Older adult victims of violence. Satisfaction with health services in primary care

Adultos mayores víctimas de violencia. Satisfacción con los servicios de salud en la Atención Primaria

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ABSTRACT

Introduction: the state of satisfaction of older adults with health services constitutes one of the determinants for healthy aging.

Objective: to characterize the state of satisfaction of older adults who are victims of violence with health services at the primary health care level

Method: a descriptive study was carried out in clinic 23 of the Emilio Daudinot Bueno Polyclinic from December 2022 to May 2023. With a population of 307 older adults and the intentional sampling of 57 victims of violence. Primary data were obtained from documentary review, interviews and surveys and included percentage analysis for the variables age, sex, manifestations of violence, satisfaction with the care received at the medical office, members of the Basic Work Group and the polyclinic.

Results: the age group 60-65 years predominated with 38.6 % and the female sex represented 61.4 %. 100 % of those studied reported some of the manifestations of psychological violence. 50.9 % of the older adults expressed being satisfied with the attention received in the doctor's office, 52.7 % with the attention of the social worker and 54.4 % with the services received in the physical medicine and rehabilitation room.

Conclusions: the state of satisfaction of older adult victims of violence with health services at the primary health care level was characterized.

Keywords: Older Adults; Violence; Healthy Aging; Satisfaction with Services; Primary Level of Care.
RESUMEN

Introducción: el estado de satisfacción de los adultos mayores con los servicios de salud constituye una de las determinantes para el envejecimiento saludable.

Objetivo: caracterizar el estado de satisfacción de los adultos mayores víctimas de violencia con los servicios de salud en el nivel primario de atención

Método: se realizó un estudio de carácter descriptivo, en el consultorio 23 del Policlínico Emilio Daudinot Bueno de diciembre del 2022 a mayo del 2023. Con una población de 307 adultos mayores y el muestreo intencional de 57 víctimas de violencia. Se obtuvo el dato primario a partir de la revisión documental, entrevista y encuestas e incluyó el análisis porcentual para las variables edad, sexo, manifestaciones de violencia, estado de satisfacción con la atención recibida en el consultorio médico, miembros del Grupo Básico de Trabajo y el policlínico.

Resultados: predominó el grupo de edad de 60-65 años con un 38,6 % y el sexo femenino representando el 61,4 %. El 100 % de los estudiados refirió algunas de las manifestaciones de violencia psicológicas. El 50,9 % de los adultos mayores expresaron estar satisfechos con la atención recibida en el consultorio del médico, el 52,7 % con la atención del trabajador social y el 54,4 % con los servicios recibidos en la sala de medicina física y rehabilitación.

Conclusiones: se caracterizó el estado de satisfacción de los adultos mayores víctimas de violencia con los servicios de salud del nivel primario de atención.

Palabras clave: Adultos Mayores; Violencia; Envejecimiento Saludable; Satisfacción con los Servicios; Nivel Primario de Atención.

INTRODUCTION

In response to the need to age with quality of life, the United Nations General Assembly declared the period 2021-2030 as the Decade of Healthy Aging, led and implemented by WHO; the decade is a project that aims to reduce health inequalities and improve the lives of older people, their families, and their communities.

In this sense, Healthy Aging is defined as the process of promoting and maintaining the functional capacity that enables well-being in old age, and functional capacity consists of having the attributes that enable all people to be and do what is important to them.¹²

Healthy aging depends on a series of determinants, which surround individuals, families and nations. These determinants include:

- Physical environment: These include falls, physical environments, housing safety, clean water, clean air and healthy food.
- Personal determinants: We will highlight biology and genetics and psychological factors.
- Economic determinants: Among these we can highlight work, income and social protection.
- Behavioral determinants: among these we find smoking, physical activity, alcohol, healthy eating, oral health, medications and therapeutic compliance.
- Health and social services: We highlight health promotion and disease prevention, curative services, long-term care and mental health services.
- Social determinants: We highlight social support, education and literacy, and violence and abuse.³⁴

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Different researchers admit that violence is one of the social determinants of healthy aging. However, there are links between the determinants of violence and the determinants of healthy aging, specifically those related to health and social services.

Based on the above analysis, the author believes treating violence based on the determinants of healthy aging is relevant. Since violence is a health problem that demands from health professionals and other disciplines an in-depth study of its causes and negative consequences for the health of older adults, a growing and highly vulnerable population group, it is recognized that, in this sense, violence is a health problem that demands from health professionals and other disciplines an in-depth study of its causes and negative consequences for the health of older adults, a growing and highly vulnerable population group.

