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NURSES' CLINICAL CARE: PROMOTING THE QUALITY OF LIFE OF PEOPLE WITH CHRONIC NON-COMMUNICABLE DISEASES

CUIDADOS DE ENFERMERÍA: PROMOCIÓN DE LA CALIDAD DE VIDA DE PERSONAS CON ENFERMEDADES CRÓNICAS

CUIDADO CLÍNICO DE ENFERMEIROS: PROMOÇÃO DA QUALIDADE DE VIDA DE PESSOAS COM DOENÇAS CRÔNICAS

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ABSTRACT
Introduction: chronic non-communicable diseases are a growing global public health problem. When it comes to caring for Primary Health Care users, the team must be committed to carrying out effective care practices. In this context, nurses play a key role. **Objective:** to describe the perception of nurses about the care actions developed in the Family Health Strategy to promote the quality of life of people with chronic non-communicable diseases. **Method:** exploratory, descriptive study, with a qualitative approach, carried out with 10 nurses and analyzed using thematic content analysis. **Results:** the profile of the nurses showed a female majority (90%), mostly aged between 31 and 50. The multidisciplinary actions that are carried out involve the use of groups, interconsultatios, consultations, continuing education, and home visits. Suggestions for improving care include increasing multi-professional support for the service and its users, integrating teaching/service activities, as well as greater involvement by the municipal administration in organizing activities. **Final Thoughts:** based on the description of the actions described above, it can be seen that several activities have been carried out. It is also suggested that university extension activities be carried out with health teams and users, as well as continuing education with the health care network and training for professionals. It is also important to implement a family health support center and to carry out further research on the subject.
Keywords: Nursing Care; Health Promotion; Noncommunicable Diseases; Primary Health Care.

RESUMO
Introdução: as doenças crônicas não transmissíveis apresentam-se como um crescente problema global de saúde pública. No que diz respeito ao cuidado aos usuários da Atenção Primária à Saúde, é importante que a equipe se comprometa com a realização de práticas de cuidado eficazes. Neste contexto, o enfermeiro tem um papel primordial. **Objetivo:** descrever a percepção de enfermeiros sobre as ações de cuidado desenvolvidas na estratégia saúde da família para promover a qualidade de vida de pessoas com doenças crônicas não transmissíveis. **Método**: Trata-se de pesquisa descritiva exploratória, com abordagem qualitativa, desenvolvida com 10 enfermeiros e analisada a partir da análise de conteúdo temática. **Resultados:** o perfil dos enfermeiros apontou maioria feminina (90%), majoritariamente com idade entre 31 e 50 anos. As ações multidisciplinares que são realizadas envolvem a utilização de grupos, interconsultas, consultas, educação permanente e visita domiciliária. Entre as sugestões para a melhoria do cuidado estão o aumento do apoio multiprofissional ao serviço e seus usuários, integração de ações entre ensino/serviço, além de maior envolvimento da gestão municipal na organização de atividades. **Considerações Finais:** considera-se, a partir da descrição das ações expostas, que diversas são as atividades desenvolvidas. Sugere-se, também, a realização de atividades de extensão universitária com equipes de saúde e usuários, educação permanente com a rede de atenção à saúde, além da capacitação de profissionais. Ainda, a implementação do núcleo de apoio à saúde da família e a realização de novas pesquisas que abordem a temática se faz importante.
Palavras-chave: Cuidados de Enfermagem; Promoção da Saúde; Doenças Não Transmissíveis; Atenção Primária à Saúde.

