tradition of caring.

Women are participatory in care and self-care, and consider self-medication the most affordable and convenient way, not necessarily assessing this action rightly and responsibly, since the use of any drug should be done rationally and with prescription, preventing damage to health and ensuring a better quality of life.¹¹⁻²

Self-medication is worrying, especially for women of childbearing age, as some drugs may interact with contraceptive in use, causing high blood pressure, clotting problems, strokes and renal failure.¹³

Taking care of children is also another reason for women to postpone the searching for health service. As can be seen in the speech:

“I stay self-medication, most of the time I am self-medicating me. I just look for the doctor when I have pain. Especially because the mother sometimes forget the disease for the children and I have four daughters [...]” (M9-32, menorrhagia)

The data has shown that there are various facets of being a woman - professional, daughter, wife and mother - that may interfere with their care. The diversity of tasks that are culturally attributed to women - such as, for example, care for children, the house, the family - are mentioned as triggering situations of overload and lack of time to search for a health service. Especially because women usually unfold to fulfill each of the activities and tasks under their responsibility, precisely in order not to overload the family or co-workers.⁹

It is conjectured to that the fact that women are responsible for many daily activities: taking care of home, taking part on the family

income, motherhood, and many other tasks, they also prioritize home management over the care of their health. Thus it is necessary that women have mastery not to untie the good health practices, represented by lifestyle and also for performing routine tests and consultations.

These findings corroborate with a study conducted in Rio Grande do Sul, which has found out that women are considered an unique and essential executor of care in different contexts (family, home, hospital, community, etc.). The caregiving role covers issues are related to the act of generation, the maternal instinct and also, not least, to the difficulties of men in holding the attention to the children.¹⁴

It is worth noting that gender is the social synonymous with sex, i.e. encompasses all the tricks used by the company in order to transform the biological human relationships. Historically, women are submissive to men, for the inability to equalize the sexes. The relationship between men and women is based upon rigid definition of roles, favoring men. For this, it is important to empower them at work, home, relationships and health care.¹⁵

Reasons to search emergency care service

This second theme categorizes the interviewed women revealing the reasons that led them to seek for care in a health service like PAM. It was also evidenced through the speeches the perception of these women about the resoluteness of their needs.

For women, looking for more effective health services to meet their real needs is essential for maintaining their daily activities and the balance between family, work and their own health.

“At the health unit we are not always assisted in the right way. As it has happened to me, I take one of my girls there and they did not diagnose what she had and we had to come here to PAM at night and it was discovered.” (M9-32, menorrhagia)

“For me here at PAM it is good. It’s been all you have to do, even x-ray. I have nothing to complain about it.” (M11- 56, wound with cut)

Often the accessibility of certain public health systems runs through the geographical space, the time spent in queues for assistance and the resources available to the user. The search for access to health services must meet the population’s needs, as well as the care directed by the premise of resolutivity.¹⁶

The speeches of the participants showed up that responsiveness is also sought to be close to their homes, because the service is faster and also provide greater flexibility of time.

“What motivated me to seek this service was the fact that it is next to my house right.” (M10-34, diarrhea)

“I come straight here because the service here is faster, sometimes we go to health unit and the attending is too slow. Sometimes you will only be answered tomorrow; there is not doctor in time, but it is faster here.” (M14-34, sore throat)

Due to household chores, caring for their children, their partner and their job, finding some time for their selves is not always a priority for women. So they end up opting for more affordable health services, which offer greater flexibility and an affordable alternative schedules for different realities.

“I was working and I could not get out of the service and I only could see the doctor in the evening.” (M18-24, dysuria)

A study conducted in Santa Maria with 180 people (122 women aged between 17 and 60 years-old and who sought emergency service) said that, in addition to emergency situations (48), the main reasons for the demand were location nearby residence (48) and accessible office hours (47), followed by effective and decisive service (23) and the absence of doctor in the Basic Health Unit (BHU) (22).¹⁷

A survey with men revealed similar reasons to women in the search for health service at emergency care units, as the factor of the operating hours of these places coincide with the employee’s rest period, which shows that work comes first.¹⁸ For women it gets worse, because besides of labor activities they also have household chores, children care and families who depend on the help of others to meet their basic needs. It is noteworthy that although workers are entitled to be absent from the activities for health care, they do not feel safe to enjoy this guarantee due to the fear of reprisals and pressure from the employer.

Subjects reported to the emergency department as a more efficient health service, when it is compared to the BHU.

