Experiences of men in chronic illness without healthcare: implications for nursing care

Vivências de homens em adoecimento crônico no cuidado à saúde: implicações para a assistência de enfermagem

Experiencias de hombres en enfermedades crónicas en el cuidado de la salud: implicaciones para el cuidado de enfermería

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RESUMO

Objetivo: descrever as implicações para a assistência de Enfermagem a partir das vivencias de homens em adoecimento crônico no cuidado à saúde. **Método:** Estudo descritivo, qualitativo, realizado com 19 homens que são acompanhados em um Unidade de Saúde da Família, inseridos no programa HIPERDIA, em um município da Bahia, Brasil. Realizou-se entrevista individual em profundidade, observação sistemática da visita de homens à unidade e levantamento das implicações para a assistência de Enfermagem. Os dados foram analisados utilizando o método do Discurso do Sujeito Coletivo (DSC), sob o prisma do referencial teórico proposto pela NANDA –Internacional®, a partir da Taxonomia II. **Resultados:** Identificou-se achados clínicos aderentes aos Diagnósticos de Enfermagem, que implicam em contribuições para a assistência de Enfermagem, desveladas a partir das vivências dos homens com adoecimento crônico não transmissível, a saber: Disposição para controle da saúde melhorado; Disposição para melhora do autocuidado; Conhecimento deficiente; Disposição para processos familiares melhorados; Disfunção sexual; Síndrome do estresse por mudança; Disposição para bem-estar espiritual melhorado e Dor crônica. **Conclusão:** os homens demonstraram disposição melhorada para à saúde e autocuidado, dos processos familiares e dos relacionamentos, conhecimento deficiente sobre a doença que porta, sentimento de impotência mediante a impossibilidade de realizar atividades do cotidiano, outrora desempenhada, manifestação de medo, associado às possibilidade de complicações advindas do agravo, estresse pela alteração dos hábitos pregressos adquiridos ao longo da vida, disfunção sexual e dor crônica relacionada às manifestações clínicas da doença e espiritualidade como instrumento de auxílio complementar terapêutico.
Descritores: Saúde do Homem; Doenças crônicas; Cuidados de Enfermagem; Assistência à Saúde

ABSTRACT

Objective: to describe the implications for nursing care based on the experiences of men with chronic illness in health care. **Method:** Descriptive, qualitative study, conducted with 19 men who are followed up at the Family Health Unit, inserted in the HIPERDIA program, in the city of Bahia, Brazil. An in-depth individual interview was carried out, systematic observation of men's visits to the unit and a survey of the implications for nursing care. The data were analyzed using the Collective Subject Discourse (DSC) method, from the perspective of the theoretical framework approached by NANDA –Internacional®, based on Taxonomy II. **Results:** we identified clinical findings adherent to Nursing Diagnostics, which imply contributions to Nursing care, unveiled from the experiences of men with non-transmissible chronic illness, namely: Willingness to improve health control; Willingness to improve self-care; Deficient knowledge; Provision for improved family processes; Sexual dysfunction; Change stress syndrome; Willingness for improved spiritual well-being and Chronic pain. **Conclusion:** men showed an improved disposition for health and self-care, family processes and relationships, deficient knowledge about the disease that they carry, a feeling of helplessness due to the impossibility of carrying out daily activities, previously performed, manifestation of fear, associated with the possibilities complications resulting from the condition, stress due to changes in past habits acquired throughout life, sexual dysfunction and chronic pain related to the clinical manifestations of the disease and spirituality as an instrument of complementary therapeutic assistance.
Descriptors: Men's Health; Chronic diseases; Nursing care; Health Care.

