EXPERIENCE OF NURSES OF PRIMARY CARE IN LEPROSY CONTROL ACTIONS

LA EXPERIENCIA DE ENFERMERAS DE LA ATENCIÓN BÁSICA NAS AÇÕES DE CONTROLE DA HANSENÍASE

ABSTRACT

Objective: analyzing the experience of nurses of the primary care in leprosy control actions. Method: a descriptive and exploratory study of a qualitative approach conducted from semi-structured interview guide with 13 nurses of the Basic Health Units in Southeast Teresina/PI. Data were analyzed and grouped by similarity of content resulting into three categories. The study had the project approved by the Research Ethics Committee, CAAE 19302813.1.0000.5512. Results: after analysis, emerged the analytical categories: characterizations of the subjects, implementation of leprosy control actions by nurses of the primary care and the difficulties of nurses in implementing leprosy control actions. Conclusion: the creation of strategies is needed to work the prejudice in an attempt to facilitate early detection of new cases and adhesion of household contacts through professional training and better coordination between services. Descritores: Leprosy; Nursing Care; Primary Care.

RESUMO

Objetivo: analisar a vivência do enfermeiro da atenção básica nas ações de controle da hanseníase. Método: estudo descritivo e exploratório de abordagem qualitativa realizado a partir de roteiro de entrevista semiestruturado com 13 enfermeiros das Unidades Básicas de Saúde, no Sudeste de Teresina/PI. Os dados foram analisados e agrupados por similitude de conteúdo resultando em três categorias. O estudo teve aprovado o projeto pelo Comitê de Ética em Pesquisa, CAAE 19302813.1.0000.5512. Resultados: após análise, emergiram as categorias analíticas: caracterizações dos sujeitos, implementação das ações de controle da hanseníase pelo enfermeiro da atenção básica e as dificuldades do enfermeiro na execução das ações de controle da hanseníase. Conclusão: é necessária a criação de estratégias para se trabalhar o preconceito na tentativa de facilitar a deteção precoce de novos casos e adesão dos contatos intradomiciliares através de qualificação profissional e uma melhor articulação entre os serviços. Descritores: Hanseníase; Cuidados de Enfermagem; Atenção Primária.

RESUMEN

Objetivo: analizar la experiencia de las enfermeras en la atención primaria en las acciones de control de la lepra. Método: estudio descriptivo y exploratorio de enfoque cualitativo realizado a partir de la guía de entrevista semi-estructurada con 13 enfermeros de las Unidades Básicas de Salud en el Sureste de Teresina/PI. Los datos fueron analizados y agrupados por similitud de contenido resultando en tres categorías. El estudio tuvo aprobado el proyecto por el Comité de Ética en la Investigación, CAAE 19302813.1.0000.5512. Resultados: tras el análisis, surgieron las categorías de análisis: caracterizaciones de los sujetos, la implementación de acciones de control de la lepra por enfermeras de la atención primaria y las dificultades de las enfermeras en la implementación de acciones para el control de la lepra. Conclusión: es necesaria la creación de estrategias para trabajar el prejuicio en un intento de facilitar la detección temprana de casos nuevos y el registro de los contactos familiares a través de la formación profesional y una mejor coordinación entre los servicios. Descriptores: Lepra; Cuidados de Enfermería; Atención Primaria.
INTRODUCTION

The Mycobacterium leprae is a bacillus of alcohol type - resistant acid, intracellular binding, being the only in the species of mycobacteria with this feature, which affects the peripheral nerves. The main route of elimination and entrance of the bacillus in the body is the upper airway, representing an average incubation period of 2 and 7 years, existing reference shorter periods of seven months and also for longer periods, of up to 10 years.1

The target set by the World Health Organization and Ministry of Health is to eliminate by 2015 the disease leprosy as a public health problem; in this way it has intensified actions and targeted strategies for promotion and prevention in the most affected population.2

Brazil stands out in the North and Midwest, with 42,7 and 41,3 new cases per 100.000 inhabitants in 2010, featuring hyperendemicity. The South and Southeast with 5,2 and 7,2 new cases per 100.000 inhabitants with an average endemicity and the northeast with 27,7 new cases per 100.000 inhabitants presenting very high endemicity.1

