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ORIGINAL ARTICLE

NURSING CONSULTATION IN THE PERSPECTIVE OF USERS WITH DIABETES MELLITUS IN THE FAMILY HEALTH STRATEGY

CONSULTA DE ENFERMAGEM NA PERSPECTIVA DE USUÁRIOS COM DIABETES MELLITUS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

CONSULTA DE ENFERMERÍA DESDE LA PERSPECTIVA DE USUARIOS CON DIABETES MELLITUS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

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ABSTRACT

Objectives: to verify the knowledge of diabetics about their chronic disease condition and to analyze the influence of the nursing consultation on the process of therapeutic adherence of the diabetic to the users' point of view. ***Method***: descriptive, qualitative study. The data were produced through a semi-structured interview with 18 users with diabetes mellitus enrolled in the family health strategy teams. ***Results***: The results showed that 16 did not know their type of diabetes, but they mentioned the need to go on a diet (18), feet care (10) and to practice physical exercises (11), however, seven did not go on a diet and 15 did not do exercises. The nursing consultation was approved by all users. ***Conclusion***: the nursing consultation was taken as contributing to the control of diabetes by the users, consisting of an opportunity to favor therapeutic adherence. ***Descriptors:*** Nursing Care; Diabetes Mellitus; Family Health Strategy.

RESUMO

***Objetivos*:** verificar o conhecimento dos diabéticos sobre sua condição crônica de doença e analisar a influência da consulta de enfermagem no processo de adesão terapêutica do diabético na visão do usuário. ***Método*:** estudo descritivo, de natureza qualitativa. Os dados foram produzidos por meio de entrevista semiestruturada junto a 18 usuários com diabetes mellitus cadastrados nas equipes da estratégia saúde da família. ***Resultados*:** os resultados demonstram que 16 não conheciam seu tipo de diabetes, mas citaram necessidade de seguir dieta (18), cuidados podálicos (10) e praticar exercícios físicos (11), entretanto, sete não faziam a dieta e 15 não praticavam exercícios físicos. A consulta de enfermagem foi aprovada por todos os usuários. ***Conclusão*:** a consulta de enfermagem foi percebida como contribuidora para o controle do diabetes pelos usuários, consistindo numa oportunidade de favorecer a adesão terapêutica. ***Descritores*:** Cuidados de Enfermagem; Diabetes Mellitus; Estratégia Saúde da Família.

RESUMEN

Objetivos*:** verificar el conocimiento de los diabéticos sobre su condición crónica de enfermedad y analizar la influencia de la consulta de enfermería en el proceso de adhesión terapéutica del diabético bajo el punto de vista del usuario. ***Método: estudio descriptivo, de naturaleza cualitativa. Los datos se produjeron por medio de entrevista semi-estructurada con 18 usuarios con diabetes mellitus catastrados por los equipos de estrategia salud de la familia. ***Resultados***: los resultados demuestran que 16 no conocían su tipo de diabetes, pero citaron la necesidad de seguir dieta (18), cuidados podálicos (10) y practicar ejercicios físicos (11), aunque siete no hacían dieta y 15 no practicaban ejercicios físicos. La consulta de enfermería fue aprobada por todos los usuarios. ***Conclusión***: la consulta de enfermería se percibió como contribuyente al control de diabetes por los usuarios, consistiendo en una oportunidad de fomentar la adhesión terapéutica. ***Descriptores***: Cuidados de Enfermería; Diabetes Mellitus; Estrategia Sanidad de la Familia. ***Descriptores*:** Atención de Enfermería; Diabetes Mellitus; Estrategia Salud de la Familia.

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INTRODUCTION

Diabetes Mellitus (DM) is a chronic disease of global incidence that increases with the aging population. The progression of the disease generates acute metabolic complications, neuropathic and vascular disorders and even death. Preventing its advance is essential.[1]

Despite this reality, people with diabetes often have difficulties with adherence to treatment, which, in addition to jeopardizing their control due to their chronicity, may lead to personal and family conflicts, often motivated by the need of lifestyle modifications, not only of the bearer, but also of other family members.[2]

The difficulties in adherence to treatment require early and effective intervention, as a way to avoid complications of the disease, which, due to the high prevalence in the Brazilian population, is considered a major public health problem. Thus, it is expected that the nurse professional, as part of a multiprofessional team, be alert to these situations.[1]

In Brazil, diabetes mellitus is a priority in health care, and is a reason for discussion and concern at the primary, secondary and tertiary levels. In primary care, specifically, its control is sought through the care provided by the Family Health Strategy (FHS).

