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CASE REPORT ARTICLE

FOLLOWING PEOPLE WITH ARTERIAL HYPERTENSION: EMPOWERMENT IN THE SEARCH FOR IMPROVEMENT OF AUTONOMY

ACOMPANHAMENTO DE PESSOAS COM HIPERTENSÃO ARTERIAL: EM BUSCA DO EMPODERAMENTO PARA MELHORIA DA AUTONOMIA

ACOMPAÑAMIENTO DE PERSONAS CON HIPERTENSIÓN ARTERIAL: EN BUSCA DEL EMPODERARSE PARA LA MEJORÍA DE LA AUTONOMÍA

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ABSTRACT

Objective: to report the experience of the members of a university outreach project focused on the actions taken, as well as the construction of instrument for monitoring and evaluating people with Systemic Arterial Hypertension. **Method:** descriptive study, in the form of case report, whose actions were based on the principles of Expanded Clinic, on the Brazilian Guidelines on Hypertension, on the principles of anthropology and on the methodological framework of participatory research. **Results:** the instrument consisted of questions that addressed cultural and clinical socioeconomic issues and the evaluation from health needs. **Conclusion:** the experiences provided sociocultural and political learning for the project participants as well as the opportunity for them to exercise their role as citizens committed to the health of the population, and also prompted the enhancement of the ability to redefine care for people with chronic conditions. **Descriptors:** Health Education; Hypertension; Chronic Disease; Personal Autonomy.

RESUMO

Objetivo: relatar a experiência dos integrantes de um projeto de extensão universitária sobre as ações desenvolvidas, bem como sobre a construção de instrumento para o acompanhamento e avaliação de pessoas com Hipertensão Arterial Sistêmica. **Método:** estudo descritivo, na modalidade de relato de experiência, cujas ações fundamentaram-se nos princípios da Clínica Ampliada, nas Diretrizes Brasileiras de Hipertensão Arterial, nos princípios da antropologia e no referencial metodológico da pesquisa participativa. **Resultados:** o instrumento foi constituído por questões que abordavam as condições socioeconômicas culturais e clínicas e a avaliação a partir das necessidades de saúde. **Conclusão:** as experiências vivenciadas têm possibilitado aos participantes do projeto o aprendizado sociocultural e político e o exercício do papel de cidadão comprometido com a saúde da população, e às pessoas com condições crônicas a potencialização da sua capacidade para a resignificação do cuidado. **Descritores:** Educação em Saúde; Hipertensão; Doença Crônica; Autonomia Pessoal.

RESUMEN

Objetivo: relatar la experiencia de los integrantes de un proyecto de extensión universitaria sobre las acciones desarrolladas, así como sobre la construcción de un instrumento para el acompañamiento y evaluación de personas con Hipertensión Arterial Sistémica. **Método:** estudio descriptivo, en la modalidad de relato de experiencia, cuyas acciones se fundamentaron en los principios de la Clínica Ampliada, en las Directrices Brasileiras de Hipertensión Arterial, en los principios de la antropología y en el referencial metodológico de la investigación participativa. **Resultados:** el instrumento fue constituido por preguntas sobre las condiciones socioeconómicas culturales y clínicas y la evaluación a partir de las necesidades de salud. **Conclusión:** las experiencias vividas han possibilitado a los participantes del proyecto el aprendizaje sociocultural y político y el ejercicio del papel de ciudadano comprometido con la salud de la población y a las personas con condiciones crónicas, la potencialización de su capacidad para la resignificado del cuidado. **Descriptores:** Educación en Salud; Hipertensión; Enfermedad Crónica; Autonomía Personal.

