ABSTRACT
Objective: to reflect on the process of self-determination of people with Chronic Non-communicable Diseases. Method: reflective study with subsidy to the Strategic Action Plan for Coping of Chronic Non-communicable Diseases in Brazil (2011-2022), developed by the Ministry of health, articulating the concepts of self-care, empowerment and resilience. Results: the process of self-determination can be promoted in people from the use of the concepts of self-care, empowerment and resilience. For that self-determination be a member of the health-disease process and be part of everyday life, both of people and of health professionals, it is necessary care actions that contemplate the macro-political and micro-political scope. Conclusion: it is essential to reflect that, as much as there are public policies responsible for the control and coping of Chronic Non-communicable Diseases, through actions, guidelines and strategies established by the plan, these will be affected if people assume self-determination health responsible. Descriptors: Chronic Disease; Self-care; Psychological Resilience; Public Policies. 

RESUMEN
Objetivo: reflexionar acerca del proceso de autodeterminación de personas con Enfermedades Crónicas No Transmisibles. Método: estudio reflexivo con subsidio al Plano de Acciones Estratégicas para el Enfrentamiento de las Enfermedades Crónicas No Transmisibles en el Brasil (2011-2022), desarrollado por el Ministerio de Salud, articulando los conceptos de autocuidado, empoderamiento y resiliencia. Resultados: el proceso de autodeterminación puede ser promovido en las personas a partir de la utilización de los conceptos de autocuidado, empoderamiento y resiliencia. Para que la autodeterminación sea integrante del proceso salud-enfermedad y haga parte del cotidiano, tanto de las personas como del profesional de salud, es necesario acciones de cuidado que contemplen el ámbito macro-político y micro-político. Conclusión: es fundamental reflexionar que, más que haga políticas públicas responsables para el control y enfrentamiento de las Enfermedades Crónicas No Transmisibles, por medio de acciones, directrices y estrategias establecidas por el plan, estas serán atingidas si las personas asumir a la autodeterminación responsable con la salud. Descriptores: Enfermedad Crónica; Autocuidado; Resiliencia Psicológica; Políticas Públicas.

RESUMEN
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INTRODUCTION

The Chronic Non-communicable Diseases (CND) represent on the world stage a serious public health problem. They are responsible for 72% of the causes of deaths, especially for diseases of the circulatory system (31.3%), cancer (16.3%), chronic respiratory disease (5.8%) and diabetes (5.2%). They reach individuals of all socioeconomic status mainly those belonging to vulnerable groups.1 2 These diseases represent a concern for managers, health services, health professionals and also a portion of the population that understands consciously the risks of illness.

In front of such a framework representative and worrying epidemiologically and of morbidity and mortality, it became imperative that an investment of managers in public policies that enable changes in that context. This investment has been thought of in different perspectives involving health promotion, prevention or delay the onset of chronic conditions and prevention of complications arising therefore. It is necessary to improve the health conditions of the people and still preserve the public spending that they generate at all levels of health care.

It is possible to see that public policies are geared to actions that comprise theoretical aspects of bailout provisions of all social actors involved in this scenario of NCD. In this scenario, whose focus on actions aimed at population involves the references of self-care, empowerment, resilience, autonomy, among others that seek to develop the self-determination of the people, to assume a posture of participants on all interfaces that involve the health-disease process.

Self-determination understood as autonomy subsidizes this reflection, since it makes people act according to their values, priorities, desires and beliefs. 3 For autonomy, can be understood a process resulting from the development of the subject, which relates to the fact that he become capable of resolving issues for themselves, to make decisions in a conscious way and always be ready to assume greater responsibility and answer for their acts. 4

Autonomy is therefore exercised power with absolute independence for the subject. The subjects dictate its rules to discipline their interests. Is an active process in which its development suffers the influence of internal variables, such as: self-esteem, perception of the environment, relations with authority and desire for independence; and, external variables, such as family structure, family communication, presence or absence of control and emotional environment that involves the person. 5

The importance of theoretical reflection is justified by this Plan have been elaborated in the second half of 2011 and establish proposals that serve and will dominate the public health policies to the NCD in the country over the next 10 years.

OBJECTIVE

- To reflect about the process of self-determination of people with Chronic Non-communicable Diseases.

METHOD

It is an reflective study having as Strategic Action Plan subsidy for the Confrontation of the Chronic Non-communicable Diseases in Brazil (2011-2022). For this construction, we refer to the selection of three concepts: empowerment, self-care and resilience, which seeks to articulate the theoretical aspects of these concepts.

