

The social profile of the amputee patient in rehabilitation

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ABSTRACT

Considerations about amputee patients need to go beyond their physical rehabilitation. As an integral process, rehabilitation includes the presence of a social worker, which is indispensable during the treatment; this is a professional that provides a way to gradually provide social inclusion considering their new situation. **Objective:** This study made a social profile of the amputee inpatients who were treated in the Institute of Physical Medicine and Rehabilitation/IMREA, in the city of São Paulo/SP. **Methods:** This was a retrospective study: quantitative regarding the collection of data, and qualitative as an analysis of the basis of the dialectical materialist perspective. For the development of this study, a sampling of medical records between November 2014 and July 2015 was surveyed. **Results:** Information was collected coming from Social Assessment institutional protocol, a professional operating and technical tool, such as age; sex; marital status; per capita income; region of origin; level of education; social security benefits, and whether they had access to rehabilitation treatment elsewhere. **Conclusion:** This work highlights the importance of professional social work as part of the interdisciplinary team in the process of rehabilitation of the amputee, thus enabling one to know the individual in his entirety.

Keywords: Disabled Persons, Amputees, Rehabilitation, Social Dominance

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INTRODUCTION

Amputation is the surgical or traumatic removal of a body segment,¹ and is one of the oldest surgical procedures known.² To study the characteristics of patients is relevant in terms of the knowledge of the target audience. Social Services, while being responsible for understanding the multiple expressions of the social issue, is a fundamental part of the amputee patient's treatment plan at the Institute of Physical Medicine and Rehabilitation, developing interdisciplinary interventions and identifying the real needs of users,³ without overlooking the execution of a humanized job,⁴ with the aim of strengthening the individual in search of their autonomy regarding their newly acquired physical condition. For the present authors, the Social Worker belongs to the interdisciplinary team and has, among others, the role of mediator between the family, the health care team, and the institution, being a link between these important characters for a successful treatment outcome.

Working with the amputee patient requires an understanding that, despite the loss of all or part of a given member, there are still several other possibilities and opportunities to be worked with.⁵ In Brazil about a quarter of the population has some type of disability,⁶ and it is essential to conduct a more detailed study, as a way of understanding reality, thus contributing to greater visibility of the issue, as well as seeking the creation and consolidation of public policies that address this significant portion of the population.

The Social Work service performed in the IMREA seeks a holistic understanding of the patient, going beyond their immediate needs, working on implementing new prospects and future plans,⁷ in addition to serving as a foundation so that, once discharged from the hospital, the patient has greater autonomy to go in search of their dreams and desires, fulfilling their role as a citizen.

OBJECTIVE

To analyze the social profile of patients with a clinical diagnosis of amputation admitted to the Institute of Physical Medicine and Rehabilitation - IMREA/Vila Mariana. Highlighted also was the importance of the role of the Social Worker in facing the demands of patients in the rehabilitation process.

METHOD

This was a retrospective study, based on data collected from medical records in the period from November 2014 to July 2015. During that period, 35 patients with a clinical diagnosis of amputation underwent inpatient rehabilitation treatment at the Institute of Physical Medicine and Rehabilitation/IMREA - Vila Mariana, totaling in all 50 hospitalizations, including the first, second or third admission of the patient.

For the study, 33 of 35 records were analyzed, since two patients had clinical complications that triggered an early discharge.

The items analyzed were: age, sex, marital status, household and per capita income; demographic origin, educational level, whether they received any benefits, and whether they had access to rehabilitation treatment at another location.

All surveyed data were grouped and analyzed in order to draw a profile of patients treated within the limited time-period. These data come from the institutional protocol of Social Evaluation, applied by Social Services in the process of rehabilitation of the patient.

The research was not limited only to a descriptive expression of the information thus obtained, therefore it was also a qualitative search, considering the need to correlate the data with social aspects, from the materialist dialectic perspective,⁸ thereby emphasizing a contextual analysis of the patient.

RESULTS

The data collected will be displayed in absolute numbers, (Table 1).

DISCUSSION

After the collection and analysis of the data, it was possible to classify the sample studied as being mostly composed of males, with a mean age of 38 years; single; having not completed elementary school; belonging to the metropolitan region of São Paulo/SP; with etiology of a traumatic nature; receiving welfare benefit after acquiring the disability, and having the Institute of Physical Medicine and Rehabilitation as the first access to a treatment composed by an interdisciplinary team.

Acquiring a disability causes significant changes to one's life, with the social aspects

being among the most affected. The present survey shows a significant number of patients who, although still at an active age, withdrew from the labor market due to their health condition. In this way, there is a large contingent of patients dependent on welfare benefits, with 100% of the studied sample supported by some kind of benefit, whether through the benefit of Continuing Benefits, Sick Pay, and disability retirement.

Among the records surveyed, there was a preponderance of males in the process of rehabilitation treatment. The exposure of men to higher risk factors is a traditional reality and that still prevails in today's world. Salimene⁹ refers to the predominance of men in various types of accidents that lead to disabilities, and after two decades, the national reality remains the same.

