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ORIGINAL ARTICLE

THE USE OF ALCOHOL AND TOBACCO BY HEALTH PROFESSIONALS AND THE RELATIONSHIP WITH HEALTH CARE PRACTICE

O USO DE ÁLCOOL E TABACO POR PROFISSIONAIS DA SAÚDE E A RELAÇÃO COM A PRÁTICA ASSISTENCIAL

EL USO DE ALCOHOL Y TABACO POR PROFESIONALES DE LA SALUD Y LA RELACIÓN CON LA PRÁCTICA DE LA ATENCIÓN MÉDICA

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ABSTRACT

Objective: analyzing the relationship of associated meanings with alcohol and tobacco consumption by health professionals and the given assistance. *Method:* a qualitative study, based on the assumptions of Theory Grounded in Data and theoretical support of Symbolic Interaction. There were conducted 39 taped interviews with health professionals in five cities in southern Brazil, transcribed and analyzed according to the principles of Theory Grounded in Data. The research project was approved by the Research Ethics Committee, Protocol 1043. *Results:* was built a theoretical model centered on the phenomenon "Responding to the social expectation that the health professional should be a role model", consisting of five theoretical categories. *Conclusion:* it was identified that the meanings attributed to alcohol and tobacco itself by health professionals lead them to respond to a social expectation of behavior to be the model community. *Descriptors:* Primary Health Care; Use of Alcohol; Smoking; Mental Health; Symbolic Interaction.

RESUMO

Objetivo: analisar a relação entre os significados associados ao consumo de álcool e tabaco por profissionais da saúde e a assistência prestada. *Método:* estudo qualitativo, baseado nas premissas da Teoria Fundamentada nos Dados e com suporte teórico do Interacionismo Simbólico. Foram realizadas 39 entrevistas gravadas com profissionais da saúde de cinco municípios da região Sul do Brasil, transcritas e analisadas de acordo com os princípios da Teoria Fundamentada nos Dados. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 1043. *Resultados:* Foi construído um modelo teórico centrado no fenômeno "Respondendo à expectativa social de que o profissional da saúde deve ser um modelo de comportamento", composto por cinco categorias teóricas. *Conclusão:* identificou-se que os significados atribuídos ao próprio uso de álcool e tabaco por profissionais da saúde os levam a responder a uma expectativa social de ser modelo de comportamento para a comunidade. *Descritores:* Atenção Primária em Saúde; Uso de Álcool; Tabagismo; Saúde Mental; Interacionismo Simbólico.

RESUMEN

Objetivo: analizar la relación entre los significados asociados al consumo de alcohol y tabaco por parte de los profesionales de la salud y la asistencia prestada. *Método:* un estudio cualitativo, basado en las premisas de la Teoría Fundamentada en los Datos y el apoyo teórico de Interacción Simbólica. Se realizaron 39 entrevistas grabadas con profesionales de la salud en cinco condados del sur de Brasil, fueron transcritos y analizados de acuerdo con los principios de la Teoría Fundamentada en los Datos. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, el Protocolo de 1043. *Resultados:* se construyó un modelo teórico centrado en el fenómeno "En respuesta a la expectativa social de que los profesionales de la salud deben ser un modelo a seguir", que consiste en cinco categorías teóricas. *Conclusión:* se identificó que los significados atribuidos al alcohol y el tabaco en sí por profesionales de la salud los llevan a responder a una expectativa social de la conducta a ser el modelo de comunidad. *Descriptores:* Atención Primaria de Salud; El Consumo de Alcohol; Fumar; Salud Mental; Interacción Simbólica.

