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ORIGINAL ARTICLE

INTEGRATION OF LEPROSY CONTROL ACTIVITIES FROM THE PERSPECTIVE OF HEALTH PROFESSIONALS

INTEGRAÇÃO DAS AÇÕES DE CONTROLE DA HANSENÍASE SOB A PERSPECTIVA DOS PROFISSIONAIS DA SAÚDE

INTEGRACIÓN DE LAS ACCIONES DE CONTROL DE LA LEPRA SOBRE LA PERSPECTIVA DE LOS PROFESIONALES DE LA SALUD

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ABSTRACT

***Objective*:** to analyze the factors that influence the integration of leprosy control activities in Primary Health Care. ***Method*:** qualitative study from the perspective of health professionals in six municipalities in the micro-region of Araçuaí do Vale do Jequitinhonha/MG. The semi-structured interview and documentary research were used. For processing and analysis of data, the technique of Content Analysis, Thematic mode was used. The study had the research project approved by the Ethics Committee in Research, opinion 149/07. ***Results*:** the speeches showed that the following aspects influence the integration of leprosy control activities: professional training, trainings performance, professional profile, the process of hiring of professionals and high turnover. ***Conclusion*:** it was highlighted the importance of investment in updates of the teams, once the operational difficulties of the control program are mainly related to the absence of trained professionals and committed to leprosy. ***Descriptors*:** Leprosy; Health Personnel; Primary Health Care; Prevention & Control.

RESUMO

Objetivo: analisar os fatores que influenciam a integração das ações de controle da hanseníase na Atenção Primária à Saúde. ***Método:*** estudo qualitativo, na perspectiva dos profissionais da saúde, em seis municípios da microrregião de Araçuaí do Vale do Jequitinhonha/MG. Utilizou-se a entrevista semiestruturada e pesquisa documental. Para tratamento e análise dos dados, foi utilizada a Técnica de Análise de Conteúdo, na modalidade Temática. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, parecer 149/07. ***Resultados:*** os discursos evidenciaram que os seguintes aspectos influenciam a integração das ações de controle da hanseníase: a formação profissional, a realização de capacitações, o perfil do profissional, o processo de contratação dos profissionais e a alta rotatividade. ***Conclusão:*** evidenciou-se a importância de investimentos em atualizações das equipes uma vez que as dificuldades operacionais do programa de controle estão principalmente relacionadas à ausência de profissionais treinados e comprometidos com a hanseníase. ***Descritores:*** Hanseníase; Pessoal de Saúde; Atenção Primária à Saúde; Prevenção & Controle.

RESUMEN

Objetivo: analizar los factores que influyen en la integración de las acciones de control de la lepra en la Atención Primaria a la Salud. ***Método:*** estudio cualitativo, en la perspectiva de los profesionales de la salud, en seis municipios de la micro-región de Araçuaí do Vale do Jequitinhonha/MG. Se utilizó la entrevista semiestructurada y la investigación documental. Para tratamiento y análisis de los datos, fue utilizada la Técnica de Análisis de Contenido, en la modalidad Temática. El estudio tuvo el proyecto de investigación aprobado por el Comité de Ética en Investigación, parecer 149/07. ***Resultados:*** los discursos mostraron que los siguientes aspectos influyen em la integración de las acciones de control de la lepra: la formación profesional, la realización de capacitaciones, el perfil del profesional, el proceso de contratación de los profesionales y la alta rotatividad. ***Conclusión:*** se mostró la importancia de inversiones en actualizaciones de los equipos una vez que las dificultades operacionales del programa de control están principalmente relacionadas a la ausencia de profesionales entrenados y comprometidos con la lepra. ***Descriptores:*** Lepra; Personal de Salud; Atención Primaria a la Salud; Prevención & Control.

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INTRODUCTION

Leprosy persists as an important public health problem in several countries, despite the reduction of prevalence rates and detection of new cases, also in Brazil, which in 2012 presented 33,303 new cases[1], corresponding to a detection coefficient of 17.17 cases/100,000 inhabitants, considered high.[2] This context highlights the importance of adoption of effective intervention strategies for the control of the disease.

The main strategies adopted for the control of leprosy in Brazil, are the realization of early diagnosis, timely treatment of all cases diagnosed, the prevention and treatment of physical disabilities, surveillance of home contacts[2] and decentralization of the leprosy control program for Primary Health Care (PHC).[3]

The attitude of health professionals, the lack of adequate training, the stigma and the organization of the health system, were described as aspects that hinder the process of decentralization of leprosy control actions. Regarding health professionals, it is highlighted that the workload and the permanence of the idea that the leprosy diagnosis and treatment must be carried out by specialists, influence the commitment to assume the demands inherent in the care of patients with leprosy.[4]

In areas where the control of leprosy is integrated to PHC services, health workers assist patients with different diseases of the skin, and it is important that the professional present knowledge in basic dermatology and ability enough to differentiate the leprosy of the other diseases.[5] It is necessary, a greater investment in education and training of health professionals in primary health care, since the reduction of having the disease will only be maintained if the endemic countries and their partners invest in long term, in healthcare professionals and a network of effective reference for its supervision and support.[6]

It is believed that, despite the considerable importance of all Primary Health Care professionals being trained, some municipalities have deficits in the realization of this activity.