The FHS focuses on health promotion and disease prevention from a variety of perspectives. In the diabetic patient care, users are linked to the basic health units through their enrollment in the Ministry of Health's Hypertension and Diabetes Mellitus Program (HIPERDIA), consultations to identify problems and investigate risk factors, home visits, drug supply, prevention of complications and educational actions in health through lectures and group activities. Currently, however, most of the actions carried out by this Health Promotion Strategy still focus on the development of consultations, mainly nursing and medical ones.[3]

The nurse uses clinical judgment and scientific knowledge through the nursing consultation, based on Law n. 7.498/86, established by annex I of Administrative Rule n. 648/2006, later amended by Ordinance no. 1.625/2007 of the Ministry of Health, and since 1993, based on the Resolution of the Federal Nursing Council (Conselho Federal de Enfermagem – COFEN), the nursing consultation becomes mandatory at all levels of health care in public and private institutions.[4]

The nursing consultation enables the nurse professional to evaluate the needs of the client with diabetes, as well as the variables that interfere in their treatment, allowing a space of discovery and interaction and favoring a more accurate and close approach to the patient's reality. However, the quality of this consultation can be influenced by factors that include personal difficulties of the professionals and structural and organizational difficulties of the health institution.[5]

Considering the shortage of research on the satisfaction of people with diabetes accompanied by this strategy, the perspective of the users of health services, in terms of satisfaction, valued by several authors, since it provides important information to complete and balance the quality of services, this study aimed to evaluate the diabetic nursing consultation in the Family Health Strategy according to the users' perspective.

OBJECTIVES

- To verify the knowledge of diabetics about their disease condition.
- To analyze the influence of the nursing consultation on the process of therapeutic adherence of the diabetic to the users' point of view.

METHOD

The descriptive and exploratory study, with qualitative approach, was carried out in five Basic Health Units (BHU) of a Piauían municipality. The study participants consisted of users with diabetes mellitus accompanied by the city's FHS, which has a total of 265 diabetics enrolled in the HIPERDIA program, standardized by the Ministry of Health.

The sample was delimited according to the saturation or recurrence of the data obtained from the speeches of the study participants, totalizing a sample universe of 18 participants.

The following criteria were considered for inclusion in the study: to be followed in the BHU for at least one year, at which time we considered it sufficient to adapt to the diagnosis of the disease and, mainly, to the interaction with the FHS professionals, since this attendance occurs periodically, and waiting for the nursing consultation at the unit to provide data collection.

The data were produced through an interview using a semi-structured script containing open and closed questions, which made it possible to obtain data regarding the characterization of the subjects, their disease, as well as questions about their

perceptions regarding the nursing consultation.

Previously to the production of data, a pre-test was carried out with the intention of identifying questions difficult to understand in the instrument in order to be able to improve them, making them able to use them in the research.

The pre-test was carried out in one of the BHU chosen by lot and counted on the participation of five interviewees, worth noting that those subjects, who were part of the first stage of the study, did not enter into the data collection.

From the pre-test, we verified that the structured script had clear and precise terms and that the questions were in a logical order. The pre-test also proved that the questions were adequate for the subjects' understanding and that they were sufficient to respond to the objectives of the study.

The data collection was performed in June and July 2015 in a reserved room in each BHU, through individual interview, as a way to preserve the client's privacy, in a quiet, private environment and with adequate conditions of comfort.

The results referring to the characterization of the subjects were analyzed through the simple frequency event counting. The data referring to the perception of the diabetic on the nursing consultation in the FHS were submitted to content analysis in order to identify the thematic similarities of the speeches.

For analysis of the data, an exhaustive pre-analysis of the information was performed after organization so that the most relevant ones for the study were then highlighted. Allied to this, a literature review of the study content was carried out, and after that comparative traces were drawn between what the pertinent literature state and the situation found.

The study had the research project approved by the Research Ethics Committee of the Federal University of Piauí (REC n. 0070.0.045.000-09), meeting all national and international ethical standards in research involving human beings.

RESULTS

The sample universe of the study summed up 18 participants, which will be characterized as follows.

♦ Characterization of subjects regarding sociodemographic data

Out of 18 interviewed users, 12 were female, the remaining six ones were male. Regarding the age group, the majority (13) were 60 years old or older. Of the marital status, 11 were married, four were widowers and three claimed to be divorced.