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INTRODUCTION

The insertion of mental health practices in Family Health Strategy (FHS) shows the search for regionalization and redirecting care from the perspective of integral and humanized attention to individuals, in conjunction with professionals and services already entered in the territories.[1]

Nevertheless, it should be noted that the health professional user of alcohol or tobacco is also a person with social inclusion sometimes similar to that seeking treatment; is therefore subject to the same socioeconomic influences, so important in determining the use of psychoactive substances.[2]

An important factor to consider regarding the use of psychoactive substances by health professionals is stress. The use of alcohol and/or tobacco can be considered a strategy of "coping" or face, used to resolve aversive situations in the public or private sphere.[3] In response to stressful situations, individuals generate adaptive actions, ie if use of cognitive and behavioral strategies to evaluate and manage internal or external demands based on previous personal experiences and on the intensity or predictability of the stimulus.[4]

Health professionals have an important role as behavioral models for the people they serve. In studies conducted in European countries it was found that health professionals who use alcohol or tobacco feel less able to promoting educational activities in this area, having less knowledge about the topic, approaching less the cessation of use than nonusers and are less effective in supporting cessation.[5] In contrast, professionals who cease tobacco use are more effective to convince users to do the same.[6]

Studying the use of alcohol and tobacco, specifically for professionals working in the FHS can contribute to a deeper knowledge about the factors that influence care, this care model. You can also provide information for possible actions that contribute to improving the care provided to people who use alcohol and tobacco considering the FHS. The objective of this study is:

●Analyzing the relationship of the associated meanings to alcohol and tobacco use by health professionals and the given assistance.

METHOD

It was conducted a qualitative study based on the methodological assumptions of Grounded Theory (GT)[7] and with theoretical framework of Symbolic Interactionism (SI).[8-9]

The emphasis on the interactional conception of meaning is about conscious interpretation; the object becomes meaningful to the person when it considers consciously, reflect and think about it, or interpret it. This process is internally and interactively, because the actor selects, checks, suspends, regroups and transforms the meanings in the light of the situation you're in and printed in the direction of its action.

One of the main concepts of the IS is the social interaction. It is a process that shape human behavior, because the contact with the other, the individual modifies their meanings, but also causes changes in the meanings of others. An important placement brought by Dupas is that "others do not determine what we do, we interact with them and this interaction is that it generates what we do".[10]

The SI is based on the construction and re-construction of significance that occurs when the subject enters into a new symbolic interaction. Human beings act towards things according to the meaning that they have and this meaning is constantly changing. Based in Symbolic Interaction, GT is able to indicate the way forward in relation to the organization, collection and analysis of data. It also aims to capture the subjective aspect of social experiences of people.[7]

Another objective of GT is to recognizing the social phenomenon in the context in which it occurs, thus observing the interrelationship between meaning and action and, from there, developing a theoretical model.[11] Taking the interactionist perspective that reality is constantly changing and is negotiated between people, GT has an interest in the change process and methods of gathering and analyzing data reflect a commitment to understanding the ways in which phenomena are socially constructed. The hypothesis that permeates the GT is that through a detailed exploration with theoretical sensitivity, a theory can be constructed with the collected data.

Through the theoretical and methodological framework, this study was conducted in five small municipalities in southern Brazil, State of Santa Catarina/SC region. The selection of participants was made seeking key informants from the account of the coordinators of family health of municipalities, as well as professionals who possess greater length of service and experience in the FHS.

There were carried out 39 interviews with professionals from the following categories: community health agents, nursing technicians, nurses, doctors, dentists, nutritionists, pharmacists, psychologists and social workers active in the FHS or Core to support family health (NASF)

To define the number of interviews the concept of theoretical sampling, as recommended by the reference methodology.[7] Data collection was conducted by the researcher in the first half of 2012 was used in-depth interviews and direct observations were conducted during the interviews.

The interviews were semi-structured, scripted constructed by the researcher and held in place at the participant, since this would offer the required privacy guarantee for the quality of responses. The initial guiding questions were: "How do you feel facing a user SPA seeking treatment?," *The fact that drinking and / or smoking interferes with the way you watch people who seek care here ","* What role do these substances have in their day-to-day? ".

