

NURSING PRACTICE REGARDING CARE STRATEGY TOWARDS CLIENTS AFFECTED BY LEPROSY

Prática de enfermagem na estratégia de cuidado ao cliente acometido pela hanseníase

Práctica de enfermería en la estrategia de atención al cliente afectada por lepra

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ABSTRACT

Objective: The study's main purpose has been to identify the nursing actions intended to clients affected by leprosy. **Methods:** It is an exploratory and observational study with a qualitative approach. Two nurses carried out 34 consultations. **Results:** There were evidenced the disease clinical aspects, its mode of transmissibility, the virus incubation period and especially the use of medication, complications and adverse effects caused by multidrug therapy to patients. **Conclusion:** Registered nurses demonstrate comprehension of the guidelines and policies from the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System], nonetheless, they perform practices that refer to the hegemonic model, known as biomedical.

Descriptors: Leprosy, nursing, nursing care, self-care, brazilian unified health system.

RESUMO

Objetivo: Identificar ações de enfermagem ao cliente acometido pela hanseníase. **Métodos:** Estudo do tipo exploratório, observacional com abordagem qualitativa. Fizeram parte do estudo dois enfermeiros realizando 34 consultas. **Resultados:** Consulta se encontra nos esclarecimentos dos aspectos clínicos da doença, modo de transmissibilidade, período de incubação e principalmente o uso da medicação, complicações e efeitos adversos causados pela poliquimioterapia aos pacientes e evidenciou que as orientações de autocuidado são pouco

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frequentemente. **Conclusão:** Os enfermeiros demonstram conhecer as diretrizes e políticas do Sistema Único de Saúde brasileira, contudo, apresentam uma prática que remete ao modelo hegemônico, biomédico. **Descritores:** Hanseníase; Cuidados de enfermagem; Autocuidado.

RESUMEN

Objetivo: Identificar acciones de enfermería al cliente acometido por la lepra. **Métodos:** Investigación exploratoria, observacional con abordaje cualitativo. Se realizaron parte del estudio dos enfermeros realizando 34 consultas. **Resultados:** Consulta se encuentra en las aclaraciones de los aspectos clínicos de la enfermedad, modo de transmisibilidad, período de incubación del virus y principalmente el uso de la medicación, complicaciones y efectos adversos causados por la poliquimioterapia a los pacientes y evidenció que las orientaciones de autocuidado son poco frecuentemente. **Conclusión:** Los enfermeros demuestran conocer las directrices y políticas del Sistema Único de Salud brasileña, sin embargo, presentan una práctica que remite al modelo hegemónico, biomédico. **Descriptores:** Lepra; Atención de enfermeira; Autocuidado.

INTRODUCTION

Leprosy, also known as Hansen's disease, is an infectious and contagious disease of slow and chronic evolution, caused by *Mycobacterium Leprae*, which has tropism by peripheral nerve cells and skin,¹ characterized by its high infectivity and low pathogenicity. The individual's immune response to the bacillus is the determining factor for the onset of the disease and its various clinical manifestations, with dermatoneurological changes being the main symptoms.^{2,3}

Endemic in Brazil, with great repercussions on public health due to its high disabling power, having confirmed 485 new cases in 2017 in the *Paraíba* State, where 214 of which occurred in *João Pessoa* city.⁴ The investigation of new and contacting cases, in addition to early detection and maintenance of treatment are essential for the control and eradication of the disease.⁵ The persistence of the endemic signals the need for revision, improvement and creation of strategies in Brazil. In this sense, patient classification, primary prevention and new therapeutic approaches, including variation in the duration and composition of regimens, have been discussed in the literature.⁶

In addition to being comprehensive, health care for leprosy patients must be multidisciplinary, taking into account the numerous physical sequelae caused by the pathology. The nurse is continuously present during the control, prevention and treatment of the disease, inserted in the community and other assistance services, becoming, therefore, the most important actor for the development of disease control actions.^{5,7}

In the meantime, nursing presents itself as a salutary stone in the levels of primary, secondary and tertiary care for clients with leprosy. The Resolution No. 159/93 from the *Conselho Federal de Enfermagem (COFEN)* [Brazilian Federal Nursing Council], which addresses the Nursing Consultation, clarifies and regulates this function, whether in public or private care, although it is often not recognized

even by professionals in the field.⁸ Given the aforesaid, it is possible to substantiate the relevant responsibility intrinsic to the nurse, who stands out for being receiving the leprosy patient every month and, consequently, being the closest professional to him.

