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RESEARCH

Análise contextual do atendimento aos portadores de hanseníase na atenção primária à saúde

Contextual analysis of care for leprosy patients in primary health care

Analisis del contexto de la atención a los enfermos de lepra en la atención primaria de salud

Mônica Gisele Costa Pinheiro¹, Clélia Albino Simpson², Francis Solange Vieira Tourinho³

ABSTRACT

Objective: To analyze the contextual factors that influence the performance of nurses in primary health care front for leprosy patients. **Method:** The present work refers to an analytical essay based on the theoretical framework of contextual analysis, as a source of meaning and knowledge, in which the contextual levels are divided into four interactive layers: the immediate context, context specific and general context metacontext. **Results:** Contextual levels were presented in the following topics: actions of nurses in primary health care across the leprosy patient (immediate context); nurse's role in the scope of primary health care (specific context); beliefs, myths and fears that underlie the leprosy (general context), and policies that subsidize care for leprosy patients (metacontext). **Conclusion:** Be better understood phenomenon, identifying the nursing actions directed to the object of study proposed permeate layers interactive context. **Descriptors:** Leprosy, Nurse's role, Nursing, Primary health care.

RESUMO

Objetivo: Analisar os aspectos contextuais que influenciam a atuação do enfermeiro na Atenção Primária à Saúde frente aos portadores de hanseníase. **Método:** O presente trabalho refere-se a um ensaio analítico fundamentado no referencial teórico da análise contextual, como fonte de significado e de conhecimento, no qual os níveis contextuais são divididos em quatro camadas interativas: contexto imediato, contexto específico, contexto geral e metacontexto. **Resultados:** Os níveis contextuais foram apresentados nos seguintes temas: ações do enfermeiro na Atenção Primária à Saúde frente ao portador de hanseníase (contexto imediato); atuação do enfermeiro no escopo da atenção primária à saúde (contexto específico); crenças, mitos e receios que perpassam pela hanseníase (contexto geral); e as políticas que subsidiam o atendimento ao portador de hanseníase (metacontexto). **Conclusão:** Compreendeu-se melhor o fenômeno estudado, identificando que as ações de enfermagem voltadas para o objeto de estudo proposto permeiam as camadas interativas do contexto. **Descriptores:** Hanseníase, Papel do profissional de enfermagem, Enfermagem, Atenção primária à saúde.

RESUMEN

Objetivo: Analizar los factores contextuales que influyen en el desempeño de las enfermeras al frente de atención primaria de salud para los enfermos de lepra. **Método:** Ensayo analítico basado en el marco teórico de análisis contextual, como fuente de significado y el conocimiento, en la que los niveles contextuales se dividen en cuatro niveles interactivos: el contexto inmediato, el contexto general y específica metacontexto contexto. **Resultados:** Niveles contextuales se presentaron en los siguientes temas: acciones de enfermería en la atención primaria de la salud a través de la paciente de lepra (contexto inmediato), el papel de la enfermera en el ámbito de la atención primaria de salud (contexto específico), creencias, mitos y miedos que subyacen a la lepra (marco general), y las políticas que subvencionan la atención a los enfermos de lepra (metacontexto). **Conclusión:** Debe entenderse mejor fenómeno, la identificación de las acciones de enfermería dirigidos al objeto de estudio propuesto permeado capas contexto interactivo. **Descriptores:** Lepra, Rol de la enfermera, Enfermería, Atención primaria de salud.

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INTRODUCTION

Leprosy is a chronic infectious disease caused by the bacillus *Mycobacterium leprae*. A millenary disease, mentioned in several biblical passages, is considered a public health problem in Brazil since 1904 and in accordance with the Health Regulations of the Union was established in the same period as a notifiable disease.¹

Even with the introduction of multidrug therapy (MDT) in the first half of the 1980s in the treatment and cure of leprosy and the recommendations of decentralization of control aimed at Primary Health Care (PHC), the indices remain above the target of disposal adopted by the World Health Organization (less than 1 case per 10.000 inhabitants).¹⁻²

Detection rates of leprosy are quite high around the world and in this scenario the Brazil presents itself as second in the number of cases, representing almost all existing occurrences in the Americas.³ In 2012 the prevalence rate of leprosy in Brazil presented a rate of 1,51/10.000 inhabitants and Northeast rates are even higher, 2,31/ 10.000.⁴

By presenting high crippling power and reach mainly the economically active population, besides its significant magnitude in the Brazilian territory, strengthening actions for leprosy control is inserted as one of the priorities of the Pact for Health, with an emphasis on professional practices for healing, health promotion and disease prevention.⁵

Based on this assertion, the nurse must develop your plan of care aimed at individual and comprehensive care of patients with leprosy, encouraging him to participate in the program with the aim of achieving the resolution of their health problems and elimination of stigma towards the disease.⁶

Based on this reality that permeates leprosy, it is understood that early diagnosis with immediate initiation of treatment are crucial factors to break the chain of disease transmission, stigma reduction and obtaining conclusive goal of eliminating.⁵ In addition, physical disabilities can also be reduced with educational activities for self-care of the leprosy patient.³

Such actions must be developed from teamwork, which is essential instrument in the implementation of comprehensiveness of health care in the Unified Health System (SUS). Thus, it becomes important to know the context in which the actions of the nurse in front APS for leprosy patients, in view of the direct improvement of their actions.

