VULNERABILITY OF PATIENTS UNDER SPECIFIC PRECAUTIONS FOR INFECTIOUS DISEASES

VULNERABILIDADE DOS PACIENTES QUANTO ÀS PRECAUÇÕES ESPECÍFICAS PARA DOENÇAS INFECCIOSAS

VULNERABILIDAD DE LOS PACIENTES CON PRECAUCIONES ESPECÍFICAS PARA ENFERMEDADES INFECCIOSAS

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ABSTRACT
Objective: to determine whether the concept of vulnerability has been used to discuss the approach to patients under specific precautions. Method: descriptive exploratory study reviewing works that discuss precautions, patient engagement, and vulnerability, published in electronic databases. Results: vulnerability can be influenced by factors such as: knowledge; perception; and patient engagement. In its individual dimension, the concept of vulnerability can be used in the context of specific precautions in the search for autonomy of the individuals and renewal of health practices. No study that used the concept of vulnerability as a reference framework for management of precautions was found in this bibliographical search. Conclusion: the literature on the concept of vulnerability points out potential use of this theoretical framework to support interventions aiming at improving the compliance with specific precautions, because it favors an approach centered on the needs of individuals. Descriptors: Health Vulnerability; Universal Precautions; Access to Information; Patient Participation.

RESUMO
Objetivo: identificar se o conceito de vulnerabilidade vem sendo utilizado para discutir a abordagem dos pacientes em precauções específicas. Método: estudo descritivo, exploratório, a partir de revisão narrativa de trabalhos que abordam precauções, engajamento do paciente e vulnerabilidade, publicados em bases de dados eletrônicas. Resultados: a vulnerabilidade pode ser influenciada por fatores como: conhecimento; percepção; e engajamento do paciente. O conceito de vulnerabilidade em sua dimensão individual pode ser empregado no contexto das precauções específicas para buscar a autonomia do indivíduo e renovar as práticas de saúde. Nesta busca bibliográfica não foi localizado qualquer estudo que utilizasse o conceito de vulnerabilidade como quadro de referência para manejo das precauções. Conclusão: a literatura sobre o conceito de vulnerabilidade aponta potencial uso deste referencial teórico para apoiar intervenções visando a melhoria na adesão às precauções específicas, pois favorece uma abordagem centrada nas necessidades dos indivíduos. Descriptores: Vulnerabilidade em Saúde; Precauções Universais; Acesso à Informação; Participação do Paciente.

RESUMEN
Objetivo: determinar si el concepto de vulnerabilidad está siendo utilizado para discutir el abordaje de pacientes con precauciones específicas. Método: estudio descriptivo exploratorio con revisión de trabajos que discuten las precauciones, compromiso del paciente y vulnerabilidad, publicados en bases de datos electrónicas. Resultados: la vulnerabilidad puede ser influenciada por factores tales como: conocimiento; percepción; y compromiso del paciente. El concepto de vulnerabilidad en su dimensión individual puede utilizarse en el contexto de las precauciones específicas para buscar la autonomía del individuo y renovar las prácticas de salud. En esta búsqueda bibliográfica no se encontró ningún estudio que utilizase el concepto de vulnerabilidad como marco de referencia para la gestión de las precauciones. Conclusión: la literatura sobre el concepto de vulnerabilidad indica el uso potencial de este marco teórico para apoyar las intervenciones con el objetivo de mejora en el cumplimiento de precauciones específicas, ya que favorece un enfoque centrado en las necesidades de los individuos. Descriptores: Vulnerabilidad en Salud; Precauciones Universales; Acceso a la Información; Participación del Paciente.

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INTRODUCTION

It was observed that, during the 19th century, the emergence of recommendations for hand hygiene and other measures for control of infections led to the decrease in the occurrence of puerperal fever and other hospital-acquired infections. Some time later, it was found that the performance of other precautions, in addition to hand hygiene, could be required to prevent the transmission of infections. After recognizing the importance of precautions aimed at preventing the transmission of infectious diseases relating to healthcare, national and international manuals were prepared containing recommendations on the compliance with "standard precautions" and "specific precautions" (SP), the latter comprising three categories: aerosols; droplets; and contact.

The spread of infections can occur due to non-compliance with standard and specific precautions by healthcare professionals, caregivers and visitors. Studies have shown low compliance with precautionary measures by healthcare professionals, which may be related to aspects of human behavior, as the false perception of an invisible risk and underestimation of the individual responsibility in hospital-acquired infection rates.

With respect to patients and their family members, inadequate guidance that is restricted only to say what should or should not be done by the family member/patient does not clarify the main goal of the precautions, so that compliance with procedures does not to occur or occurs improperly.