It is up to the nurse to develop holistic, systematized and humanized care, provide guidance on the clinical aspects of the disease, self-care and prevention of disabilities and physical deformities, and, at the same time, offer support to anxieties arising from the diagnosis, identify and value social and cultural issues, economic, work and family.⁷ Nevertheless, a study reports that there are still difficulties with regard to comprehensive care and monitoring during and after polychemotherapy.⁹

Given the important and relevant contribution of nurses in the health education process, which is an effective tool to produce clarifications to the population about the disease, especially considering that self-care is essential to minimize or prevent the consequences of leprosy and that adherence to the guidelines with the care of one's own body demands, in addition to information, the internalization of concepts that may favor the understanding of the possible alterations caused, as well as their prevention or mitigations.¹⁰

Bearing in mind the above-mentioned, this study pursues to answer the following question: What are the actions carried out by registered nurses during the nursing consultation with clients bearing leprosy? It is important to highlight that it aims to reflect and subsidize strategies to improve the quality of consultation and follow-up of patients with leprosy, through the vision extracted from the actions of professionals working to maintain their health. Hence, this study meant to identify the nursing actions intended to clients affected by leprosy in a referral center for such pathology.

METHODS

It is an exploratory and observational study with a qualitative approach, which was performed at the *Clementino Fraga* Hospital of the public health network, located in the *João Pessoa* city, *Paraíba* State, Brazil. Nursing inclusion graduates with a minimum period of 6 months of work were used as inclusion criteria. Those professionals who were out of work due to illness and vacation were excluded from the sample. For observation of consultations, there were considered patients with a diagnosis of leprosy.

Considering a total of 4 registered nurses working in the dermatological nursing outpatient sector, only 2 were interviewed, the same being from different work shifts. He did not participate in the research, one because he was on sick leave and the other because he refused to participate in the study.

The design of nursing practices for patients with leprosy was built from the extraction of the central ideas contained in the professionals' speeches. For the qualitative analysis of the actions taken by the professionals, 34 consultations were

attended (17 of which were from each professional), with a view to expanding the different possibilities of witnessing the professional position in the face of the different clinical peculiarities of leprosy.

Semi-structured interviews and non-participant observation were used for data collection. An instrument composed of the characterization of the sociodemographic profile and data referring to observations made during the consultation of the nurses was previously elaborated. The collected data were analyzed according to the frequency of presentation during the nurses' speech, and then confronted with their statements captured with the help of a digital recorder and transcribed in full. These followed the content analysis proposed by Bardin, which comprises a set of communication analysis techniques based on systematic and objective procedures for describing the content by message.¹¹

Content analysis followed pre-analysis, material exploration and, lastly, the treatment of results: inference and interpretation. It was thoroughly read, coded and grouped by thematic categories, being related and confronted with the relevant theoretical framework. In order to guarantee the anonymity of the participants' speeches, the identification followed the description E1 and E2.

This study was approved by the Research Ethics Committee from the Health Sciences Center/*Universidade Federal da Paraíba*, respecting the Resolution No. 466/12, concerning the ethical aspects observed when carrying out research involving human beings, as well as the Resolution No. 311/2007 from the *Conselho Federal de Enfermagem (COFEN)* [Brazilian Federal Nursing Council], which deals with the Nursing Professionals Code of Ethics,^{12,13} under the No. 969.250, as well as the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 34139514.3.0000.5188.

RESULTS AND DISCUSSION

The interviews were carried out with two female professionals, aged 45 and 61 years old. They had a training time of 17 and 32 years, 16 and 20 years of experience in the hospital, both with specialization in family health, and one with specialization in dermatology and stomatherapy.