Despite being a disease easily diagnosed, curable and treatment provided by the SUS, its treatment and evaluation of contacts become difficult because of the stigma, requiring skills of health professionals to break prejudices applying appropriate assistance ensuring health, control and prevention of physical disabilities in affected people. The involvement of the peripheral nerves is its main feature and it gives a great disabling potential.4

It is known that the Family Health Strategy plays an important role in the promotion, prevention and control of diseases in public health and is therefore the main population of the gateway to health services. It stands out in the family health strategy the nursing professional who plays an important role in leprosy control actions. The nurse plays a fundamental role in the organization of health services in different complexities.4

The professional nurse acts in the prevention of leprosy in the identification and evaluation of suspected cases do nursing consultation and notifies the confirmed cases, evaluates and registers the level of disability in medical records and forms, guides the patient and family to perform self-care, performs dermato examination, makes vaccination of BCG at all household contacts and manages the disease control activities.5,4

The nurse must meet the patient holistically, seeking to fully meet all the needs of the same. For that will primarily support the nursing consultation, making it necessary to implement the systematization of nursing assistance (SAE), which will help the professional in the course of his professional activities.4,7

This study is justified by the contribution of providing professionals in the planning of actions to control leprosy and as a resource for other work approaching the subject. Thus, objectively analyzes the experience of nurses in primary care in leprosy control actions.

METHOD

This is a qualitative study of descriptive and exploratory type, held in Basic Health Units in the city of Teresina, PI. The BHUs have waiting room, medical record file, meeting room, board room, office with toilet, three clinics, vaccination room, misting room, dressing room/procedure, pharmacy, dental offices, compressor the toilet, for users, toilets for staff, pantry/kitchen, sterilization room, store materials and cleaning.

The study was conducted with 13 nurses working in the family healthcare strategy that agreed to participate in the research by signing the informed consent term. The number of subjects was not previously defined, only the saturation of collected data and meeting the inclusion criteria.

Data were collected through a semi-structured interview guide with pre-defined questions. The statements were recorded in a MP4 player.

After obtaining the data, they were analyzed and structured by semantic similarities. Based on this and testimonials three categories emerged: << Implementation of leprosy control actions by nurses in primary care >>, << Nurses’ difficulties in implementing control measures for leprosy >> which is subdivided into three sub-categories which are: << The workload of nurses >>, << Early identification and evaluation of contacts >> and << Deficit in the coordination of assistance services >>.

To characterizing the subjects preserving their anonymity and elucidating their testimony was awarded the definition of subject followed by a numeration.

The development of the study met national and international standards of research ethics, it was approved by the Research Ethics Committee (CEP) of the University Paulista (UNIP) to check compliance with Resolution 466/12 of the National Health Council and was
approved by the CAAE n° 19302813.1.0000.5512. All participants signed a consent form.

**RESULTS AND DISCUSSION**

All subjects are female, four were aged between 20-30 years old, three reported being 30-40 years old and six were aged above 40 years old.

With regard to training all participants in the research subjects said being post graduate, being two in Public Health and Family Health Strategy, two in Public Health, four in the Family Health Strategy, one in Public Health and Health Education, one in Family Health Strategy and Urgency and Emergency Department, two in Family Health and Midwifery, one in the Family Health Strategy, Public Health and Intensive Care Unit.

Regarding the acting period in the family health strategy most of the subjects were between 8-9 years in the job, and when asked about the continuing participation of training about leprosy all said they had participated.

♦ Category 1. Implementation of leprosy control actions by nurses of basic care.

The subjects reported that leprosy control activities are present in their routines, mainly explained by the high incidence and constant monitoring by primary care professionals. The subjects routinely apply actions to control leprosy, as you can see in the following speeches:

 [...] My daily experience is we always have a patient, always have to be guiding groups always have to be accompanying the patient with leprosy, seeing his family. So it’s constant, daily living [...] (suj.9)

 [...] Always have right of leprosy cases we see that experiences and have greatly diminished the multibacillary but still has very close to leprosy cases [...] (suj.11)

 [...] Here in this region there are many leprosy contacts, always so patient being under treatment [...] (suj.7)

In nursing consultation it seeks to create bonds and trust with the customer aiming a qualified, humane and affectionate care, prioritizing the cure and prevention of disabilities. 2,7

