



PROPOSAL OF CARE FOR READAPTED WORKER BASED ON THEORY OF OREM PROPOSTA DE CUIDADO PARA TRABALHADORA READAPTADA BASEADO NA TEORIA DE OREM

PROPUESTA DE CUIDADO PARA TRABAJADORA READAPTADA BASADO EN LA TERORÍA DE OREM

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ABSTRACT

Objective: to apply the nursing process based on the theory of Orem Self-care in a readapted worker. **Method:** a descriptive, exploratory study, in qualitative approach, where the production data was made through semi-structured interviews applied to a readapted worker of the emergency department of a public university hospital. After transcribing the interview, we had a plan of nursing actions, by support-education system, as proposed by Orem. The Research Ethics Committee, CAAE No 0160.0.268.268-10, approved the research project. **Results:** the results complied were according to the Nursing Process proposed by Orem consisted of three steps: 1st diagnosis and prescription; 2nd elaboration of a system of nursing and plan for performing the service, and 3rd Implementation and evaluation of the nursing system. **Conclusion:** the application of the nursing process by Orem was able to identify and understand the health conditions of working in their reality, to conducting a promotion proposal, intervention and recovery of their autonomy. **Descriptors:** Theory of Nursing; Occupational Health; Self-Care; Readaptation to the Job.

RESUMO

Objetivo: aplicar o processo de enfermagem fundamentado na Teoria do Autocuidado de Orem em uma trabalhadora readaptada. **Método:** estudo descritivo, exploratório, na abordagem qualitativa, em que a produção de dados foi feita por meio de entrevista semiestruturada aplicada a uma trabalhadora readaptada do Pronto Socorro de um hospital universitário público. Após a transcrição da entrevista, ocorreu um planejamento das ações de enfermagem, pelo sistema de apoio-educação, conforme propõe Orem. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE nº 0160.0.268.268-10. **Resultados:** os resultados obtidos respeitaram o Processo de enfermagem proposto por Orem constituído por três passos: 1º diagnóstico e prescrição; 2º elaboração de um sistema de enfermagem e plano para execução do atendimento, e 3º Execução e avaliação do sistema de enfermagem. **Conclusão:** a aplicação do processo de enfermagem de Orem possibilitou identificar e compreender as condições de saúde da trabalhadora na sua realidade, para realização de uma proposta de promoção, intervenção e recuperação de sua autonomia. **Descritores:** Teoria de Enfermagem; Saúde do Trabalhador; Autocuidado; Readaptação ao Emprego.

RESUMEN

Objetivo: aplicar el proceso de enfermería fundamentado en la Teoría del Autocuidado de Orem en una trabajadora readaptada. **Método:** estudio descriptivo, exploratorio, en el enfoque cualitativo, en que la producción de datos fue hecha por medio de entrevista semi-estructurada aplicada a una trabajadora readaptada del Pronto Socorro de un hospital universitario público. Después de la transcripción de la entrevista, se dio un planeamiento de las acciones de enfermería, por el sistema de apoyo-educación, conforme propone Orem. El proyecto de investigación tuvo la aprobación del Comité de Ética en Investigación, CAAE nº 0160.0.268.268-10. **Resultados:** los resultados obtenidos respetaron el Proceso de enfermería propuesto por Orem constituido por tres pasos: 1º diagnóstico y prescripción; 2º elaboración de un sistema de enfermería y plano para ejecución de la atención, y 3º Ejecución y evaluación del sistema de enfermería. **Conclusión:** la aplicación del proceso de enfermería de Orem permitió identificar y comprender las condiciones de salud de la trabajadora en su realidad, para realización de una propuesta de promoción, intervención y recuperación de su autonomía. **Descriptores:** Teoría de Enfermería; Salud del Trabajador; Autocuidado; Readaptación al Empleo.

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INTRODUCTION

The work is a form of integration of the individual in the society, which contributes to the formation of their identity and interacts with different personal and social variables, which influences people's actions and the nature of society at a particular historical moment, as a key element for the health care.^{1,2}

Health professionals, by acting directly or indirectly in patient care, in most cases, they play the role of caregiver and do not practice self-care. Therefore, the adhesion of these professionals to a healthy lifestyle is not always carried out effectively, requiring the support of experts to guide and sensitize the adoption of self-care practices to promote health.¹

The worker's health has caused great concern to health facilities due to wear of this individual, reflecting several factors, namely, the shortage of human resources, night work, long hours and exposure of the servers loads of exhaustive work. These factors influence that research diagnostic intervention for health care workers should be expanded.