The turnover then, may impact negatively the training of all professionals.[7] In the Family Health Strategy (FHS) the hiring of professionals is the responsibility of the municipal administrations that most of the time does not perform public tender, generating precarious work links, large wage differences and professional instability, contributing to the maintenance of high turnover in the teams.[8]

Take into consideration that several factors, can influence the commitment of health professionals with leprosy, this study aims to analyze the factors that influence the integration of leprosy control activities in Primary Health Care.

METHOD

This is a qualitative study, which was developed in the following municipalities: Araçuaí, Berilo, Coronel Murta, Francisco Badaró, Jenipapo de Minas e Virgem da Lapa, belonging to the micro-region of Araçuaí, located in the northeast of the State of Minas Gerais, showing high coefficients of detection of leprosy and considered a priority area for the control of the disease in the State.

For data collection, held in 18 units of PHC - all enabled in the Family Health Strategy - and in two Secondary Care Units, located in Araçuaí and Jenipapo de Minas, which act as a reference for the leprosy care, it was used the semi-structured interview and documentary research in institutional and statistical records.

The guiding questions used for the realization of the interview were related to knowledge of the epidemiological situation of leprosy disease, to the process of capacity/training for implementation of control actions, the description of the actions and work purposes in leprosy, the description of the strategies employed to develop control actions, the description of the evaluation process of the service in relation to the actions of control and identification of limitations for acting in leprosy control program.

The interviews were conducted between February and August 2009, in the workplace, by prior appointment, according to the availability of each professional and in a reserved place to avoid disruptions and ensuring the privacy of the informant. The statements were recorded on digital equipment, after the participant's authorization and signature of the Informed Consent Term.

In documental research, Minutes of the Municipal Council of Health, Municipal Health Plans and Final Reports of the Municipal Health Conferences were analyzed.

Subjects who had greater representation in health practices in leprosy disease, indicated by municipal managers were invited to participate in the study, being that in each municipality, at least a doctor, a nurse and an

community health agents (CHA) were interviewed, in addition to the managers of health - Municipal Secretaries of Health, Coordinators of Primary Health Care and Technical Coordinators of Leprosy Municipal. The amount of respondents varied in each municipality, due to the presence of these managers and the fact that in some municipalities the interview was held with more than one subject by professional category, due to the prominence they had in carrying out the leprosy control actions.

The study subjects were: a Technical Coordinator of Leprosy Regional Health Management (GRS), nine managers, eleven doctors, fifteen nurses, a nursing technician, a nursing assistant and sixteen CHA.

The interviews were transcribed in full and the respondents were given the following identifications: Managers (G1 to G10); doctors (D1 to D11); Nurses (N1 to N15); Nursing technician (NT); Nursing Assistant (NA) and community health agents (CHA1 the CHA16).

For processing and data analysis, content analysis in thematic mode was used.[9] The analysis followed the following steps: analysis organization, coding and categorization. The interviews were transcribed in full and documentary material was ordered. After this step, respondents and documents encoding was held, a brief reading of the raw data, the encoding of the raw data in context and report units, the elaboration of empirical categories and the interpretation of empirical data in relation to analytical categories.

The study meets the requirements of the Resolution 196/96, of the National Health Council, which establishes guidelines and regulatory norms for research involving human beings and was approved by the Committee of Ethics in Research (COEP) of the Federal University of Minas Gerais in opinion ETIC 149/07.

RESULT AND DISCUSSION

The speeches of health professionals showed that the following aspects influence the integration of leprosy control activities in the family health strategy: professional training, conducting trainings, professional profile, the process of hiring of professionals and high turnover.

It is believed that the knowledge about leprosy and elimination program, as well as positive attitudes and quality performance of health professionals in Primary Health Care often may be associated with and be essential to reduce the workload of disease in the community[10].

The low knowledge of health professionals about leprosy disease hinders the establishment of a municipal program of control and can be related to academic training, due to the absence of this content in the curriculum of the upper courses of the health area. The medical low preparation to assist leprosy was very evident in the statements of doctors and in the speech of the managers.

