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Original

Use of and access to health services by the elderly: visibility of nurses' work

Uso e acesso aos serviços de saúde por idosos: visibilidade do trabalho do enfermeiro

Utilización y acceso a los servicios de salud por las personas mayores: visibilidad del trabajo del enfermero

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Abstract

Objective: to associate the visibility of nurses, from the perspective of the elderly, with the use of and access to health services by this age group. **Methods**: This was a cross-sectional, analytical study conducted at home between March 2017 and June 2018 with 1,635 elderly people living in Uberaba, Minas Gerais. The data was collected at home using a structured questionnaire prepared by the researchers and based on publications on the subject, as well as questions from the National Household Sample Survey. A chi-square test was used ($p<0.05$), and the project was approved by the Human Research Ethics Committee (no. 2.053.520). **Results**: Most elderly people went to the same place, with the prevalence of health centers. Also, a higher percentage recognized the nurse and were assisted by him/her when seeking care in these places. However, from the perspective of the elderly, technical procedures (87.4%) characterized most of the activities carried out by the nurse, without knowledge of those specific to their age group. Even though the presence of a nurse was considered very important, the use of ($p=0.111$) and access to health services ($p=0.692$) were not associated with the presence of a nurse in the health unit. However, a higher proportion of elderly people who sought the same place of healthcare were identified among those who knew the nurse compared to those who did not ($p=0.011$). **Conclusion**: Elderly people who knew the nurse sought care in the same place, indicating that recognizing the professional can lead to continuity of care. These findings highlight the need to increase the visibility and understanding of the specific actions of geriatric nursing and thus stimulate access to and use of health services.

Descriptors: Aged; Nurse's Role; Geriatric Nursing; Primary Health Care; Health Services Accessibility.

Whats is already known on this?
Research on the visibility of nurses in primary care is limited and has been conducted with individuals from different age groups, disregarding the elderly, who have unique needs and risks.

What this study adds?
Elderly people know the nurse at the health unit and report having been seen by them, but their visibility has been reduced to the predominance of technical procedures.

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Resumo

Objectivo: *Associar a visibilidade do enfermeiro, pela perspectiva da pessoa idosa, e o uso e acesso aos serviços de saúde por esse grupo etário.* ***Método:*** *estudo transversal e analítico, conduzido no domicílio entre março de 2017 e junho de 2018, com 1.635 idosos residentes em Uberaba, Minas Gerais. A coleta foi realizada no domicílio por meio de questionário estruturado elaborado pelos pesquisadores e com base nas publicações sobre o tema, além de questões da Pesquisa Nacional por Amostra de Domicílios. Foi utilizado teste qui-quadrado (p<0,05) e o projeto foi aprovado pelo Comitê de Ética e Pesquisa com Seres Humanos (n.2.053.520).* ***Resultados:*** *A maioria dos idosos procurava o mesmo lugar, prevalecendo posto e centro de saúde. Ainda, o maior percentual reconheceu o enfermeiro e foi atendido por ele ao procurar atendimento nesses locais. Contudo, na perspectiva do idoso, os procedimentos técnicos (87,4%) caracterizavam a maioria das atividades realizadas pelo enfermeiro, sem conhecimento daquelas específicas para seu grupo etário. Mesmo considerando a presença do enfermeiro como muito importante, o uso (p=0,111) e o acesso aos serviços de saúde (p=0,692) não se associaram à presença do enfermeiro na unidade de saúde. No entanto, foi identificada maior proporção de idosos que buscaram o mesmo local de atendimento à saúde entre os que conheciam o enfermeiro em comparação aos que não o conheciam (p=0,011).* ***Conclusão:*** *Idosos que conheciam o enfermeiro buscaram atendimento no mesmo local, indicando que o reconhecimento desse profissional pode propiciar a continuidade do cuidado. Esses achados ressaltam a necessidade de ampliar a visibilidade e o entendimento das ações específicas da enfermagem geriátrica e assim estimular o acesso e o uso dos serviços de saúde.*

