How adult men use and evaluate health services

Como os homens adultos utilizam e avaliam os serviços de saúde

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ABSTRACT

Descriptive qualitative study aimed to know in which situations adult men search for health services and how they evaluate the service received. Data collection was in November and December of 2012, through semi-structured interview, in two emergency units. Thirty-two men participated, and their reports were submitted to Content Analysis, thematic modality. Majority of men referred to use emergency sectors to resolve their health problems. However, some reported to use primary care as an open door to the health system. Still, flaws in received assistance as lack of attention, comprehension, and communication by professionals were pointed out. The search, use and evaluation of services by men constitute an actual challenge for health professionals and managers, as it involves perceptions and perspectives not considered in attendance to male population.

Descriptors: Men's Health; Health Services; Gender and Health; Primary Health Care; Nursing Care.

RESUMO

Estudo descritivo de natureza qualitativa que objetivou conhecer em quais situações homens adultos procuram os serviços de saúde e como eles avaliam o atendimento recebido. Os dados foram coletados em novembro e dezembro de 2012, por meio de entrevista semiestruturada, em duas unidades de emergência. Participaram 32 homens, cujos discursos foram submetidos à Análise de Conteúdo, modalidade temática. Os homens, em sua maioria, referiram utilizar os setores de emergência para a resolução de seus problemas de saúde. Entretanto, alguns relataram ter a atenção primária como porta de entrada para o sistema de saúde. Ainda, apontaram falhas na assistência recebida como falta de atenção, compreensão e comunicação por parte dos profissionais. A procura, utilização e avaliação que os homens fazem dos serviços constitui-se em atual desafio aos profissionais de saúde e gestores, pois envolvem percepções e perspectivas não consideradas no atendimento à população masculina.

Descritores: Saúde do Homem; Serviços de Saúde; Gênero e Saúde; Atenção Primária a Saúde; Cuidados de Enfermagem.

INTRODUCTION

Male healthcare promotion have been discussed in diverse areas and social contexts[1]. These discussions are opportune because although the female population is numerically bigger, men suffer from more severe and chronic health conditions and are the ones who die earlier by main causes of death - cerebrovascular problems; cancers and external causes. This is significantly reflected in morbidity and mortality profiles of males and have been shown by national[2-3] and international[4-5] studies.

Even in front of this reality, Brazilian men, in contrary to women, search less for Primary Health Care (PHC) services[2,6]. This behavior is also observed in other countries, as pointed by a study about consultation rates between users of the basic attention service in the United Kingdom[5].

On the other hand, in emergency sectors, the male presence is more common overall caused by their motives when entering the primary care service – external causes and acuteness of sensible chronic conditions – and the need of fast resolution for their health problems as demonstrated by them [2].

Men resist searching for PHC services, especially for not finding adequate conditions to resolve their health demands. In contrast, they commonly face simplistic approaches based on care focused to specific groups, as observed in a Scottish study about perceptions of men assisted in a male health attention program[7]. In Brazil, this setting is also seen and represents a gap in universal and integral primary attention implementation to the population, at the same rate that it reveals inequalities in assistance provided to men and women. This fact is related to gender concepts present in our society, surpassing biological differences[3].

In this sense, when following the masculinity hegemonic model, men suppress health necessities that are socially recognized as fragility signs. These generate conflicts between being male and being masculine and can cause feelings of self-depreciation and exclusion in those looking for professional assistance in health services, culminating less satisfaction with the assistance received[8].

Although the evaluation of user's satisfaction regarding assistance quality in health services are already well documented in the literature, but when considering male users, studies are still scarce[1,6]. This lapse in scientific knowledge allows inferring that PHC are not sufficiently prepared to receive men, especially due to limitations in the comprehension of gender constructions related to care and, in assisting demands in a broad and resolute way which tends to increase the search for secondary level services – emergencies.

From this gap, the present study starts from the following research question: how do men search for health services in situations judged as necessary? Therefore, the aim of the study was to know in which situations adult men search for health services and how they evaluate the received attention.

