

NURSING CONSULTATION MELLITUS DIABETES: SATISFACTION OF USERS CARED FOR IN THE FAMILY HEALTH STRATEGY

Consulta de enfermagem no diabetes mellitus: satisfação dos usuários atendidos na estratégia de saúde da família

Consulta de enfermería diabetes mellitus: satisfacción de usuarios atendidos en la estrategia de salud familiar

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ABSTRACT

Objective: To verify the satisfaction of users with type 2 Diabetes mellitus about the nursing consultation in the Family Health Strategy. **Method:** a descriptive study, developed in the Family Health Strategy of the urban area of a municipality in Piauí, with 27 users, through a semi-structured interview. **Results:** there was a predominance of females (19), aged between 42 and 80 years. The nursing consultation was considered satisfactory (13). Three categories emerged: Continuous and comprehensive care for users with Diabetes mellitus in the Family Health Strategy; Motivation to seek the Nursing Consultation and User Satisfaction in relation to the Nursing Consultation. **Conclusion:** assessing the satisfaction of users with diabetes in relation to nursing consultation is crucial for professionals to redesign their health actions and, therefore, direct them to the real needs of this public.

Descriptors: Diabetes mellitus, Nursing consultation, Patient satisfaction, Primary health care.

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RESUMO

Objetivo: Verificar a satisfação dos usuários com diabetes mellitus tipo 2 acerca da consulta de enfermagem na Estratégia Saúde da Família. **Método:** estudo descritivo, desenvolvido na Estratégia Saúde da Família da zona urbana de um município do Piauí, com 27 usuários, por meio de entrevista semiestruturada. **Resultados:** predominou-se o sexo feminino (19), idade entre 42 e 80 anos. A consulta de enfermagem foi tida como satisfatória (13). Emergiram-se três categorias: o cuidado continuado e integral ao usuário com Diabetes mellitus na Estratégia Saúde da Família; Motivação para procura da Consulta de Enfermagem e Satisfação dos usuários em relação à Consulta de Enfermagem. **Conclusão:** avaliar a satisfação do usuário com diabetes em relação à consulta de enfermagem torna-se crucial para o profissional replanejar suas ações em saúde e assim, direcioná-las para as reais necessidades desse público.

Descritores: Diabetes mellitus, Consulta de enfermagem, Satisfação do paciente, Atenção primária à saúde.

RESUMEN

Objetivo: Verificar la satisfacción de los usuarios con diabetes mellitus tipo 2 sobre la consulta de enfermería en la Estrategia de salud familiar. **Método:** estudio descriptivo, desarrollado en la Estrategia de Salud Familiar del área urbana de un municipio de Piauí, con 27 usuarios, a través de una entrevista semiestructurada. **Resultados:** predominó el sexo femenino (19), con edades comprendidas entre 42 y 80 años. La consulta de enfermería se consideró satisfactoria (13). Surgieron tres categorías: atención continua e integral para usuarios con diabetes mellitus en la estrategia de salud familiar; Motivación para buscar la Consulta de Enfermería y la Satisfacción del Usuario en relación con la Consulta de Enfermería. **Conclusión:** evaluar la satisfacción de los usuarios con diabetes en relación con la consulta de enfermería es crucial para que los profesionales rediseñen sus acciones de salud y, por lo tanto, los dirijan a las necesidades reales de este público.

Descriptores: Diabetes mellitus, Consulta de enfermería, Satisfacción del paciente, Atención primaria de salud.