▫Knowledge of diabetics about their chronic disease condition

Considering that family members can contribute in the adaptive process of the client to their condition of diabetic. This statement becomes concrete through the following testimony:

> *[...] it is very important for the family, if they are not by your side, if they do not understand you, you are nobody and only think about bad things ... (Participant 07)*

When investigating the type of diabetes, the total sample was type 2. It should be noted that 90% of those interviewed did not know their type of diabetes and many did not even know of more than one type. Not knowing such information, although interpreted as not relevant data because everyone had type 2 diabetes, demonstrates the users' disinformation regarding the disease and treatment.

Seven users knew they had been diagnosed with diabetes for about one to five years, five reported having had it for about six to nine years, and six had discovered diabetes ten or more years ago. It is seen that the number of users in the three categories was approximated, requiring the attention of the nurse, since the needs of the users with the most recent diagnosis may differ from those found in those who have been living with the disease for the longest time.

This fact was not evidenced in this study, since, according to the interviewees' speech below, there were no differences in the management of DM, although they had different duration of illness.

> *[...] is to see others eating candy, then I go and I feel like eating it too, because my whole life I ate it, because now after I'm old I'm going to stop eating, then every once in a while I go and eat it as well, just once [...] (DM bearer for 3 years).*
>
> *[...] it is very bad to go on a diet, it makes you want to eat a little rag and you can not, right? Nothing that has sugar, but there is no way, then I fall into temptation and eat (DM bearer for 8 years).*

There is no doubt about the need for early follow-up of this disease. This, however, was performed by 13 users about one to five years ago in the Basic Family Health Units (BFHU) surveyed, while five were followed for longer (6-10 years). It is worth mentioning that the first FHS was implanted in 1998, although the strategy was only implemented in the

municipality of the study locus in the year 2001. This may be one of the factors for the majority of users being treated in the unit for a "recent"time. Among those who have been following up for some time, some have claimed to do so even before the strategy is implemented.

About the disease and its treatment, five people defined diabetes as blood sugar, three as a disease that could "cripple", two as an incurable disease, three as a disease that could blind, two as a disease caused by excessive intake of sweets, two did not know responding and, for one person, diabetes was increasing blood glucose. We saw that, although most did not use scientific terms, they had notions about the disease.

Regarding the care required to control the disease, all the interviewees cited the diet as one of them and, in addition to this, 10 cited foot care, 11 the need for physical exercise, nine care for injuries and 11 administration of the medication.

Although all had mentioned the diet, only two said to follow it rigorously, nine did it partially and seven did not follow any diet, although 16 affirmed knowing the allowed foods and the advised ones. Fruits and vegetables were the most cited among foods allowed, while sugars, fats and soda were referred to among those to be avoided.

The following testimonies reinforce this problem:

> *I know I can not eat sweet, but that sweetener doesn't go for me [...] (Participant 03).*
>
> *Everything for diabetes is expensive, you see a pack of cookies if it is for those who have diabetes is much more expensive, there for those who earn little, right? Sometimes we force ourselves to buy a cheaper one so the money of the month can be given to other things as well (Participant 01).*
>
> *The doctor says that it is for us to eat vegetables and fruit, but who is going to have it to eat every day, because I can not [...] (Participant 16).*

Another problem evidenced by diabetics is that the other members of the family do not change their eating patterns, as can be seen in the following testimony:

> *There at home did not change much, my children and grandchildren eat everything, I watch them eat and I even feel like it, but I can not, I know it will hurt my health [...] but that is bad for me, this I know it is, the person feels bad, will want to eat and can not (Participant 15).*

As far as foot care is concerned, ten were aware of the need for such care, and the most cited measures were not to walk barefoot, to wash their feet well and to dry them properly.

The nurse is required to provide educational support in foot care according to individual needs for the prevention of ulcers and amputations.

Regarding physical exercises, 15 reported being sedentary. Among those who did some activity (only three), all cited the walk sporadically.

Although the 18 used diabetes medications, 14 did not know the medications used, making use of another person's prescription or help to identify the pills.

♦ Contribution of the nursing consultation to the process of therapeutic adherence of the diabetic in the users' point of view

Regarding the development of the nursing consultation, from the users' point of view of users, it is provided in basic care and is revealed in one of the forms of diabetes control, a disease that can be "easy" to live with in the presence of quality care.

Investigating the sources where users got information about the disease, the doctor (18), the nurse (18), relatives and friends (seven), television (two) and nutritionist (one) were mentioned. It is worth mentioning the difficulty of the users in identifying the nurse. During the data collection, we asked who the user would be treated for and he would answer that it was by the doctor and confirmed that it would be by the nurse. Thus, this data may not represent reality.

