PHYSICAL STRUCTURE AND MATERIAL RESOURCES OF THE HEALING HALLS OF REGIONAL POLYCLINICS

ESTRUTURA FÍSICA E RECURSOS MATERIAIS DAS SALAS DE CURATIVOS DAS POLICLÍNICAS REGIONAIS

LA ESTRUCTURA FÍSICA Y LOS RECURSOS MATERIALES DE LAS SALAS DE CURACIÓN DE POLICLÍNICAS REGIONALES

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ABSTRACT

Objective: to identify the physical structure and material resources of the healing rooms of Regional Polyclinics of Niterói to customer with wounds. **Method:** this is a qualitative study, descriptive, observational and cross-sectional. It drafted checklists for data collection and analyzed by means of simple descriptive statistics, using the Excel program. The results are presented in the form of figures. **Results:** we found four polyclinics with appropriate minimum dimension and two inadequate. It was observed that, of the 22 materials recommended in the literature, only eight were found in all the polyclinics. **Conclusion:** it was verified that the absence of a unit in line with the recommendations in the literature, since all the clinics surveyed had some kind of grace, be in the structure, either in material resources. **Descriptors:** Nursing; Primary Health Care; Wounds and Injuries; Healing; Structure of Services; Material Resources in Health.

RESUMO

Objetivo: identificar a estrutura física e os recursos materiais das salas de curativos de Policlínicas Regionais de Niterói para o atendimento ao cliente com feridas. **Método:** trata-se de estudo qualitativo, descritivo, observacional e transversal. Elaboraram-se *checklists* para a coleta de dados e os analisaram por meio de estatística descritiva simples, utilizando o programa Excel. Apresentaram-se os resultados em forma de figuras. **Resultados:** encontraram quatro policlínicas com dimensão mínima adequada e duas inadequadas. Observou-se que, dos 22 materiais preconizados na literatura, apenas oito foram encontrados em todas as policlínicas. **Conclusão:** verificou-se a inexistência de uma unidade em consonância com o preconizado na literatura, uma vez que todas as policlínicas pesquisadas apresentaram algum tipo de carência, seja na estrutura, seja nos recursos materiais. **Descritores:** Enfermagem; Atenção Primária à Saúde; Ferimentos e Lesões; Cicatrização; Estrutura dos Serviços; Recursos Materiais em Saúde.

RESUMEN

Objetivo: identificar la estructura física y los recursos materiales de las salas de curación de Policlínicas Regionales de Niterói para clientes con heridas. **Método:** este es un estudio cualitativo, descriptivo, observacional y transversal. Se redactaron listas de comprobación para la recopilación de datos y analizados por medio de la estadística descriptiva simple, utilizando el programa Excel. Los resultados se presentan en forma de cifras. **Resultados:** se encontraron cuatro policlínicas con dimensión mínima adecuada y dos insuficientes. Se observó que, de los 22 materiales recomendados en la literatura, sólo ocho fueron encontrados en todas las policlínicas. **Conclusión:** se comprobó que la ausencia de una unidad en línea con las recomendaciones en la literatura, ya que todas las clínicas encuestadas tenían algún tipo de gracia, sea en la estructura, ya sea en los recursos materiales. **Descriptores:** Enfermería; Atención Primaria a la Salud; Heridas y Lesiones; Cicatrización; Estructura de los Servicios; Recursos Materiales en Salud.

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INTRODUCTION

It is known that, in Brazil, the wounds affect a high index of persons, constituting a serious public health problem. Informs that the incidence of chronic wounds in a population is from three to five new cases per one thousand inhabitants, and the degenerative diseases of greatest relevance that contribute to the chronicity of wounds are diabetes mellitus and hypertension.¹

Joins the majority of chronic wounds to the conditions of the elderly population. They are among the types of chronic wounds most often found in services of primary health care, the vasculogenic ulcers and lesions by pressure. Details that the venous ulcers are relevant clinical diseases, affecting approximately 600 thousand Americans annually, being more prevalent in the elderly population. We highlight, in this context, the elderly aged 65 to 70, who are the most affected by chronic wounds/complex, affecting more women in the proportion of 3:1, which show, in addition to the wound, reduction of daily activities added to the conditions of chronic-degenerative diseases.²

Adds that exist in the national and world markets, several specific products for the treatment of wounds, providing several choices of products and materials those can be used in different stages of healing. It must prepare, before this clinical condition, the multidisciplinary teams to meet the biopsychosocial needs and provide a global assistance for better living conditions.³

It is assumed, therefore, that the public health units in Brazil should provide conditions for this type of client.

