



STRATEGIES TO PROMOTE THE SAFETY OF DIABETIC USERS IN THE FAMILY HEALTH STRATEGY

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ABSTRACT

Objective: to describe the strategies used by nurses to promote the safety of diabetic users in the Family Health Strategy. **Method:** this is a research with cross-sectional approach carried out in a Family Health Center in the city of Sobral-CE. Data were collected from November 2016 to December 2017 through semi-structured interviews with nurses from the Family Health Strategy, which were transcribed and submitted to content analysis. **Results:** the findings pointed out that the main strategies used by nurses to promote the safety of diabetic users were the nursing consultation, multiprofessional follow-up, promotion of an increased level of adherence to treatment and promotion of self-care. **Conclusion:** the safety of diabetic users is promoted by joint actions of nurses and other professionals who make up the Family Health Strategy team. With the implementation of promotion strategies, the safety of users will be able to overcome the bottlenecks of primary health care.

Keywords: Patient safety. Diabetes Mellitus. Nursing. Primary Health Care.

INTRODUCTION

Patient safety is considered a dimension of the quality of care and defined by the World Health Organization (WHO) as the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum⁽¹⁾. Patient safety actions have been culturally more discussed by managers and other professionals in the hospital environment however, but the theme does not have the same visibility in Primary Health Care (PHC)⁽²⁾.

Primary health care, the main gateway to the Unified Health System (SUS), is composed of teams that cover different assigned territories. These teams are responsible for offering comprehensive care to users registered in their assigned area, implementing actions aimed at health promotion, disease prevention, diagnosis, treatment, recovery and rehabilitation. They are also responsible for coordinating the care provided to the population and coordinating the Health Care Network, characterized by

organized health services to promote quality, problem-solving and safe health care to the population^(1,3).

In Brazil, PHC has several strategic areas for action throughout the national territory. They include the elimination of leprosy, the control of hypertension and diabetes mellitus (DM), the health of the elderly, oral health, and health promotion, among others^(4,5).

Diabetes mellitus, characterized as a syndrome of multiple etiology, stands out in the national and international context as one of the diseases that have a major impact on the health of individuals and, consequently, on public spending. In 2014, DM was the 7th leading cause of death, affecting more than 20 million people in the United States. Furthermore, situations of comorbidities are frequently found in populations, especially the most needy^(5,6).

Studies carried out in the context of PHC identified that the most frequent adverse events were those related to medication, communication and administrative failures. These adverse events are targets for intervention by the multiprofessional teams of the Family

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Health Strategy (FHS), converging with Ordinance 2,436, of September 21, 2017, which approved the National Primary Care Policy, highlighting the need to implement the patient safety culture in PHC spaces, to encourage safe and quality practices, avoiding errors and adverse events in the care process^(1,7).

The workers who compose FHS teams include community agents (CHAs), nursing technicians and/or assistants, nurses, physicians and the dental team. Although each of these professionals has different responsibilities and actions, nurses take the lead in the actions developed in the FHS teams, including assisting patients according to their technical and personal training, considering all aspects involved in the care, and giving priority to the safety of users when performing this care⁽⁸⁾.

Although the number of studies addressing patient safety and DM is wide, there is still a need to identify new demands and, mainly, the strategies that are being used to implement the primary care policy from the perspective of patient safety.

Considering that the safety of PHC users and the control of DM are target areas of the PHC team, and also considering that the FHS is the main strategy for changing the care model and expanding first contact access to SUS services, this study was guided by the following question: what strategies are used by nurses to promote the safety of diabetic users in the FHS?

The aim of the study was to describe the strategies used by nurses to promote the safety of diabetic users in the FHS.

METHOD

This research had a cross-sectional approach and qualitative nature. It was developed in a Family Health Center (FHC), located in the municipality of Sobral, Ceará, Brazil. Sobral has approximately 210,000 inhabitants, standing out in the state and northeast region for the pioneering spirit and wide coverage of primary care. For selection of the FHC, the simple random sampling method was applied.

The sample consisted of four nurses (all nurses of the FHC) who worked in care (three) and management (one), at the PHC level, with at least one year of work experience.

Data collection took place from November 2016 to December 2017, through interviews, using a semi-structured questionnaire, with formation of a focus group. The interviews were recorded and later transcribed. The participants were interviewed at previously scheduled times, which did not compromise their work.

The method of content analysis was used to analyze the interviews, based on the interpretation of the speeches of the interviewees and the meanings they attributed to their actions⁽⁹⁾. The participants were identified through codes (I1, I2, I3 and I4) in order to protect their identity.