On the actions taken during the nursing consultation, users reported that the nurse talks, asks questions, guides and renews the previous prescription drug. Five of them also said that, when necessary, she referred them to the doctor's office, three said that she did the blood glucose and four commented that she examined hands and feet.

Regarding the opinion of the participants regarding the nursing consultation, considered to be of great importance for the control of therapeutics, six people classified it as a grade of ten (in a scale of zero to ten) and 12 as a grade of 8.0, as shown below:

> *The consultation is great, because the nurse gives a lot of attention to us, explains a lot, asks about the medication and how the diet is going (Participant 16).*
>
> *The consultation is grade ten, I really like it, it's very good (Participant 02).*
>
> *The consultation is good, because she prescribes the medicine and the exams (Participant 11).*

The consultation is good. She explains things, looks into people's eyes (Participant 08).

The consultation is good. She is demanding, asks about things (Participant 18).

We perceive that the opinion of the users about the nursing consultation is related to the way in which they are attended, being valued the attentive demonstrations.

The process of health education is facilitated when the nurse maintains an empathy relationship with the patient during the consultation, as shown in the following report:

[...] If you do exactly what the doctor tells you to do you can live a long time, because it only teaches what is good to take care of diabetes, if you do not follow, it is because you want to do wrong, But she guides everything (Participant 11).

DISCUSSION

The cause of the higher frequency of diabetes in females may be due to the greater demand of women for health services, since men do not attend it routinely and only seek it often in situations where the disease already presents complications.[6]

Diabetes is prevalent in the elderly, with up to 50% of people over 65 suffering some degree of glucose intolerance. It is necessary that the nurse is aware of the difficulties that the elderly person might have to understand and implement the guidelines provided. It is important to speak slowly, loudly and looking at him, facilitating communication by facial expression and lip reading. You can also turn to a third party when they can not provide the necessary information.[7]

In couples in which one of them has diabetes, especially if the carrier is the man, treatment and maintenance are more frequent, and the wife is responsible for food and medication. Thus, it is common to see widowers with lower adherence to treatment then widows.[8]

Considering that family members can contribute to the care of the loved one, and in this way to ease emotional stresses, it is relevant the role of the family in the adaptive process of the client to their condition of diabetic. The family is a source of emotional support essential for the patient.[9]

When investigating the type of diabetes, the high percentage of DM2 could also be verified by another study[10], when affirming that 80 to 90% of the existing diabetics have type 2 and that this pathological process manifests itself, mainly in the adult phase, more frequently after 40 years old.

Significant changes in coping strategies can occur as the years go by after diagnosis of the disease. In this sense, the duration of diabetes mellitus differentiates the ways in which the diabetic patient manages his problems and diversifies coping strategies in the management of the disease. The authors also confirmed in a study that, with the passing of the years when the disease is installed in the subjects, the level of stress experienced by the subjects is reduced considerably.[11]

There is a correlation between the duration of diabetes mellitus and the onset of microvascular complications. Another fact to be highlighted is the need for early diagnosis of the disease, because the longer the time of hyperglycemia, the greater the risk of target organ damage. This result confirms the fact that type 2 DM is underdiagnosed. Therefore, screening tests are indicated in asymptomatic individuals who present a higher risk of the disease, in order to avoid, delay or reduce the appearance of complications due to DM.[12]

The longer follow-up time in the Basic Health Unit is important, since it allows the link between the user and the health team, facilitating the interaction and success of the practices. Its essence is a longitudinal interpersonal user/team relationship regardless of the number/severity of health problems or even of its existence.[13]

The lack of knowledge about the disease constitutes a variable that can interfere in the control of diabetes. The importance of knowledge about the disease as well as the early symptoms of diabetes mellitus, highlighting polyuria, polydipsia, polyphagia and involuntary weight loss, among others, not only by health professionals, but also by the general population is extremely relevant.[14]

Corroborating the aforementioned authors' thinking, it is believed that it is necessary for health professionals, especially nurses, to carry out educational strategies that reinforce the population's understanding of the disease, that is, its types, signs and symptoms, as well as their control, demystifying taboos, among other information, so that families can contribute with the health team in order to establish the diagnosis early, thus preventing the common late diagnosis in type 2 diabetics.

Therefore, it is suggested to the nurses professionals who deal with this clientele, so that they implement in the diabetic education programs, the global care of the diabetic patient, mainly when the diagnosis is confirmed, since it is important that the patient accepts the Illness, from the emotional point of view, and always try to

talk about their feelings about the chronic condition of illness. It is also worth noting that nurses should advise them not to hesitate to seek help, which is an intermediary of the possibilities and limitations of the diabetic patient. For this, it is necessary to include the family in the care, making it an element of cooperation in the treatment of the client, as well as facilitating the adaptation and coexistence of the same in the family in view of the changes in their daily life.