The central ideas of the participants' speeches were listed through the following guiding questions: what is the importance of nursing practice and what actions are focused on caring for the client affected by leprosy? do you believe you have any factors that hinder the quality of the services provided?

Considering the empirical material produced, four categories were listed that best reproduce the subjects' ideas and guide the discussion, which are as follows:

1. The nursing scientific-technical knowledge as a guideline for comprehensive client care.

The nurses' discourse delimited the theoretical/practical knowledge as the guiding axis of nursing care for clients affected by leprosy, enabling them to provide comprehensive care, as seen in the statements below:

It is the professional who most looks at the patient in its complexity, the personal side, the professional, the social, besides the biological care. Nursing also makes additional links with other professions, when identifying situations of need for patients who need support. (E1)

If he doesn't know, how is he going to treat the leprosy patient? We have to have a lot of knowledge and wisdom. (E2)

The nurse is responsible for the clinical and epidemiological investigation of the cases, requiring scientific-technical knowledge regarding the definition of the clinical picture, identification of the symptoms, diagnosis, treatment, and basis of his actions through which effective care and individual guidance on how to perform transmissibility, cure and probability of leprosy reactions, highlighting self-care to prevent disabilities and physical deformities.¹⁴

Furthermore, according to the aforementioned authors, in general, scientific-technical knowledge must materialize through the actions and guidelines implemented at the time of the nursing consultation seeking to meet the precepts of the Leprosy Control Program according to the principles recommended by the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].

Comprehensiveness as part of these principles, governs a network of services of different levels of complexities for the production of assistance to individuals and communities in a way that addresses their basic human needs, producing resolvability to the identified health problems, considering the bio-psycho sphere -socio-spiritual, and, for that, it must have a multi and interdisciplinary team that maintains a holistic view of the subjects.¹⁵

The nurses interviewed make up the secondary care level, where care is directed to the client in a specialized pattern, in this case, within a referral hospital complex for leprosy care. It is assumed that due to this peculiarity, E1 and E2, declare themselves as a link within the multidisciplinary team that involves the care process.

Although during the interviews, the recognition of nurses as links with other specialties can be heard, the articulation with other professionals such as psychologists, nutritionists, social workers, occupational therapists were not proven in the study at the time of assisted consultations.

During the systematic observation, it was noticed that referrals to other professionals occurred in 9 consultations, being restricted only to physiotherapy for carrying out and monitoring disability prevention and simplified assessment of neural functions and complications. The ability to identify client needs and refer them to other professionals requires nurses to know how to do it, together with a health care network and a multidisciplinary team.¹⁶

2. Self-care actions and epidemiological surveillance of communicants as the main actions performed in nursing consultations:

Based on what we identify in the consultation, we establish our guidelines for the use of medication, the correct times, for self-care, because, for example, you arrived here, you saw a patient with a numb foot, right? Then we have to see if the patient is wearing the right shoes, if he is oriented towards foot care, if the skin is dry, then it varies from patient to patient, in general, we will work on his self-care, as is that he will protect himself in order not to develop physical disability and the communicants that we need to evaluate. (E1)

It is the coming of the communicators that is very important. The care he must take with himself. (E2)

Among leprosy control actions, polychemotherapy treatment, monitoring in children under 15 years old, early detection of cases, supervision and cases with a physical disability, epidemiological surveillance through contact examination stand out. Epidemiological surveillance is essential for the early detection of new cases, adherence to treatment and breaking the epidemiological chain of the disease.¹⁷ Especially when this surveillance is added with educational actions, such as the importance of the communicator's attendance at the service, being underlined in only eight services.