RESUMEN

Objetivo: describir las implicaciones para la atención de enfermería en base a las experiencias de los hombres con enfermedades crónicas en la atención de la salud**. Método:** Estudio descriptivo, cualitativo, realizado con 19 hombres que son seguidos en una Unidad de Salud de la Familia, insertada en el programa HIPERDIA, en un municipio de Bahía, Brasil. Se realizó una entrevista individual en profundidad, observación sistemática de las visitas de los hombres a la unidad y una encuesta sobre las implicaciones para la atención de enfermería. Los datos se analizaron utilizando el método del Discurso colectivo del sujeto (DSC), utilizando el marco teórico propuesto por NANDA –Internacional®, basado en Taxonomía II**. Resultados**: Resultados: Se identificaron hallazgos clínicos adherentes a Diagnósticos de enfermería, que implican contribuciones a la atención de enfermería, revelados a partir de las experiencias de hombres con enfermedades crónicas no transmisibles, a saber: disposición para mejorar el control de la salud; Disponibilidad para mejorar el autocuidado; Conocimiento deficiente; Provisión para mejorar los procesos familiares; Disfunción sexual; Cambiar el síndrome de estrés; Voluntad para mejorar el bienestar espiritual y el dolor crónico. **Conclusión:** los hombres mostraron una mejor disposición a la salud y al autocuidado, a los procesos y relaciones familiares, un conocimiento deficiente sobre la enfermedad que portan, un sentimiento de impotencia debido a la imposibilidad de realizar actividades diarias, previamente realizadas, manifestación de miedo, asociado con las posibilidades complicaciones derivadas de la afección, estrés debido a cambios en los hábitos pasados adquiridos a lo largo de la vida, disfunción sexual y dolor crónico relacionado con las manifestaciones clínicas de la enfermedad y la espiritualidad como instrumento de asistencia terapéutica complementaria.
Descriptores: Salud masculina; Enfermedades crónicas; Cuidado de enfermería; Cuidado de la salud.

ORIGINAL

Introduction

The integrality of health care, as well as individualized and quality care, is part of the guarantees directed to the citizen present in the Federal Constitution. It is assumed that the establishment of specific guidelines for serving the male audience is a way of ensuring equity and integrality in care. The particularities and uniqueness of the male being should be highlighted and its different variables included in the construction of health policies aimed at the quality of health care for men.[1]

With the establishment of the National Policy for Integral Attention to Men's Health (PNISH) in 2009, based on the recognition of the severity of the epidemiological profile of male users in Brazil and their greater vulnerability to early death and serious and chronic diseases, an advance important, since it starts to recognize that male health problems are also real public health problems, inserted in a new context of action for the system whose axes basically deal with: violence, tendency to exposure to risks with consequence in morbidity and mortality and sexual and reproductive health indicators.[2]

The nursing work process is particularized in a network or sub-process that are called caring, assisting, administering, managing, researching and teaching, and participating politically. Each of these can be taken as a separate process with its own elements, and may or may not coexist at a given time and institution.[3]

In services related to the attendance to the male public, the nurse has health education as an important tool in modifying the behavior and attitude of men, in addition, the accessibility to the service can be performed through welcoming, communication, bonding, among other strategies that promote self-care and maintain the treatment to which they are submitted, thus improving their quality of life.[1-4]

The nurse who is part of the team, in the context of Primary Health Care, has specific duties, among others, to perform the Nursing Consultation (EC), which through this instrument it is possible to request complementary exams, prescribe and transcribe medications, according to protocols established in the Ministry of Health programs and legal provisions of the profession.[3]

Nursing Consultation is an activity regulated by Law No. 7,498 / 86, and contemplated in Decree No. 94,406 of June 8, 1987 and in Cofen Resolution No. 359, of October 15, 2009, which established this activity as a private nurse, therefore, the Nursing Process must be carried out, deliberately and systematically, in all environments, public or private, in which professional nursing care occurs.[5]

In this perspective, this study has the following guiding question: How are the implications for nursing care that result from the experience of health care by men in chronic illness configured? This study aims to describe the implications for nursing care from the experiences of men in chronic illness in health care.

Method

This is a descriptive, qualitative study carried out with men in the context of non-transmissible chronic illness, accompanied by a program for the prevention and treatment of Arterial Hypertension and Diabetes Mellitus of the Ministry of Health, attended during the Nursing Consultation in a Health Unit of the Family (USF), in a municipality in Bahia, Brazil.

Nineteen men participated in the study, aged between 18 and 72 years, with the time of discovery of the disease between three months and 14 years, married, with educational level, mostly only elementary school, of self-reported race / color predominantly mixed race, and self-employed in terms of employment.

Data collection was carried out between June and September 2017, in a private environment, in a reserved room at the USF. The study included men registered in the health unit, belonging to the territory and the registered area, with a medical diagnosis of CNCD, in follow-up with the nursing consultation. The study excluded men who did not have cognitive conditions, given the chronic condition and worsening of the disease and / or intellectual disability that prevented them from answering the questions, those who were in home care and who were not in clinical conditions and emotional for that.

An individual interview was carried out, with an average time of 30 minutes, guided by a semi-structured script, which supported the sociodemographic characterization of the participants. In addition to the deepening about the experience of men in chronic non-communicable illness, the interview was directed to the survey of the implications for Nursing care, which were in convergence with the standardized language present in Nursing taxonomies.