Descritores: *Idoso; Papel do profissional de enfermagem; Enfermagem geriátrica; Atenção primária à saúde; Acesso aos serviços de saúde.*

Resumén

Objetivo: *asociar la visibilidad de los enfermeros, desde la perspectiva de las personas mayores, con el uso y acceso a los servicios de salud por parte de este grupo etario.* ***Métodos:*** *estudio transversal, analítico, realizado en el domicilio entre marzo de 2017 y junio de 2018 con 1.635 ancianos residentes en Uberaba, Minas Gerais. Los datos fueron recolectados en el domicilio utilizando un cuestionario estructurado preparado por los investigadores y basado en publicaciones sobre el tema, así como preguntas de la Encuesta Nacional por Muestra de Hogares. Se utilizó la prueba de chi-cuadrado (p<0,05) y el proyecto fue aprobado por el Comité de Ética en Investigación Humana (n.2.053.520).* ***Resultados:*** *La mayoría de las personas mayores acudían al mismo lugar, predominando los puestos de salud y los centros de salud. Además, un mayor porcentaje reconocía al enfermero y había sido atendido por él cuando buscaba atención en estos lugares. Sin embargo, desde la perspectiva de los ancianos, los procedimientos técnicos (87,4%) caracterizaban la mayoría de las actividades realizadas por la enfermera, sin conocimiento de las específicas para su grupo etario. Aunque la presencia de una enfermera se considerase muy importante, la utilización (p=0,111) y el acceso a los servicios sanitarios (p=0,692) no se asociaron a la presencia de una enfermera en la unidad sanitaria. Sin embargo, se identificó una mayor proporción de ancianos que acudían al mismo lugar de atención de salud entre los que conocían a la enfermera en comparación con los que no (p=0,011).* ***Conclusión:*** *Los ancianos que conocían a la enfermera buscaron asistencia en el mismo lugar, lo que indica que el reconocimiento de esta profesional puede proporcionar continuidad asistencial. Estos resultados subrayan la necesidad de aumentar la visibilidad y la comprensión de las acciones específicas de la enfermería geriátrica y estimular así el acceso y el uso de los servicios de salud.*

Descriptores*: Anciano; Rol de la Enfermera; Enfermería Geriátrica; Atención Primaria de Salud; Accesibilidad a los Servicios de Salud.*

INTRODUCTION

The context of an ageing population and the organization of healthcare in Brazil, especially the Family Health Strategy (FHS), has led to the emergence of nurses as protagonists in the care practices developed with individuals and families.[1] However, the multiple activities of these professionals can reflect and/or interfere with how older people understand and view the role of nurses in elderly healthcare, as well as having an impact on adherence to the strategies developed by these professionals in primary care.

Against this backdrop, nurses are faced with the challenge of building interpersonal relationships with users and their families and reaffirming their place within the health team, where transcending the technical aspect of their work process is a defining aspect of effective care. This can be achieved, especially at the primary level, through welcoming, dialogue, active listening, humanization, and respect. This practice characterizes the meaning of their professional work; in other words, it demonstrates their commitment to meeting the real and individual needs of this population.[2]

This raises questions about the visibility of this health professional at the primary level, especially from the point of view of the elderly. This reflection stems from some situations commonly identified in primary care, such as insufficient human resources and responsibility for different activities, which are not always compatible with the number of professionals and the specificities of training. As a result, there is the possibility of a mismatch between what the community and/or user expects as activities related to the nurse and what materializes as care.[3]

The reconstruction of daily practice in health services, especially regarding the actions of nurses in recognizing the characteristics of senescence and senility in the aging process, makes it possible to

bring nurses and users closer together, resulting in a bond with a feeling of belonging to the service, team, and community, as well as co-participation in the care process.[3]

However, research on this subject is incipient. It has been carried out with individuals from different age groups[3,4], disregarding the group of elderly people who have specific individual needs and risk characteristics, which, when interrelated, can lead to negative health outcomes for the elderly. It is also important to emphasize the importance of the visibility of nurses by users, since this scenario directly impacts the perception of accessibility, reception, and resolution of services, affecting how the elderly seek out and use the available resources.