“Most of the time it is a chaos to search the units, you end up preferring to come to the emergency room. Here the service is faster, more effective than the units.” (M9-32, menorrhagia)

They also reported difficulties in the health care network that impelled to seek a more complex service, as evidenced in the following statement:

“Because there, we have to wait in lines in the dawn.” (M9-32, menorrhagia)

Women look for services that offer security, valuation, quality of infrastructure and resoluteness in attendance. Primary care breaks the continuity of health care due to the delay in scheduling appointments and tests, and lack of medical specialties. This contributes to the emergence of weaknesses in connection with health professionals, resulting in successive returns to service, demand for other services at the same level of attention or greater complexity, self-medication and also by looking for attention on the private network.¹⁹⁻²⁰

Another aspect mentioned as a reason to seek emergency care was the lack of medical professionals in primary care, most specifically in the ECU of their area. This fact sometimes slows down the service and contributes to women do not prioritize the demand for this service, at least for the care of complications in health. It is worth emphasizing that while they also recognize that the attendance in PAM is time consuming, it's rewarding, because it always has doctors to take care of

the patients, which makes more resolute that the service in BHU.

“In health units you cannot see the doctor. Today I was all day there, in my neighborhood, and I did not get an appointment, I had to come here. I was there early. For me, it is faster than in health units because here we already have a doctor. We wait a long time, but it's normal, there is a doctor, it is not like there that we stay all day, and then in our time there is not a doctor.” (M7-41, diarrhea and vomiting)

The interviewed also demonstrate the perception of greater efficiency of emergency care, due to the fact of having greater capacity for diagnosis and consequently better service.

“So I think sometimes the patient chooses to come here because the service is better, sometimes it takes longer, but it is more effective.” (M9-32, menorrhagia)

The organization of health care in the country interferes with decision-making power of users. The ease of access to emergency units coupled with the availability of tech features in a single institution, as well as the perception of solving health problems in previous experiences, are important motivators in the search for the emergency services.²¹

In this direction, although the participants have stated that sometimes the demand of time for care both in PAM as in the ECU is the same; they opt for prompt service because there are more human, physical and material resources to solve their health problems.

A study conducted in the emergency department of a university hospital in Rio Grande do Sul found out that the main reasons for seeking the emergency care

service were lack of resoluteness and care in primary care, flawed diagnosis of the disease, difficulty in scheduling appointments for general and specialties, in addition to the lack of professionals.²²

Although they have been pointed out for many positive aspects which motivate the search for PAM for primary care, one of the participants expressed their dissatisfaction with its service, more specifically with the relationship between her and the medical professional, whose behavior was marked by the absence of acceptance and empathy.

“The doctor could explain better the things that they are medicating for you, right? She could not have spoken: “ah, this drug has no problem because you’re pregnant”, then I asked her, she just said, “What do you think?” I do not know, I’m not a doctor, so I was still quiet. It’s only that. She did not explain, I do not even know what I took, I know I was on a drip.” (M8-24, epigastric pain and vomiting)

Indeed, in this type of service the user has access to one of the attributes that characterize the basic care that is the link to health professionals, but they should not forget to take a warm and responsible attitude.

Full enlightenment and in time was recognized as a type of health care in the study of families of cancer patients, attended by the Unified Health System of São Carlos - SP.²³ According to the participants, the information offered by the health team is perceived as an important criterion in the quality of care. When the explanations are flawed, family seek alternatives to fill the gaps left by professionals.²³

It is through the doctor-patient communication, or even with other health professionals, the information is transmitted

to patients, taking power to reassure them or not, depending on how they are sende²⁴. To establish an effective communication link with the patient ensures greater satisfaction with the care received, helping to reduce the patient’s anxiety which favors the continuation of the guidelines related to treatment.

CONCLUSION

This study identified the reasons why adult women seek the municipal emergency care service, thus enabling to elucidate habits in the disease process, highlighting the self-medication and the postponement in demand for health care. Due to factors such as gender, the mother seeks to prioritize the children, the family well-being, and the professional liability as well.

It became clear that the participants seek emergency care motivated by the proximity from service to their location, perception of greater resolution and efficiency in the care of their health needs, and even greater agility and flexibility in opening hours, allowing adaptation to the short time available due to double work shifts.

It is far from remedying the discussions on the issue - which is not succinct - these findings can serve as a support to expand the theoretical framework about health services for women. It is a stimulus for improvement of public policy attention to women, in order to provide assistance to walk towards their needs and assistance possibilities.

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