> *[...] Exactly, but leprosy during graduation even I had [...] pretty much I didn't have access [...] only in books and training has become a bit deficient as well so I think it still needs more hours so I can learn more. (D5)*
>
> *But let me ask you something, now thinking of training, in training [...]a complaint is, why do these people need so much training, if they are just graduated, if there is another promise of appropriateness of curriculum at the University? [...] We're capping hole which happened in training, so we're empowering [...] we have to train because the training was insufficient, but the training will never change? (G1)*

Another study showed statements from professionals who claimed not to be able to carry out Leprosy Control Actions (LCA), due to insufficient knowledge they have about the disease. This unpreparedness has its origins in the medical and nursing training, which is still very underdeveloped in relation to leprosy and other endemic diseases in Brazil.[7]

Some reasons identified for removal or for the non-inclusion of leprosy of the curriculum for the training of health professionals are: the lack of skills and materials for organization of trainings, the lack of funds to pay for specialized external instructors or to send and keep students in training centers and do not have cases of leprosy in the surrounding areas.[11]

The inclusion of leprosy as a mandatory content in undergraduate courses of the health area is a global recommendation to support the integration of disease control actions on Primary Health Care[12]. In addition, it is important to place the insertion of leprosy in the curriculum of high schools and technical training in health.[13]

The offer of leprosy control activities in Basic Health Units is influenced by the presence of professionals technically qualified and committed to the disease. Experiences of other countries has shown that an important element for the success of integration of leprosy control actions on PHC consists in training and motivation of health professionals to accept new responsibilities with the decentralization of the leprosy care.[14]

The maintenance of an appropriate number of health professionals trained and qualified to carry out the LCA is today the fight municipalities of the endemic regions and is the main pillar for the disease's epidemiological control and support the actions of the leprosy program in Primary Health Care.[15]

Among the professionals who perform the LCA is the community health agent (CHA), which is fundamental to the diagnostic suspicion, as it is in direct contact with families and is responsible for liaison between the community and the health service. In the municipalities that present better results in the LCA, the CHA actively participate in the activities: performing diagnostic suspicion during the home visit, forwarding the patient in case of reactions, seeking the contacts and the absentees, and in special situations, supervising the treatment.

> *What I could do is go guiding her to take the medicine properly. Because you can't interrupt the treatment, right? Then I talked to her, she showed me the medicine, she spoke of drug reactions that she was also having. I've already searched a nurse also to talk about reactions that the patient is complaining, the nurse told me that it is correct. Do you understand? (CHA15)*

The continuing education of the CHA is required to develop actions in the leprosy control program such as control of contacts of leprosy , prevention of disability and rehabilitation[16]. Study to evaluate the knowledge of CHA on leprosy in the municipality of Petrolina, has identified that they forward the suspected cases for basic health units, but have difficulties to carry out guidelines on the disease to family and patients[17], which suggests the importance of skills for this professional category.

In this context, it is important to emphasize the essential role of nurses in the qualification of the ACS for the development of leprosy control actions, because it is assignment this professional to plan, manage, coordinate and evaluate the actions developed by the ACS, as well as, participate in continuing education activities of the team members[18].

It is observed that of health professionals of the micro-region of Araçuaí, the nurse is the more involved in the training activities of the CHA.

> *The activities thus [...] I started now, momentary training with my agents. I've done this about a year and a half ago. Now I'm effectively working leprosy with them. In meetings and lectures I take about ten minutes to talk a bit of leprosy, right [...] that is for about three years. (N11)*

Another study revealed that 90.8% of health professionals who have training in prevention and control of leprosy disease were able to develop leprosy control activities after training[7]. Furthermore, additional training are needed to develop or maintain the quality of leprosy care[19]. It is also recommended that professionals spend one day every three months in a reference center to submit to a recycling course of leprosy[20].

Analyzing in particular the medical professional, eight of them reported that already have at least one training course in leprosy control actions, but to feel safe for the realization of these actions, it would require participation in other training.

> *For diagnosis of all, not yet. We need a little more training, you know? Because if you see a lesion and say that it is leprosy disease, I think it's pretty complicated, right. I think it's not so peaceful. (D3)*

The insecurity of professionals to perform the activities of leprosy even after training is also reported in other studies.[4,7] The attitude of professionals who refuse to work in leprosy control activities was regarded as a factor that hinders the process of decentralization in a municipality of Minas Gerais[4].

The main reasons cited by the professionals who refused to participate in leprosy control activities were the lack of security, which remains despite the participation in training and the amount of forms to be filled out during the service. However, these reasons were considered excuses that actually hide other reasons, such as not wanting to assume the availability and commitment to leprosy control actions demand.[4]

Some municipalities do not have higher education professionals, mainly committed with leprosy. Normally, they do not want to meet these patients on PHC and forward the patient to a center of reference.