The aim was therefore to associate the visibility of nurses, from the perspective of the elderly, with the use of and access to health services by this age group.

METHODS

This is a cross-sectional, quantitative, and analytical study carried out in the urban area of the Triângulo Sul macro-region of Minas Gerais. It should be noted that this research followed the recommendations of the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) for cross-sectional studies.

The Triângulo Mineiro is divided into two health macro-regions: Triângulo Norte and Triângulo Sul. The Triângulo Sul Health Macro-region has three health micro-regions, which include 27 municipalities in total, 8 of which are in the Araxá micro-region, 11 in Frutal, and 8 in Uberaba. They are Araxá, Campos Altos, Ibiá, Pedrinópolis, Perdizes, Pratinha, Santa Juliana, Tapira, Carneirinho, Comendador Gomes, Fronteira, Frutal, Itapagipe, Iturama, Limeira do Oeste, Pirajuba, Planura, São Francisco Sales, União de Minas, Uberaba, Água Comprida, Campo Florido, Conceição das Alagoas, Conquista, Delta, Sacramento, and Veríssimo.

It should be noted that a prior survey and definition were carried out on the number of census tracts to be selected, the number of elderly people in each city and in the sample, as well as the number of individuals who would be selected per census tract. Data was collected by interviews between March 2017 and June 2018 at the homes of the elderly.

Multiple-stage cluster sampling was used to select the population. The prevalence of use of healthcare services in the last two weeks before the interview was 25.0%[5], the precision was 1.5%, and the confidence interval was 95% with a finite population of 75,726 (total number of urban elderly people in the health macro-region), totaling 1,659 elderly people.

This stage was carried out in two phases; in the first, 50% of the census tracts in each municipality were randomly selected through systematic sampling organized by a single list of tracts with identification of the neighborhood. The sampling interval was calculated by dividing the total number of census tracts by the number of census tracts drawn, resulting in approximately 2 in all the municipalities. The first census tract was drawn at random, and the others according to the sampling interval.

In the second phase, the number of households to be selected in each municipality was initially calculated in proportion to the number of elderly people in that location, considering all the municipalities in the region. The number of elderly people per census tract was similar, obtained by dividing the households by the number of census tracts. The first household was randomly selected in each tract, following a standardized direction until the calculated n was reached (n=1,659). In this way, 1,659 elderly people took part, 24 of whom had cognitive decline, bringing the final sample to 1,635.

The inclusion criteria were 60 years of age or older and living in an urban area. Those excluded were those with cognitive decline, assessed by the Mini Mental State Examination (MMSE)[6], with localized loss of strength and aphasia resulting from severe sequelae of stroke, and severe or unstable stage with impairment of motor skills, speech, or affectivity related to Parkinson's disease.

The interviews were carried out by ten interviewers, undergraduate and postgraduate nursing students, who underwent training and were approached about ethical issues in research. Systematic meetings between the researchers and interviewers were held to monitor and guide data collection. To ensure quality control, the interviews were checked by three supervisors, previously selected and with previous experience in the subjects covered by the research, as to the completion and consistency of the items to minimize the possibility of inconsistent response patterns.

The MMSE was used to assess cognitive decline, validated in Brazil, with the following cut-off points: up to 13 points for illiterates, ≤ 18 points for low education (1 to 4 incomplete years) and medium education (4 to 8 incomplete years); and ≤ 26 points for high education (≥ 8 complete years).

Sociodemographic and economic characteristics were obtained using a structured questionnaire prepared by the Collective Health Research Group.

Regarding the use of and access to health services, two questions from the National Household Sample Survey (PNAD) were used relating to seeking the same place, same doctor, or same health service when in need of healthcare, and seeking care related to their health in recent weeks[7]. The instrument for collecting data on the visibility of nurses from the point of view of the elderly was drawn up based on publications on the subject [3,8]. To test, evaluate, revise, and improve it, a pilot study was carried out with 20 elderly people from the community with whom the researchers had contact. Aspects related to the presence and knowledge of the head nurse in the health unit by the elderly, who they were seen by in the health unit, activities carried out by the nurse in caring for the elderly, and their importance in the health unit were assessed.