The interviews were recorded, transcribed in full and organized. The treatment of the empirical material was systematized through NVIVO® Software. The method of data analysis was the Collective Subject Discourse (CSD), which comprises a new approach in the qualitative field of research.[6-7]

In this construction of the DSC, isolated clippings of testimonies were added, with the intention of forming a discursive set so that each part can be a constituent of the whole.[7] Thus, when a response presented more than one DSC, it was distinguished from the others by means of criteria of difference and antagonism, or even by complementarity following an occurrence of ideas. Through obtaining the speeches, the Central Ideas emerged Synthesis of analysis, presented below.

The identity of the participants was preserved, using identification codes following the methodological figure of the DSC exemplified by "DSC of men with CNCD". After unveiling the central ideas of collective discourses, interpretation was carried out, with the objective of raising the implications for Nursing care, under the prism of the standardized language used by NANDA-Internacional®, from Taxonomy II.[8] The study is linked to a matrix research project entitled: Attention to men's health in a scenario in Northeast Brazil, approved by the Research Ethics Committee (CEP), under the opinion number: 1,208,304, in compliance with Resolution 466 of 2012 of the National Health Council.[9]

Results

From the interview with the users, it was possible to raise the speeches about the experience of health care expressed by men with chronic illness, which reveal implications for nursing care.

Chart 01- Discourse of the collective subject of men with chronic non-communicable illness about implications for nursing care from the perspective of the standardized language at NANDA-I, Salvador, Bahia, Brazil, 2020.

Relationship with NANDA-I standardized language (Domain and diagnostic concept)	Collective Subject Discourse (CSD) - male experiences
Health promotion - Provision for improved health control	*I'm starting to walk, play ball to lose half my weight. I have a bicycle and I always ride. I'm starting to go to work by bicycle, which is already a physical activity. I know I have to be careful not to eat sugar, bread, flour, eat what I can't. I'm not going to tell you that I always do it, because I would be lying, my job doesn't help, but I am aware that I have to do it. It is a little difficult, because I have not had this habit for 50 years, so this difficulty. Now with this surveillance I can avoid further complications. (CSD of men with chronic non-communicable illness who attend the FHS).*
Activity and Rest - Willingness to improve self-care	*I don't drink, I don't smoke, I don't eat sugar. I don't eat salt, I don't eat greasy things, and I take my medicine on a daily basis at the right time when I wake up. I try to eat right, eat well, my diet and my habit have completely changed, today everything is different. I liked to eat fried food, fatty meat, drink a lot and now it decreases. I always try to live well, not to be nervous, I take care of myself, I live very well because I like myself, and taking care, it must be a duty of people. (CSD of men with chronic non-communicable illness who attend the FHS).*
Perception / Cognition - Deficient knowledge	*I don't know anything, honestly I don't even know how to answer about hypertension. I just know that it can kill and cause other diseases, and that it cannot eat everything, it can lead to heart problems and that high sugar is dangerous. I only take the medication, but I am not aware, I only really feel the headache, but if I don't care, "the animal gets it". (CSD of men with chronic non-communicable illness who attend the FHS).*
Self-perception - Feeling helpless	*Before I used to do things and now I am unable. (CSD of men with chronic non-communicable illness who attend the FHS).*
Roles and relationships - Disposition for improved family processes	*My family gives me a lot of strength. Too much force. I cannot eat anything else that the people there are regulating me. "Ave Maria", at home now everything is unsalted, due to my high blood pressure. My sister is also on my toes, and I am also friendly with everyone in the*