DEVELOPMENT

- Main aspects that comprise the Strategic Action Plan for Confronting the Chronic Non-communicable Diseases in Brazil 2011-2022

The document was prepared in partnership of several teaching and research institutions, with other ministries of the Brazilian Government and several representatives, thinkers and researchers involved in the theme. The Strategic Action Plan for Confronting the Non-communicable Diseases aims to build interventions that facilitate confrontation in the context of Brazil. 6

This plan highlights strategies for the country to face in the next decade the Non-communicable Diseases, emphasizing the four groups of diseases: cardiovascular, cancer, diabetes and chronic respiratory. The choice is based on statistical expression of Brazilian and world morbidity and mortality. Emphasis on risk factors common to these diseases, which are considered to be modifiable: smoking, harmful alcohol consumption, physical inactivity, poor nutrition and obesity. 7

The objective of the Plan is to promote the development and implementation of effective public policies, integrated, evidence-based and sustainable for the prevention and control of Non-communicable Diseases, its risk factors and strengthening health services geared to the attention to people with chronic illnesses. It aims to reduce morbidity, disability and mortality caused by them, through a set of

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preventive and promotional health actions, associated with early detection and timely treatment and the improvement of health services of the Unified Health System (SUS), from the primary care and community involvement.¹

- Reduce premature mortality rate (<70 years) by CHRONIC NON-COMMUNICABLE DISEASEs at 2% per annum;
- Reduce the prevalence of obesity in children;
- Reduce the prevalence of obesity in adolescent;
- Stop the growth of obesity in adults;
- Reduce the prevalence of harmful consumption of alcohol;
- Increase the prevalence of physical activity in leisure;
- Increase the consumption of fruits and vegetables;
- Reduce the average consumption of salt;
- Reduce the prevalence of smoking in adults;
- Implement quality management programs of mammography in 100% of the services that perform the test for SUS;
- Implement quality management programs of the cytopathology examination of the cervix for 80% or more in women 25 to 64 years, in all regions of the country;
- Ensure treatment in 100% of women diagnosed with cancer precursor lesions of the cervix.

Figure 1. National targets proposed by the Strategic Action Plan for Confronting of Chronic Non-communicable Diseases(CHRONIC NON-COMMUNICABLE DISEASES) in 2011-2022.1-Brazil.

The plan presents itself as an emergency action, a ransom of public policies and programs developed by government agencies, however driving actions, interventions and setting goals for what it considers as a priority for health care of the Brazilian population.

It searches to invite professionals in the basic attention to the present, warning them primarily for the future, since life expectancy tends to rise even more. It is understood the bailout provisions between the various actors, professionals, users and managers, as well as between the contexts of action for health promotion and prevention of diseases.

Self-care in the process of self-determination of people with Non-communicable Diseases

Self-care permeates the health-disease process, is a strategy to improve the quality of life of people both to prevent the Non-communicable Diseases and to avoid its complications, when these are already installed.

The concept of self-care is taken from Orem,⁶ which means by the practice of self-care activities that individual initiates and executes in its own benefit, in the maintenance of life, health and well-being. It aims actions that contribute to specific way on integrity, functions and human development⁷, in other words, the goal is to help people meet their own therapeutic needs.⁷ It is taking care of himself, improve lifestyle, avoiding harmful habits and controlling the risk factors aggravating the Non-communicable Diseases.⁸

For the subsequent assessment of the actions established by this Plan, were also elaborated national goals to be achieved for its proposals, which are presented in Figure 1. Actions that comprise the self-care can be interpreted as practices of activities people perform in a manner determined in favor of the maintenance of their life, including voluntary and intentional attitudes, involving decision-making, with the purpose of contributing to specifically align and associate to a healthful living.⁹

For the person can develop along the phases comprising the vital cycle, self-care is a fundamental aspect in the process of living. It is necessary since the gestation, through childhood, adolescence, adulthood and old age, requires in each one a singularity in their practices. These practices may suffer the influence of factors such as: age, sex, family, the development phase of the life cycle and health, socioeconomic and cultural orientation, and others related to the health care system.⁹

To reflect on the complexity that surrounds the self-care and their theoretical interfaces, it is noted that in the Strategic Action Plan for Confronting the Non-communicable Diseases in Brazil established for the period of 2011-2022, self-care is a transverse axis of the actions, guidelines and strategies proposed by him in all spheres of Government. Accordingly, the Plan presents a set of multiple actions and strategies that predict that people have autonomy for self-care. The Plan assumes both public policies, as policy practices for the various levels of health assistance, supporting this benchmark, for understanding that people are correspondents and co-participants in the process of...
prevention and confrontation of the Non-communicable Diseases in the country.