This reality that the servers face in their work process, such as the lack of material and human resources, the psychological burden arising from the fact of living with death, pain and suffering, added to the difficulties of health, can lead to the illness of the worker.³

Servers that have morphological changes of nature, psychological and/or physiological arising from illness or accident at work can evolve with limitations that lead to temporary or permanent restrictions on labor. These restrictions caused by the inability of the server performing the activities for which it was named, designed to preserve that individual new occupational risks.⁴

Professionals readapted/rebalanced are differentiated condition compared to other workers in the same area, since they can not perform their duties fully. It is assumed that, at some point, self-care did not get overrun on the relationship with the triggering factors of the identified functional limitations.

Given the above, this study generated the following question: what are the nursing problems found in a readapted working generators of deficits in self-care?

The purpose of this work is to contribute towards workers with health deviation realizing the importance of performing self-care for that, so it can provide quality care to the next.

Este estudo tem como objetivo aplicar o processo de enfermagem fundamentado na Teoria do Autocuidado de Orem em uma trabalhadora readaptada.

This study aims to apply the nursing process based on the Self-care Theory of Orem in a readapted worker.

THEORETICAL FRAMEWORK

The approach of studies covering nursing care based on theories is giving sustainability by strengthening the profession practice. Thus, the choice of a theory must be guided by an explicit purpose or subject of interest and based on personal expectations.⁵

For nursing work efficiently, it is necessary to develop their work with support in the scientific method. Thus, research should be guided by the theory, that guides nursing practice, describing, explaining and predicting phenomena. As for the practice of nursing care, it is needed a plan and list objectives to be met. This is evident through the Care System Nursing (CSN) and use of theoretical frameworks through the Nursing Process, which seek to give scientific reasons to the given care.⁶

The Nursing Process is understood as a methodological tool and provides systematic assistance with holistic view to customers, not only emphasizing the disease.⁷ Thus, its implementation in a systematic, rational and planned way can identify, understand, describe and predict how the client responds to current and potential health problems or life processes and in addition to determining which aspects of these responses require professional care.

Among the theoretical framework, the Theory of Orem was adopted in this study, initially covering the concept of self-care (SC), which, as a human characteristic, is understood as the practice of activities initiated and implemented by individuals for their own benefit as well as to maintain life, health and well-being.⁸

The Theory of Self-Care is one of three constructs that form the framework of the Nursing Theory of Orem, the other two defined as Theory and Self-Care Deficit Theory of Nursing Systems.⁸

In the Theory of Orem, if the therapeutic self-care demand exceeds the capacity of the individual's self-care, there is the characterization of self-care deficit, it is part of the nursing performance.⁹ Considering, then, the General Nursing Theory of Orem, Theory of Self-Care introduces the concept of self-care and how it relates; but on the

Theory of Self-Care Deficit, it is observed when there is need of nursing help; and finally, in the Theory of Nursing Systems, it identifies how nursing can offer help in self-care needs.⁹

It is importante to highlight that Orem defined Nursing as a specialized health service, different from other human services to have to focus more on people with disabilities for the continuous provision of quantity and quality of care at a specific time, regulators of its own functioning and development.¹⁰

The ability of the human being performing self-care includes to play activities for their own benefit in order to maintain life, health and well-being of himself, therefore, is inherent to life and human survival; independent identification of diseases or biological, psychological, economic or social traumas, so that their application is indispensable for the survival occurs worldwide with quality.¹⁰

For self-care happens, an active role of the client is necessary, whose basic human functions are crucial to the ability of care of themselves, and the evaluation of them will show if a person has the ability to be independent in self-care, or if is needing help.

Self-care has some basic requirements, as: universal requirements, common to humans, helping them in their operation and associated with the processes of life and maintaining the integrity of the structure and functioning of the human; developmental requirements, which occur when there is a need to adapt to changes that arise in the life of the individual; and requirements for health disorders, which occur when the individual, pathological condition, needs to adapt to that situation.⁸

After the identification of these self-care requirements, it is posible identify which is the therapeutic demand for the customer, who engages in the theory of self-care deficit, characterized as a situation where the individual is incapacitated or restricted to provide continuous and effective self-care. Thus, the self-care deficit occurs when the demands of self-care are greater than the capacity of the client to develop self-care, since it constitutes the essence of the general theory when outlines the need for nursing intervention.⁸