Epidemiological surveillance is important to gain an idea of the proportion of leprosy and to establish control measures with communities. As it is a secondary care service, surveillance actions may have had a lesser focus, since these are recommended for carrying out primary care, with an active search for cases, search for contacts, among others.¹⁸

In addition to health-promoting actions, it is necessary to pay attention to the foundation of self-care, recommended as paramount in the prevention and control of limitations, complications and physical disabilities. Self-care actions refer to the transmission of basic care that must be performed by the patients themselves.^{17,19}

The concept of self-care refers to the adherence to daily practices of exercises, techniques or procedures by the patient affected by the disease, the same being previously trained to perform it, within which the actions of self-inspection

stand out, and stimulation towards the protection of the face, eyes, nose, feet and hands. Self-care practices should be included in the monthly guidelines provided to patients, when supervising medication, moreover, the continuous assessment of these practices is essential to ensure their quality and avoid increasing the severity of neural damage.²⁰

There is a vast literature on the benefits of self-care for the prevention of disabilities, development and interaction of the individual, as well as in mitigating the stigma surrounding the disease. Health education actions aim to improve people's quality of life and tend to increase the skills needed to cope with their health conditions⁽²⁰⁻²⁾.

The actions of self-care and epidemiological surveillance of contacts were highlighted in the report of the interviewees as founding pillars of nursing consultations. Yet, it became evident that both actions, during professional practice, infrequently materialize as relevant guidelines in consultations.

3. Nursing consultation based on the clinical and pharmacological aspects of leprosy.

The speeches listed below point out that the emphasis of the consultation is on clarifying the clinical aspects of the disease, the mode of transmissibility, the incubation period of the virus and especially the use of medication, complications and adverse effects caused by multidrug therapy to patients. According to the nurses, there are three types of consultation: suspected, confirmed case and consultation of the communicator. The information collected in the interviews and observation concerns the consultation of the confirmed case.

He has to know what he has and how he got it, how it is not passed on to anyone, the medication issue he is sure that he will have access to the medication, and what are the possible adverse events, such as anemia, which is why he needs to do the laboratory tests. (E1)

We explain what dapsona is and that it might cause anemia, that they will have to replace it in their diet, and if they feel any tolerance to the medication, they have to go back. Then I explain what the disease is and do my best to leave without a doubt. (E2)

It was perceived that, during the consultations observed, the "actions of direct assistance to the person bearing leprosy" were performed more frequently, configuring assistance based on clinical and therapeutic aspects of the disease and the procedures carried out by nurses during outpatient care. It is worth mentioning that not all actions had the same frequency, however, the "supervised dose administration" consisted of the action that obtained totality in the consultations.

The leprosy care referral center is a secondary care service. Nonetheless, it does assist patients monthly for supervised doses. Considering that this is a primary care proposal, it refers to two processes, as follows: the overcrowding of the secondary service and the weakening of decentralization, recommended by the Brazilian Ministry of Health. Therefore, it is understood that the guidance/administration of the dose is a routine service procedure.

Corroborating this result, the study points out that outpatient nursing consultation is based on the supervision of doses of polychemotherapy, the provision of clinical, epidemiological information on the disease and pharmacological therapy.¹⁸

In a study performed in *Fortaleza* city, *Ceará* State, it was pointed out that in nursing consultations for patients with leprosy, the biological needs of the individual affected by the disease and drug assistance end up being priorities in care to the detriment of other basic human needs arising from the pathology, which ends up prevailing the old biomedical model and compromising the integral assistance to the individual affected by leprosy recommended by the Primary Care Policy and the Leprosy Eradication Program, especially the *SUS* principles.⁵

The actions “To determine the patient’s level of knowledge about their condition; To provide guidance on their health status and possible prognosis; To give clear and concise explanations about the treatment, side effects of the drugs and adverse reactions”, follow with the highest frequency of observations, and are configured under the same biomedical perspective discussed above, given that they appear to be the pathological process and medication involved in leprosy.

Nowadays, the assistance provided to the client focuses heavily on the treatment and prevention of the disease’s disabilities, with sentimental, family and social issues being rarely addressed. The therapeutic actions of polychemotherapy are highlighted in the guidelines provided by professionals through their concern to ensure a safe environment for patients and their families, considering the break in the epidemiological chain and the cure provided by medication.⁵

It is noticed that the actions “Inspection of the patient’s skin; Inspection of mucous eyes, nose, hand, and foot; Evaluate neuritis symptoms and reactions and explain the possibility of occurrence; Guide the risk of burns and injuries due to loss/reduction of tactile and thermal sensitivity; Assess the presence of palmar and plantar ulcers”, were observed few times, but are part of the clinical inspection, which must be carried out by the nurse in all consultations, enabling the early detection of diseases, and even referring this patient to other specialties.