Notes; however, that many services do not have physical structure and material resources, as recommended in the literature,⁴ for customer service with wounds, such as: adequate dimension of the room and availability of products and specific coverage, a fact which hinders healing.

It stands out, in this context, the importance of the professional nurse in respect to the resources needed for customer service with wounds that seeks the basic attention, being responsible for ensuring the administrative process by improving the quality of care. Arose, in view of the above, the following question: “What is the physical structure and material resources to customer with wounds in the polyclinics Regional Niteroi?”

OBJECTIVES

- To identify the physical structure and material resources of Regional Polyclinics dressings of Niteroi to customer with wounds.

- To compare the physical structure and material resources as recommended in the literature for customer with wounds.

METHOD

It is a qualitative study, descriptive, observational and cross-sectional in Regional Polyclinics in Niteroi. They settled on the following inclusion criteria: possess the category of Regional Polyclinic, in the case of the municipality, six Regional Polyclinics, all the polyclinics; being excluded a polyclinic Community and two specialties. There are the Regional Polyclinics scattered by the municipality, locating in different neighborhoods. Listed to prevent identification of the polyclinics, these from one to six.

The data were collected in the period from 5th May to 20th June 2017, upon the observation of the study variables related to the structure of the dressing room and material resources available in the industry. Drew up a form containing date, unit identification data, identification of professionals active in the dressing room and the person responsible for the sector, as well as the specification of categories of nursing professionals, shifts of visits and the presence or not of record of interventions carried out next to the clientele. It was used, in addition to the form, two checklists, both containing the items recommended in literature: a space for the completion of all data relating to the structure of the dressing room and another with spaces for the indication of all permanent materials and consumption exist.

Presented, before initiating the data collection, the research objectives to the nurse responsible for the unit and the team of room dressings, being filled out the form. Rose, subsequently, with the aid of two checklists, by the researcher, physical structure and material resources and, in the end, the nurse responsible for the sector held the conference of collected data, by signing the final.

The data were analyzed by means of descriptive statistics and simple, using the Excel program. Organized for the discussion of the results, figures.

The project was approved by the Research Ethics Committee of the University Hospital Antônio Pedro, as the Opinion N 1979784. Held for science and research with the release of the Municipal Health Department of Niteroi, the opening of a process, as N 20000591612016, which was approved.

RESULTS

Data were collected in all six municipal polyclinics located in the municipality of Niteroi (RJ), Brazil.

Physical structure found in the polyclinics										
Structure advocated in the literature	1	2	3	4	5	6	S	N	Yes	No
Room size: 9 m ² with minimum size of 2, 5 m	S	N	S	S	S	N	4	2	67%	33%
1 countertop with sink	N	N	S	S	S	N	3	3	50%	50%
Faucets that require the use of hands	N	N	S	N	N	N	1	5	17%	83%
Cupboards over and under bench	N	N	S	S	N	N	2	4	33%	67%
1 office desk with drawers	N	S	N	S	S	S	4	2	67%	33%
3 chairs	N	N	S	N	N	N	1	5	17%	83%
1 table for clinical examination	S	S	S	S	S	S	6	0	100%	0%
1 foot wash	S	S	S	S	S	S	6	0	100%	0%
1 auxiliary table or dressing	S	S	S	N	S	S	5	1	83%	17%
1 ladder with two rungs	S	S	S	S	S	S	6	0	100%	0%
1 screen	N	N	N	N	S	N	1	5	17%	83%

Note: S: Yes 0; N: No
Figure 1. The physical structure of the Regional Polyclinics in the municipality of Niteroi. Niteroi (RJ), Brazil, 2017.