The study was approved by the Research Ethics Committee (REC) of Vale do Acaraú State University (UVA), under number 1,757,541, on September 23, 2016. The basic principles of bioethics postulated in the Resolution 466/12 of the National Health Council (NHC) were respected.

RESULTS

All study participants were female. Of the four nurses interviewed, three had postgraduate degree in family health and one in family health and public health.

From the analysis of the transcribed data and for a better presentation of the results, two thematic categories were elaborated: (I) Nurses' performance in assisting diabetic users and their challenges in the Family Health Strategy; (II) Strategies for promoting the safety of diabetic users.

Regarding the categories, although the description of the challenges is not the focus of this study, it is necessary to highlight them because health promotion goes through the situational investigation and diagnosis of the context in which the health services are inserted, so as to identify the main demands of the enrolled population.

Nurses' performance in assisting diabetic users and their challenges in the Family Health Strategy

Based on the analysis of the interviews, the nurses' assistance directed at users with DM was focused on multi-professional, individualized,

continuous care and self-care for the individuals, families and community, meeting the effective implementation of the Care Model for Chronic Conditions (CMCC)⁽¹⁰⁾.

Nurses reported the importance of the multidisciplinary team and care for the development of safer and quality care and how the assistance to diabetic users is implemented, as highlighted in the following statements:

Through the articulation between the multiprofessional team to carry out activities aimed at patients with diabetes, within the scope of prevention, health promotion and continued care for them (I1).

Through multiprofessional monitoring, periodic home visits, collective group activities and home monitoring of patients with diabetes who are restricted to their homes (I2).

Our care is not an individual effort, it is about team care. I am not the only one responsible for diabetic patients in my area, the work involves physicians, nurses, health agents, the CHAs and the family itself. (I3)

When a diabetic patient is detected, instructions are given to him about food, quality of life and he is referred to the physician to start treatment(I4).

The professionals stressed that they must be prepared to provide guidance about the importance of food, physical activity and regular use of drugs, stressing that patient safety permeates all areas.

They are instructed on self-care (food, skin and feet hydration, walking and other things(I3).

When a patient with diabetes is detected, guidance is given to him about food, quality of life, safety when taking the drugs (I4).

As for health education actions, especially aimed at self-care, nurses reported that the main difficulties were related to the diabetic person, since the lack of knowledge about the disease, adequate dietary guidance and/or physical activity, use of drugs, verification of capillary glycemia and glycemic control, among others, are challenging topics.

Self-care of the patient, who in most cases has difficulty in adhering to therapy; they make use of drugs only in acute situations, and it is the same with the elderly population with diabetes (I1).

The lack of adherence to the therapy prescribed to the user is an important risk factor for the occurrence of adverse events and complications of diabetes. Thus, nurses highlighted the importance of the close relationship between professionals and users.

Adherence to treatment, especially when using insulin, is very challenging. (I2).

The follow-up is very serious, because, many times, we think that the patient is well, but he continues making the same mistakes, and this hinders the control of diabetes, compromising the safety of the treatment. This is a problem, as we want the patient's well-being, and we are often unable to make it. In addition, there are psychological, emotional, socioeconomic factors, as they are patients who resist adhering to treatment (I3).

Regarding the difficulties related to adherence to treatment, obese patients were also cited as offering difficulties to the work of nursing care for people with diabetes.

We have a lot of difficulty in this regard here, we have many elderly people abandoned by their families which leave all the care to the health care unit, and it is not possible to provide 100% support in care. I think there is still much progress to make in this respect. This, for me, is the main difficulty (I2).

Obese diabetic patients are the ones with whom we have the greatest difficulty to follow-up, as they do not understand that obesity is a risk, and many of them are alcoholics, or smokers, or do not have a balanced diet, so we have to go to their homes to guide them, putting them in a situation where they may understand what kind of food they are eating, which is causing this imbalance in the control of diabetes and weakening their safety(I3).

In order for these obstacles to be circumvented or their impacts reduced, it is necessary to pay attention beyond the aspects that involve adherence to treatment, trying to understand which factors are associated with the patients' resistance, especially those related to adverse events, compromising their safety.

Strategies for promoting the safety of diabetic users

The nursing consultation was one of the most important strategies for monitoring users. Nurses

also highlighted the relevance of individualized care, taking into account the degree of risk of each patient, of comprehensive follow-up as a fundamental requirement for success in controlling diabetes.

Listening, during consultations, is already part of care and safety. Because the simple fact of arriving at the unit and being heard, this is the best medicine we can give him. It is priceless; this is fundamental care (I2).