INTRODUCTION

Diabetes Mellitus (DM) is a chronic disease of high incidence, classified as type 1 and type 2, the latter being the most prevalent which corresponds on average to more than 90% of cases of diabetes.¹ It is estimated that in the year 2030, there will be 300 million people affected by the disease in the world.¹

Such pathology is considered a priority in health care levels and stands out in the Primary Health Care (PHC) scenario. In this territory, user assistance is performed through Estratégias de Saúde da Família (ESF) with a multi-professional team that develops actions to promote and protect health and prevent diseases.²

Within ESF, the nurse stands out, a professional who plays an essential role in assisting the DM patient during the Nursing Consultation (NC), an activity that is private to the patient.³ The NC aims to collect information through the patient's medical history, as well as to analyze, plan, implement actions and evaluate the results from the assistance offered.⁴

In this sense, one of the important aspects of the NC concerns user satisfaction, its concept has a broad meaning and can be defined as positive and individual evaluations of health services and its evaluation extends to its different dimensions.⁵⁻⁶

In this scenario, a study carried out in the scope of PHC concluded that despite the dissatisfaction with the difficulty in scheduling appointments and receiving spontaneous demand, however, there was satisfaction with health professionals, including the nurse.⁶ Thus, the NC is perceived by users with DM as a collaborating factor for disease control.⁶

In this context, since the user is the driving force of health service actions and his perception can influence positively or negatively the therapeutic adherence,⁶ the need for research that contemplates the user's satisfaction with NC is evident.

The result obtained can become an instrument of dialogue between the client and ESF, thus collaborating for the replanning of nursing care in relation to the needs of the user with DM. Thus, the study aimed to verify the satisfaction of users with diabetes mellitus type 2 about the nursing consultation in the Family Health Strategy.

METHODS

Descriptive, transversal research, with a qualitative approach, carried out with 27 people diagnosed with DM type 2, registered and followed up in an ESF in the urban area of the city of Picos, Piauí, Brazil.

The choice of ESF was defined for convenience. For the delimitation of the sample, the criterion used was based on the subjects' speech saturation, when there is no longer any new data added to the participants' speech.⁷

It was used as inclusion criteria, to be registered and monitored by ESF, to have been diagnosed with the pathology for more than one year, because it is believed that above this period of time of diagnosis, it is enough to establish contact with the health team. As exclusion criteria, age under 18 years.

Data collection took place between October and November 2017, in a reserved room at the health unit, subjects were approached while waiting for the NC. At the time, the research objectives, benefits and possible minimum risks were clarified, followed by the signature of the informed consent form.

The interviews were recorded and occurred individually guided by a semi-structured script that encompassed demographic, clinical and user satisfaction-related variables with the NC.

The data analysis followed Minayo's⁷ proposal, which divides the subject to be discussed into categories according to the repetition of ideas about a certain context. The content of the speech was organized in stages, through the faithful transcription of data, systematic reading

seeking communication between the parts of the speech, and interpretation of data. To preserve the identity of the subjects, they were identified with an alphanumeric code (letter "K" followed by number).

The study was submitted to the Research Ethics Committee of Universidade Estadual do Piauí and approved on October 5, 2017, under CAAE No. 77783317.4.0000.5209, with opinion No. 2.314.971, following the ethical precepts in research involving human beings.

RESULTS AND DISCUSSION

Of the total number of participants, 19 were female, ages ranging from 42 to 80 years. When asked about the presence of other morbidities, Systemic Arterial Hypertension (SAH) prevailed, (22). From the analysis of the testimonies, it was possible to list three categories, namely: Continuous and integral care to the user with DM in ESF; Motivation for seeking NC and Satisfaction of users in relation to NC.

Continuous and comprehensive user care with DM at ESF

Regarding the assistance of users with diabetes, the content of the speeches made it possible to identify orientations and care given by the nurse during consultations for the control of the disease, with emphasis on adequate nutrition and practice of physical exercises.

The testimonies also showed that the guidance provided by the health professional was understood, however, some users persisted in performing inappropriate habits, as shown in the following statements:

This, she [the nurse] does guide me to eat and not to exaggerate, to eat things that can offend me, but she always explains to me what I can eat, I am stubborn. (K4)

[...] she [nurse] also measures my pressure, diabetes. (K10)

Ah, she [nurse] tells me to do physics [physical exercises], in an oily food, these things taste?! (K23)

When asked if there were any complications from DM, the most cited were retinopathy, followed by foot or diabetic foot problems and kidney problems. Some presented more than one complication, a fact that becomes worrying while some users seemed not to understand the gravity of the problem.