The interviews were recorded and later transcribed and analyzed by the researcher. There were named as "E", followed by the sequential number that was held to hinder the identification of the professional category and name of the individual.

The processing and data analysis were given in accordance with the principles of GT[7], alongside the collection. The first step of the analysis was the actual data transcription, followed by the same coding and constant comparison. The coding procedures are presented in three steps that complement each other: open coding, axial coding and selective coding.

The open coding is performed manually by reading the interviews, submitting them to the encoding process, line by line, in which words or phrases that express the discourse participants are manifested. Already axial coding involves the reordering of the data in new ways, creating conceptual codes, with the goal of reorganizing the code in higher level of abstraction in categories.[11]

In selective coding is done the integration and refinement of categories, unveiling a category that considers and represents the central phenomenon, permeating all the others, consisting in theory study. In this, the full potential of abstraction is employed in the theoretical framework of the investigated data/encoded, giving rise to the research theory.[11]

The open encoding and the first group of axial coding codes were made with the aid of qualitative analysis software Atlas.ti.

Health professionals who were invited to participate in the study were not informed about the requirement for their participation. It was also guaranteed, with the Municipal Administration, that should not have penalties or losses to those did not want to participate. The project was approved by the Federal University of Santa Catarina Research Ethics Committee, under case number 1043 on December 13rd, 2010.

RESULTS AND DISCUSSION

Following the precepts of GT[7] were sought in the final categories relations between the phenomenon and its causal conditions, contextual conditions, intervening conditions, strategies used and practical consequences. The description of the results will be made from this structure.

Starting from the analysis of the data obtained in this study, we built a theoretical model centered on the phenomenon "Responding to the social expectation that health professionals should be a role model." Then, the categories of the central components phenomenon will be described.

♦ **Considering the use of alcohol and tobacco in the community**

The context in which develops the use of alcohol and tobacco may be important in considering how the individual handles their own use. Important to the extent that such use is socially constructed in interaction between people in the society.

Health care professionals entered in PHC interact directly with the community, both within health units as in everyday situations. It is this interaction that can be influenced by cultural issues inherent in the community, such as considerations of gender and age roles that have substance among people of the county and places where the use occurs.

In the investigated communities it can perceive a strong influence of German culture, closely associated with alcohol use. Practically all cities hold some festivity where alcohol use is worshiped, reinforcing the role that the substance has the property of socialization. Alcohol use is perceived as an important part of social life, with its related events stimulated by social usage. However, from the moment that recreational use is perceived by others as a dependency, the individual shall be discriminated against and socially excluded.

> *[...] that, too, I think it has something to do with the issue of alcoholism and smoking in our region [...] for being a very strict and closed culture [...] E26*
>
> *Germans drink beer and draft beer anywhere in the world, which every 15 days has an event here with draft beer, beer, everyone takes [...] E4*

Professionals show the reasons why they believe that the substances are used in the community. With respect to alcohol use, there are shown issues the lack of leisure and German colonization in the region options. Frequenting places that promote alcohol consumption as the main option for leisure was also associated with higher prevalence of substance use in study of Brazilian adults.[12] This fact is consistent with the modulation of consumption patterns by social mores and values of the community in question, in which the points of meeting and socializing are the bars.

With regard to tobacco use, actions are performed in an attempt to reduce the use, for example, the adoption of laws restricting use indoors. Actions to facilitate nonsmokers to adopt a more critical stance with regard to smoking, not even request the use of tobacco in certain circumstances.

> It is less important, the tobacco you don't get drunk, you're normal, only that alcohol is different, the tobacco is more in the same game, it's not as seriously as other drug right [...] E7

> [...] about 3 years ago people still smoke inside bars and dances, today no smoking more, today you're going to a bodega and not see people smoking, go to the outside, the liabilities also decreased as a function of the active smoke outside [...] E8

The professional discourse indicates that the use of the substance creates a distinction of roles in the community; also reveals that the existence of the user triggers changes in the social context in order not to prejudice the nonusers.