Monitoring is carried out through nursing consultations and the assistance of the multiprofessional team, where patients are periodically scheduled to continue the treatment (I1).

According to the risks of each patient, differentiated care is offered to better monitor the patients' health (I3).

Surveillance is not just going and guiding, it is staying in control. These more specific cases in which there is difficulty in adhering to drug treatment should be monitored more closely by the whole team (I4).

Guidelines can contribute to treatment adherence, encourage self-care and change the person's behavior with regard to the use of medication, adequacy of food, practice of physical activities, lifestyle and adoption of protective behaviors, contributing to patient safety.

Health education permeates everything we do. There is no way for us to do anything in primary care without working on health education. It permeates 100% of what we do (I2)

The diabetic patient is a patient exposed to various risks; so, he has to be monitored by his family, together with the CHA and the nursing technician, and if necessary, I will also go to his residence, and according to the capillary or fasting blood glucose, if he is already using the medication, then a referral is given for him to come to the physician, attend a new consultation. With this contact with the patient, it is possible to make a diagnosis of the patient's situation, of his difficulty to deal with the disease and the means for him to take care of himself, aiming to promote his safety (I4).

Based on these strategies, professionals who provide assistance to diabetic users, especially PHC nurses and managers, need to reflect on the

technologies implemented in order to promote user safety.

DISCUSSION

The information reported by the professionals showed that the actions developed by the multidisciplinary team of the FHS are fundamental for promoting patient safety. They include the planning of individualized therapy, since each patient has particularities that differ from the others.

The articulation of the different evaluations of FHS worker allows the development of actions that go beyond the rationality of curative care, centered on the immediate resolution of individual health problems. Such an action should not be ignored, but it has proved to be insufficient to modify health levels of the population. Thus, health promotion actions are recommended^(11,12).

Within PHC, the development of multiprofessional actions contributes to the implementation of health care policies, especially in its priority areas. It makes it possible to implement patient safety actions and propose measures to reduce risks and reduce adverse events⁽²⁾.

In the context of self-care, for the effective safety of users with DM in the FHS, health professionals should use educational strategies mediated by high complexity and low density tools. This will enable the active participation of the users in the teaching-learning process, aiming at developing the necessary autonomy to deal keep the disease controlled⁽¹³⁾.

Other strategies used by teams working in PHC are educational actions, which should be systematized in a way that can interfere in the population's health-disease process, in the development of individual and collective autonomy, and in the search for quality of life and promotion of self-care of users^(13,14).

On the other hand, some factors that make the implementation of these actions a challenging task are the precarious socioeconomic condition and low level of education of users, as well as historical absence of public policies that help them overcome adversities⁽¹⁵⁾.

The nursing consultation was observed to be an important tool, through which qualified

listening to the users' needs can be performed. Listening is the responsibility of all FHS workers, and must be present in all actions, providing humanized care and enabling the establishment of bond.

The role of nurses in the FHS encompasses the care for people with DM, with actions as agents of social transformation, seeking the organization and operationalization of their work process based on the Systematization of Nursing Care (SNC), as determined by the Resolution of the Federal Council of Nursing (COFEN) nº 358/2009. In this context, an important and exclusive action of nurses is the nursing consultation, which must meet the health needs of users in a comprehensive and resolving manner⁽¹⁾.

In the consultation, nurses have the possibility to know the reality of each patient and promote measures to control glycemia and weight and encourage the practice of regular physical activity and the adoption of a healthy diet^(16,17). It is necessary to seek strategies to solve the specific problems presented by the population with DM; in the nursing process, the consultation of PHC nurses is essential for the prevention of chronic complications of the disease, making diabetic users to review their practices and reflect on the best way to promote their safety.

Thus, it is necessary to reflect on patient safety in the FHS, understanding that care must be dialogic, comprehensive and individualized, aiming at a humanistic, educational and empowering approach to the individual, family and community in the assigned territories.

It is recommended that health professionals involved in caring for DM, especially nurses, be prepared to advise on the importance of adequate food, physical activity and regular use of medication in the treatment of the disease, with individual or group approaches.

The triad of dietary control, physical exercise and medication use is the basis for the treatment of diabetes. These aspects are of fundamental importance for glycemic control, and also act in the control of other risk factors for cardiovascular diseases^(7,17).

Regarding health education guidelines, communication is a crucial aspect for achieving the established goals, especially when taking

into account the socioeconomic characteristics of the population served by the FHS team.

