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CONCEPTION ABOUT SELF-MEDICATION USE BY THE NURSING STAFF IN ONCOLOGY INTENSIVE CARE

CONCEPÇÕES SOBRE O USO DA AUTOMEDICAÇÃO PELOS TRABALHADORES DE ENFERMAGEM EM TERAPIA INTENSIVA ONCOLÓGICA

CONCEPCIONES SOBRE EL USO DE LA AUTOMEDICACIÓN POR TRABAJADORES DE ENFERMERÍA EN TERAPIA INTENSIVA ONCOLÓGICA

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ABSTRACT

Objective: to identify the conceptions of self-medication use by the nursing staff in oncology intensive care. **Method:** it is a descriptive, exploratory study with qualitative approach, conducted in the Intensive Care Unit of the National Cancer Institute, with 25 nursing professionals using a semi-structured interview, submitted to analysis by the Collective Subject Discourse helped by Qualiquantisoft software after approval of the research project by the Research Ethics Committee, CAAE Number 07330912.1.0000.5274. **Results:** the analytical category knowledge on the use was analyzed: conceptions and self-medication use, formed by the descriptors knowledge of self-medication, types of medications, complications due to the use and access to medicines. **Conclusion:** knowledge about self-medication is necessary to everyday practice and the professional experimentation. The availability of the drug makes easier the self-medication. **Descriptors:** Self-Medication; Worker's Health; Nursing; Oncology; Nursing Worker.

RESUMO

Objetivo: identificar as concepções sobre o uso da automedicação pelos trabalhadores de enfermagem em terapia intensiva oncológica. **Método:** estudo descritivo-exploratório, com abordagem qualitativa, realizado no Centro de Tratamento Intensivo do Instituto Nacional de Câncer, com 25 profissionais de enfermagem, utilizando um roteiro semiestruturado para as entrevistas, as quais foram submetidas à análise do Discurso do Sujeito Coletivo auxiliado pelo software Qualiquantisoft após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE nº 07330912.1.0000.5274. **Resultados:** foi analisada a categoria analítica conhecimento sobre o uso: concepções e uso da automedicação, formada pelos descritores conhecimento sobre automedicação, tipos de medicamentos, complicações devido ao uso e acesso aos medicamentos. **Conclusão:** o conhecimento sobre automedicação é necessário tanto para a prática do cotidiano quanto para as experimentações do profissional. A disponibilidade do medicamento torna mais fácil o seu emprego para automedicação. **Descritores:** Automedicação; Saúde do Trabalhador; Enfermagem; Oncologia; Trabalhador de Enfermagem.

RESUMEN

Objetivo: identificar las concepciones sobre el uso de la automedicación por los trabajadores de enfermería en terapia intensiva oncológica. **Método:** estudio descriptivo, exploratorio con enfoque cualitativo, realizado en el Centro de Tratamiento Intensivo del Instituto Nacional de Cáncer, con 25 profesionales de enfermería, utilizando una entrevista semi-estructurada las cuales fueron sometidas al análisis del Discurso del Sujeto Colectivo auxiliado por el software Qualiquantisoft después de ser aprobado el proyecto de investigación por el Comité de Ética en Investigación, CAAE nº 07330912.1.0000.5274. **Resultados:** fue analizada la categoría analítica conocimiento sobre el uso: concepciones y uso de la automedicación, formado por los descriptores conocimiento sobre automedicación, tipos de medicamentos, complicaciones debido al uso y acceso a los medicamentos. **Conclusión:** el conocimiento sobre automedicación es necesaria tanto a la práctica del cotidiano como a las experimentaciones del profesional. La disponibilidad del medicamento torna más fácil su empleo para automedicación. **Descriptores:** Automedicación; Salud del Trabajador; Enfermería; Oncología; Trabajador de Enfermería.