The actions of greater magnitude, i.e. the global actions, provided for by the Plan, are not sufficient to achieve the proposed goals if there is not active participation of health care professionals, more specifically those who make up the scenario of basic attention. Because, this involves greater accountability, knowledge of the theoretical aspects that involve self-care and its articulation with actions of trans-disciplinary and inter-sectoral nature.

It should be noted that, when underlying their practice with the theoretical principles of self-care, health professionals are able to apply it in all actions and interventions that may develop in the community. Actions which can be preventive, rehabilitation and health promotion, and may be conducted individually or in groups, and aim to improve the quality of life, reduce the rates of hospitalizations, decreasing the complications and aggravations.10

The challenge of professional health services, is still opposing the existing paradigm, in which there is an emphasis on disease itself and in the momentary rehabilitation of the biological condition of the person. Given this context and what is established in the Plan, urge the need to establish partnerships between the community and health care professionals. These partners, who are able to promote spaces for an awakening to consciousness of self-care that favors the self-determination of persons both for prevention and for the promotion of healthy living even in chronic health condition.

Empowerment in the process of self-determination of people with Non-communicable Diseases

Experience a chronic lifelong disease and during many years, requires the person affected numerous changes in habits and adaptations in order to establish a coexistence, which provides physical and mental well-being, which bring quality of life over a long period.

To this end, it is necessary that people know their disease, their acute and long-term complications, for which self-care can be observed in order to avoid them or slow them down as much as possible. In the process, comprising primarily the knowledge of disease and the determination to self-care necessary, rescued the theoretical roots of empowerment, for understanding the development of personal skills and contribute directly to increased information and perceptions of the context in which he finds himself inserted. 11

The conceptual construction of the empowerment began in 1970 with self-help movements gained moment in 1980 with the community psychology and expanded to various areas, including in health, in the 1990.12 By understand that healthcare has a fundamental role in influencing other areas of the social and political context, in the quest for better quality of life, it is necessary that health professionals take ownership of the empowerment concept and apply in their health care practices. That is because the power increase includes empowerment, personal and collective autonomy of individuals and social groups in interpersonal relations and especially those subject to institutional relations of oppression, discrimination and social domination.13 Before the process of living with an Non-communicable Diseases, it must be understood power increase as knowledge; and autonomy as the ability to choose which people have over their lives, i.e. the freedom to make decisions that comprise the determining factors of health-disease process, and they consider appropriate for their living.

Criticism of the Brazilian public policy assistance were established, pointing out that many of them are geared purely paternalistic and patronizing actions, however what is expected of such policies, within the theoretical concept of empowerment is that they are a propelling mobilization process and participatory practices that promote and encourage groups toward improvements of their living conditions and mainly provide increased autonomy.13-4

Given the above, it is noted that, in the Strategic Action Plan for Confronting the CHRONIC NON-COMMUNICABLE DISEASES in Brazil established for the period of 2011-2022, the actions at the federal level are elaborated in the sense that this sphere of management be responsible for assuming the population assistance, be it through actions of greater magnitude, such as elaboration of laws and ordinances, focusing curativist and assistencial.

In that sense, the global actions aimed at guidelines for empowerment. This gap can be filled when the sphere of federal government transfers to the basic attention the responsibility for implementing the proposals set out in the Plan. In this way, health professionals need to “take over” in front of theoretical principles of empowerment. Among the actions, is creating spaces that
promote and sustain the process, aiming at promoting the people a waiver from their state of tutelage and dependence, allowing them to become active subjects, with autonomy and determination about the direction of their lives. In the case of Non-communicable Diseases, it is necessary that the professionals promote spaces for people to acquire knowledge about its pathology, as well as the risks, harms and comorbidities. With the use of this knowledge, people can, with autonomy and freedom, take informed decisions favoring their well-being in the evolutionary process of disease and at all stages comprising the vital cycle.

♦ Resilience in the process of self-determination of people with Non-communicable Diseases

The continuing challenge for health professionals are in fact look after contemplating two “distinct paths”: one in which intend to work on prevention and health promotion to avoid the appearance of Non-communicable Diseases, and the other is care for people already in chronic condition. Associated with these two situations, the challenge is even greater when it comes to develop actions that can contemplate the singularities of each stage of the life cycle. Given this scenario, to implement actions to control and fight against these diseases and promote health, it is necessary to discuss the concept of resilience.