The sociodemographic and economic variables were as follows: sex (male; female), age group, in completed years (60 ├70; 70 ├80; 80 or more), marital status (lives with partner; separated/divorced; widowed; single), education, completed years of study (none; 1 ├4; 4 ├8; 8; ≥9), individual monthly income, in minimum wages (no income; <1; 1; 1┤3; 3┤5; >5), source of financial resources (retirement; pension; income/rent; family donation; donation from third parties; continuous work; occasional work; lifetime monthly income; financial investment), professional activity currently carried out (housewife; domestic worker; manual laborer; self-employed professional; entrepreneur; does not work; other), reason for retirement (length of service; age; health problems; did not retire; not mentioned) and living arrangement (lives alone; only with professional caregiver; only with spouse; with others of their generation, with children and grandchildren; other arrangements);variables related to access to health services: seeking the same place of healthcare (yes; no) and place of seeking healthcare (health post or center; private practice; health post and private practice; health post and outpatient clinic; hospital outpatient clinic; others), and those related to use of health services: healthcare in the last two weeks before the interview (yes; no); variables related to the role of the nurse: presence of the head nurse at the health unit (yes; no; don't know), knows the head nurse at the health unit (yes; no), who they were attended by at the health unit (head nurse; nursing team; not attended by either the nurse or the nursing team; don't know), activities carried out by the nurse in caring for the elderly (technical procedures; educational activities; nursing consultations; home visits; solving problems in the unit; requesting complementary tests; prescribing medication; coordinating the work of the nursing team; giving referrals; don't know; others) and the importance of nurses in the health unit (none; little; regular; important; very important).

The database was built using the Excel® program and double-entered. When necessary, inconsistencies between the databases were corrected. The data was analyzed using the GNU PSPP Statistical Analysis Software (PSPP®) version 1.0.1.

Absolute and relative frequency analysis was used. Bivariate analysis was carried out using contingency tables and the chi-square test ($p<0.05$) to verify the association between the use of and access to health services by the elderly and knowledge of who the nurse was and their presence in the health unit. Use of (healthcare in the last two weeks before the interview) and access (seeking the same place of healthcare) to health services were considered as outcomes, while having a nurse in the health unit and knowledge of who the head nurse of the health unit was, as predictor variables.

The project was approved by the Human Research Ethics Committee of a university in the Triângulo Mineiro, under opinion no. 2.053.520. The elderly were presented with the objectives of the research, given relevant information, and provided with the Free and Informed Consent Form. The interview took place after they agreed and signed the form.

RESULTS

There was a predominance of elderly women aged 60 ├70 years, who had a partner and lived with their spouse, with 4 ├8 years of schooling, an individual monthly income of one minimum wage, from age-related retirement; and their main activity was being a housewife (Table 1).

Table 1. Socio-demographic and economic characteristics of the elderly in the Triângulo Sul Health Macroregion, MG, Brazil, 2020

Variables	Categories	No.	%
Gender	Male	557	34,1
	Female	1078	65,9
Age group (completed years)	60 ├70	688	42,1
	70 ├80	627	38,3
	80 or older	320	19,6
Marital status	Single	112	6,9
	Living with a partner	720	44,0
	Widowed	625	38,2
	Separated, divorced	178	10,9
Education level (completed years)	None	316	19,3
	1 ├ 4	415	25,4
	4 ├ 8	598	36,6
	8	96	5,9
	≥ 9	210	12,8
Individual monthly income (at minimum wages)	No income	92	5,6
	Lower than 1	55	3,4
	1	823	50,1
	1┤ 3	573	35,1
	3┤ 5	73	4,5
	>5	19	1,3
Source of financial resources	Retirement	875	53,5
	Pension	232	14,2
	Retirement and pension	106	6,5
	Retirement and other income	213	13,0
	Other	209	12, 8
Current occupation	Housewife	849	51,9
	Manual laborer	22	1,4
	Self-employed	58	3,6
	Do not work	519	31,7
	Other	187	11,4
Reason for retirement	Length of service	406	24,8
	Age	542	33,2
	Health problems	246	15,1
	Not retired	439	26,8
	Not mentioned	2	0,1
Living arrangement	With spouse	392	24,0
	Alone	331	20,2
	Spouse and children	178	10,9
	Children	248	15,2
	Children and grandchildren	103	6,3
	Grandchildren	52	3,2
	Spouse, children, and grandchildren	62	3,8
	Other	269	16,4