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INTRODUCTION

The use of medicines available without prescription is accepted as an integral part of the health system. This information matches with the growing desire of the individual taking responsibility for his health. Medication use without the prescription is growing, motivated by several complex factors associated with prevailing values in the modern society, highlighting the rise of alternative medicines, availability, free sale and advertising of pharmaceutical products in the media.¹

The World Health Organization (WHO) defines self-medication as the selection and use of medicine, allopathic or not, for the treatment of symptoms and not serious diseases.² For the Ministry of Health (MOH), self-medication is the medicine delivery without prescription, guidance or medical care.³ The person assumes full responsibility for his treatment, being important to know the medication he is taking.

Studies dealing with self-medication suggests that it is a more common practice among women with higher education level,⁴ and appears to be related to the environment, working conditions and ease of access to medicines.^{4,5} There is a resemblance to the profile of nursing staff, predominantly women and overworked due to the long hours and high workload, often with domestic and family work, making double or triple shifts.¹

In Brazil, health officials have seen the self-medication as a public health matter, lack of proper guidelines. Article 6 of Law 8.080/1990, aims to ensure the safety, efficacy and quality of medicine, rational use and access of the population to those who are considered essential.⁶ We understand such concerns when checking the statistics of the National System of Toxic-Pharmacological Information (SINITOX) on recorded cases of human poisoning by toxic agents in Brazil, with 99,035 cases of human poisoning registered and 27,008 of these cases were due to irregular use of medicine, resulting in 101 deaths.⁷

Responsible self-medication is seen as part of a set of self-care actions, directed by rules for care only minor symptoms alone, already diagnosed or known; choosing only non-prescription medicines, preferably

with the help of a qualified professional; always reading the product packaging information before taking it; stopping taking the medication if symptoms persist.⁸

Considering the importance of studies assessing behaviors related to the consumption of medicine among nursing staff, being a group widely associated with long working hours, high levels of stress, and the easy and continuous access to medicines during the care process, the objective is to identify the conceptions of self-medication by nursing staff in oncology intensive care. We hope to reveal educational measures for the proper use of medications, assisting in updating health professionals and corroborate for better perception of worker's health.

METHOD

It is a descriptive, exploratory study with qualitative approach conducted in the ICU of the Cancer Hospital II (HCII). The study unit had a total of 36 nursing professionals, 11 nurses and 27 nursing technicians. One convenience sampling was used, where the inclusion criteria were to work in direct nursing care to patients, have at least one year of experience in the care of cancer patients and have an interest and willingness to participate in the study by signing the consent form. The exclusion criteria were nursing professionals who were on vacation or leave, so that a sample was generated from 25 respondents, seven nurses and 18 nursing technicians.

Data collection was performed using a semi-structured interview, recorded, transcribed literally and stored in word processing mode, to get exactly the answers from the questions, collected in the workplace without damage to patient care. In order to assess the adequacy of the data collection instrument to the proposed objectives, we send a pilot test for 15 nursing workers by e-mail, being 10 nurses and five nursing technicians, chosen intentionally, with training time between 5 and 20 years, who have experienced the use of self-medication, and then discussed appropriate and relevant questions.

The project was approved by the Research Ethics Committee (CEP) of the institution by Resolution 466/2012 of the National Health Council (CNS),⁹ after previous registration in Brazil Platform, approved on December 21, 2012, according

to the opinion 156271, CAAE 07330912.1.0000.5274, revalidated by the opinion 363,664. Each survey participant was instructed and received the Free and Informed Consent Form, authorizing the use of their data in the research.

For the treatment of the data, there were three of the four methodological figures of the Collective Subject Discourse (DSC) used, with the help of Qualiquantisoft software: Key Expressions (ECH) which are pieces of lines that reveal the essence of the content of speech; the Central Ideas (IC): linguistic expressions or names that describe in the most concise possible way of homogeneous set of ECH; and the Collective Subject Discourse (DSC) represented by the sum of parts of the testimony, to form a coherent whole, expressing their own positioning, original on the subject under investigation.¹⁰

The DSC methodology allows to group the consonants testimonials, through its fragments. With every exposed questioning, coherent speeches emerged and as well as the central ideas. When starting the speech analysis tool, all the answer is observed extracting their ECHs and ICs. It is then the categorization, where the main ideas and key expressions are analyzed, generating the categories that match into each of these expressions and ideas.