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INTRODUCTION

This article is the result of an experiment developed by members of the University Outreach Project "DIPER: the pursue of a better quality of life" on the actions taken and the construction of an instrument for the monitoring of people with Systemic Arterial Hypertension. The "DIPER: the pursue of a better quality of life" began in 1991 and is composed of teachers and students of the Federal University of Minas Gerais/UFMG. Its objective is to implement health education activities to people with chronic conditions, specifically with Diabetes Mellitus and Hypertension to facilitate coping with chronic illnesses and enhance the empowerment to improve autonomy. These chronic conditions are priority due to their high prevalence in the population, their serious complications if ineffectively controled, contributing to raising the disability and mortality rates, combined with shortages in health care programs to meet the growing demand.

Along the experience that has been built from the combined knowledge, both scientific and popular, changes have become necessary both in the goal as well as in the activities of the project that has been in course for 24 years since its creation. These changes are essential to meet the needs and expectations of people with Hypertension and Diabetes Mellitus and their families. We admit that scientific knowledge is of paramount importance for nursing care, however, it is not restricted to this, since this has been limited to meet human needs in different dimensions.

Prolonged interaction, dialogic and horizontal relationship have enabled us to open spaces for the recognition of non-conventional health systems, as healing itineraries and treatment, and also for the commitment and responsibility of health professionals, in order to stimulate the empowerment of people with the objective of promote their self-management of the disease process.

In order to assess the needs of people with Systemic Arterial Hypertension, and to support the implementation of actions and monitor the evolution, it became necessary to build a comprehensive instrument for better enlightenment of people with illnesses and their needs.

OBJECTIVE

- To report the experience of the members of a university outreach project focused on

the actions taken, as well as the construction of an instrument for monitoring and evaluating people with Systemic Arterial Hypertension.

METHOD

Descriptive study of the experience report type, which describes the experiences of members of the project on the university outreach actions developed with people that have chronic conditions and their families, especially people with Diabetes Mellitus and Hypertension, for empowerment and self-management. We adopt the participatory research as a methodological approach because this involves the integration and interaction of the members of the outreach project with people with chronic conditions.¹ This method is suitable for the proposed study because it prompts familiarization with people with chronic conditions and also because it emerges from situations experienced by researchers for which the feed-back of knowledge is required.

For the development of outreach actions, authors have adopted home visits, collection of testimonies, the field diary, participative observation and clinical examination as techniques.

The actions developed by the project are based on the references of Kleinman's anthropology,² on the Guidelines of the Brazilian Society of Hypertension,³ on the Primary Care Notebook,⁴ on the clinical evaluation proposed by Barros⁵ and the principles of Extended Clinic.⁶ This tool has the objective of causing innovations in practices of healthcare production since it seeks to build health processes in the relations between the members of the project and the community in a united, participatory and negotiated manner. By targeting strategies and methods of joint actions, knowledge and subjects, it is possible to guarantee and enhance the comprehensive, resolute and humanized care. By valuing the principles of extended clinic, that is, listening, ties and affections, dialogue and information, project actions were planned and developed by the four movements recommended by the Singular Therapeutic Project, which is a set of therapeutic approaches proposed articulated to the person with chronic condition.⁶

This project is part of the university outreach program "Chronic Conditions: Innovative care," the research project "Care for people with chronic conditions: nursing as a link" was approved by the Ethics Committee under Opinion nº 139.507 and the research

group certified by CNPq, Health disease Process in the sociocultural perspective.

RESULTS AND DISCUSSION

Over the 24-year existence of the outreach project, we realized that the initiatives on health education developed in a monological and prescriptive perspective were replaced gradually by dialogical actions with appreciation of popular knowledge and with a view of the context where people are inserted, and that make their world to happen.

These changes have been a challenge for the coordinators, students and even to the sick people, because the essentially biomedical vision, in which the disease is the focus of care, is strongly rooted in the way of doing and thinking of people.

One of the first initiatives for this change was to extrapolate the walls of the university and health institutions and develop actions in the home of the people to improve the horizontality of relationships, build links and the ability to look closely and inside.⁷ This experience has been very enriching for the group, as it enables a broader view of the sociocultural context, of the person's potentialities and weaknesses to live with the illness, and of the support network and public policy limitations.