Note: prepared by the authors.

Regarding access to health services, most of the elderly said they went to the same place, doctor, or service when they needed care. The health post and the health center prevailed as the most frequent places to seek healthcare.

It is noteworthy that in this study 79.8% of the elderly had not sought healthcare in the last two weeks before the interview (Table 2).

Table 2. Access to and use of health services by elderly people living in the Triângulo Sul Health Macroregion, MG, Brazil, 2020

Variables	Categories	No.	%
Access to healthcare services			
Do you seek the same place for healthcare?	Yes	1369	83,7
	No	266	16,3
Where do you go for healthcare	Health center	373	27,3
	Private practice	264	16,1
	Health center and private practice	165	10,1
	Health center and outpatient clinic	141	10,3
	Hospital outpatient clinic	83	6,1
	Other	343	30,1
Use of healthcare services			
Have you sought healthcare in the last two weeks before the interview?	Yes	331	20,2
	No	1304	79,8

Note: prepared by the authors.

A higher percentage reported that the health unit where they sought care had a nurse, they knew how to identify this professional, and had been seen by them when seeking care (Table 3).

Table 3. Visibility of nurses by elderly residents in the Triângulo Sul Health Macroregion, MG, Brazil, 2020

Variables	Categories	No.	%
Presence of a head nurse in the healthcare unit	Yes	689	42,1
	No	83	5,1
	Do not know	386	23,6
	Do not go to the unit	477	29,2
If yes, do you know who it is?	Yes	439	63,7
	No	250	36,3
Who did you receive care from at the healthcare unit?	Head nurse	270	39,2
	Nursing staff	117	17,0
	Not attended by a nurse or nursing staff	203	29,5
	Do not know	99	14,3

Note: prepared by the authors.

The highest percentage of activities carried out by nurses, recognized by the elderly, was related to technical procedures (87.4%), followed by nursing consultations (21.8%). It should be noted that 36.3% were unaware of what activities nurses carried out in elderly healthcare. The presence of the nurse in the health unit was considered by most of the elderly to be very important (53.7%).

Neither the use of (p=0.111) nor access to health services (p=0.692) was associated with the presence of the nurse in the health unit (Table 4).

Table 04. Association between the use of and access to health services and the presence of nurses in health units in the Triângulo Sul Health Macroregion, MG, Brazil, 2020.

Variable	Presence of a nurse in the healthcare unit								χ^2	*p**
	Yes		No		Do not know		Do not attend			
	No.	%	No.	%	No.	%	No.	%		
Access to health services										
You seek the same place for healthcare.										
Yes	583	42,6	67	4,9	325	23,7	394	28,8	1,46	0,692
No	106	39,9	16	6,0	61	22,9	83	31,2		
Use of healthcare services										
Healthcare in the last two weeks before the interview										
Yes	156	47,1	20	6,0	69	20,9	86	26,0	6,01	0,111
No	533	40,9	63	4,8	317	24,3	391	30,0		

Note: *Pearson's chi-square (p<0.05).

Regarding access to health services, there was a higher proportion of elderly people who went to the same place for healthcare among those who knew the nurse compared to those who didn't (p=0.011). There was no association between the use of health services and knowing who the nurse at their health unit was (Table 5).