After categorizing all questions, all ECHs are grouped, leaving the researcher to DSC formulation, which is in the first person voice of respondents. Thus, the individual analysis of each question was held and subsequent categorization of topics arising in the speeches and classified according to the questions that appeared listed alphabetically.

RESULTS AND DISCUSSION

The self-medication use is seen as a multidimensional problem, not only consider it as just being professional and medicine. It is necessary to consider their relationships, including aspects of values, beliefs, social, economic, including work. Therefore, we describe the concepts and self-medication, bringing up its representativeness in the speeches and scientific literature.

The definition is according to the literature, also produced when it is considered as the consumption of a product by the patient or his caregiver, seeking to

alleviate the symptoms perceived.³ We see these notes in the DSC of 1A and 1B:

Self-medication is the person taking the medication without a prescription [...] (1A)

You take on your own, by your knowledge [...] (1B)

Each worker defines self-medication through his experiences and experimentations, with values and beliefs, and the formations of their minds.

In questioning 02, entitled types of medicines, respondents reported their positions on the use of medicines, identifying which ones they believe are authorized for use without a doctor's prescription and that ones could not be self-medicated, still showing views contrary to self-medication.

In the speech 2A, workers say they are not for the existence of self-medication, positioning radically against its use, which is a self-care strategy justified by the World Health Organization.²

Actually, no one should be used as self-medication, you know, all that we use should be prescribed right. (2A)

There is some caution regarding the use of the medicines, even by health professionals, with experience and knowledge about their use and the signs and symptoms that may present. It is understood that the risk of error in self-medication suppresses their benefit.

The 2B and 2C speeches presented as an ideal way not using medication but open except for the sporadic use of medicine already known.

It is ideal if you do not use any self-medication, but people usually use analgesics, antipyretics [...] (2B)

Antibiotics and psychotropic, you can't, right, they are prescribed medicine. I agree with anyone do self-medication, although I do [...] (2C)

The ethical discourse of nurses permeates their judge. They understand that its use is an evil, sometimes being a necessary evil, emphasizing the possibility of use. The knowledge about drugs and their risks in the nurse's perspective allows to see their understanding, which contributes to the use or non-use of medicine. Medicines try to evade or work as a palliative for the suffering of individuals, through the reality of its scientific effectiveness,¹¹ but the professional has the

knowledge to understand the risks to which he is submitting, and decide whether or not to proceed with this risk.

There is a gradation between the non-use and the favorable use of the medication, where it is noted the attitude of professional ethics to respect the regulations and the legislation on medicinal products. It is noteworthy that some testimonials are favorable to the use of the drug, going parallel to the principles defined by WHO,² where the rational use of medicine is shown in 2D and 2F speeches using the medicines already known, prescription free.

Some anti-inflammatory can. Prescribed medicine can not be used. (2D)

I usually do self-medication, but a medicine that I have made use, which have been prescribed in any situation and I reuse it. (2F)

The consumption of analgesics is strongly connected to work in the assistance and care to others, in which it is used because of the pain until they can no longer solve their problems that way and need to miss the service to go to the doctor for treatment.¹¹ This pain is related to stress of caring, due to conditions that are subject to the nursing teams, the pressure from superiors in results, exhausting number of procedures and the services performed, having a quantity of reduced professional and also to musculoskeletal injuries, common in these workers, showing physical and psychological symptoms of stress.¹²

During the questioning 03, we sought to raise experiences of complications due to the use of drugs by self-medication. In this study, some respondents reported no experiences of complications with self-medication when referring to themselves or experienced and shared by their co-workers, forming an enlightening speech, presented in DSC 3A.

I did not have, I unaware or they do not tell me. I never experienced this with any co-worker. (3A)

When reporting not having experienced complications, the worker is not far from risks that are covered by the misuse of medicine. When the principles of safe self-medication are observed, it is believed that it is possible to reduce complications, enabling the professionals maintaining their health. The testimonies showed severe

manifestations due to the lack of reactions in the body, the use of medicine and prolonged use of the drug by the influence of their colleagues, shown in 3B, 3C and 3E speeches.