With regard to tobacco use, the main users identified are also men, however, with older age. A reduction in the initiation of drinking among younger attributed to local and national anti-smoking campaign is perceived.

It can be inferred from reports of health professionals, that their perception is according to national figures of tobacco use and alcohol.[13] The fact that there are no hard epidemiological studies for these locations does not preclude the identification of groups with which preventive actions should be taken in this area.

♦ **Realizing influences on meaning of approach to alcohol and tobacco user**

The meanings attributed to the use of alcohol and tobacco are related to perceptions of the use by the community. Both for professionals who use substances and for those who do not what matters is to be an example of social conduct for service users.

These meanings are related to several factors, described below.

As first influence in the lives of individuals, the family appears. It is in the family that established the first relationships and first rehearsals for adult life. In interaction with family members, individuals begin to print directions to everyday situations, is where one learns the value that things have in life. Regarding the use of alcohol and tobacco is not different, it's the family you learn the place that these substances have on the social life and the consequent interactions.

> [...] as much as we go to school, learn that it's a disease, what you bring home is a lot, you don't live it, you can't see the person, there's no way. E3

One of the strongest influences mainly related to alcohol is the experience of adverse situations involving the use of this substance. Many professionals reported having already experienced situations of great suffering due to alcohol addiction of a family member, usually a parent or grandparent. It is noticeable that the lines past history affects the way assistance is provided because the professionals have a preconceived view of the user, associating user behavior to personal experiences and fearing negative outcomes.

> [...] so they (wives) comes to tell me things and I try to help any way I can, but just from my personal experience even [...] that's what I can do, why is this trauma. E34

Besides the family, there is also the influence of friends and community use, which can modify the way the individual has learned to relate to substances from the family. These changes happen from the interactions and the desire of belonging to a group or to convey a message through their own behavior.

Among the conditions involved in the causation of the phenomenon, one can consider the associated use of alcohol or tobacco own feelings and also the fear of breaking ties with the community. Faced with the service user of alcohol and tobacco, the health professional mobilizes feelings related to previous experiences and interactions. The reports show feelings for previous conflicts involving itself in the family, involving substance use, helping professionals do not feel prepared to act in these situations and can develop an empathetic relationship with users.

Feelings related to the use of substances may interfere with how the professional approaches the issue with users. These feelings can facilitate or impede an expanded theme attention.

Addressing the issue of alcohol and tobacco consumption in health facilities is recognized as one of the responsibilities of health professionals. However, they report that it is difficult to touch this subject because it is considered the private sphere and it should not be approached unless the problems are very evident. There is also an attempt to put oneself in another's place, imagining what it would be if it was addressed to the cessation of the use of any substance, evidencing the existence of empathy towards users.

> [...] It's more difficult to talk to people [...] E16
>
> [...]It's really hard to work with that [...] how you are going to say to not drink [...]. E34
>
> [...] I wonder you think if someone came to me and said that I have to stop drinking [...] E15

The feelings of the professional associated with the use of alcohol and tobacco are present in everyday care; it may be considered as facilitators or hindering in attendance. Similar results were found in a study with Brazilian nurses, in which feelings like fear and dissatisfaction were related to user assistance alcohol.[14] Another study in England showed that nurses consider this topic as the most difficult to address in their care practice.[15]

The fear of breaking the bond with the user is also an important issue that influences how the professional approaches the subject. In a study of British doctors, it was found that these professionals do not include questions about alcohol use in routine work, by considering the use of alcohol as a theme of the private sphere, which should not be approached.[16]

♦ **Identifying barriers in training to assist users of alcohol and tobacco**

Besides the socio-cultural context and personal motivations, and consequently, the meanings attributed to the use of alcohol and tobacco from health professionals, interfere in assisting users of health services, we emphasize the interference of academic training in this area. The lack of training in the area reported by most professionals also contributes to the development of the central phenomenon of the study. By not feel safe by not having scientific and technical knowledge in the field, the professionals use common sense to establish assistance. In this sense, it is reinforced the need to stand as an example to be followed by the community.