Table 05. Association between use of and access to health services and knowing the nurse at the health unit in the Triângulo Sul Health Macroregion, MG, Brazil, 2020

Variable	You know the nurse				χ^2	*p**
	Yes		No			
	No.	%	No.	%		
Access to health services						
You seek the same place for healthcare.						
Yes	383	65,7	200	34,3	6,42	0,011
No	56	52,8	50	47,2		
Use of healthcare services						
Healthcare in the last two weeks before the interview						
Yes	107	68,6	49	31,4	2,07	0,150
No	332	62,3	201	37,7		

Note: *Pearson's chi-square (p<0.05).

DISCUSSION

The findings of this study corroborate national and international studies in which elderly women aged between 60 ├70 years and married predominated[9,10]. As for income, up to one minimum wage prevailed, as in an investigation conducted in the city of Natal-RN (80%)[9], with the majority coming from retirement. Identifying the socio-economic profile of the target population can help to outline more assertive actions in line with their context.

Regarding access, several factors may explain the lack of demand for health services by the elderly in recent weeks. The literature has shown that older people's demand for primary care services is related to chronic illnesses that require continuous monitoring. In general, these are situations that require medical consultations due to the worsening of their state of health[11]. On the other hand, international studies have identified other aspects that can constitute barriers to accessing health services. Among them, social status, in which the elderly are generally disadvantaged, represents greater barriers to accessing health facilities than those who are in a better social situation[12]. In addition, another survey found that the main reason for not seeking care was that they did not recognize the need for treatment, suggesting that social and health policies should be considered to increase demand for health services among the elderly[10]. It is important for the primary healthcare team to be aware of the possible barriers that make it difficult for the elderly to access and seek health services.

It is necessary to encourage continuous care, as well as disease prevention and health promotion actions. Thus, primary care can be a privileged space for multidimensional assessment and

multiprofessional work, aiming to provide the elderly with comprehensive healthcare and strengthen the bond with the team[11]. It is also important to explore the beliefs, experiences, attitudes, and expectations of the elderly concerning health services, helping to understand, identify, and intervene in the factors that influence the demand for primary care[13]. Often, the elderly may not recognize the service because their health needs are not met, and they must fit into a package of services pre-established by the unit.

This fact reveals the need to rethink the work of nurses in primary care and its challenges related to the regulatory aspects of the profession, cultural and organizational issues, training, and the transfer of specific skills[4]. In addition, the lack of training, work overload, lack of a place to carry out nursing consultations, and the devaluation of professional nurses are also factors that hinder the implementation of the nursing process in primary care[14]. These aspects may have a negative impact on the care provided by nurses and consequently on their recognition as professionals.

On the other hand, the expansion of undergraduate nursing courses and the greater presence of nurses in health services has led to the need to improve professional training in line with the health needs of the population, especially reinforcing specific nursing activities such as nursing consultations and the use of standardized language. In addition, continuing education is essential if nurses are to provide care for the elderly to the full potential of their profession. Additional training and education can increase their skills, job satisfaction, and motivation, enabling them to work more independently and increase acceptance of their new professional roles[15].

In this context, it is worth noting that many countries, such as Switzerland, have implemented models of care with advanced practice nurses to meet the changing health needs of patients in times of a shortage of general practitioners[16]. Initially, the nurse's role was to make up for the absence of another professional, but practice showed that patients valued this care, despite the lack of knowledge about their role. [16] This demonstrates the potential of the nurse's work, skills, and ability to solve problems.

The role of nurses in basic health units must align the knowledge they experience with theoretical knowledge, strengthening and bringing value and visibility to the category, as well as developing skills to care for this population in its specificities[17], considering that the elderly population is the fastest growing in Brazil. In addition, there is a need for health policies that recognize and value the role of nurses in primary care, especially in caring for the elderly population, to the detriment of valuing production related to techniques; this approach can mechanize the professional, hinder the development of bonds and the use of and access to health services by the elderly.

The scientific literature has shown that preparing advanced practice nurses to work in the community can be an alternative to meeting the health needs of the elderly population in a sustainable way. Professional development and leadership training can strengthen mutual responsibility, reorient the work environment through innovative models of care, and coordinate services through partnerships to collaborate with health during ageing[18]. The data from this research point to the need to reflect on how nurses have developed their work with the elderly in the context of primary care and what points need to be strengthened to implement a practice that favors the care offered to this population.