I took anti-inflammatory that actually I did not know I was allergic [...] I had to be hospitalized. (3B)

I had na allergy to dipyrone [...] a silly medication right. (3C)

[...] when I used bromopride, I was mad [...] but in my pain, I did not ask anything, right, she was a nursing professional too, I trusted her [...] I was once here on duty, my luck was that I was in the hospital [...]. (3E)

These reports are very disturbing and refer to the nurse's thinking about the medicine. The use of substances considered safe, simple can induce the worker to reactions that are not expected, jeopardizing their health. It is necessary to remember that drugs are like any other, requiring ahead responsibility for dosage, appropriate indication and treatment time.

For that use, there are unintended consequences, which is not always a new manifestation due to the use of the drug itself, but to the worsening of problems that have been wrongly treated. By remaining self-medicating for long periods, the notion of disease severity is lost, believing that the analgesic is "weaker", needing a better one more powerful, as exemplified in 3F speech.

He takes analgesics for so long, and then he had a heart attack, he was about to go, even nursing colleagues, not accepting they had more serious problem. (3F)

On the other hand, there are nursing workers who understand the use of self-medication according to immediate needs to feel cared, as seen in the speeches 2E and 2G, and can be employed including medications that require control and prescription retention.¹²

All who are at your fingertips at the pharmacy and you can buy at the pharmacy, all right at your fingertips can be used [...] (2E)

Only analgesics, or antibiotics depending on the case. (2G)

Health workers know that the indiscriminate use of antibiotics may result in infection more difficult to treat, selection of resistant strains, health risks due to dosage errors or interactions.

We cannot ignore a fact becoming increasingly in the health workers, being the use of psychoactive drugs, also known as psychotropic drugs or prescription drugs, the focus of studies in nursing service.^{5,13} These substances are drugs changing the functioning of the central nervous system and can change their behavior and cognition and induce a state of dependence of such substances.¹³

The speech of 3D shows experiences and experimentations of prescribed medicines, substances that are surrounded by prejudice and social, economic, ethical and individual complications. Some respondents reported the occurrence of death of professionals due to abuse of these substances.

She self-medicated with dormonid and then she had a sudden illness in the middle of her duty [...] she was all chopped and it was herself who injected [...] (3D)

Nursing staff who works in hospitals are exposed to physical and mental health risks, and the poor working conditions and everyday difficulties may favor the use of psychoactive substances.^{5,12,13} And this vulnerability may reflect depression, fatigue and illnesses of those professionals who seek various alternatives, including self-medication. The person takes drugs that alter his state of consciousness, leaving him more vulnerable to use other substances. It is like breaking a moral barrier that leads him to try other substances reaching levels of dependency.

Several factors encourage workers to take refuge through the controlled drugs such as exit strategy from the reality of their problems and do it with the subterfuge of not having time to take care of their health. Thus, using drugs to relax can become a principle of self-destructive process.

It is worth highlighting the use of psychotropic medicine by the professionals during their workday. Work under use of narcotic substances is contrary to the ethical principles of nursing and biosecurity to the professionals and patients about their care because they can lead the patient to potential risks arising from procedures performed on the readiness of nursing care.⁵

It is noticed that the medication to combat stress and anxiety are referred with some frequency. Some medications are considered harmless, even using them a lot,

and they use it without security criteria, as can be seen in the speeches. For working in the intensive care unit, a place with high complexity care and technology, the presence of critically ill patients and constancy of death greater than in other sectors of the hospital, we understand the reasons for such medications are the most cited.

Seeking to understand how professionals acquire the drugs to the self-medicate, because there are medicines that require a medical prescription, rigid control through legislation, we asked the research subjects in what way have access to medicines and how they saw their colleagues getting drugs for personal consumption. In these questions, similar categories emerged, revealing that the way of getting the drugs is similar. The 4A and 4E speeches exhibit to buy the medicine in the pharmacy being a common practice in all people.

