

REVIEW

O contexto da atenção do enfermeiro às pessoas com hanseníase na estratégia saúde da família

The context of the care of the nursing professional for people with leprosy in family health strategy

El contexto de la atención del enfermero a las personas con lepra en la estrategia salud de la familia

Francisca Patrícia Barreto de Carvalho¹, Francisco Arnaldo Nunes de Miranda², Clélia Albino Simpson³, Tatiane Aparecida Queiroz⁴, Deyla Moura Ramos Isoldi⁵

ABSTRACT

Objective: analyze the phenomenon of the care of the nursing professional for people with leprosy in FHS in immediate, specific, general and meta-contextual levels of context. Leprosy is a disease considered to be contagious and mutilating by causing discrimination and exclusion from society. The nursing care targeted to health promotion can ensure a better quality of care than the paradigm of elimination focused on the disease. Family Health Strategy (FHS) is one of the main axes responsible for conducting such care. **Conclusion:** The understanding of the weaknesses of each context enables actions aimed at minimizing the difficulties found by nurses to provide a type of care with excellence capable of reducing the disease burden, as well as its consequences and the suffering of affected people. **Descriptors:** Leprosy, Nursing, Nursing care, Chronic Diseases.

RESUMO

Objetivo: analisar o fenômeno da atenção do enfermeiro à pessoas com hanseníase na ESF nos níveis contextuais imediato, específico, geral e metacontextual. A hanseníase é uma doença considerada contagiosa e mutilante, trazendo discriminação e exclusão da sociedade. A assistência de enfermagem voltada para a promoção da saúde pode garantir uma assistência de melhor qualidade do que o paradigma da eliminação focado na doença. A Estratégia Saúde da Família (ESF) é um dos principais eixos responsáveis por realizar esta assistência. **Conclusão:** A compreensão das fragilidades de cada contexto possibilita ações que visam minimizar as dificuldades encontradas pelos enfermeiros para prover uma assistência com excelência que diminua não só a carga da doença, mas também suas sequelas e o sofrimento das pessoas acometidas. **Descritores:** Hanseníase, Enfermagem, Assistência de enfermagem, Doenças crônicas.

RESUMEN

Objetivo: analizar el fenómeno de la Atención del enfermero a personas con lepra en la ESF en los niveles contextuales inmediato, específico, general y meta contextual. La Lepra es una enfermedad considerada contagiosa y mutilante, acarreado discriminación y exclusión de la sociedad. La asistencia de enfermaría centrada para la promoción de la salud puede asegurar una mejor cualidad de la asistencia del que el paradigma de la eliminación centrado en la enfermedad. La Estrategia Salud de la Familia (ESF) es uno de los principales ejes responsables por realizar esta asistencia. **Conclusión:** La comprensión de las fragilidades de cada contexto posibilita acciones que visan minimizar las dificultades encontradas por los enfermeros para proveer una asistencia con excelencia que disminuya no solamente la carga de la enfermedad, pero también sus secuelas y el sufrimiento de las personas acometidas. **Descritores:** Lepra, Enfermaría, Asistencia de enfermaría, Enfermedades crónicas.

1PhD Student at the Graduate in Nursing at the Federal University of Rio Grande do Norte Program. Professor of Nursing School of the University of Rio Grande do Norte. Address: Rua Manoel Freire, 422, Boa Vista. Natal, RN, Brazil. 59605-150. patriciabarreto36@gmail.com. 2Doctor in Psychiatric Nursing from the University of São Paulo. Graduate Course Lecturer and Program Graduate Nursing of the Federal University of Rio Grande do Norte. Natal, RN, Brazil. farnoldo@gmail.com. 3PhD in Nursing from the University of São Paulo. Professor of the Graduate Program in Nursing at the Federal University of Rio Grande do Norte. Natal, RN, Brazil. cléliasimpson@hotmail.com. 4Nursing academic at the University of Rio Grande do Norte. Fellow Tutorial Education Program in Nursing. Natal, RN, Brazil. tati.queiroz@hotmail.com. 5Master Studies at the Graduate Nursing Department of the Federal University of Rio Grande do Norte Program. Natal, RN, Brazil. deylinha@hotmail.com

INTRODUCTION

Leprosy as ancient disease circumscribes the rejection, discrimination and exclusion of the sick in society, is parasitic, infectious and slowly advancing, caused by the *Bacillus Mycobacterium leprae* that infects predominantly cutaneous cells and peripheral nerves, which presents, on one side a high infectivity, the other low pathogenicity. To put it another way has the ability to infect many individuals, but not all get sick. Curable disease and the more early diagnosed and treated more quickly obtain the cure of the patient.¹⁻²