> [...] We understand that sometimes this lack of knowledge and preparation we

> sometimes lose some people who would be interested to do treatment [...] E3

The formation of the health professional in the mental health happens superficially in most universities and training centers. In general, lectures and a few visits to psychiatric hospitals or community mental health services are performed. These practical activities unaccompanied by critical reflection can develop barriers to professional practice in mental health because these environments students may encounter serious situations that do not represent the majority of cases related to mental health.

> [...]and in college I had, I think a class on it, but overall good so [...] I can't remember, I think it was in Psychiatry, I don't even remember [...] but it was a little thing I saw right [...] and we just watched, not participated very [...] in fact, in my training had little thing huh [...] related to that [...]E28

These gaps in academic training can lead to disinterest in the area, because the impression made by observation of services without due reflection can create prejudices and fears related to both manifestations of mental disorders for possible improvement of the patients.

> No, I've never done any training.. It strikes me that area [...] I think dealing with the culture of the population is kind of hard, something they wouldn't call attention that we won't be able to change never [...] I don't think that's going to change [...]. E14

As professionals receive little theoretical and practical contribution of mental health during undergraduate studies and also has opportunities to improve in the area while working in the APS, the gap formation endures and deepens the difficulties faced by people with mental disorders and drug addiction in search by treatment quality.

Note in the discourse of these professionals a clear dissociation between mental health issues and health in general, as if the problems of emotional and social order were a specialty in which the health professional chooses to act.

This situation was also reported in studies both nationally and internationally.[17-8] A study of American physicians indicated that they felt more confident to address the issue and adopt a more sympathetic attitude after training.[19] Another study with British nurses showed that to improve care and ensure continuity of care, they should be better trained and monitored in its daily work.[15]

♦ **Using assistance strategies to alcohol and tobacco users**

The context in which it develops professional performance and personal, family influences, friends and community, as well as the training received by health professionals allow the establishment of meanings associated with the use of alcohol and tobacco and assistance in this area. These meanings, lead the professional to adopt a model of behavior they think is socially expected, and thus establish assistance strategies compatible.

Professionals seek action strategies, the approach to perform the user of alcohol and tobacco. These strategies are strongly influenced by the context in which the professional lives and the social expectations of their behavior, as well as family influences and shape itself as it relates to the substances.

Thus, strategies for care are resulting combination of scientific knowledge and individual designs that allow some more professional approaches and extended to other, more restricted approaches. You can put that assistance is provided by considering the family of the users because it is a fundamental pillar in supporting the individual and requires focus on health services. However, reveals itself to disbelief professional in relation to the guidelines that are given to family members.

> [...] the patient hardly ever comes, is more the family [...] they come over to talk, they don't want your help just want to vent, complain, then you guides, what have to do [...] but they don't want to take any attitude [...] E3

In this study, family support was reported as the primary first contact, being held by (the) companions (as) or children. The quest for attention is usually made by the family, and then to have contact with the individual who has problems related to the use of psychoactive substances. The family is seen by professionals as a support, as a support for the user in treatment while they demonstrate their own expectations to be heard, to share their anguish, being the focus of attention;[20] also must consider the approach made to the individual and how he stands to speak on the topic, beyond the different strategies used to address the user of alcohol and tobacco.

> [...] I think the approach is made a little differently, so the way to explain the disease to him [...] I try to create a larger link, trying to conquer, because I'm going to have to convince him to treat right.. Sometimes we have to try to understand the situation of life of that person [...] E28

In the speech of the interviewees it proves to be directing assistance only to cessation of use, where harm reduction measures seem to be nonexistent.