Regarding knowledge about who attends them in health services and the role of these professionals, divergent data were found in a study carried out in Juiz de Fora (MG), in which users of the unit were unable to identify who the nurse was or their role in the unit[3]. It is necessary to rethink professional performance, since recognition of professionals by users of health services favors continuity of follow-up and use of services by creating a bond.

It should be emphasized that the work of nurses directly interferes with the health-disease process of the elderly. Nursing care should include protecting, promoting, recovering, and rehabilitating the health of the elderly through welcoming, qualified listening, nursing consultations, health education, and home visits[19]. However, most nursing consultations with the elderly have shown resistance to breaking away from the biomedical model; they are carried out on spontaneous demand, to renew prescriptions or to manage a chronic illness. [20] A national study showed that nurses' activities remained technical and ad hoc, to the detriment of nursing consultations, mainly focused on the health of the elderly[2]. International studies also corroborate this data, identifying the low visibility of nurses. In Poland, the administration of medication by nurses was the activity most recognized by the elderly, and the least frequent activities included recognizing users' health needs[21,22].

In view of the findings of this study, we need to reflect on this scenario, since although the elderly know the nurse and reported having been attended to by him, his visibility was reduced to the predominance of technical procedures. Recognition of the nurse can help establish and maintain bonds,

favoring care for this population and adherence to the proposed therapy. It is necessary to reflect on the aspects that may be related to compromising the nurse's visibility. It is known that the process in the health unit is very dynamic, with a lot of demand for few professionals and scarce resources[23], factors that can have an impact on the dynamics of the care offered by nurses. Even if the context of health services is considered, nurses must provide care in line with the needs of the elderly and health policies[20].

It is worth noting that, despite being unaware of all the activities performed by nurses, elderly people value their work, and this may be related to their satisfaction with the care they receive. A study carried out in Canada found that patients' best experience of the care they received in primary care was when they were systematically accompanied by a nurse[24]. Another international study also found that nurses were more likely to provide patients with health advice, achieving slightly higher levels of satisfaction[25]. Nurses are more visible to healthcare service users when they systematize their clinical practice, prioritizing consultations. For example, when they manage to take a broader view of the whole process and lead the team by prioritizing what is most urgent and important, they achieve better results, reflected in a higher level of community satisfaction[23].

The limitations of the current study are related to its cross-sectional nature, which does not allow causal relationships to be established. However, the results show progress in identifying preliminary relationships between the visibility of nurses and the use of health services. The literature has described the visibility of nurses by a certain population group, through their role in health services, i.e., their activities, as well as being recognized as a nursing professional in the health unit, but research investigating the related factors is still needed to broaden the scope of this theme.

We can also highlight the memory bias of the elderly, which may have made it difficult to identify the professional, underestimating these results, although the term head nurse was used to minimize this bias. This fact may also have interfered with confusion about the type of care received, without distinguishing the technical professional from the nurse.

CONCLUSION

Although most elderly people always went to the same place for healthcare, recognized the presence of a nurse in the unit, and had been attended to by one, the highest percentage only recognized technical procedures carried out by this professional.

Furthermore, even though the presence of nurses in the health unit was considered very important, the use of and access to health services by the elderly were not associated with their presence in the health unit. However, it should be noted that there was a higher proportion of elderly people who sought the same service among those who knew the nurse compared to those who did not.

The prospect of only technical interventions being carried out by the nurse in the health unit can signal difficulties in the user/professional relationship, a key aspect in monitoring and maintaining healthcare in primary care. This context can limit the development of a bond, active and qualified listening, and the feeling of belonging to the service and team, negatively impacting co-participation in their care process and recognition of the other activities developed in the context of the elderly's health that transcend only technical ones.

Longitudinal studies are needed to understand the evolution of the recognition of the role of nurses among elderly primary care users.

CONTRIBUITIONS

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