I gave a kidney problem, I'm doing some tests, today I'm going to ask. (K2)

[...] the view got worse after that diabetes and also my leg...there is a day when it hurts too much. (K7)

I have [a complication of DM] o qui [pointing to the foot],

this wound was born out of nowhere, outside that there is day that has no place to put the leg [pain] [...]. (K13)

Ahh! My view is no longer the same. (K20)

Motivation for NC search

Given the frequency with which subjects seek NC, it is possible to perceive the different time limits for seeking follow-up of their pathology, some of them seek such a service more frequently, while others have less attendance per year. As the following speeches reveal:

Vixe! One or two or three [Nursing appointment per year]. (K4)

I spend every year, from twenty to twenty-five times. (K13)

Sometimes every month and there are times that I spend twice a month. (K16)

This year here is the first [Nursing Consultation]. (K18)

When they were accused of the reasons for seeking NC, it became evident that the demand for NC was also due to the wide supply of health services, blood pressure, capillary blood glucose, anthropometric measurements, cytopathological examination for women, demonstrated in statements such as

It's for her [the nurse] to see how I am! to inspect the diabetes as it is, if it's high, if it's low. (K7)

Why the consultation? Just because of the diabetes itself, and every three months I ask for enzymes to know how the diabetes is. (K12)

To control the pressure, the diabetes, see the weight too. (K16)

It's like I'm telling you about prevention, this part of gynecologist woman, of diabetes to get the medication, I'm looking for the medication, the weight, the weight control, you understand. (K20)

On the other hand, despite the fact that the services offered by PHC include the promotion of health through educational activities carried out by the nurse and other professionals who make up the multiprofessional team, it is clear that the demand for NC is conditioned to pathological situations, as shown in the statements below:

When I'm very weak, I'm faded. (K1)

When my pressure is too high, then I come here [at ESF],

today I came because the health agent told me I came. (K11)

Because when I feel that the diabetes is altered, then I look for her [the nurse]. (K23)

When I get sick. (K27)

of food I can't eat. The doctor is the one who sees what I am feeling. (K20)

I consult with a doctor, the nurse mediates the pressure and delivers the medicines. (K26)

The doctor is the one who asks me what I'm feeling, if the medicine is taking effect. (K28)

User satisfaction in relation to the EC

Satisfaction with the NC is instigated from the understanding of quality, personal aspects of users and the structural principles of professionals.⁸ Thus, the subjects stated that they are satisfied with the NC, as described in the testimonials:

I am satisfied, every time I come, she [the nurse] answers well, she speaks badly, she answers well. (K2)

I am [satisfied], she [the nurse] guides me straight (K4)

Yes, I am! [satisfied] She [the nurse] does her part. (K13)

Yes [satisfied], she [the nurse] is very good. (K25)

However, although most of the subjects were satisfied with the NC, contradictions inherent to the lack of essential medications for the treatment of DM appeared in the context, however, the subjects did not attribute this failure to the nurse or the NC, a circumstance that is consciously revealed in the reports as political:

[...] what I wanted to change was if the government gave us the medicines we could take, because I took and my medicines were all changed from the post. (K5)

[...] it would be good if when we were going to have a good care [Nursing Consultation], to also have a medicine, because the nurse is good, because if she doesn't have the medicine, what she can do. (K11)

When subjects were asked about their perceptions of NC, most referred to it as an opportunity to check their pressure levels and purchase drugs, and that the verification of complaints and adherence to drug treatment was the doctor who performed it.

Furthermore, it was possible to infer from the reports that the understanding of DM users regarding the assignment of the nurse during NC is erroneous and limited. Another aspect perceived was the fragmentation of care and the deficit of interprofessional communication, as described in the statements:

The nurse talks about sugar, salt, that I need to lose weight, but the consultation is really with the doctor. (K1)
The nurse measured my pressure, talking about the issue

It was observed in this study that the subjects understood the health guidelines during the NC, however, they did not follow them correctly, persisting in performing inadequate habits. Corroborating this finding, an epidemiological study conducted with 1,320 users with DM type 1 and 2 showed that this public generally neglects self-care, even when faced with the guidance provided by professionals.⁹

In this context, it becomes worrying that the subjects do not follow the health guidelines, taking into account that the majority reported obtaining complications from the disease, some claiming to have more than one complication.