	health service. (CSD of men with chronic non-communicable illness who attend the FHS).
Papéis e relacionamentos - Disposição para relacionamento melhorado	*I always try to deal with people, with friends, because one should not get carried away by the disease, so as not to arrive in a worse situation in the case of depression. Thank God I have a wife who is always with me on a daily basis, accompanying me to the doctor, and understanding my difficulty. She who doesn't let me fall, always takes care and corrects my food. And there are also my friends, who are always with me. In that there everything is controlled, I do everything as the costume says. (CSD of men with chronic non-communicable illness who attend the FHS).*
Coping / stress tolerance - Change stress syndrome	*I was a person who played ball, did physical exercise, but at the moment I don't do it anymore, I'll have to go through a specialist. Sometimes I wake up and get a little stressed, because I had a work routine and it suddenly changed. I worked hard, but I had to stop. So when I knew I had that scare. Today I cannot eat and drink everything I like. Before I didn't want to take the medication, then the family members took me to the clinic, and it started to go on in my head to start taking it. I don't live with this disease, because I feel like I don't have it. I didn't accept that I was sick, I went to a psychologist, then she talked to me, then it came to my mind to take the medicine because I felt a lot of headache. Because of that, it affected me, because I take medicine and whoever takes medicine is because it is affected in some way. (CSD of men with chronic non-communicable illness who attend the FHS).*
Coping / stress tolerance - Fear	*I'm afraid something will happen when I'm exercising. I want to do day-to-day things, but I am afraid of this situation that I am in. (CSD of men with chronic non-communicable illness who attend the FHS).*
Life Principles - Willingness to Improved Spiritual Well-Being	*I live with the graces of God. If I don't have faith in the almighty, I can even "go into" depression. I don't let it take me. I have knowledge with the word of God so I pray to God, give me help. (CSD of men with chronic non-communicable illness who attend the FHS).*
Comfort - Chronic pain	*I have a strong headache. It bothers me when I get nervous, goes up and I get a very strong neck pain. When she attacks, I immediately go to the doctor. (CSD of men with chronic non-communicable illness who attend the FHS).*
Sexuality - Sexual dysfunction	*I have sexual difficulty, even going to see a urologist to be able to follow up to see if this difficulty is partial due to sugar or not. (CSD of men with chronic non-communicable illness who attend the FHS).*

Discussion

Despite the social construction of hegemonic masculinities direct men to socialize men to exercise practices that distance themselves from the concern with self-care and health promotion activities, the study showed the opposite.

The collective discourse highlighted that even with the acquisition of unhealthy habits performed throughout life, men demonstrated a desire for the adoption of changes and transformations in health care, which were marked by walking, strategies for weight reduction , use of the bicycle as a leisure space and an alternative and healthy driving mode for going to work, this being a perceived form of physical activity, which led to the collection of data to evidence the Nursing Diagnosis of "willingness to control the improved health".

There was a willingness to improve health conditions with regard to changing eating habits, by reducing the consumption of foods with glycemic elevation.

The diagnosis in question indicates that a portion of the NCD carriers is able to follow a dietary reeducation plan. The others, although recognizing the importance of reeducating eating habits in maintaining glycemic control and preventing complications resulting from the disease, report not being able to deal adequately with the limitations in the eating behavior sphere. There is a significant gap between the recommended ideal food plan and the one that is possible to achieve, evidenced by the expressed desire for control and concern of men over eating practices.[10]

In this same direction, the unveiling of the Nursing Diagnosis of "Willingness to improve self-care" was related to the evidence observed in the Nursing records and the apprehension of the collective discourse, which revealed a decrease in the consumption of alcohol, tobacco, fatty foods and with high glycemic value, correct use of medications, stress reduction and well-being, as strategies adopted to improve self-care.

The person with chronic disease tends to develop a set of learning and / or strategies that allow him to live with the disease, and his self-care can have an influence in terms of maintaining and improving his health condition. Self-care is the practice of a set of activities carried out to maintain life, health and well-being, assuming then that the person has a set of knowledge that allows self-care, even in the face of certain limitations such as dependence or inability to continue self-care.

The "deficient knowledge" was evidenced as a Nursing Diagnosis, when observing that even with the development of changes in unhealthy lifestyle habits and the concern shown for the improvement of health and self-care, there was a limitation regarding the knowledge about the chronic disease that they had, expressed in the collective discourse, through shallow statements and without information.

From this perspective, educational health actions can empower individuals and groups to build new knowledge, leading to a conscious practice of preventive or health promotion behaviors. These actions expand the possibilities of disease control, rehabilitation and decision-making that favor a healthy life and reduce misinterpretation of information, lack of exposure to information, lack of interest in learning and cognitive limitation.[11]

Faced with the perception of these men who had a chronic non-communicable disease and who access the health service, the Nursing Diagnosis

of “Feeling of Impotence”, emerged related to the impairment of daily activities performed before the onset of the disease, which would limit them, becoming in your perception, incapable.

Such diagnosis is characterized by the presence of expressions of uncertainty regarding the fluctuating energy levels; passivity; non-participation in care or decision-making when opportunities are offered; resentment, anger, guilt; reluctance to express true feelings; dependence on others that can result in irritability; fear of leaving caregivers; expressions of dissatisfaction and frustration regarding the inability to perform previous tasks / activities; expression of doubt regarding the performance of the role.[8]

The feeling of helplessness is also associated with individuals who do not monitor the progress of the disease and treatment; do not advocate self-care practices when challenged; they are unable to seek information regarding care; present verbal expressions of lack of control over care, or influence over the situation, or over the result; appetite and depression related to physical deterioration that occurs despite adherence to the therapeutic regimen.