When this intervention, it is offered a nursing assistance for self-care, including the theory of nursing systems, as defined by Orem self-care needs and the ability of the patient with the help of professional self-care, making use of all or any of the five methods of help that are: acting or doing for others; guiding

the other; support the other (physically or psychologically); provide an environment that promotes personal development, how to become able to meet current or future demands for action and teach each other.⁸

The Theory of Nursing Systems can be divided into three systems: the fully compensatory, characterized as the inability of the individual to perform self-care; partially compensatory in that limited action occurs in self-care, which nurses and execute individual care; and support-education system, in which the patient has potential and should learn to perform self-care actions.⁸

Orem believes that humans differ from other living beings, because it may develop due to their physical, psychological, interpersonal and social aspects, as self-care is learned and not instinctive.⁸ That author also supports the concept of health as defined by the World Health Organization, "as mental and social state, and not merely the absence of disease or infirmity."⁸

In the work of the nursing process, the nurse is a professional who can help the individual promoting mutual interaction through the nursing consultation; the approach involving the family in treatment, in group meetings, guiding them and leading them to learn how to perform self-care practices.

In self-care, the partnership between client and professional occurs, whose problems are identified, and certain actions and type of appropriate intervention. However, the individual's participation in prescribing the measures of care is important for the development of the plan itself, especially by encouraging an increase in their independence.

METHOD

Article conducted in the discipline << Human Care >> of the Master's Program in Nursing at the State University of Londrina / UEL.

Descriptive, exploratory study, in a qualitative approach, performed with a readapted worker of the Emergency Department of a public university hospital, a large institution that provides care exclusively to the Health System in various medical and surgical specialties, and acts in the formation of human resources, continuing education, research and technological development.

Two encounters with the interviewee, with scheduled time and favorable conditions, providing a pleasant environment and ensuring the reliability, validity and reliability with

respect to the data were performed. The researcher conducted the interview using a portable recorder, previously tested and transcribed the interview on the same day of collection.

At the first meeting occurred the step of data collection, conducted through a structured questionnaire. The construction of the questionnaire, thus, followed the steps in the Orem's model (Universal Requirements, Development Requirements, Deviation Health, Personal Factors and Basic Constraints).¹¹

After transcribing the interview, we had a plan of nursing actions, by support-education system, as proposed by Orem.⁸

At the second meeting the presentation of the proposed intervention for the study subject took place, so that the proposal could be applied in their daily activities. Because the study was conducted in a discipline of human caring in nursing masters, the time for the application of the theory was limited, it was not possible to assess the impact of the proposed interventions in the working, what should occur in long-term.

The research project was approved by the Research Ethics Committee registered in the National Information System for Research Ethics, in compliance with Resolution 466/12 with number 198/10 opinion, CAAE No 0160.0.268.268-10. All respondents received and signed the consent form.

RESULTS

The results complied with the Nursing Process proposed by Orem consisted of three steps: 1st diagnosis and prescription; 2nd elaboration of a system of nursing and plan for performing the service, and 3rd Implementation and evaluation of the nursing system.

To accomplish the first step, **diagnosis and prescription**, the model of the stages of Orem was followed: personal factors and basic conditions, requirements of health disorders, universal requirements, development requirements.

With regard to *personal factors and basic conditions*, aspects of occupational and socio demographic characteristics were addressed. The case study refers to a female sex worker, 52 years old, married, Catholic, college-educated, operating auxiliary worker, family income of five minimum wages, four children, admitted to the institution for 14 years in the

readjustment process for seven years for the Guyon's canal syndrome. Weight of 95kg and height of 1.67m.

After readjusting the industry, she obeyed the restrictions of weight limit of up to two kilograms; currently she performs technical and administrative activities, with a workload of eight hours; working in standing, sitting and walking. She does not do overtime and does not work in any other place.

The *requirements of health disorders* identify factors related to the pathology, associated manifestations and therapeutic. The main reported abuse refers to pain in upper and lower limbs, with progressive worsening. Besides the disease that led to the readaptation, she has diabetes mellitus, osteophytosis column, and history of mental disorder. The institution has a service that monitors the health of the employee periodically doing consultations, examinations, therapy and use of medications.

Development requirements dealing with personal and family history; the worker was with the immunization schedule regularized; denies smoking and drinking; surgery performed in Guyon tunnel in the left arm without success and family history with cardiac mother.