Details that, in spite of the polyclinics one, three, four and five submit appropriate minimum dimension, it should be emphasized that they do not have important elements in its structure. Find the item on the bench with sink, for example, in three units, which are the three, four and five, and the other three had a sink, but without benchtop, contradicting the recommended, as shown in figure 1.

There were verified the cabinets over and under the bench, item used to store materials in

the dressing room, in just two polyclinics, being them to three and four. It is found in the other four units, cabinets with foot and metal, which hurts the recommended in the literature. Find the office table with drawers, mobile essential for nursing consultation and also used to store print and to the possible making a record of interventions, in four polyclinics, they were the two, four, five and six, according to figure 1.

Existing materials in the polyclinics										
Recommended materials on literature	1	2	3	4	5	6	S	N	Yes	No
Disposable masks	S	S	S	S	N	S	5	1	83%	17%
Procedure gloves	S	S	S	S	S	S	6	0	100%	0%
Sterile gloves	S	S	S	N	S	S	5	1	83%	17%
Glasses	S	S	S	S	N	S	5	1	83%	17%
Apron	S	S	S	S	N	S	5	1	83%	17%
Lidocaine	N	N	S	S	S	S	4	2	67%	33%
Barren fields	S	S	S	N	N	S	4	2	67%	33%
Penrose drain	N	N	N	N	N	N	0	6	0%	100%
Suture	N	N	N	N	S	S	2	4	33%	67%
Syringe	N	S	S	N	S	S	4	2	67%	33%
Needle	N	S	S	S	S	S	5	1	83%	17%
Bandage	S	S	S	S	S	S	6	0	100%	0%
Gauze	S	S	S	S	S	S	6	0	100%	0%
Swab	N	N	N	N	N	N	0	6	0%	100%
Saline	S	S	S	S	S	S	6	0	100%	0%
Tape	S	S	S	S	S	S	6	0	100%	0%
Instrumentals	S	S	S	S	S	S	6	0	100%	0%
Antiseptics	S	S	S	S	N	S	5	1	83%	17%
Essential fatty acids	S	N	S	S	S	S	5	1	83%	17%
Hydrocolloid	N	N	S	N	N	S	2	4	33%	67%
Calcium alginate	N	N	N	S	N	N	1	5	17%	83%
Silver Sulfadiazine	S	S	S	S	S	S	6	0	100%	0%
Other products/covers	N	S	S	S	N	S	4	2	67%	33%

Figure 2. Material resources for customer service with wounds in the Regional Polyclinics Niteroi.

It is evident, by figure 2, which, from the twenty-two materials recommended, only seven were found in all polyclinics, being they: gloves of procedure; gauze bandage; saline; plaster; instrumental and silver sulphadiazine. It noted the absence of disposable masks, glasses, apron and sterile gloves in one of the polyclinics. We observed the presence of sterile field, syringe and lidocaine in four polyclinics; already the antiseptics and essential fatty acids were present in five. Met the hydrocolloid in two units and the calcium alginate in only one. It should be noted, as

shown in figure 2, that of six polyclinics studied, identified with the number five is the one that presented greater precariousness of materials and the number six, which presented a greater number of materials recommended in the literature, according to the manual of the Ministry of Health.

DISCUSSION

It has been shown that, upon the results referring to the physical structure of the dressing room, that four of the six polyclinics had adequate size (Figure 1). It is recommended that, when

there is no dressing room for the realization of such a procedure, care should be performed in the procedure room, with a minimum size of 9m².⁶ We Found on this, in all polyclinics, the absence of an exclusive room for dressings for other procedures, because there was only one room for the performance of procedures and dressings.