The family and the health team constitute a structure as a support network that provides strategies for coping with the disease and satisfactory coexistence with it from helping self-care practices, such as preparing food, controlling excessive consumption of salt, health education and correct use of medications, which allowed raising the Nursing Diagnosis of “Willingness for improved family processes”.

A pattern of effective control of adaptive tasks by referral persons (family members, significant people or close friends) involved with the client's health challenge. Family support during treatment, family well-being and family integrity.[8]

Still in close contact with family and health team processes, other relationships were present and contributed to the successful coexistence of men with chronic disease, with emphasis on the positive influence demarcated by the representation of friends, spouses and God, thus enabling them to not decline their emotional and psychological state after the onset of the disease, making the nursing diagnosis “willingness to an improved relationship” emerge. Characterized by the pattern of mutual partnership sufficient to meet reciprocal needs, which can be reinforced by self-perception, communication, role performance.[8]

Sexuality was raised as a relevant issue in the discourse of the collective subject, causing the nursing diagnosis “Sexual dysfunction” to be raised, based on reports that expressed sexual difficulties and dysfunctions, existing after the onset of the disease and / or use of medications , seen as a factor of concern for the male audience, evidenced by the expression of concern about their own sexuality, according to NANDA-I.[8]

Practices that were exercised by men and were left behind due to the onset of the disease and the appearance of health problems, such as physical exercise, work activities at work, changes in eating habits and the routine use of medicines, caused him stress, mood changes, denial, sometimes characterized by self-neglect and emotional changes, which allowed the diagnosis of “Stress syndrome due to change” to be identified.

This syndrome was permeated by the raising of the diagnosis of “fear”, which was associated with the fear that the disease could cause greater damage, which became the generators of distance for men from some daily activities such

as the practice of physical exercises. Response to the perceived threat that is consciously perceived as a danger. Self-concentration of aggression, self-control of anxiety, and impulsive behavior.[8]

According to NANDA-I, the Nursing diagnosis of "Fear", is characterized by apprehension, decreased self-security, excitement, restlessness, feeling of alarm, fear, increased tension, decreased resolution capacity, decreased productivity, stimuli understood as a threat , which enter into contemplation of the collective discourse expressed in this study.

For coping with fear and chronic illness, men revealed through the discourse the nursing diagnosis of "Willingness for improved spiritual well-being", from the narratives that expressed faith, prayer and belief in God as a therapeutic resource found to distance them from the situation of low self-esteem and mental illness, such as depression was mentioned. Confidence pattern in religious beliefs that is sufficient for well-being and can be strengthened.

Due to the onset of the disease and as a consequence of the problems, comfort became impaired, making the nursing diagnosis "Chronic pain" unveiled, mentioned by all study participants, as being the greatest complication, discomfort and discomfort experienced after chronic illness.

Conclusion

Men showed an improved disposition for health and self-care, family processes and relationships, deficient knowledge about the disease that they carry, a feeling of helplessness due to the impossibility of performing daily activities, previously performed, manifestation of fear, associated with the possibility of complications arising from the disease, stress due to changes in past habits acquired throughout life, sexual dysfunction and chronic pain related to the clinical manifestations of the disease and spirituality as a complementary therapeutic aid.

We noted that there was a willingness to improve health conditions regarding changes in eating habits, through the reduction of consumption of foods with glycemic elevation, among other diagnoses raised such as: disposition to improve self-care, deficient knowledge, sexual dysfunction, disposition for the improved family process, and chronic pain, among others, already mentioned throughout the work, showing that NCDs bring to patients several manifestations that are correctly diagnosed by nurses, from the nursing diagnoses, can provide the health of men with CNCD, the improvement of the pathological condition and the increase in the quality of life, always respecting the individuality of each case, for the formulation of a quality care plan, which provides the client with CNCD increased levels of health, comfort and well-being.

During the formulation of the study, there was difficulty in accessing the patients' medical records during the search in the health units, most of the time access was denied for bureaucratic reasons, because of what happened, it was necessary to do a detailed

search with speech extraction allowing the more time to answer the interviews, thus making it possible to enrich the study, and thus contribute through it so that these individuals have access to quality care so that they do not fall ill due to their chronic pathologies.

In view of this problem, this study becomes relevant for unveiling issues related to the process of chronic illness, gender issues and the construction of masculinities associated with the health and illness process understood and experienced by men, in addition to making it possible to point out relevant aspects for the production of health care to be promoted by nurses.

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