Leprosy by his legacy inherited from the leprosy is an important public health problem worldwide, particularly in countries with higher incidence, prevalence and new cases, the example of Brazil, due to its high crippling power and commitment reaches individuals of the economically active age group.³

The Brazil's been keeping in recent years an average of 47.000 new cases diagnosed annually, with a parameter of high endemicity, mainly in the North, Northeast and Midwest.⁴ points out in the country the progressive number of new cases of the disease, losing only to India. It reveals the need to reduce the incidence of the disease, so the fact that the program of elimination of leprosy be framed among the priority actions of the Ministry of Health.⁵

It is known that the prejudice and the decrease of the quality of life of people with Hansen's disease increases with the presence of physical disability arising from the reactional states interfering directly in the physical condition, psychological, social and economic. Join the sense of shame of himself, suffering with unemployment, in addition to facing marital problems and difficulty finding partners.⁶

It is understood that the nursing care focused on health promotion could be the answer, on the other hand for a more universal assistance and with a better quality than the elimination paradigm focused on disease and not the health of this population, the other favoring closer contact of nurses and the daily life of the population. In this sense, the family health Strategy (FHS) shall constitute one of the main responsible for carrying out preventive actions, health promotion and healing through a multidisciplinary health care of the population in their assigned area. Therefore, the FHS is part of the first level of the local system services and actions of health care: primary health care.⁷

Front of the exposed was elected as objective: to analyze the phenomenon of attention of nurses carried out in National Leprosy Control Program (NLCP) to people with leprosy in the family health strategy in contextual levels instantly, General and specific metacontextual. We used the perspective of Hinds et. al. context that specify:

The deliberate, systematic and analytical interaction of health professional with the situation or event, in order to discover the meaning in its entirety and understand that whole situation or event. The use of context in this way will allow the prediction, explanation and understanding of the phenomenon.^{8:5}

Analyse the context through four layers named: immediate context, context, context-specific and General target context.⁸ understand the contexts as easy and inter-relacionáveis, however, for better understanding didactics, we decided to introduce them, in this article, following the Division proposed by theoretical.⁹

The immediate context is defined from the relevant aspects of the phenomenon studied as the space where it occurs and its limits. The specific context includes the elements that influence the phenomenon and are present when your event. The general context can be a source of explanation and prediction of phenomena as it is conformed by the references of life developed by the individual from the interpretations obtained by past and current interactions. The metacontexto, reflects and incorporates the past and the present, in addition to highlight policies and learning for the future being a socially constructed knowledge source that operates continuously and that results in a social perspective shared the same.⁸

From the above points in this study the following layers in the context of the nurse's attention, effective in the National Leprosy Control Program (NLCP) within the framework of the FHS: the actions of the nurse in the NLCP (context); Training of professionals for the care and education in leprosy (immediate context); working conditions in the health sector (General background); Health care model in Brazil (metacontexto).

The actions of the nurse in the NLCP

In the process of work on leprosy, have been working as individuals or groups who may be sick, healthy or at risk; the means of work correspond to knowledge; and tools used by professionals to achieve the purpose of this work, which is carrying out the prevention and disease control advocated by the Ministry of Health.¹⁰

Are defined as nursing actions those performed by nurses and other members of the nursing staff, and should be carried out systematically in all patients and interconnecting.¹¹

The actions of the nurse are directed mainly to the prevention of disabilities and health promotion, take effect through health education and nursing consultation in order to conquer the patient concerning his constancy in the treatment since leprosy a chronic and prolonged treatment during which may happen events leading to the worsening of the clinical picture and the patient's functional.¹²

Nursing's participation in leprosy control if references in seven basic areas prior to implantation of the NLCP: leprosy prevention, search and diagnosis of cases, treatment and follow-up of patients, prevention and treatment of disability, management control activities, system registry and epidemiological surveillance and research.¹³

Concerning these areas emphasized that the diagnosis of the disease is of another professional, however, routinely, the cases are discovered by the nurse and referred for diagnostic confirmation by medical professional. The nursing consultation, private nurses, consists, inside the NLCP, in a set of actions ranging from welcoming, listening attentively and directed to the referrals to the referral services.¹²

Strengthens the opportunity to share knowledge, identify difficulties following the treatment, detect early for leprosy reactions that may lead to physical disability, combat prejudice and perform interventions that have as objective to expand the power of the

people affected by Hansen's disease so that they can face the daily challenges represented by the discrimination, not receptive and attitudes by difficulties in interpersonal communication, including professional counseling as an important strategy for caring for the patient.¹⁴

It is observed in the daily life of the FHS teams that the actions of the nurse in the query consist mainly in distribution of multidrug therapy (MDT), several related or not to the forwards leprosy and completing the PNCH related information system with regard to notifications, information requested by the central level and accountability/requests for medicines supplied under the programme.