Thus, starting from the assumption that nurses require a broad understanding of a given phenomenon to develop their activities and promote health care with accuracy, this article aims to analyze the contextual aspects influencing the performance of nurses in PHC forward for leprosy patients.

METHOD

This article refers to an analytical essay based on the theoretical framework of contextual analysis, as a source of meaning and knowledge. We used the type of context based on the specification of the analytic interaction of the health professional to an event in order to understand the full meaning.⁷

So if understand by context-relevant aspects of a situation that allows us to understand the whole of a situation, discovering their meanings through a mutual relationship, purposeful and systematic health professional with the phenomena studied.⁷

According to the framework used for the analysis, contextual levels are divided into four interactive, distinct and inter-related layers together: the immediate context, the specific context, the general context and the metacontext.⁷

The analysis of these dimensions involves a growing understanding of the phenomenon that goes from the individualized meaning where the situation is described as such permeates the relations with people, time and space composing the specific dimensions, in addition to analyzing the subjectivity of individuals in the context general. The considerations set out in metacontext together the macro aspects of the object of study and involve sociopolitical elements.

RESULTS AND DISCUSSION

Although the contexts are interconnectable, your layers will be presented separately, following the proposal by the theoretical framework in order to facilitate its understanding didactically division.

In this perspective, the immediate context will you approach the actions taken by the nurse on leprosy, in the scenario of Primary Health Care; the specific context address the role of a nurse in that level of performance in health; beliefs, myths and fears surrounding leprosy will be embraced by the general context; metacontext and health policies that subsidize the care for leprosy patients will be presented.

Shares of nurses in primary health care front bearer of leprosy

The APS is focused on solving health problems in developing preventive actions, to promote health and healing. Its guiding principle the establishment of links between the multidisciplinary team and the users ascribed the territory covered.⁸

In this sense it is stressed the development of the nursing work process on the shares of leprosy control through consultations nursing,⁹ which is considered an opportune time to establish links with possibilities of recognizing the sociocultural context in time which the individual belongs,⁶ which favors the targeting of the therapeutic approach to be adopted.

In addition to consultation as a patient care strategy for leprosy, nursing must organize the control actions of patients and contacts, conduct active search for new cases, making home visits to care for the patient and family, perform dermato-neurologic exam, assess and prevent physical disabilities and also develop educational activities.^{2,9}

Regarding the prescription of medication, this is an assured nurse to practice provided it is in accordance with the established public health programs, as with MDT to treat leprosy. So, in addition to providing information on dosage, adverse drug reactions, taking note of supervised dose and identify possible side effects, nurses can prescribe MDT.¹⁰

Although the treatment of leprosy is long, it prevents physical disability prevents transmission of the disease and leads to cure.⁶ Therefore, to be effective it is necessary that the nurse accompanies the patient throughout the treatment and provide clarification as to the aspects of leprosy and MDT.¹⁰

Thus, the practices of nurses can contribute to the prevention of diseases (such as physical disabilities) and promoting the health of individuals, as well as health education for patients, their families and the general population.^{6,10}

The development of educational activities aimed at objectively healthy individuals early detection of cases in favor diagnosis self-suspicion and disclosure of health services.^{2,5} Thus, it is ascertained that the process of working on leprosy developed by the nurse should address all individuals sick, healthy or at risk.

Role of the nurse in the scope of primary health care

In Brazil, the APS is included in the National Primary Care Policy (BANP), regulated by the Ordinance of 2488 October 21, 2011 and is considered one of the gateways to the health system.¹¹

The Family Health Strategy is the main guiding principle of the NHS and APS has the practice of attention focused on the health needs of this population in a defined geographical area, which should be assisted by multidisciplinary health care team.¹²

In health, the raw materials of the target action are humans. Therefore, the training of health professionals should be fairly consistent and able to cover the whole complexity of human integral and interdisciplinary way.¹³

According to BANP, nurses must fully assist individuals; perform nursing consultation, request additional tests and prescribe medications as directed profession; manage the actions taken by the nursing staff and the community health workers; conduct continuing education activities; and manage inputs required to run the Unity Family Health.¹¹

In this perspective, we believe that nurses need a list of knowledge to provide quality care, especially with regard to priority activities established by the Ministry of Health, as the elimination of leprosy.

Being the professional who has more contact with the enrolled population, nurses are more sensitized to recognize the problems of the population. Therefore, in addition to assisting in the treatment of disease, it is the nurse play in APS actions that address the process of health education, preventive measures and social reintroduction user when necessary.¹⁴

Moreover, nurses have to act in the management profile of the health strategies of the family, touting the service organization in order to guarantee a complete service to the user, the sizing of resources, diagnostic situations for action planning and optimization of services to meet the needs of employees and customers of the institution.¹⁵

Thus, given the care and administrative skills of nurses, it can develop its activities with a view to comprehensive care of leprosy and ported to work in primary care contributing to quality care, as well as with the elimination of the disease.