Failures in the communication with patients are cited as one of the contributing factors for adverse events in many studies^(18,19,20). These failures have consequences that range from minimal to permanent damage, and in some cases, death. Some consequences are: drug allergy, drug changes, blood glucose changes, lower limb amputation, decompensated diabetes with foot injury, stroke, among others^(21,22).

Thus, good communication constitutes a structuring part in the consultation of diabetic users with health professionals. The occurrence of errors can be reduced when consultations happen with effective communication. One of the possible strategies was the evaluation and close monitoring of the patients, as mentioned by the interviewed professionals.

Thus, it is necessary to build comprehensive health practices aimed at diabetic users, which include measures to prevent errors, promote user safety, protect and rehabilitate health, both at the individual and collective levels, with a working relationship based on multiprofessional and interdisciplinary care. It is in this context that nurses must be inserted, since they are members of the health team that stand out as professionals duly qualified for the development of this work.

CONCLUSION

According to the results obtained, the performance of FHS professionals involved teamwork, encompassing actions from the perspective of health education, with self-care as an implementation tool. However, the main challenges faced by the professionals were: low adherence to therapy, educational level, purchasing power and lack of support networks.

The main strategies used by nurses were: nursing consultations based on qualified listening and health education as a way of promoting the safety of diabetic users.

It is concluded, therefore, that the objective of this study was achieved, as it showed which strategies were used by FHS professionals to promote the safety of diabetic users.

There is a need for further studies to be carried out from the perspective of the safety of users, not only those with DM, but also in all

situations of diseases of major impact on health care services.

ESTRATÉGIAS PARA PROMOÇÃO DA SEGURANÇA DOS USUÁRIOS DIABÉTICOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

Objetivo: descrever as estratégias utilizadas pelos enfermeiros para promoção da segurança dos usuários diabéticos na Estratégia Saúde da Família. **Método:** trata-se de uma pesquisa com abordagem transversal, realizada em um Centro de Saúde da Família, na Cidade de Sobral-CE. Os dados foram coletados no período de novembro de 2016 a dezembro de 2017 por meio de entrevistas semiestruturadas com enfermeiras da Estratégia Saúde da Família. Posteriormente, as entrevistas foram transcritas e submetidas à análise de conteúdo. **Resultados:** os achados apontaram que as principais estratégias utilizadas pelas enfermeiras para promoção da segurança dos usuários diabéticos foram consulta de enfermagem, acompanhamento multiprofissional, promoção do aumento do nível de adesão ao tratamento e promoção do autocuidado. **Conclusão:** a promoção da segurança dos usuários diabéticos é viabilizada por ações conjuntas entre enfermeiras e demais profissionais que compõem a equipe da Estratégia Saúde da Família. A partir da efetivação das estratégias de promoção, a segurança dos usuários poderá contornar os gargalos da atenção primária à saúde.

Palavras-chave: Segurança do Paciente. Diabetes Mellitus. Enfermagem. Atenção Primária à Saúde.

ESTRATEGIAS PARA FOMENTAR LA SEGURIDAD DE LOS USUARIOS DIABÉTICOS EN LA ESTRATEGIA SALUD DE LA FAMILIA

RESUMEN

Objetivo: describir las estrategias utilizadas por los enfermeros para fomentar la seguridad de los usuarios diabéticos en la Estrategia Salud de la Familia. **Método:** se trata de una investigación con abordaje transversal, realizada en un Centro de Salud de la Familia, en la Ciudad de Sobral-CE/Brasil. Los datos fueron recolectados en el período de noviembre de 2016 a diciembre de 2017 a través de entrevistas semiestructuradas con enfermeras de la Estrategia Salud de la Familia. Posteriormente, las entrevistas fueron transcritas y sometidas al análisis de contenido. **Resultados:** los hallazgos señalaron que las principales estrategias utilizadas por las enfermeras para fomentar la seguridad de los usuarios diabéticos fueron consulta de enfermería, acompañamiento multiprofesional, fomento del aumento del nivel de adhesión al tratamiento y al fomento del autocuidado. **Conclusión:** el fomento de la seguridad de los usuarios diabéticos se vuelve posible por acciones conjuntas entre las enfermeras y los demás profesionales que componen el equipo de la Estrategia Salud de la Familia. A partir del cumplimiento de las estrategias de fomento, la seguridad de los usuarios podrá evitar las lagunas de la atención primaria a la salud.

Palabras clave: Seguridad del Paciente. Diabetes Mellitus. Enfermería. Atención Primaria a la Salud.

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Submitted: 11/10/2019

Accepted: 04/06/2020