Similar research on nursing actions for clients bearing leprosy points out that:

[...] the treatment of leprosy is limited to taking the medication, either by the supervised dose or by self-administered doses, and there is no mention of

monitoring the leprosy patient to produce comprehensive care, as directed by the Care Policy Basic and the Leprosy Elimination Program, especially the *SUS* principles. In this approach, there is no break with historically established hegemonic practices that are still present in nursing care practices.^(7:747)

Thus, it appears that because it is a secondary care service specialized in the treatment of leprosy, a longitudinal approach to the individual should take place, taking into account the peculiarities that involve being affected by the disease, contrary to what is exposed by observation in the consultations and speeches of the patients. interviewed.

4. Decentralization network, infrastructure, and client support policies as service weaknesses.

Considering the questioning about the existence of any factor that hinders the quality of nursing care in the service, it is possible to show in the interviewees’ report as weaknesses: structural difficulty concerning the number of rooms for care, lack of political/economic support for patients who live in more distant locations and need to move to the referral hospital and the gap with the decentralization policy, which generates overcrowding in the secondary care service.

Diminutive decentralization, because there is decentralization, all patients. But we can see that there is a lot of patients who come to make a simple diagnosis here that could be done in primary care. (E1)

I wish there was more space. The social worker shares the room with us, I think this is one of the aggravating factors and the other is that every time we want to do some more personalized service, we have to look for another office, or when I want to examine a communicator. (E1)

Their financial situation, many do not come because they cannot afford it, right? Those who are absent, many do not come here to take this medicine because it is difficult, these medicines are very strong, they do not feed well. (E2)

The ideological conception exposed refers to a deficiency in the consolidation of the diagnosis of leprosy by primary care, which makes the health care decentralization policy proposed by the *SUS*. It leads to overcrowding the services for the disease treatment, which ends up not having an adequate physical structure to accommodate, attend and consult this large number of people. Moreover, the organizational structure lacks public policies of socio/economic support to meet the financial needs presented by the sick, poor and people from the inner State places.

The proposal to decentralize leprosy control actions consists of transferring to primary care the responsibility for

making the diagnosis, drug treatment, seeking and evaluating household contacts, preventing and treating physical disabilities. The implementation of these actions will take place through the political commitment of the professionals who work in these services, and in this perspective, secondary care is required only to provide the necessary support.²³

The Ambience Manual of the Specialized Rehabilitation Centers addresses that the work processes are influenced by the ways in which the ambience is composed, which can cause changes in them and in human interrelations. However, they should favor the free performance of workers, users and family members in the services. Considering this standpoint, the nursing work process is altered by the lack of ambience, generating a compromise in privacy when examining patients and communicants.²⁴

Data from both interviews and observations during the analysis of the results show some divergences regarding the nursing practices for the leprosy patient. Comprehensive care was mentioned in the speeches, as the observations point to the prevalence of actions aimed at the biomedical hegemonic model. As for the actions of surveillance and self-care, they were scarce in the guidelines at the time of the consultation, although nurses recognize their impact on disease control, reduction of disabilities and physical deformities.

CONCLUSIONS

Herein, the observed design points to a discourse in which the guidelines and policies of the *SUS* are acknowledged and focused on the leprosy patient. Nevertheless, the practice contemplated during systematic observation, still refers to a hegemonic, biomedical model, centered on the single causal determination of the process of falling ill and located at the opposite end of the holistic care and comprehensive care that should be offered.

Data presented here do not hold an overview effect since they resulted only from the interview with two nursing professionals, in addition to dealing with a secondary care service, which in turn, features specialized care, factors that limit this study.

Bearing in mind the aforementioned, it is proposed to assess and continuously reflect on the practices exercised by nurses in the health services of secondary care in the *SUS* framework. The adoption of professional practices that value the problematization of work processes supported by permanent education will enable significant and implementable changes capable of strengthening the actions of the care network and producing improvements in the care of clients bearing leprosy.

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