The definition of resilience is understood as the ability of human beings face, win and be strengthened or transformed by experiences of adversity. This development goes through the mobilization and activation of its capabilities, to be, be, to have, can, and to want, namely, self-regulation by its ability and self-esteem. It is understood that resilience presents a unique feature, which can be used by health area, is the character of confronting and positive construction of the person in front of adversity. In addition to enabling people to participate in an active life and participative, with the ability to transform, becoming critical subjects on the conditions that led to their development.

From this theoretical framework, it can be seen that resilience is not explicitly shown in the Strategic Action Plan for Confronting the Non-communicable Diseases in Brazil. However since this search work with health promotion and prevention, which involve, among others, adherence to therapy and lifestyle changes with focus on modifiable risk factors, and as one of the strategies, resilience can be used and adopted as a form of care by health professionals.

It should be noted that implicitly resiliency is presented in the Plan, in the field of health promotion and prevention of these diseases. From this, it is up to professionals, not just the basic attention, but the other levels of health care, directing such actions under the focus of resilience. This approach is to work with the potential of people, promoting and stimulating their autonomy and self-determination.

Another aspect of the approach of the Plan, which can approach the resilience, refers to the fact that health care professionals are encouraged to develop actions in a procedural perspective, contemplating the point in its lifecycle. The actions of health promotion and prevention begin during pregnancy, promoting prenatal care and proper nutrition to pregnant women, encouraging breastfeeding, child and adolescent protection in front of the exposure to risk factors (alcohol, tobacco) and for the stimulus to protective factors (healthy eating and physical activity) that persist into adulthood and during the entire course of life.

Health professionals, being mediators of the process of self-determination of people, can enlarge their field of expertise, building environments and programs in order to promote and develop resilience. In the Plan, it can be seen that the actions of control and confronting the Non-communicable Diseases contemplate various contexts, such as family, community, health units, schools and others. These contexts are important sources of support and building spaces may consist of individual and collective resilience.

Both people, who seek to prevent the Non-communicable Diseases, as those who already have, need help to develop and or activate their abilities, skills and strengths that can be “hidden” and need to be awakened. Thus, resilience appears to be a tool that will assist them and subsidize them in their daily lives, to deal with the adversities that emerge during the process of adaptation to a healthier lifestyle.

The focus on resilience under the plan, besides being a paradigm shift, can be for health-care professionals an inspiration to develop actions, individual or collective, and with emphasis on the potential of people, considering the context of life. This will allow you to develop a health care aiming at completeness and a better quality of life.
CONCLUSION

The concepts of self-care, empowerment and resilience can be developed through the use of the Plan, which are found explicitly or implied. For that self-determination being a member of the health-disease process and be part of the daily life of both people as health professionals, it is necessary actions that contemplate the population globally and individually, which corresponds to strategies established by the Plan that are macro-politic and micro-political.

Aspects linked to the concepts mentioned here involve some important directions for self-determination, because they are tools that can promote the construction of strategies and spaces that promote healthy lifestyles in any stage of the life cycle. These aspects correspond to that people have: knowledge that is necessary to do something to not get sick or avoid the complications of Non-communicable Diseases; overcoming adversity and develop skills to form support networks for its healthful living. In addition to developing social skills such as cooperation, solidarity and reciprocity; have the sensitivity to be in constant learning; be resilient in the face of situation; become empowered before his health-disease process to assume an effective self-care before their individual and family singularities.

It is essential to reflect that, as much as there are public policies responsible for the control and confronting the Non-communicable Diseases, through actions, guidelines and strategies established by the plan, these will be affected if people assume self-determination responsibly with the health. Given this context, is the greatest challenge of health professionals to achieve the micro-political goal.

On the proposal of the Brazilian Government to elaborate a Plan with this magnitude, it is a fact that there is a concern with the burden of Non-communicable Diseases and its complications, since these imply spending in several areas, in addition to health, such as education and social security, the rebound in the country's human development index.

Cost reduction with the Non-communicable Diseases depends, mainly, of a quality basic care assistance, to bring effective changes in this context through prevention and health promotion, coupled to the theoretical concept of self-determination, which are able to sensitize and educate people that they will be the greatest benefit, with the decrease of the suffering expressed by Non-communicable Diseases, increased life expectancy and a live healthy in all the phases that comprise the life cycle.

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