The leprosy control actions developed by interviewees, according to their speeches are: health guidance, which seek to emphasize the importance of early detection of leprosy, the main signs and symptoms highlighting the complications of the disease if left untreated, the importance of seeking to treatment and evaluation of contacts. These guidelines are given in talks aimed at various groups such as hypertension and diabetes, given that there is a specific group of leprosy. 3 As shown in the following speeches:

 [...] So we try to other services, for example for hypertensives, for example of the hypertensive, the child always talking about it [...] (suj.09)

 [...] Control actions are guidelines, right, is health education, guide what is leprosy [...] (suj.10)

 [...] For starting conversation to control we have to have, prevention everything we will do in the health; think it has to start with prevention that is guiding patients, lecturing, these things [...] (suj.11)

It is noticed that health education actions are taken by the subjects as essential actions in leprosy control. Since these actions make it possible to prevent early detection of cases and the accession of household contacts. 3

Among the actions cited by the subjects still do the notification of detected cases, active search for cases by conducting examination stains suspicion in joint efforts and through free demand unity, referral to specialized care and when necessary patient follow-up in the dosing supervised, and the pursuit and evaluation of household contacts. 3

It may be noted the effectiveness and the important role of community health agents, mainly in active case finding as shown in the following speeches:

 [...] We have already identified many cases [...] just after making the active search with health workers [...] (Mess. 02)

 [...] The health worker during his visits makes the search and guides suspected cases to come take the exam [...] (suj.07)

 [...] So we guide health agents to stay on foot, on to help them make treatment straight [...] (suj.12).

The community health worker has among other functions to integrate the health team and the population, develop activities to promote health and prevention of diseases. In the leprosy combat the CHA should identify and refer suspected cases to the BHU, monitor and guide users to develop educational activities, guide the realization of self care, supervise the use of the drug, route the household contacts. 3

So it may be noted the relevance of the CHA in leprosy control actions become the
bridge between the community and the health service still offering basic guidelines in disease prevention.

Category 2. Difficulties in implementing the actions of the nurse of leprosy control.

When reporting about their livings in the leprosy control actions subjects emphasize that even working in the family health strategy to develop its activities still follow a clinical care model, making it impossible for the same offer comprehensive care to patients. As can be seen in the following speeches:

[...] So I think for leprosy control to be effective we have to see the patient as a whole [...] (suj.5).

[...] And forget to evaluate the whole, assess the physical, and evaluate the sanitation condition where he lives [...] (suj.8)

With the creation of the family health strategy seeks to reorganization of basic care in accordance with the principles of the Unified Health System and has as a strong feature of the reorientation of the work process with the greatest potential to deepen the principles, guidelines and foundation of primary care.9

It can be seen, according to the participants' speech, that there is still a gap between the actions taken and the actions that are needed in the family health strategy proposed. It can be justified by the workload related to the amount of programs inserted in FHS and bureaucratic and managerial activities assigned that hinder the performance of other activities as shown in the following reports:

[...] Then I do so giving to do, but I confess that I like to do more. But we have many other responsibilities [...] (suj.3)

[...] We have to implement other actions in the control and prevention but it is difficult, look how much paper I have on the table here for me to fill [...] (suj.5)

Some also include the management of nursing care activities as the user diversion, but this practice should be inserted into the routine of nurses, so that it can offer a qualified assistance to the population.9,10

Nurses should develop among others the following activities: planning, managing and evaluating the actions developed by CHA in conjunction with the other team members; conduct continuing education activities and participate in the management of inputs necessary for the proper functioning of BHU.11

Management activities are embedded in the assignments given to Family Health Strategy nurses. One can consider extremely important the participation of nurses in the operation of BHU, both in clinical care and in the management of other health team activities.12

Category 3. Difficulties of nurses in achieving the accession of patients and monitoring of contacts.

Leprosy, when diagnosed late, can generate a large number of patients and former patients with physical disabilities installed. According to the Ministry of Health, professional training is presented as a priority object of making continuous efforts.13

We realized with this study that two factors are relevant in the deficit of early attachment and identification and monitoring of contacts that are: prejudice and stigma of patients and population and the difficulty of carrying out the assessment of all household contacts for five years, failing to sometimes not even make the first evaluation.