METHODS

A qualitative descriptive and exploratory study, conducted in two emergency units: the Emergency Care from Mandaguari (PR) and Emergency Room of the Regional University Hospital of Maringá (PR). These services were chosen given the scientific evidence pointing those as the health care level most searched by men[2].

The option to include only adult men in the study was based on the fact that there are efforts to conduct studies and strategies for young and older male population and in counterpart, there is lack of those practices related to adults. Thus, aiming to select subjects, the following inclusion criteria were established: male subject, aged between 20 and 59 years, and assisted in an emergency unit by any reason during data collection. The exclusion criteria were: to not present clinical, physical and/or mental conditions to participate in the interview.

Data collection occurred during the months of November and December of 2012, through interviews, using a semi-structure script composed by two parts. The

first was composed by questions aimed to characterize the subject (age, unit where assisted, marital status, occupation and motive for assistance), and the second presented the guiding research question: What is the health service that you use the most, and why? And what do you have to say about the received attention?

Interviews lasted on average 30 minutes and were conducted by an external researcher regarding emergency units. It was conducted after medical attention and in a reserved space, guaranteeing subject's privacy. The delimitation of participants' number was given by theoretical saturation of findings[9] and when noticing new elements not being aggregated from this data collection.

The analytical interview process was conducted considering the Content Analysis assumption, thematic modality, which attributes importance to words and its meanings through the search of themes in different realities[10]. Pre-analysis; material exploration; treatment and data inference steps were performed in this process.

In pre-analysis, interviews were printed and read in a fluctuating way, allowing acquirement of generalized knowledge about the content. Following that, we initiated a careful and exhausting exploration of all content, leading us to identify meaning nucleus, the messages' codification and finally categorization, in which all themes with common meanings were progressive grouped ("collection" procedure)[10], culminating the elaboration of two thematic categories: where, when and why adult men search for health services; and attention to male health: how he perceives and expects to be cared.

After that, we inferred the data and analyzed it based on gender theoretical and analytical reference[11].

The study's project was approved by the Ethics in Research with Human Beings Committee of the Universidade Estadual de Maringá (Process nº 132.578, from October 1st, 2012). To guarantee participants' anonymity, they were identified with the letter H ("homem") followed by two Arabic numbers; the first was indicative of the interview order, and the second indicative of their age. At last, we opt to add the motives that took them to look for a health emergency service in that moment to the codenames, to better contextualize their reports and their circumstances.

RESULTS AND DISCUSSION

Thirty-two men participated in the study, their age varied from 20 to 59 (the mean was 36,1 years), being 20 of them married or in a stable consent union, and all others were single. Regarding their occupation, only three were retired; all others were formally or informally in the job market. Between professional activities, metallurgic, agriculture, civil construction and loads transportation were highlighted.

Findings will be presented in categories created during the analytical process.

Where, when and why adult men search for health services

When asked about their using habits in health services, adult men referred beyond type of most used assistance (primary, secondary or tertiary), also, causes that led them to search for it.

Now I'm coming to the Emergency Room, because is a fast attention case, but I use more the health center. When it is only fever and flu, more simple things, I search first for the health center (H.19, 29 years; traffic accident).

Sometimes I go to UPA (Emergency Room Unit), *but normally I look for the health center close to home.* (H.11, 24 years; traffic accident).

The Basic Health Unit (BHU) is the first place where men search for healthcare prevention, immunization and preventive routine exams, as observed in the following lines:

When I needed, always went to the health center. The last time that I needed, it was to be vaccinated for tetanus to

be able to enter the company (H.13, 29 years; traffic accident).

This year, I think it's about four months ago, I've been to the health center to do routine exams, a check-up, blood tests, diabetes and prostate (H.31, 43 years; aggression victim).

Interviewers understand the BHU function and the Family Health Strategy (FHS) as a place to perform less complexity attention and preventive exams. However, men still search for emergency services due to (un)availability of time or by considering a better quality assistance, especially when considering number of professionals as indicative of good service.

I search more for emergency service, the wait for consultation is faster, whenever I need, I come here (H.3, 53 years; inguinal pain).

There is more staff in the hospital to attend people, in the health center there are many people searching, practically all neighborhood, then at the hospital is faster and they attend better (H.6, 26 years; work related accident).