Among the reported barriers to provide assistance, are reported to lack of time, lack of infrastructure in health facilities, the dissociation between mental health and the health of family and work overload. These barriers are reported in other studies conducted in this area.[15,17] Despite the proximity to the PHC provides to the community, many professionals do not feel safe enough to tackle such a sensitive subject, both for themselves and for users. The very perception that the professional has your use of alcohol and tobacco also affects how it behaves across users.[21]

♦ **Defining the professional experience related to alcohol and tobacco users**

The social and laboral context of the professional, the conditions that influence its usage pattern of alcohol and tobacco, as well as training for the customer service of these substances, reflects on the definition of the strategies used for alcohol user assistance and as professional sets the proper role

The definition that the professional makes of its own professional experience related to the use of alcohol and tobacco is related both to future prospects as the previous experiences. It is from these experiences and the way the situation is presented that he acts, and defines a new situation. Thus, the professional performance takes into account not only past events, but also future prospects in relation to this. Considering this, there is the attempt to identify the role of each professional within the team, not always clear within a multidisciplinary group. To show the role of each one, the professional attempts to set limits on performance, managing to understand what is his role in each situation.

In General, the lines showed that there is uncertainty as to what is of competence of each team member. Sometimes, professionals cannot identify what is expected of their profession, which can affect the assistance provided. The identification of the role and responsibilities assigned by the team involves several feelings that can both facilitate and create barriers to performance. To be able to identify the proper role within the Group and the community, the professional assumes a single posture in this thematic assistance related considering issues inherent to their own use and behaviors perceived as appropriate.

The process of definition of professional performance for this theme is related to the formation that the professional has to act; their previous experiences, with which it interacts every time is faced with new situations and with the context in which it is inserted, and cultural adaptations needed to take professional attitude expected. 22 in this sense, the health professional directs its actions to satisfy what he thinks people who relates expect demand to behave according to what he believes to be expected socially. Thus, professionals identify the definition that users have of them and act accordingly to meet this definition. 23

The feelings that the professional relates with this assistance can also be considered as consequences of the phenomenon. As soon as he puts himself as a role model comes a new responsibility with the community and colleagues and with it the fear of failing. These feelings were also listed by health professionals on this topic in other studies. [16-7, 24]

The consumption of psychoactive substances is a complex and emotional topic for health professionals. For some, it shares the same pattern of use that can be an opening to facilitate the discussion on the topic, while others may recognize a hazard only in people who have a pattern of use worse than themselves. [21.25]

It is through the symbolic interaction with other people and communities that health workers build the meaning of his use of alcohol and tobacco and develop concepts that guide the actions. With each new interaction with other users, the meanings related to substance use change and may be reinforced by the statement that the usage is actually harmful and what people expect that the Professional does not use, expect an exemplary record.

The health professional plays a role in society, is expected to a certain pattern of behaviour – which does not include the use of psychoactive substances or deviant behaviors. The proper performance of this role requires professionals to hide or avoid certain behaviors of the users of health services.

FINAL REMARKS

This study has identified that the meanings attributed to the own use of alcohol and tobacco by healthcare professionals take to respond to a social expectation to be role model for the community, avoiding the consumption of alcohol and tobacco. They experience an interactive process of ressignification of their constant concepts regarding the own use of psychoactive substances, seeking to meet the needs of the community.

It is suggested the conduction of other studies using different methodologies to enhance the understanding of the relationship between health professional and at the same time an individual like any other community, addressing the ways and strategies used to deal with these issues.

The findings of this study underscore the importance of always consider history of early life health professional and how he feels to serve such customers. If these factors are not considered, you risk the good service and the job satisfaction of the professional involved.

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1. Arce VAR, Sousa MF, Lima MG. A práxis da Saúde Mental no âmbito da Estratégia Saúde da Família: contribuições para a construção de um cuidado integrado. Physis [Interne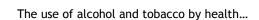t]. 2011 [cited 2014 May 22];21:541-60. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312011000200011

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