Beliefs, myths and fears that underlie leprosy

The history of leprosy is widely marked by superstitions and prejudices that plagued the image of the individual patient. Many recognized the notion of sin and how crippling disease, deformities generated stigma that often led to the isolation of patients, which, subsequently, became compulsory in an attempt to control the disease index.¹⁶

Even with the existence of methods of diagnosis, treatment and cure, is still present in the uninformed group guided fears the contagion, the mutilations, the social isolation and the presence of self-rejection from the influence of stigma on self-esteem of patients with leprosy.¹⁷

The still existing prejudices with the disease are associated with deformities and disabilities affecting daily activities and work capacity, generating social and psychological problems that limit are accentuated by physical pain of leprosy reactions.^{6,17}

Moreover, when people affected by leprosy discover they are carriers of the disease before they are afraid of the possibility of acting as a means of contamination to other individuals, especially those with whom I have greater proximity.¹⁶

Then it is evident an environment of judgment and emotional reactions of the patient and the disease, such as the lack of factors related to leprosy, the change in sensitivity that facilitates the occurrence of accidents, disabilities and work days and lack of perspective healing in the face of leprosy reactions.¹⁷

Through nursing consultation comprehensive care appropriate to the recognition of the needs of the individual with identification of psychosocial problems, economic, emotional and cultural needs to be developed in addition to those related to disease itself, such as altered sensation, neuritis and disabling potentiation.⁶

Moreover, it is essential to have dialogue between the patient, family and other contacts in the perspective of the doubts about leprosy and aiming to reduce the stigma of the disease, providing a social life without losses in personal and work relationships.¹⁶

Policies that subsidize care for leprosy patients

The World Health Organization (WHO) uses the prevalence of less than 1 case per 10,000 population as a parameter for elimination of leprosy and considers the incidence in children under 15 years and the registration of patients with high disability relevant to direct control the disease.⁹ also emphasizes the importance of early detection, assessment of contacts and reducing the stigma of the disease.¹⁸

In this perspective, the National Leprosy Control guides the actions of disease control in line with the principles of the NHS, in all instances and complexities levels of health care.¹⁹

With Ordinance No. 3125, of October 7, 2010 the guidelines for surveillance, care and control of leprosy with the aim of organizing the network of care for leprosy patients, strengthen epidemiological surveillance were approved, as well as direct promotion strategies health.¹⁹

Also according to Decree No. 3125/2010, is a private person with leprosy at the service throughout the network of the NHS and, similarly, complications and sequelae from the disease should receive assistance according to their specificity.¹⁸

The organization and implementation of State and Municipal Networks Attention leprosy were standardized by the Ministry of Health through Ordinance No. 594, October 29, 2010 which includes the Table of Specialized Services of the National Registry of Health System, the service Comprehensive Care in Leprosy.²⁰

In this perspective, the Strategic Agenda was prepared by the Secretariat of Health Surveillance (SVS) to direct the priority actions in the period from 2011 to 2015, among which, the elimination of leprosy was cited as a goal to be achieved through the organization of integrated stock control and elimination of communicable diseases.²¹

In order to optimize the actions, set the following goals to be achieved by 2015: 90% cure rate in new cases of leprosy and examine 80% of their household contacts; reduce the rate of detection of new cases of leprosy in children less than 15 years old; and reduce the prevalence rate of leprosy to 0,98/10.000.²¹

To this end, in 2011 the integrated plan of eliminating leprosy and the Secretariat of Health Surveillance was prepared created the General Coordination of Diseases and Leprosy Elimination in (CGHDE) with the aim of strengthening actions and optimize the resources available to deal with this group of diseases.²²

In addition, following the epistemological trends emerging paradigm regarding the work process in health, the role of a nurse walks along the proposals of this scientific revolution, where actions of health are related to the socio-cultural, historical and political context, with appreciation of subjectivity individuals.²³

CONCLUSION

Upon completion of this study, the context in which the actions of nursing in primary health care front for leprosy patients was better understood, allowing its sharing and making it more diffuse with a view to their application in nursing practices.

Then it was found that nursing actions directed to the object of study proposed permeate interactive layers of context and are directly influenced by a broader policy that guides and the performance of nurses in primary care in order to achieve the objectives proposed by the Ministry of Health regarding the cure of leprosy cases, examination of household contacts and reducing the prevalence rate to less than one case of leprosy per 10.000 inhabitants.

Thus, the activities of the nurse must consider the four levels of contextual interaction, since the actions of consultation, Home visits, control of contacts and development aimed at leprosy in the immediate level educational activities, given the purpose of the Primary Health Care described in the specific context.

Furthermore, one must consider the challenges that must be overcome in relation to beliefs, stigma and prejudice on leprosy, that the proposed work scope established by metacontextual conditions.

Therefore, to connect and analyze the levels of contextual interaction is believed that nurses can provide assistance for leprosy patients involving not only the individual patient but also their family, considering their peculiarities and cultural aspects that are shrouded the phenomenon studied.

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