Attention in nursing in prevention of leprosy and the complications of it arising in accordance with the bioclínico model, which is also the model that drives the entire team of FHS health despite having a different guideline in its design.¹⁵

The practice, therefore, consistent with the training of nurses focused on biological body in sickness and in health, in spite of their commitment to efforts to develop a clinic to overcome this perspective.¹⁶ the context, itself, becomes worrisome since leprosy is a chronic disease and, as such, evolves slowly, has no regular pattern or predictable and multiply symptoms leading to functional incapacity.¹⁷

Training of professionals for the care and education in leprosy

Reinforces that health education is a practice that seeks to empower individuals and groups to auto-organizarem to develop health promotion actions based on their own priorities.¹⁸ Accordingly, performance reviews, health services in patient care of leprosy, are unanimous in noting, the low quality of the neurologic exam, and physical disability prevention activities generated by Hansen's disease.¹⁹

The two perspectives, the Brazilian health courses, in particular, has gone through many redesigns in the sense of training for the unified Health System, yet it is observed in such the same need for attitudinal content on popular education on health found in schools of Portugal.²⁰⁻²¹ Persists a health education permeated by ideal biologicistas and others exclusively to the living conditions of the population to which it directs this education. Undergraduate courses there is still a gap between what is thought of as formative process innovative and what is actually being implemented.²²

Synthetically noted that now the nursing hang for discussions mainly focused on the social problems, denying, often the clinic which undermines the technical training and sometimes hang down too much for the biomedical model mechanism and hospitalocêntrico-oriented with an emphasis on techniques and ignoring health promotion and the main problems of the population that don't focus on the hospitals but on primary health care where mostly light technologies are needed and take it hard.²³

It is necessary the integral formation of the nurse for the consolidation of assistance focused on the principles and guidelines of the SUS, reflecting the improvement of the quality of care and on autonomy and recognition of the profession that has been featured in the actions directed to the promotion of health within the NLCP.²⁴

With regard to health education, in the context of leprosy, facing the population, or popular education in health, there is the conception that a health education, ditatória and prescriptive banking features does not generate health promotion, but discredit and exclude

those who cannot follow their dictates, it "contributes to the non-adherence of the patient to treatment because it deletes your everyday knowledge that is so important to bring him the therapeutic conduct to adopt."(p.5159).²⁵

The current context of health requires more attention, to give emphasis to the promotion of health, not only related to risk factors, but all the determinants of quality of life of people. In this context, the Popular Health Education plays an important role, because instrumentaliza the individual to fight and to seek possible progress to improve your health and increase your quality of life.²⁵

With North health promotion within the NLCP, the nurse needs

Skills and management abilities and systematization of nursing work geared to the needs of the population, with mastery of the technologies necessary for the type of clinic expanded and comprehensive care in the context of our health system.^{16:325}

Working conditions in health sector

The work as an early action mentally, satisfies a need perceived by humans, you can select tools that maximise its action on the job object to achieve a purpose.²⁶

The health sector is a labour-intensive, as you well know. Is in addition to all capilarizado in thousands of sites [...] which reduces considerably the chances of controlling the conditions of its exercise. A desirable process of flexible work in the health sector, essential to that technological change could be absorbed and that there were no delays in the replacement of the work with the prejudice of beneficiaries, unfortunately, has become in many situations in work in precarious conditions [...]. In an area considered essential, such as health, the absence of such rights and benefits involves a high degree of motivation and, consequently, large turnover of these workers in services, harming the continuity of policies and programmes for health care of the population.^{27:5}

The insecurity materializes as loose ties, low pay forcing the pros to have several jobs, management/management of services delivered to people without qualification.

In the case of the nurse added to the problems cited: the accumulation of functions within health services, bypass function that has nothing to do with their work processes by taking him to see the assistance and management as decoupled moments and competitors.²⁸

In Primary health Care (PHC), where are materialized most actions of the NLCP comes way proposing and trying to make reality a teamwork, the possibility of having other workers reveals itself as relevant and important, but the teamwork is to nurse a interplay of relationships that materializes dialectically on competition/cooperation.²⁹

In Brazil, acknowledged the difficulty of securing doctors in primary health care, for its territorial expansion, locorregionais, among other features. The reality in some regions of the country is the newly formed physician without expertise, you want to stay only temporarily in primary health care. It is observed that lies not in the locality and therefore is not present in UBS, which compromises the bond with the team and the population.³⁰