Changes in lifestyle caused by the presence of diabetes in the family are often associated with structural changes in the daily dynamics of the family, inasmuch as they bear expenses related to medication treatment, laboratory tests, dislocation to health units, adequate food, among others, represents budgetary changes for the members of this family, who, for the most part, do not have the financial resources to cover them. Because of the chronicity of the disease, this represents continuous expenses, therefore, becoming part of the family budget, which may represent a cut in the supply of other necessities.[15]

Joining a food plan involves appropriate changes that start within one's own family. The success of this process requires adaptation mechanisms to promote such changes, one of which consists of family group education, because if the family is able to abdicate certain foods in their usual diet plan to show attention and support to the diabetic, the emotional balance of this family member becomes much more effective.[16]

Regular physical activity is indicated for all people with diabetes, as it improves metabolic control, reduces the need for hypoglycemic agents, helps promote weight loss in obese patients, decreases the risk of cardiovascular disease, and improves quality of life. Thus, the promotion of physical activity is considered a priority.[17]

The educational process in nursing is one of the most significant aspects of care and can respond to the success or failure of a user in adapting to chronic health conditions.[18]

The Ministry of Health recommends for the nursing consultation health education, the examination of lower limbs, the accomplishment of glycemia, prescription of medication, request of exams and the referral to the medical consultation, if necessary, or according to routine.[19]

It is necessary, therefore, to rethink the nursing consultation to the diabetic in the FHS as a possible action to generate impact in itself, without the intrinsic need of medicalization and exams, although these are not a demerit in its execution. This process of rethinking and re-elaborating the nursing consultation is conflictive, since it requires the abandonment of the biomedical model, in which we were trained and we learn to reason reasonably.

The process of health education is facilitated when the nurse maintains a relationship of empathy with the user during the consultation. The caregiver relationship requires careful understanding of the world view of diabetics. Such an attitude will be fulfilled by attentive listening, allowing the expression of feelings, beliefs, values and general aspects about the fulfillment or not of the treatment.[11]

CONCLUSION

Diabetes mellitus as a chronic disease requires adaptation in the psychological, social and physical spheres, which makes evident the need for health professionals to be present throughout this process, assisting, guiding and intervening, as a way to improve the quality of life of the user diabetic.

This study was important because it contributed to the analysis of the nursing consultation to the user with diabetes in the Family Health Strategy, enabling the definition of the users' perception about this practice and revealing some characteristics of this activity.

We note the importance of the participation of nurses in the promotion of diabetic health, with emphasis on self-care, recognized by the researched people, who denoted the importance of considering the personal characteristics and the relation with the disease during the nursing consultation.

We verified that nurses use the consultation as an opportunity to perform health education, but this should consider the low income and schooling of this population served, besides the age group predominantly of the elderly.

It is also necessary to reflect on the way in which the education in health is realized in the present time, being necessary to surpass the normative model of transmission of knowledge towards models that value the choice and the personal insertion in the treatment.

It is worth pointing out to nurses that, when assisting the diabetic, the focus is not only their diagnosis, that is, it is not enough to understand them only as a person with diabetes, but rather to understand the complexity of their experience in the various spheres of their existence, as a

biopsychosocial being, even in the family aspect.

The analysis of the findings allowed us to infer that the activity characterized as corresponding to a nursing consultation only incorporates, in an unbiased way, a methodology specific to the specific nursing care. The consultation reported by users, participants of the study, is still very focused on the traditional biomedical model, that is, disease-centered, without considering other factors involved in the health-disease process, such as its psychosocial and family environment. However, even if you take an individual approach, the family needs to be included in the guidelines.

We also highlight the need for nurses' awareness, since nursing consultation is an activity that demands cognitive and relational skills. In the specific case, the consultation is even more specific, because it develops with chronic disease patients that lead to continuous treatments, almost always with more than one drug and requiring changes in lifestyle.

We then consider that providing care to the diabetic goes beyond their glycemic control and caring for food and exercise. Such assistance presupposes listening to and understanding it in their actions and behaviors, their flight and fears, their way of dealing with them, as well as their confrontations, emphasizing diabetes education, which merits attention based on all aspects discussed throughout the study.

Finally, we conclude that the nursing consultation was perceived as contributing to the control of diabetes by the users, consisting of an opportunity to favor therapeutic adherence.

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