It is a bit hard to go to the health center, because as I work away I have to come here after work, and that's why I use more the Emergency Service (H.8, 29 years; migraine, myalgia and retro orbital pain).

For most interviewed, reasons that took them to emergency services during data collection were especially traumas from work and traffic accidents, which needed adequate urgency care. In some cases, the motivation to search for determined type of health service was not only the actual health problem (emergency) or the need for routine exams (preventive), but also health service characteristics, as those would qualify the service for their needs.

Although it was created two decades ago, we noted the healthcare model proposed by FHS is still not being clearly understood by some interviewed. This reality can also be evident on a recent study, in which lack of information about the program and its objectives are presented as responsible for users to search for median and high complexity services, thus contributing to the permanence of healing conception of health institutions[3].

Under this sight, it is worthy to note that emergency situations can also motivate the search for primary health services. However, actual Brazilian norms do not present clear definitions about the minimal conditions to attend urgencies in this attention level[12]. Thus, for the adequate attention, investment in technical capacities for professionals and management of the health attention network are needed, besides the work review process developed by health teams[13].

In general, we can learn that searches for a determined type of health service are modelled by its work hours. This is because men value the possibility of care not implicating in their work absence and also because it can be fast. In addition, the literature highlights the higher number of available health professionals, quick process before medical consultation, flux of users and distance between health institution and the person's home as motives to search for emergency care[13-14].

The search and use of health services by men is different from how it happens within women. However, there is a need to problematize this question from the relational gender perspective. Health professionals as well as users reproduce the gender model already crystalized, restricting to male and female peculiar ways to learn how to self-care[15]. Investigations[14,16] confirm men presenting more difficulty while searching for health assistance due to decreased negative health self-perception or healthcare need.

Besides, it is still part of common sense that health promotion and prevention activities are female tasks[14,16]. In consonance, a study conducted in the Netherlands showed health self-perception being worse between women when compared to men, determining women using more health service for preventive reasons[17].

Despite that, men still excel immediate attention in their needs, differently from women who are more tolerant and persist in the wait for care[16]. From a gender perspective, it can be inferred that healthcare demand disparages subjects created to assist and provide. This affronts a rigid pattern without opportunities for flexibilities. The "invulnerable being" male image can lead practices of less care with their own body, becoming vulnerable[18].

Thus, to make men arrive at health services before their health status aggravation constitutes an important challenge to the service and professionals; requires cultural transformation and mutual involvement: system-user. Thus, for primary care services to become attractive and at the same time, develop specific activities for the male population, an adequacy of health services to male demands looking for care[1] is necessary.

One of the ways to reach this adequacy is to listen to men who use the service. This would allow knowing motives for assistance search, and also evaluating provided care. This posture would approximate and establish a link between professionals and men, which is important for a conjunct assistance planning and male participation in decision making about his healthcare[19].

Some interviewed expressed their perceptions and suggestions for good service based on their experiences and in how they idealized quality assistance, as observed in the next category.

Attention to male health: how he perceives and expects to be cared

Few men positioned about the assistance received by professionals in commonly used health services, in a positive as well as negative character.

I've heard friends of mine complaining about the Emergency Room, but I've always been well cared, well treated, I think it lacks doctors, but it's the government's fault (H.32, 28 years; work related accident).

I think it lacks comprehension, to know how to hear the patient. If he is here it's because there is a problem, he is not joking (H.9, 32 years; intense migraine).

Many times the doctor does not even touch you, doesn't do any exam to see if you are really sick of not. They should attend people a little better (H.4, 28 years; sore throat, fever, headache and myalgia).

For participants, flaws while attending characterized by the lack of attention and comprehension, communication deficit and sometimes, disregard from professionals, brought discourses indicating need of improvements based on respect and on the ability for health workers to better inform men about details regarding the received assistance. In general, we observed interviewed asking for more humanization in assistance.

Man already does not search doctors that much, only in the last case. So, if he got here and was well treated, everything that needed to be done was done, sometimes men would self-treat a little better, would self-care more, but he already gets here with all difficulties, and then is poorly treated (H.8, 29 years; migraine, myalgia and retro orbital pain).