The public health services, depending on the management and organization often gets into a vicious circle. Infrastructural conditions are precarious and the pay is low, so the professionals, particularly doctors, refuse to work in the public system. There is a

shortage of specialist doctors, which mostly prefer to devote to their private offices given the plans and insurance. Those hired by SUS, often not comply with contractual obligations such as working hours and shifts. They are divided between the public and private service job, either in their offices or in private hospitals. Some of these professionals have a culture that the work in the public sector is not a priority, it is present, please, charity. Therefore, do not create bond or commitment to his work as a public servant and establish differences in treatment between SUS users and those who attend the private clinics.^{31:231}

The management of services is often occupied by people with partisan bindings to managers, without technical training for the position taking the services to achieve high levels of dissatisfaction on the part of the population and by workers in the same exercise. Research carried out in the interior of Rio Grande do Sul shows in their results in relation to the work of management

[...] It was verified the performance of a few actions, which support a peculiar shape of organization of this instance in the FHS with a view, in particular, the human resources involved in the process of work.^{32:244}

Managers committed to the service quality provided to the user to engage with the needs of workers, that is, with the management of people who take care of people, adopting measures which enable the demands of work, such as dimensioning of suitable personnel, internal Ombudsman, feasibility and availability of materials and appropriate and sufficient inputs for which the employee does not expose the internal and external risks, among others.³³

The primary health care is the

[...] drive shaft for the reordering of the other levels of complexity of the health system, in order to remain committed to the access of the population at all levels, assistance with the implementation of a new management model that allows the supply of material resources and a personal sizing that allows organizing the system, overloading and precarious work.^{29:213}

There is still, on the challenge of ensuring that the quantitative expansion of the family health strategy if set up actually in stock in health quality produced.³⁴

Model for health care in Brazil

Currently there is progress and challenges, but despite the attempted reversal of the assistencial model through the implementation of the FHS and other strategies and policies included in the operational guidelines of the unified health system, the health care in Brazil reached small changes in hospitalocêntrico mode and organization services and biologicist conduct of actions in the SUS.³⁵

The Ministry of health in conjunction with the Ministry of education has forgotten efforts to adapt higher training in health through the National Program of Reorientation of Professional Training in Health Education Program - PROSAUDE and for work for health - PET-Health, but the changes are still short of the desired/required and, recent reforms, still need time to cementing.

The individualism, the commitment to each other and the rush of everyday life are reflected in the consultations/meetings between users and professionals producing dates of illness, insufficient to handle the needs of the users and the hearing became virtually obsolete and

[...] the story of the people in the orientation of the diagnostic and therapeutic reasoning was being progressively replaced by the impressive arsenal of diagnostic, therapeutic and prognósticas technologies developed throughout the 20th century.^{36:18}

Once focused on disease, these actions homogeneizam needs and possibilities of treatment, disregarding the particularities of each user as well as the social nature of the health-disease process.³⁷

The principles of the SUS, celebrated worldwide, unable to implement fully various and complex reasons due to the continentality of Brazil, but you can name a few without claiming to give an account of all reality. Universality is impaired by the lack of access hampered doctors, excess technological procedures requested by overloading the system, by pressure from the private sector.³¹

The completeness has bogged down on secondary attention virtually handed over to the private sector that should be complementary, that to be just in one sense of the word.

In this sense, the integrality of attention means to employ the means necessary for the implementation of care and have different means according to the degree of complexity of health care - low, medium and high complexity. However, the FHS is difficulties in reference to secondary attention.

^{38:184}

Equity, little discussed and studied, it is hardly seen in places further away from the major centres of the country, in particular in Legal Amazon area considered endemic for leprosy.³¹ Social participation is fragile and needs to be further recognised in own APS and that

[...] need to recognize and reaffirm the importance of the population as well as their rights and duties constitutionally established, reveals that the place of the users in health services is still denied, most likely due to an attention centered on procedures, with excessive standardization of actions and which has its main focus of disease activity, always to the detriment of the subject.^{37:958}

Being a chronic disease, leprosy in its course and after him, presents several health demands that do not fit in preventive or curative models, but in actions aimed at the promotion of the health of users, their families and the population in General, breaking with the individual health care model, curativista and focused on the disease, not the person.

CONCLUSION

The nurse's attention to people with leprosy and their families under the light of contextual analysis, is influenced by all the layers of the context in which it operates and influences each post which is not isolated phenomenon in the world, such as: the actions of the nurse in the NLCP (context); Training of professionals for the care and education in leprosy (immediate context); working conditions in the health sector (general background); Health care model in Brazil (target context).

Understanding the weaknesses of each context enables actions in order to reduce them in order to minimize the difficulties encountered by nurses to provide excellent assistance. A assistance to reduce the burden of disease, but also their sequels and the lifelong suffering of people affected by the same.

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Contact of the corresponding author:
Francisca Patrícia Barreto de Carvalho
Natal - RN - Brasil
Email: patriciabarreto36@gmail.com