Of the sample studied, 22 patients underwent traumatic amputation: car accidents (18); hit by a vehicle (2); gun shot wounds (1), and electrical shock (1). In contrast, there were 11 patients with amputations from non-traumatic etiologies, such as diabetes, cancer, meningitis, and thrombosis. What stands out is the fact that none of the seven women in the sample had traumatic amputations, whereas all 26 of the men bore the mark of a traumatic etiology.

In terms of marital status, the sample contained 23 patients who did not have a partner, which corroborates other studies showing that younger single men have greater vulnerability to traffic accidents,¹⁰ which in turn can create significant impacts on one's life as a whole.

The evident imprudence on public roads reinforces the need for a consolidation of public policies for raising awareness about the dangers in traffic, targeting young adults in particular. Data from the Ministry of Planning, Budget, and Management¹¹ reveals that traffic accidents generate various types of expenses for the State, with the area of health being one of the sectors impacted significantly. There are costs that continue from the pre-hospital phase through rehabilitation for patients who have sequelae, whether temporary or definitive.¹¹

In spite of access to the public Unified Health System - SUS - being everyone's right, there is often a lack of equipment to perform the service necessary to meet the needs of its users; this is evidenced through the prevalence of patients who do not find treatment in their respective cities and need to move to São Paulo/SP. In this way, paying attention

Table 1. Data from social indicators

Social Indicators n = 33	N
Gender	
Male	26
Female	7
Age Range	
20-30 years	9
30-40 years	16
40-60 years	12
Over 60 years	3
Region of origin	
The metropolitan region of São Paulo	19
The countryside of the state of São Paulo	12
Other States	2
Social Security Benefit	
Sick pay	27
Retirement due to disability	4
Continuing Benefits	1
Disability retirement	1
Per Capita Income	
Up to 1 Minimum monthly salary*	17
1 to 2 times the minimum monthly salary	7
2 to 3 times the minimum monthly salary	3
3 to 5 times the minimum monthly salary	2
4 to 7 times the minimum monthly salary	1
Could not inform	3

* Minimum monthly salary on the basis of Decree no. 8,381, dated December 29, 2014. Regulates Law No. 12,382, dated February 25, 2011, which regulates the value of the minimum monthly salary and its policy of recovery for the long term. Art. 1 from January 1, 2015, the minimum monthly salary will be R\$788.00 (seven hundred and eighty-eight reals). Source: www.planalto.gov.br/ccivil_03/_ato2011-2014/decreto/d8381.htm

to the cultural conditions of the individual is important in relation to the progress of treatment in the rehabilitation program,⁹ so an understanding is needed of the totality in which the individual is inserted, not restricted to the diagnosis and the deficiency.

Another relevant point with respect to the peculiarities of patients is to consider the level of schooling, considering that it is relevant to understanding how they can absorb the guidance received by the interdisciplinary team and make decisions based on it. In addition, it is important with regard to how the team can propose strategies to transmit knowledge to their different patients.

The per capita income of the analyzed patients shows that there is a predominance of minimum monthly salaries as income per capita. This points out the importance of access to guidance from the Social Service professional throughout the rehabilitation treatment, in order to facilitate the knowledge of information relevant to the rights of people with disabilities and benefits linked to income criteria. The change of the socioeconomic profile of

the patient is a primary factor for the Social Service professional to understand the surrounding reality in which the patient is inserted.

Despite various demands that emerge for the Social Service professional inserted into the socio-occupational space encompassing the rehabilitation of persons with disabilities, addressing this issue as a Social Worker constitutes a path composed of gaps and areas little explored as yet. The lack of specific content was one of the factors that led to the implementation of this present work, as a way of contributing to the construction of a denser theoretical framework and that could gradually consolidate itself and gain its due and essential space within the discussion involving the needs of people with disabilities in the rehabilitation process.

For Schoeller et al.¹² knowing the population of amputees is important for planning, strengthening, and building new actions in public health. According to those authors, the treatment and health care of people who are amputees require that all health professionals develop specific skills so that they can

contribute to the patient right to access the services rendered. In this way, tracing the profile of patients after IMREA hospitalization will stimulate the search for contributions from all the team professionals so that the rights of the disabled are enforced.

CONCLUSION

Studying amputee patients who underwent treatment at the Institute of Physical Medicine and Rehabilitation is a way to plan and analyze the therapeutic care goals that can trace the conditions and needs arising after a person is disabled.

The role of the Social Worker is essential to a patient's rehabilitation process, which must be done through humanized sessions that include qualified listening and understanding that each story and situation is unique and has unique features. Furthermore, the research makes us think about the importance of each professional who makes up the interdisciplinary team, just like a jigsaw puzzle where the junctions of distinct trainings connecting them together in pursuit of a common goal results in the biopsychosocial benefits of the individual.

This study validates that a disability can be less burdensome when there are factors that mitigate the individual's disabilities such as access to a rehabilitation treatment with an integral process constituted by a quality interdisciplinary team along with the support of the patient's family and society as a whole that respects his aspirations, skills, and desires.

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