Medication that I use, [I acquire it] in the pharmacy. Then, nursing uses their knowledge, right! [...] Very quiet [...]. (4A)

Regardless of prescription or not, everyone, anyone [...] has pharmacies that still evade this thing [...] There's always those sales. (4E)

Despite the specific legislation for the sale of medication, pharmaceutical companies seem to show far as their function in the sale, which is the consumer advice and responsibility as co-participant of that act. In his speech, the collective subject states that any medicine can buy at the pharmacy just by asking the seller, even though not having the prescription for it.

The workers also use their knowledge to get the medicines they need. They say that one way to achieve this medicine is to ask friends or get recipes with professional acquaintances to buy them, evidenced in 4B and 4D speeches.

Anonymous, right? I know a pharmacist and then he gets to me [...] My friend on duty, she has all the same, nothing is missing. (4B)

[...] I get a recipe, I get it, I ask someone who does, I ask medical colleagues [...] you do not have the power to stamp the prescription, you ask for your colleagues to prescribe, but actually you are self-medicating. (4D)

We found in these speeches the participation of professionals from different

areas feeding the self-medication resources. The presence of pharmaceuticals to facilitate the purchase of drugs for many professionals to make use without those legally prescribed is a major public health event occurring in Brazil.

Even the friendships of health teams are noble; there is a facility in the legitimate act of self-medication in the hospital environment through favors professionals in general and socializing raises the confidence of the doctor in the nursing professional. It appears that there is a sense of lawlessness and ethical sense that permeates the thought of nursing professional, which could be considered a defensive ideology¹⁴ denying the private use of mostly prescription drugs.

There is another fact of health workers, calling even more attention to nursing professionals that they are in contact and interact with medications every day. Then, there are categorically similar speeches on the use of the drug in the working sector, DSC stating that it is a strategy to gain access to the drug and being seen, reflected throughout the nursing staff, as indicated in 4C speech.

[...] I take an ampoule and drink it, here by the ease of access I will take what I want [...] if there are some left, I picked them up, I always go in the reserve and take it [...] I did not bring my painkiller, I take a few drops from the hospital, right. (4C)

The use of psychotropic is still seen with some suspicion and discrimination, associating its user to patients with behavioral disorders. Soon, it tends to isolate not looking for help for his problem, which further contributes to the use and abuse of psychotropic drugs. We believe that there are risk factors, individual characteristics, situational conditions or contexts that increase the likelihood of using psychotropic drugs or increase its use, just as there are protection factors that block or minimize this situation.^{15,16}

It is necessary to admit that this use is not reflected in most workers, but it is not an easy job to identify these dependent workers of psychiatric drugs. Although not directed specifically at the nursing workers but their daily life with other professionals, it would be misleading not believe that such attitudes can be found in other workers as well. Health promotion actions that

periodically assess the emotional state of workers' health is needed, with greater attention to the most vulnerable groups when using psychoactive substances.

CONCLUSION

The development of this research arises because the experiences of the researcher with nursing workers who used medication without adequate professional consultation or adequate information, endangering their health, as well as their co-workers who suffer from the consequences, then reflecting on the patients, nursing care target.

It is shown that these speeches are a cry of freedom for their full autonomy to take care of their health. Nevertheless, the nurses are aware of the neglect of their care, to use self-medication, knowing that this is palliative and may result in systemic health risks. These professionals are around subterfuge to soften their responsibilities to the responsible use of the drug, considered as a defensive ideology, strategies that aim to contain or mask anxiety symptoms. The subjects actively seek to protect and defend through various mechanisms and strategies of defense, but when the worker uses all his intellectual and psycho-affective resources to cope with the demands imposed on it and cannot, and then there is the pathological process.

Self-medication seems to be a common and accepted practice within the hospital environment. Professional reports that the availability of having the drug next to him, have easy access to the drug, as it is packed in their environment, under their responsibility, directly linked to the fact of the medication use and are still associated with the self-confidence to have vast knowledge about drugs and their effects.

Thus, we understand that nursing workers should be aware of the difficulties they face in their daily life and redirect their actions and practices targeting health promotion and disease prevention. To this end, it is essential to implement tools that can assist the nursing staff in the safe use of self-medication, raising the level of information, not only to quantify, but mainly on the quality of such information available to workers.

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