We performed a relevant observation in relation to the physical structure in one of the polyclinics, where was the location of the dressing room verified on the second floor and the elevator was defective, hindering the access of the clientele that, many times, has limitations. It was, moreover, that in all the dressing rooms, had window and air-conditioning; however, in two polyclinics, the air-conditioning was defective. Adds that no dressing room had exhaust system which, although not mentioned by the Ministry of Health, is essential, according to ANVISA, to avoid the proliferation of microorganisms.⁷

Found tap that dispenses the use of the hands only at the polyclinic number three, as well significant, since this type of tap is essential. It should be emphasized that an effective hand hygiene is an important measure to avoid infections.⁷

Points out that, in all the polyclinics, had chairs; however, in five units, the amount was less than three chairs, as recommended,⁶ being found the number considered ideal in just one unit. It explains that the chair is a piece of furniture that provides comfort for the client and his possible companion, as well as for the nurse during the consultation and record of interventions. It stands out on this, that the stowage of dressing room not part of the principle only to deploy intervention measures in place and merely technical, but also by macrostructural interventions, i.e., following the principles of the Health Unic System, reorganizing the assistance, aiming to devise strategies and goals to improve customer service.⁸

We observed the presence of folding screen in just one unit. It reflects, by the lack of the folding screen, the lack of privacy of customer, who may be exposed during the procedure. It works the skin as an important part for social communication. You can pass by the amendment in this part, in the adulteration of psychosocial factors related to self-image and self-esteem, leading the individual to seek strategies as the body and social isolation and the denial of the disease.⁹ It is, thus, the folding screen as a material essential to the preservation of the self-image and self-esteem of the customer who receives the assistance.

It appeared, in spite of all the polyclinics submit unavailability of an adequate physical structure, i.e., that meets all the requirements demanded in the literature, which all had a ladder with two rungs, a clinical examination table and a foot wash; however, although all have a foot

wash, one was defective and, therefore, was in disuse. It is mentioned on the foot wash, that it should be employed for the removal of excess dirt in areas close to the wound, and not for the cleaning of the wound bed itself. Promote, by the table of clinical examination used for performing the physical examination, assessment of the wound and exchange of the dressing, comfort for the client and professional who performs the procedure. Facilitates, by the ladder with two rungs, the ascent of the client to the table of clinical examination, especially the elderly and with wounds located in regions that make it difficult to mobilize; being, therefore, essential in environments available for treating clients with wounds.

It is alarmed at the absence of sterile glove, bearing in mind that the sterile glove is a basic material essential for the maintenance of aseptic technique during the realization of the bandage. We considered the presence of saline in all rooms of the polyclinics' dressing rooms very satisfactory, in view of the results of a systematic review on the effectiveness of cleaning solutions for the treatment of wounds that pointed out that there is still no evidence about the use of tap water for cleaning wounds in adults, i.e., not yet been proven that may increase the rates of infection/healing.¹⁰ Continue recommending the use of saline.

It should be emphasized that a significant number of materials did not exist in all Regional Polyclinics, among them, the drain of Penrose and the swab. We found the suture thread in just two polyclinics. It is noteworthy that the Penrose drain and the suture thread are materials used in surgical procedures (both large and small sizes); already the swab is employed in the analysis of the presence or absence of colonizers organisms. Informs that the dressing rooms are environments to meet clients with chronic wounds (colonized and infected) and the ambience can be contaminated by pathogens present in these lesions during the assistance.¹¹⁻² One can, moreover, interfere with the healing process, thus, the swab is a material that can be used for the identification of the absence/presence of these pathogens, emphasizing its importance in the sector.

We need to emphasize, in spite of the finding of lack of disposable masks, glasses, apron and glove of procedures in just one of the polyclinics, which, according to the layout of the Regulatory Norm 6 (NR 6): Considered Personal Protective Equipment (PPE) any device or product for individual use; used by the worker and for the protection of risks likely to threaten the health and safety at work.¹¹ It should be emphasized that the use of PPE must be appropriate to the needs of the procedure to be performed and, in the case

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of dressing room, the required are: the mask, whose function is the respiratory protection; the glasses, item responsible for eye protection against impacts and several substances and the sterile procedure gloves, whose function is to avoid direct contact with substances causing contamination. Remember that the technique of dressing is considered sterile.