The subjects reported that prejudice is a barrier that makes it very difficult the implementation of leprosy control actions as shown in the following reports:

[...] The greatest difficulty is that the patients have still prejudice and still has the stigma of the disease very large, afraid that people will know that they are sick [...] (suj.5)

[...] They are ashamed to talk to family who are doing the treatment [...] (suj.7)

[...] Case is that sometimes one comes to us and does not want to know that the health worker right, because you think that the health worker will tell the community [...] (suj.8)

Leprosy is still seen as a disease with a terrible picture contagious, mutilating and incurable disease, and patients and their families should be isolated, one of the causes of stigma and prejudice is related to the lack of knowledge about the disease, treatment, prevention of disabilities and healing actions.14

The nurse constantly experiencing these difficulties by prejudice from the patient should be aware of the diagnosis and initiate treatment and this causes another difficulty because the epidemiological investigation.8

Contact subjects reported are not managing to carry out the assessment of all contacts as shown in the following statements:

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Experience of nurses of primary care...
[...] Often also the contacts even though the family about leprosy has just come not take the exam by prejudice [...] (suj.7)

[...] I cannot implement, it comes when patient is diagnosed, we call everyone you know, usually they come only next year, they need to go through this annual review they will usually not come [...] (suj. 8)

[...] And she did not want us to take control of the family because they do not want the family to know. So because of prejudice is very difficult to get the people [...] (suj. 11)

The evaluation consists of dermatological examination of all household contacts of new cases detected, followed by guidance on the incubation period, transmission, early signs and symptoms of leprosy.3

The subjects reported this is another difficulty encountered, since this assessment should be performed annually for five years.

♦ Category 4. Difficulties in coordination with specialized health services for treatment of leprosy.

The client in general should receive comprehensive care that assures beyond disease prevention and rehabilitation what we see is a deficit in the coordination of health services regarding specialized attention given to patients with leprosy. As shown by the following statements:

[...] This inability to service is bound to have a social worker for support helping directly the physical therapist [...] (suj.)

The National Programme for Control of Leprosy the Ministry of Health develops a set of actions, aiming to offer service in all instances and different complexities following the principles of SUS, among other actions strengthening the comprehensive care to patients of this disease. The leprosy control measures must to be enforced throughout primary care network of the Unified Health System ensuring among other specialized care in outpatient and inpatient reference units when needed.3

Consequent poor articulation of specialized service network with primary care ends up workloading the nurse demanding the same actions that are not of his competencies which leave them frustrated as talks following shows:

[...] Have a specialized care for them more attention, a search because sometimes the patient wants to get away from the treatment; cannot take wait full treatment [...] (suj.12)

[...] It is because all the burdens and often frustrating because we did not form for both, formed to make nursing care comes forward there is us and we cannot and thwarts we finish getting frustrated because one cannot solve. [...] (suj.09)

There is the need to increase the attention given to patients with leprosy towards a sound relationship that encourages full attention to it in that matches the SUS principles.

CONCLUSION

Leprosy is a disease of enough relevance to public health in Brazil, due to the high degree disabling; it is a priority for the family health strategy. Despite being a disease of ancient history and which for years has been applied policies aimed at eradicating it still has high incidence and therefore are needed vigilance and constant monitoring by primary care professionals.

Among the activities carried out in primary care, health education actions are seen as essential for the control of leprosy; however, it can be inferred that the nurse is still stuck in the care clinical service model justified by the workload for the same, due to the large quantity of programs that make up the FHS. In this context, the nursing professional routinely develops actions for leprosy control in order to prevent the disease and avoid failure when it is already installed; however, it faces significant difficulties, because it is a disease which still loads the prejudice and stigma is one of the causes for disability in the early identification of patients and monitoring of household contacts. Note also that the nurse is faced with the lack of coordination with the health services with regard to specialized care which prevents the patient from receiving comprehensive care.

Despite the workload and other difficulties highlighted by the nurses, it was realized the relevance of the activities carried out in primary care in the control and prevention of leprosy seen its high degree of disability that can cause. The nurse plays a fundamental role in FHS acting in preventive, early identification and monitoring of cases; however, there is still a need to aggregate break barriers of prejudice to the disease. Thus, it is necessary to create strategies for working prejudice in an attempt to facilitate early detection of new cases and bond of household contacts through professional training and better coordination between
services where the patient can receive comprehensive care meeting his needs.

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Submission: 2014/09/21
Accepted: 2015/10/04
Publishing: 2015/12/15

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