Of all the precautions, the compliance with SPs is characterized by having large and interrelated components, which cannot be assessed and dealt in separated. However, the reasons of flaws in the compliance with SPs have been little explored and a technicist view of the process is generally more prevalent. In this way, we consider that it is important to invest in other forms of thinking with respect to health interventions.

From the 1980s, theorists of collective health built the concept of "vulnerability" to be used as a reference framework for supporting the management of diseases. In the first instance, it was used with a focus on human immunodeficiency virus infection (HIV/AIDS), aimed at achieving more effective health outcomes and minimizing stigmatizing effects. Regarding HIV, the use of the concept of vulnerability enabled a new approach by health professionals to draw up proposals for intervention, thus contributing to the advances obtained.

The concept of vulnerability has the potential to renew health practices, such as social and historical practices, through transdisciplinarity. The individuals' behavior is a determinant of vulnerability, which justifies focusing the actions on the individuals, even though this is not enough to control the situation. We consider that patient vulnerability relating to SPs (aerosols, droplets, and contact) can be influenced by individual factors such as: knowledge; perception; and patient engagement.

Apparently, the concept of vulnerability has the potential to support approaches aimed at improving compliance with SPs, insofar as they offer an expanded theoretical support, less technicist and more focused on the needs of individuals.

Therefore, the goal of the present study was to determine whether the concept of vulnerability has been used to discuss the approach to patients under SPs.

METHOD

This is a descriptive study carried out through a literature review with an exploratory character. The choice for this literature review was due to the fact that the subject has still been little explored, requiring an expanded preliminary focus to, subsequently, find specific research issues.

We performed a literature review of studies that addressed SPs, patient engagement, and the concept of vulnerability published in the MEDLINE, LILACS and SciELO Virtual Library electronic databases without restriction of publication dates. The search was conducted from May to December 2013.

The keywords, defined using the Health Sciences Descriptors (DeCS - decs.bvs.br) and selected for search in the electronic databases were in English and Portuguese: universal precautions (precauções universais); access to information (acesso à informação); health vulnerability (vulnerabilidade em saúde); and patient participation (participação do paciente).

The elements of interest sought in the literature included the following aspects: (a) the definition and use of the concept of vulnerability; and (b) knowledge, perception, and patient engagement regarding SPs.

RESULTS

◆ The use of the concept of vulnerability as a theoretical reference
framework for the management of diseases

The term vulnerability is used in the scientific literature on health with different definitions. In the 1980s, there was an increase in the number of studies that addressed vulnerability as a conceptual framework. In that decade, the analytical framework of vulnerability was proposed in response to the HIV/AIDS epidemic, making efforts to produce and disseminate knowledge, debates, and action on the different degrees of susceptibility of individuals and collectivities to infection, sickness, and death caused by HIV.

Vulnerability can be analyzed through its three interdependent dimensions, namely: individual; programmatic; and social. These dimensions have only been considered separately for analytical and didactic purposes; however, they are inseparable in real life. The individual dimension is related to the individual perception of risk and behavior for self-protection. The programmatic dimension refers to the efforts and actions of the health institutions aimed at prevention and health promotion. In turn, the social dimension relates to broader access to information, expenditure on social services, and actions focused on reduction of social inequities.

Unlike the concept of risk, the concept of vulnerability considers not only individual, but also collective and social factors that can contribute to increase the chance of damage. The concept of vulnerability uses the elements associated with the health-disease process and expresses the synthesis of potential coping and illness factors related to the individuals in the collective context.

Healthcare professionals are not yet familiar with the concept of vulnerability, because this term is still used in the sense of susceptibility, without being differentiated from the concept of risk. Vulnerability exists if there is risk behavior, which is characterized by aspects ranging from the information that individuals have to their culture, sex, country, social segment, and age group. When these aspects are approached properly, they can contribute to having a protective behavior, thereby minimizing the vulnerability of individuals.

Health education can be a powerful tool to stimulate protective behaviors and reduce vulnerability. Although this is a known fact, health education continues to be performed merely by means of transmission of knowledge that healthcare professionals have and provide to the population, whose knowledge and experience are not taken into consideration in the teaching-learning process.

With respect to the application of the concept of vulnerability, it was observed that its use in other fields sought to develop and identify fundamentals to understand the reality of life and health, in favor of the autonomy of groups that most need it.

The individual dimension can be described as: the information that individuals have about a problem; the ability to absorb that information and use it in their own daily life; and the interest and the possibilities of transforming these concerns into actions. Individual vulnerability is what individuals do, by means of the information they have, exposing themselves or not to the acquisition of a disease. Information is not enough, but rather the quality of knowledge that every individual has and the interest, capacity, and ability for self-protection.

In its individual dimension, vulnerability has important characteristics to describe the condition of patients relating to SPs, such as behavior and individual perception relating to the risk of exposure to infectious diseases. However, we did not find any study that had addressed the concept of vulnerability as a reference framework for management of precautions, either standard or specific.