Stresses, in relation to the presence of products and coverings, that the treatment of wounds can include clinical methods and/or surgical, being the dressing one of the most frequently used clinical treatments. It comprises a wide therapeutic arsenal for passive dressings or with active principles able to assist in the repair of the tegument in various situations. It is based on the choice of the bandage to be used in the knowledge of the physiopathological bases of healing and tissue repair, since the treatment of wounds is a complex and dynamic process, directly influenced by the systematic assessments, in accordance with each moment of the healing process.¹³

It was observed in five polyclinics, the existence of products not listed in the checklist; however, used in the unit for the treatment of wounds, among them: collagenase; neomycin; metronidazole; dexamethasone; hydrophilic dressing and silver sulphadiazine.

Emphasis is on products and coverings those each one has its indication in accordance with the mechanism of action, providing an adequate means for each stage of the healing process. It is emphasized, in this sense, the need for a holistic evaluation of the customer and of the lesion in order to meet the need of clients individually. It is observed, according to the results presented in figure 2, the precariousness of products and coverings recommended in the literature. Met, the recommended products, the essential fatty acids indicated in the prevention and treatment of lesions with or without infection, in five polyclinics. It stands out on the covers, the presence of hydrocolloid indicated for the wound not infected with mild exudation, in only two units. It was examined whether the existence of calcium alginate recommended for wounds with abundant exudation, cavitary and with the presence of bleeding,¹⁴ in just one unit. It is noteworthy that customers with wounds have different needs, depending on the phase of the healing process; thus, the judicious evaluation of the client and the wound is essential for the choice of the type of coverage, associating them to the physiology of wound healing and to the elements those affect this process.

We need, therefore, about the lack of coverage in polyclinics, places of this study, knowledge, on the part of the nurse, the technique of healing, as well as new products, before the advanced scientific technology. It has become as essential to

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the acquisition of knowledge about the composition and indications of existing products on the market for the treatment of wounds, for the nurse may request this type of material, in accordance with the needs of the clientele under their care. It is, in a study conducted on the knowledge of nurses, in relation to the curative of the last generation that, although cited, there is still much doubt on the part of professionals regarding the indication and forms of use.¹⁵ It was demonstrated in another study about the indication of covers, that the average of skills from the nurses was lower in 50% of the issues researched, fact that ratifies that the greater part of them has insufficient knowledge. It has been observed that frequently used products, such as hydrogel and the AGE, achieved a high error rate, a fact that brings concerns regarding the quality of care provided to the client with wound.¹⁶

CONCLUSION

It is reached by this study, its goal, having in view that all Regional Polyclinics in Niterói were evaluated, regarding the structure and material resources in the healing room. It has been shown that, in this assessment, which, when comparing what is recommended in the literature with the realities of the rooms, the lack of an ideal unit was verified, since all presented some type of lack, either in the structure, or in the material resources.

It is difficult, due to the absence of a physical structure in accordance with established standards, the promotion of comfort to the clientele that seeks the service, in addition to discourage the indispensable conditions for the professional who provides attendance. It adds up, in addition, the lack of material resources, including individual protection detected in the study, which could put at risk the professional, but also the customer, who often do not have access to products and covers necessary to facilitate the healing process.

It should be noted, considering that the majority of Regional Polyclinics works as fields of internships for undergraduate students of Nursing that the lack of adequate infrastructure and material resources considered indispensable interferes directly in the learning process, having in view the incompatibility between the literature and the reality of services.

It is also emphasized, on this, that the manuals of the Ministry of Health, found on the theme physical structure and material resources, used as a reference in this study, were published approximately ten years ago, and does not have a variety of products and covers available in the market that can promote healing.

It is suggested, in this sense, the deepening of issues related to the structure and material

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resources, encompassing the three community polyclinics and the two specialized which were not part of the study, in addition to studies on the dynamics of care and techniques used.

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