In this sense, it is recognized that in older adults, lifestyle changes demand health actions to improve their quality of life, taking advantage of the benefits of the organization of health services. Elements that are taken into account by the Cuban state when implementing health policies based on equity and social justice are as follows. Contributing to providing a dignified life with active participation in the Cuban nation’s social, political, and cultural life.

From this point of view, the present research assumes the following factors: sociodemographic (age, sex), manifestations of violence, satisfaction with health services, benefits received in the family doctor’s and nurse’s office, the Basic Work Group, and the polyclinic. The objective was to characterize the state of satisfaction of older adult victims of violence with health services at the primary healthcare level in the period from December 2022 to May 2023.

**METHOD**

A descriptive study was conducted in clinic 23 of the Emilio Daudinot Bueno Polyclinic from December 2022 to May 2023, with a population of 307 older adults and an intentional sampling of 57 victims of domestic violence. The primary data were obtained from documentary reviews, interviews, and surveys. They included percentage analysis for age, sex, manifestations of violence, and benefits received at the family doctor’s and nurse’s offices, the Basic Work Group, and the polyclinic.

In order to fulfill the objective, the modified Gómez Juanola questionnaire was used in 2004. The opinion of the older adult on the degree of satisfaction he/she felt when using the following health services was considered: family doctor’s consultation, field activity, consultations made by specialists of the primary work group, care received in community outreach or external consultations, nursing care, stomatological care, physical medicine and rehabilitation room services, emergency services of the polyclinic, diagnostic means, grandparents’ circle, community pharmacy.

Data processing included calculating summary measures for qualitative variables, absolute frequencies, and percentages.

For the discussion and interpretation of the results, a review of the specialized and updated literature was carried out, comparing the results obtained with similar studies; the criteria of the author and tutor of the research were presented, allowing conclusions to be drawn and recommendations to be suggested. The results were represented in tables and statistical graphs.

**Ethical aspects**

In this research, the ethical aspects related to biomedical research were taken into account, such as the authorization by the Scientific Council and the Ethics Committee for the research, the direction of the polyclinic, and the teaching department of the institution.

The willingness to participate in the study was considered by the informed consent form, which was signed by both the respondent or interviewee and the interviewer or interviewer.

In the document, the objective and importance of their participation in the research were made known to them, and it was also explained that their intervention was anonymous and that they could leave the

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study at any time if they so decided, without this affecting the quality of the medical care provided by the work team.

**RESULTS**

The study carried out reflects a predominance of the female sex, with 35 patients for 61.4 %. The most significant number of older adults are in the 60 to 65 age group, with 22 patients, for 38.6 %. The results are shown in Table 1.

Table 1. Distribution according to age and sex of older adult caregivers who were victims of violence

<table>
<thead>
<tr>
<th>Age Groups (Years)</th>
<th>Sexes</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>From 60-65</td>
<td>15</td>
<td>42.8</td>
<td>7</td>
</tr>
<tr>
<td>From 66-71</td>
<td>9</td>
<td>25.7</td>
<td>3</td>
</tr>
<tr>
<td>From 72-76</td>
<td>3</td>
<td>8.5</td>
<td>9</td>
</tr>
<tr>
<td>From 77-81</td>
<td>7</td>
<td>20.0</td>
<td>3</td>
</tr>
<tr>
<td>82 and over</td>
<td>1</td>
<td>2.8</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>61.4</td>
<td>22</td>
</tr>
</tbody>
</table>

**Source:** interview with older adult caregivers who are victims of violence

Table 2 reflects the manifestations of violence in the elderly in the family context. According to the responses of the older adults, psychological violence predominated, with 100 % of the older adults having been victims of psychological violence at some point. In second place came the manifestations of violence due to abandonment and negligence; in third place, manifestations of economic or financial violence; and finally, physical violence, for 40.3 %, 26.3 % and 15.7 %, respectively.

Table 2. Manifestations of violence reported by older adults

<table>
<thead>
<tr>
<th>Manifestations of violence</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td>9</td>
<td>15.7</td>
</tr>
<tr>
<td>Psychological violence</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Economic or financial violence</td>
<td>15</td>
<td>26.3</td>
</tr>
<tr>
<td>Abandonment and neglect violence</td>
<td>23</td>
<td>40.3</td>
</tr>
</tbody>
</table>

**Source:** interview with elderly victims of violence. *One older adult was able to report more than one manifestation (% based on 57)

Table 3 shows the results on the degree of satisfaction with health services. Services are provided by the family doctor's office and the family nurse. The highest percentage reported satisfaction with the service provided by the family doctor's office (57.9 %), the same percentage was not very satisfied with the field activity, and 29 of them were satisfied with the nursing care and the participation in the Grandparents' Circle, 50.9 % of the sample respectively. Despite this result, it is striking that most of them are dissatisfied with the latter service, 26.3 %.