Knowledge, perception and engagement of patients and family members with respect to specific precautions

The patients and their families can collaborate in the diagnosis, participate in the treatment, and make decisions on the therapies applied, because the autonomy of the individuals should be understood as a value.

Unique conditions of individuals, such as age group, sex, and social segment, as well as past experiences and cultural values, determine their peculiarities in the face of situations. The ability of individuals to obtain, process, and understand basic information about health and services needed to make appropriate decisions for their own health depends considerably on these factors. As an example, one study showed that the lower the degree of patients’ literacy, the higher the rehospitalization rates, and the lower the index of proper medication administration. This author also pointed out that individuals with less education levels have more difficulty in reporting what they feel.

With respect to SPs, there is a specificity that makes the condition peculiar and imposes...
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Therefore, it is observed that the processual complexity involving SPs is highlighted in the literature. However, no theoretical basis defined to support interventions had been used by researchers in the field to minimize adverse events relating to SPs.

**DISCUSSION**

In the 14th and 15th centuries, the concept of isolation grew and was characterized by instrumental technologies, such as the use of masks and fumigation, among others, adopted with the purpose of avoiding the aspiration of air polluter odors. At this stage of history, exile and exclusion of patients from conviviality in society were established, which were procedures that gave rise to the practice of isolation. It is observed that, currently, the term “isolation” is still widely used and appears in numerous published articles. However, this term is directly connected to its historical significance of exile. Therefore, in the present study, we chose to use the word “precautions” to discuss the topic.

We found that the theoretical framework of vulnerability is not yet being used to support interventions targeted at increasing the compliance with SPs and the access to information on the part of patients and their family members. Nevertheless, three important issues emerged from the content of the publications assessed, which will be discussed below.

- The individual and the healthcare process

It should be noted that the probability that individuals have health problems is not only associated with the individual aspects, but also contextual aspects that end up causing more susceptibility to a given health problem. Yet, it is known that the behavior of each individual is the final determinant of vulnerability to health problems, which demonstrates the importance of assessing the individuals’ dimension, namely knowledge, behavior, and access to information.

It is important to consider the possibility of full engagement of the individuals in the therapeutic process, in order to increase the chances of success and reduce the chances of unwanted events resulting from the healthcare provided. However, the model of shared decision-making, in which the individuals participate in the decisions about healthcare provided, is little explored in the healthcare process. The education and engagement of patients/family members can
contribute to decision-making relating to health problems.18-19

Some studies—for example, one conducted by Abdal, Fearday, and Safdar (2013)—have shown that the loss of control over the own health generates negative impact on the psychological well-being of patients under SPs. These impacts can be reduced if the information about their health conditions is communicated effectively to the patients.16

♦ Relationships with healthcare professionals when the patients are under specific precautions

It has been shown that despite having good experience, healthcare professionals do not have proper knowledge about the SPs. This may contribute to not providing information to patients and their family members properly.3

In addition, the perspective of the patients is little exploited when the SPs are the subject matter. When the SPs are established, healthcare professionals do not see the individual in the centrality of the process. The procedure of prescribing SPs is seen as a component in the set of measures to protect the collective aspect of individuals in the health environment. In this logistics operation mode, the individuals under SPs can be seen just as elements outside the process in which they are the core element.

It was also observed that the compliance of healthcare professionals with the perspective of the patients and their contribution in the process are little explored, as well as the structures of the relationship between professionals and patients from the moment in which the SPs are established.

♦ The social micro-context for the patients in the hospital when one of them is under specific precautions

From the moment in which one or more patients are under SPs, a social micro-context emerges in the healthcare environment (particularly in acute hospitals), in which patients can feel ambiguously vulnerable and threatening (when under SPs) and susceptible (when they are not under SPs). In this scenario, the Hospital Infection Control Committee can be seen by patients as a determinant, but invisible structure. This fact occurs because the procedures are recommended by this committee, but the healthcare professionals, who are at the bedside and are usually nurses, establish the procedure and provide guidance to patients and family members.

The importance of family involvement is another item to be deeply explored. The families can offer support to the patients in order to tolerate the period under SPs. They can contribute complying with the measures proposed or, on the contrary, they can be the disturbing element that increases uncertainty and the dysfunctionality of the process.

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CONCLUSION

The concept of vulnerability is not being used to discuss the approach to patients with respect to SPs. However, the literature on the concept of vulnerability indicates the potential of this theoretical framework to support interventions targeted at improving the compliance with the SPs, since they favor an approach centered on the needs of individuals and their family members.

From the present study, we intend to develop subsequent steps proposing the concept of vulnerability as a reference framework to identify elements that support the management of patients under SPs.

REFERENCES


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