The *universal requirements* can identify the pathophysiological characteristics and needs of self-care related. The employee shows a pattern of ineffective sleep and rest; performs daily walk; eat at least three liters of water per day; diet with use of salt and differential oil; eat little frying and candy. The emotional dimension revealed a stable family relationship due to financial dependency of the child, but good relationship with their spouse. She informs that regularly attend meetings of the church, which has helped to overcome their emotional difficulties.

Identifying these requirements, we proceeded to the second step of the nursing process in Orem, **devising a system of nursing and plan for performing the service**. Therefore, we prepared the following proposal of care for the rebalanced worker.

Deficit	Proposal	Help Method	Support Types and requested services
Obesity	To perform a diet plan.	To guide the worker to follow a diet proposed by the nutritionist, so she can reduce weight and improve their quality of life.	Support and education System SESMT Nutritionist.
Pain	To check along to the doctor if the drug treatment is appropriate to minimize the pain. To guide the search for alternative treatments such as homeopathy, acupuncture.	To provide relief from chronic pain and arrange analgesic medications.	Support education system. Medical help.
Disturbance in sleep pattern	To check that the type of food and medicines that are influencing worker uses in sleep patterns To guide the search of a specialist.	To promote sleep and rest.	Support and education system. Medical help.

Figure 1. Proposal of intervention for identified deficits in a rebalanced worker of a Public University Hospital.

DISCUSSION

Starting from the results, according to figure 1, we had the prevailing system of educational support, ie, in which the patient has the resources to take care of themselves, but the need for nursing support, guidance and instruction. A similar situation was found in studies of patients with chronic renal failure, colostomy patient pre and post bariatric surgery.¹²⁻¹⁴

It is noticed that the deficits presented by the working are associated with chronicity of their illness and the implications that flow from it, as reported in studies with HIV patients.¹⁵ Since the study of diabetic patients using insulin confirms that the theory nursing offers a comprehensive view of the individual, focused not on the biological aspects, but also social and psychological.¹⁶

Another deficit was identified in obesity. Obesity and overweight have been a major concern of the century, due to increased mortality from cardiovascular disease. Therefore, the importance of educational programs in food and nutrition in the workplace, respecting the differences of each employee for better adhesion.¹⁷

During the interview, the pain as a result of their disease was highlighted several times by the worker, considered a Work-Related Musculoskeletal Disorders (MSDs). Workers in hospitals undergo to constantly inadequate working conditions, causing injuries and psychological harm, also in the body systems, the biggest complaint diseases of the musculoskeletal system.¹⁸

Other studies have shown that the conditions that triggered the process of rehabilitation were the musculoskeletal

system and connective tissue, as demonstrated in a study conducted in a hospital in the state of São Paulo. In another research conducted in the Department of Mobile Emergency - SAMU / Recife, PE with the nursing staff, 80% of workers had musculoskeletal symptoms. Study of nursing staff in a university hospital confirms that musculoskeletal disorders are the leading cause of limitations of workers.^{19, 20, 21}

The self-care deficit related to the sleep pattern was approached because of its possible association with chronic pain and symptoms of depression and anxiety. A study in patients with chronic pain (article) confirms this hypothesis, as it reveals a high prevalence of symptoms of depression, anxiety and changes in sleep patterns of these patients. It is inferred that from the moment that there is a resolution in pain, another self-care deficit can be solved.²²

Although readapted workers have difficulty to accept the illness and often, having feelings of exclusion by their health condition that limits some activities in their work process and interferes with the interaction with the staff, the interviewee welcomed well approach the researcher.²⁰

The worker without any constraints, reported about their health problems, difficulties in family life, the various attempts to reduce the pain they feel, the changes already made in their habit of life due to health problems.

The step to make proposals in order to help on the deficits found was made in accordance with the needs of the working and something that was attainable. Thus, the proposed intervention for the deficits identified were in agreement with the employee.

This study had some limitations because it is part of the discipline of human caring in nursing masters degree in that time for deepening the theory, identification of deficits and the preparation of the proposed intervention was limited, it was not possible to assess the impact of interventions in the worker. This therefore precluded a more effective care with better results.

CONCLUSION

The main deficits were: obesity, pain and disturbance in sleep pattern, in the theory of Orem self-care activity support system and education systems identified. The application process allowed for the planning of a proposal to the worker and thus allowed an individualized and quality care.

The Theory of Orem allows to apply the process in different realities, and this in particular, allowed to recognize the health needs of the worker in the experience, to further indicate a proposal for promotion, intervention and recovery of their autonomy.

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