Table 3. Satisfaction with health services. Services provided by the family doctor and nurse practitioner's office

<table>
<thead>
<tr>
<th>Types of services</th>
<th>Satisfied</th>
<th>Level of satisfaction</th>
<th>Not satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family doctor's office.</td>
<td>33</td>
<td>57.9</td>
<td>15</td>
</tr>
<tr>
<td>Field activity</td>
<td>11</td>
<td>19.2</td>
<td>33</td>
</tr>
<tr>
<td>Nursing care</td>
<td>29</td>
<td>50.9</td>
<td>15</td>
</tr>
<tr>
<td>Grandparents' circle</td>
<td>29</td>
<td>50.9</td>
<td>13</td>
</tr>
</tbody>
</table>

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When analyzing the degree of satisfaction with the health services provided by the Basic Work Group, table 4. A more significant number of older adult caregivers who are victims of violence expressed satisfaction with these services, mainly with those provided by the social worker (52.7%), showing dissatisfaction with the stomatological care (54.4%).

<table>
<thead>
<tr>
<th>Types of services</th>
<th>Satisfied</th>
<th>Not very satisfied</th>
<th>Not satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultations by a specialist in Internal Medicine (clinical)</td>
<td>23</td>
<td>40.4</td>
<td>27</td>
</tr>
<tr>
<td>Consultations performed by the psychologist</td>
<td>21</td>
<td>36.8</td>
<td>17</td>
</tr>
<tr>
<td>Attention of the social worker.</td>
<td>30</td>
<td>52.7</td>
<td>16</td>
</tr>
<tr>
<td>Dental care</td>
<td>7</td>
<td>12.3</td>
<td>19</td>
</tr>
</tbody>
</table>

Source: Questionnaire to older adult caregivers who were victims of violence.

The degree of satisfaction with the health services provided by the polyclinic is higher in the case of those received in the physical medicine and rehabilitation room, 54.4%, followed by those who are satisfied with the emergency services of the polyclinic, 52.7%, and in third place, those who are satisfied with the diagnostic services. On the contrary, the most significant number of older adult caregivers who were victims of violence (32, 56.2%) expressed dissatisfaction with the services of the community pharmacy table 5.

<table>
<thead>
<tr>
<th>Types of services</th>
<th>Satisfied</th>
<th>Not very satisfied</th>
<th>Not satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community outreach or external consultations.</td>
<td>19</td>
<td>33.3</td>
<td>21</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation ward services</td>
<td>31</td>
<td>54.4</td>
<td>19</td>
</tr>
<tr>
<td>Polyclinic emergency services</td>
<td>30</td>
<td>52.7</td>
<td>8</td>
</tr>
<tr>
<td>Diagnostic media services.</td>
<td>27</td>
<td>47.3</td>
<td>16</td>
</tr>
<tr>
<td>Community pharmacy</td>
<td>8</td>
<td>14.0</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: Questionnaire to older adult caregivers who are victims of violence.

DISCUSSION
In the study of the theoretical references, researchers point out that the predominant group is the female sex and ages between 71 and 81 years. On the other hand, Castro and collaborators testify that there is a high prevalence in the male sex. Regarding age, Rodríguez Calvo argues that the most frequent ages are between 70 and 80. Arguments that differ from the research presented only coincide in the case that the female sex is the most affected. In the author’s opinion, this last result is influenced by the patriarchal culture, whose social representation is that women should be in charge of housework, especially family care.

When analyzing the results obtained on the manifestations of psychological violence in older adults, these do not differ from those obtained by other researchers, who highlight in their research the use of obscene words and teasing (64.2%), offenses and intimidations and the threat of internment in nursing homes (67.8%) and repeated scolding in 88.8%.

The study of the referents shows a high satisfaction of the older adults with the services received at the family doctor’s and nurse’s office, especially with the nursing care, with 48% of the respondents reporting that these personnel frequently and very frequently contribute to improving their health.
Likewise, states of predominant satisfaction were registered, except for the stomatology and ambulance services, judgments that coincide with those issued in the present investigation, which differs from that found by other authors where 62.9% of the older adults did not declare any deficiency in the stomatology services, results that do not agree with those of the present study.

CONCLUSIONS
The results of the research characterized the state of satisfaction of older adult caregivers who are victims of violence with health services at the primary healthcare level.

REFERENCES


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Writing - revision and editing: Moraima Isalgué Marcillí, Alfredo Pardo Fernández, Yolaida Isalgué Marsillí, Daniel Isalgué Drullet, Rubisley Ferrales Isalgué.