I have a hard time to know what is going on during my appointment, to know what they will do with me [...] they leave me here in the stretcher and keep leaving [...] lacks information (H.11, 24 years; traffic accident).

Men also highlighted the need to have ways by which they would communicate to city managers the gaps and needs in health services; feasibility of more health professionals, including professionals specific for male health problems; more precision in attendance to resolve specific emerging problems; and better payment for health professionals:

I think it should have a free phone number for all hospitals and attendance rooms so that we could complain, this

way the mayor would know what happens in health services (H.9, 32 years; intense migraine).

Would need to have more specific doctors to treat men in municipal health centers, because there isn't, if you need, you have to pay. In the public one, there is not even an urologist! (H.2, 44 years; renal colic).

Lacks professionals or even resources to better pay the health professional, so that he works in another mood (H.22, 49 years; traffic accident).

A study conducted in Rio de Janeiro with 50 men revealed qualitative indicatives attributed to a good service were: humanization, communication and readiness[1]. Attention during appointments was also highlighted in a multicenter investigation conducted with 201 men in Pernambuco, Rio Grande do Norte, Rio de Janeiro and São Paulo states[20].

Another research conducted in a Brazilian northeast city with 15 men revealed resolute attention being related to welcoming users in health services and attention based on communication and trust between professional-user[21].

Beyond constituting a sensitive quality indicator for provided service, user's satisfaction is a category considered strategical for better service adequacy to its demands. Thus, adult men expose their anguish and, at the same time, opine about potential actions to improve the health service structure and attention quality. In the perspective of a solid implementation of the National Policy for Integral Attention to Male Health, the relevance to analyze the presence and male demands in male services is highlighted, under the men sight as subject in this setting[22].

In few moments, it was noted the rooting of a gender culture that is harmful to male health, present in our society and reproduced in speeches and attitudes of male adults, raising the need for focused actions in the subversion of this logic. However, in Scotland services formally structured for actions aimed at all male population have not obtained such positive effects as if they were directed to specific male groups[7]. In those cases, the user's age seem to be more important that simply the male gender[7].

Recommendations for male attention go in the direction of assistance offer for male specificities. In the hospital environment, for example, given peculiarities and singularities, separated sectors for men, women and children are necessary. Regarding medical specialties, urology attention for example was requested by subjects, revealing that there is no equal preoccupation with care for men and women from public managers; in which frequently specialized professionals are available to attend gynecological complaints[1].

The focus about male perceptions regarding the received service allowed identification of gender construction, still invisible for society and health services. The present investigation did not compare distinct assessments between genders and addressed a restrict group of male population, in a specific service – emergency room – in two health units, characterizing a study limitation, considering that in other care settings, different findings could appear. But, results provide comprehension about male behavior in health and its perception of received care, which are still considered for planning, organization and adequacy of health services.

FINAL CONSIDERATIONS

The present study showed majority of adult men using emergency units to search resolution for health problems. However, a small group reported vanguard comments of PHC use as entering door to the health system. It is noted that naturalize choices for emergency services would result in error, because they are not only and simply based in the search for services following a hierarchical assistance, but they are structured by gender perspectives that lead men to search for a curative, immediate resolution and free of prejudice.

The present study advanced in the sense of addressing men inserted in emergency services, identifying not only motives causing habitual search for

health services, but also, those by which they searched for emergency care, main locus of answers to male health demands.

In addition, it was possible to know satisfaction perceptions of those individuals and their opinion regarding the service quality, unveiling demands – readiness at initial care, attention, communication, resolution of problems, sufficient health resources and available time for attendance – that still constitute flaws in health services.

These flaws are still little discussed in studies about this theme, but are still predominant in routine practice. For this reason, we emphasize the present study impact falls on health services structure and prepare to welcome young adult men, by a spontaneous demand or by pragmatic actions. In a broad way, findings can implicate on re-adequacy of the National Policy for Integral Attention to Male Health, in a way to provide aids for health managers and teams to implement preventive strategies and care segments for younger men, which are the focus of this policy.

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