> *I think whether or not it happens like this, they can even talk it's an expert issue, it's not just that. They say that, people have a tendency to forwarding to the specialist.[...]. I think if we study this, it isn´t my specialty, I don't want to, I don't have knowledge, I don't want to work on it, I don't want to do it. (D2)*

The lack of commitment of professionals, mainly from the doctor, in carrying out the LCA and the great dependence of reference units was evidenced in another study.[7] The persistence of overload of reference services may also be linked to the idea that leprosy actions must be performed by a specialist in dermatology.[21]

The speeches showed that there is a great inequality in the profile of the professionals who work on leprosy care:

> *It's exactly what I told you, in fact leprosy I assume my guilt, I don't really have the ability today, I don't feel entirely safe, which have very easy, everyone tries to tie, the nurses follow as well and see the cases, seek, with the especially [...] that is older, she always has her notebook there with patients monitoring and everything. There are the health agents monitoring, but unfortunately it is true. (D8)*

> *I worked (with leprosy). Even indirectly, without having done the training, but I ended up dealing with it. Because before I came to the Polyclinic I worked a period in the FHP, and at that time there I nthe FHP had a patient who had leprosy. Including one patient who had many reactions so I always had to dealing with patients. But, the advantage is that at the time there was a doctor who was working here at the time, she had made several trainings on leprosy disease, so she was our reference. So it was easier. (N13)*

The VII Conference of Municipal Health of the city of Araçuaí, held in 2007, discussed the importance of increasing the number of professionals who have the appropriate profile and commitment to the job. Regarding leprosy, the commitment of the professionals can explain not only the elevation of detection rates, as evidenced in the statements of the managers, but also the precocity of diagnosis by analyzing the percentage of cases diagnosed of disability with grade I and II.[22]

> *Regarding leprosy disease, the presence of professionals committed to this, directly influences in carrying out the control actions. It is having a diagnosis of the Rio Grande because the doctor there, if he were to work on another FHP surely he will increase the diagnosis of the region. (G1)*

Health professionals often are hired without conducting selection processes, the vacancy is open and needs to be filled as soon as possible not to cause bigger disorders. The difficulty of hiring medical professionals was discussed at meetings of the Municipal Council of Health of Virgem da Lapa:

> *The Counselor wondered about some disorders occurring with doctors of the city hardly influencing in the organization of health services of the municipality due to the difficulty of hiring new medical professionals.*[23]

The difficulty of stocking mainly of medical professional reflects on the development of prevention and control of leprosy disease in Primary Health Care.[13]

> *Araçuaí with the absence of the doctor in the first semester, for the municipality that makes the diagnosis in thirty patients they only made three, in six months, that is, it improved the epidemiological situation there? Obviously not, I know it did not, but there is now a professional with ability, with the qualification of doctor who was there [...]. (G1)*

In Araçuaí, couselors also discussed the absence of doctors, the way of contracting and the profile of the professionals[22] and the Municipal Health Council of Francisco Badaró discussed *"the high turnover of medical professionals in the region, hindering the continuity in the work of prevention".*[24]

It should be noted that the turnover of health professionals is a factor that hampers the continuity of LCA in all municipalities of this study, which was also observed in another study, in which the totality of health professionals was not trained in prevention and control of leprosy disease due to the high turnover of the FHP professionals.[7]

> *Another doctor arrives, like others who left and had received the training, but he is gone now, so we have this problem, the turnover is too large, then the doctor receives the training [...] you train, empowers the person, she goes away, then you enable the other and leaves again, empowers another and go. (G7)*

It is worth noting that, the turnover of professionals in Vale do Jequitinhonha is a difficulty municipalities facing, often by political issues. The small municipalities face difficulties as local policy changes that affect the priorities and consequently cause disruption of certain health services and programs and moreover, experience a shortage of qualified professional. Therefore, the maintenance of health programs, including leprosy, requires a continuous effort of all professionals involved.[25]

> *You know what's the big problem? It is in hiring. [...] I stayed three years in Chapada do Norte, and got out of there, not by financial problem, because I got out of there to gain less salary, but I left there for that? Because I had a job of three years with a Family Health school, a school in.. And the mayor who won, we have three years of work, it won a man of the opposition and the guy just sent everyone away. Everyone who worked with health. (D8)*

Turnover can also be related to a better financial offer, since many professionals seek places that offer better working conditions and better wages.[7]

> *[...] This year came a colleague that stayed two months left. He arrived, stayed three months and left. [...] there is also this war*

of market labor today, huh? [...] They are scanned and will find that there are other cities paying more than here. [...]. And then nobody stays. (D8)

FINAL CONSIDERATIONS

In this study the importance of investments in constant updates of health teams from the municipalities of micro-region of Araçuaí was evidenced, because the operational difficulties of the disease control program are mainly related to the absence of trained professionals and committed to leprosy care.

The courses should not be understood as the only solution for success in the actions of the leprosy control program because it must take into account also the commitment of the professionals with these actions. It is believed that the combination of commitment to the technical knowledge may impact positively on leprosy control.

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