Since DM does not usually appear in isolation, NC to this public becomes crucial for the screening and intervention of modifiable risk factors¹⁰ in order to avoid prolonged hospital stays.⁹

Another aspect perceived was the demand of users with DM by the NC only in the presence of symptoms, either due to the worsening of the pathological situation installed or in the face of new pathologies, and as a consequence, interfering in the control of DM.⁸

Faced with this paradox, it becomes fundamental that the client understands the importance of joining the NC periodically, for this the professional must use clear and objective language.¹¹⁻¹²

Regarding user satisfaction with the NC, the evaluation was considered satisfactory by most subjects, a result that corroborates a similar study conducted with 18 DM users in five ESFs in a state of the Northeast.⁴

However, a survey conducted in Recife, Pernambuco, revealed that the user associated his degree of satisfaction with the cordiality of health professionals and success in care⁵, which can also be contacted in this study. It is noteworthy that in some cases, the user was unaware of the role of the nurse in front of the NC in relation to the person with DM.

Nevertheless, the evaluation of user satisfaction is fundamental for the improvement of the health care provided.⁵ Good communication between nurse and client is a determining factor for the understanding of the importance of NC to the user with DM¹⁰, since NC contributes directly to the control of the disease.¹³

Regarding the actions of the nurse in ESF, one of the essential aspects of the consultation is the evaluation of the adherence to medication treatment of the user with DM type 2, which is an important step, so that a care plan can then be developed and implemented.^{2,14}

In this way, the NC enables the professional to assess the needs of the user with diabetes, allowing a space for discovery and interaction and favoring an approach closer to the patient's reality.¹¹ Thus, the nurse has the scientific ability to assess the adherence to drug treatment, as well as intervene in the variables that interfere with their treatment.¹⁴

However, the lack of interdisciplinarity among the health team and, as a consequence, the fragmentation of care were noted in the testimonials. Therefore, some difficulties faced by the nurse in consultations may be related to the lack of interprofessional communication, however, these flaws can be overcome by providing ongoing education among professionals.¹⁵

In view of this, the relevance of interdisciplinarity during health interventions is emphasized, so that the user is the focus and thus promotes empowerment for self-care and self responsibility in treatment, since these measures increase the level of adherence to health guidelines.¹¹⁻¹⁵

It was noted in this study that the NC was focused on the biomedical model, however, care goes beyond the focus on the diagnosis of the disease.¹⁶ The nurse, when assisting this public, must consider the biopsychosocial aspects of the user, so that actions in the health-disease process become effective and user satisfaction is guaranteed through precision in care and humanized attention.¹⁶⁻¹⁷

Thus, user satisfaction with the care received contributes significantly to the maintenance of their health, also taking into account, which favors adherence to their treatment, among other factors.¹¹

CONCLUSIONS

The NC was considered satisfactory among the subjects, however, through the testimonies it was possible to infer gaps, such as the fragmentation of care and the deficit of interdisciplinary communication, showing that often the NC is still focused on the biomedical model.

To overcome these gaps, it is necessary to strengthen communication between nurse and client and multiprofessional team, in addition to developing health interventions that involve the subject as a focus, thus promoting the empowerment of the user with DM for self-care. Thus increasing the quality of the NC and, as a consequence, the quality of life of the target public.

As a limitation of this study, it was noted that some users attributed satisfaction with the NC to the cordiality of the professional and success in the care. Therefore, for the development of future research on the subject, it is suggested that in addition to the researchers clarify to the subject the concept of satisfaction in relation to the service evaluated before the interview, then the participant's understanding of this concept should also be evaluated.

To evaluate the satisfaction of the user with diabetes in relation to the NC becomes crucial for the professional to

replan his actions in health and thus direct them to the real needs of this public.

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