Pursuant to the four movements recommended by Extended Clinic, prolonged monitoring and the establishment of a connection has allowed us to understand how the individual is produced despite forces such as the disease, their desires and their interests, as well as the socio-cultural and spiritual context.

The first movement was the construction of the instrument for monitoring and evaluation of people with Hypertension. This was a collective process that required one year of in-depth study on the subject, its risk factors, complications, pharmacological and non-pharmacological treatment and cure in unconventional health systems and the difficulties for treatment adherence. This instrument contains 77 questions and includes data on identification; family and personal history; health promotion involving living habits; pharmacological treatment: access to medicines in the public system, side effects, adherence to treatment; socioeconomic conditions; eating habits; elimination; activity/rest; self-awareness; paper relationship, with those in the home, social support; sexuality; coping or stress; comfort; self-care; experience with the disease;

knowledge of rights in the public system; treatment in non-conventional health systems. Still, the instrument has a section that allows providing advice on the disease and strategies with a view to better coping with the chronic condition. The instrument has prompted discussions on the collective and reflections on the experiences and difficulties encountered, as well as a more efficient action with respect to the survey of health needs among people living with Hypertension.

The second movement consisted in in setting goals, which are negotiated with the person with chronic condition. At this stage the actions that have been raised are likely to be executed by both the members of the project as well as by the person with the chronic condition, taking into account the person's deficits for self-care and motivation for autonomy. Based on the assessment of needs, actions has been proposed and short, medium and long term results are expected.

In the third movement, the duties and responsibilities were established, those of the staff, of the person and of the family in order to achieve the goals.

Finally, the fourth movement, which consists of revaluation, has been carried out collectively by the members of the project, since the cases are presented and discussed at the group meeting. This moment is unique as it allows the alignment of content, presentation and reporting of the perceptions and experiences of the members, with a view to understanding the different paths in search of healing and treatment and the evolution of each person followed by the project. Furthermore, this allows time to review the actions established, understand the difficulties in living with the illness, recognize the achievements and redefine new goals for those who still stand as unsatisfactory.

The members of the project have been an important support for the people, as they provide guidance on access to health services and rights in the public system, since the actions are aimed at empowering in the search for autonomy, and not assistance under a perspective of paternalism.⁸⁻¹⁰

This outreach action, as a two-way street, has aroused the interest of people for them to care for themselves and has enhanced the production and dissemination of scientific knowledge based on practice.

The testimonies and the results obtained by the actions developed by the project have shown improvement in coping with the chronic condition, in the process of wound healing, in the glycemic and blood pressure control and

also have allowed us to understand that food transgressions are feasible because the food it is part of a cultural system that allows prescribing food permissions and prohibitions, which is appropriate or not, shape the taste, ways of consuming and own edibility.⁸

Study groups have aroused the interest of its members to deepen their knowledge of the issues and also have enabled the update on the care of injuries and the indication of the best coverage, which has enabled the sharing of this knowledge with the academic community by means of scientific events.

We emphasize that the works produced at completion of course, works of scientific initiation, of master's dissertations and doctoral thesis are some of the consequences of the actions developed in the history of this project. Additionally, there is the participation of its members with presentation of works in national and international events and awards granted for the results of the actions taken.

We recognize, for the development of actions, that the diagnosis of a disease always comes from a principle that is universal and generalizable to all. However, people are not equal and react differently to the events experienced.⁶

FINAL CONSIDERATIONS

The actions have enabled the self-criticism in relation to activities in health services, which also involve the work of academics, and have demonstrated that the care model advocated by the primary care is still far from being incorporated into the health professionals' action. The development of the actions of this project under another look has given us a broader understanding of the health-disease process.

From this understanding, dealing with the singularities of the person with a chronic condition becomes a challenge for health professionals, since the essentially biomedical model is the base of the practice of many health professionals.

Finally, we want to highlight that the experiences provided sociocultural and political learning for the project participants as well as the opportunity for them to exercise their role as citizens committed to the health of the population, and also prompted the enhancement of the ability to redefine care for people with chronic conditions.

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