RESUMEN
Introducción: Las enfermedades crónicas no transmisibles se presentan como un creciente problema global de salud pública. En cuanto al cuidado de los usuarios de la Atención Primaria de Salud, es importante que el equipo se comprometa con la realización de prácticas de cuidado eficaces. En este contexto, el enfermero tiene un papel primordial. **Objetivo:** describir la percepción de los enfermeros sobre las acciones asistenciales desarrolladas en la Estrategia Salud de la Familia para promover la calidad de vida de las personas con enfermedades crónicas no transmisibles **Método:** Se trata de una investigación descriptiva exploratoria, con enfoque cualitativo, desarrollada con 10 enfermeros y analizada a partir del análisis de contenido temático. **Resultados:** El perfil de los enfermeros mostró una mayoría femenina (90%), mayoritariamente con edades entre 31 y 50 años. Las acciones multidisciplinarias realizadas incluyen la utilización de grupos, interconsultas, consultas, educación permanente y visitas domiciliarias. Entre las sugerencias para la mejora del cuidado están el aumento del apoyo multiprofesional al servicio y a sus usuarios, la integración de acciones entre enseñanza/servicio, además de un mayor involucramiento de la gestión municipal en la organización de actividades. **Consideraciones Finales:** A partir de la descripción de las acciones expuestas, se considera que se desarrollan diversas actividades. Se sugiere también la realización de actividades de extensión universitaria con equipos de salud y usuarios, educación permanente con la red de atención a la salud, además de capacitación de profesionales. Asimismo, es importante la implementación del núcleo de apoyo a la salud de la familia y la realización de nuevas investigaciones que aborden la temática.
Palabras clave: Atención de Enfermería; Promoción de la Salud; Enfermedades no Transmisibles; Atención Primaria à la Salud.

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INTRODUCTION

Chronic Noncommunicable Diseases (NCDs) are a growing global public health problem, contributing significantly to morbidity and mortality and generating substantial social and economic impacts[1-2]. In Brazil, Primary Health Care (PHC) plays a crucial role in the management of these diseases, with the Family Health Strategy (FHS) being the main model for organization and intervention[3]. The FHS aims to expand, organize and strengthen PHC by promoting an integral and continuous approach to patient care[4-5].

The Brazilian PHC model, guided by the FHS, has multidisciplinary teams that work in health promotion, prevention and rehabilitation, offering comprehensive care to patients. This model facilitates the creation of links between health professionals, individuals and their communities, promoting a better quality of life[4-5].

NCDs, such as diabetes, hypertension and cardiovascular diseases, require continuous interventions and effective care strategies to minimize their impacts[2]. In this context, the role of nurses is essential. They are responsible for coordinating actions and strategies to promote health and prevent disease, in addition to being fundamental in the implementation of health education practices[6].

Nurses are protagonists in the FHS, driving and enhancing the implementation of organized changes in the health system, developing actions focused on the quality of life of users with chronic conditions[7]. Therefore, it is essential that PHC teams commit themselves to effective health education practices to promote health, prevent health problems and mitigate the impact of chronic diseases on the lives of users and the community[7-8].

The increase in NCDs is driven by risk factors such as smoking, physical inactivity, alcohol consumption and inadequate diets. Therefore, it is essential that PHC, through the FHS, develops new approaches that focus not only on the disease but also promote self-care and integral health[9-10].

Finally, it is the responsibility of the nurse to assist in the critical and constructive empowerment of users of the Unified Health System (UHS)[10]. Therefore, given that NCDs are the main cause of global morbidity and mortality that FHS play a key role in the prevention and management of these diseases, providing continuous and integrated care that is essential for the promotion of quality of life of users, describe and analyze the care strategies developed by nurses in FHS are essential to identify effective practices and areas that need improvement.

Given the above and the importance of exploring the care strategies for users with NCDs performed in PHC, this study aims to describe the perception of nurses about the care actions developed in the FHS to promote the quality of life of people with NCDs.

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METHODS

This is an exploratory descriptive research, with a qualitative approach, conducted with nurses working in FHS of a municipality in the south of Brazil. This methodological design acts as a fundamental approach to understand social phenomena in depth. This is because qualitative research focuses on the analysis of the meaning of social interactions and individual experiences, allowing a richer and more detailed understanding of social reality[11].

The inclusion criteria defined for the study were to be a professional of the team working in the PHC service, work with people who have NCDs during the data collection period and have at least six months of service, time decided for minimal creation of link with users and knowledge of the FHS management. Professionals who were on vacation or on leave and medical certificate in the period were excluded.

Before the interviews, an approach was made with PHC and professionals inserted in the FHS, seeking to understand the dynamics of work and identify professionals who developed actions aimed at people with chronic diseases. After this insertion in the field, the data collection with health professionals began.

The research was developed with nurses from PHC services of a municipality located in the central region of Rio Grande do Sul, data collection was performed considering the sample for convenience. At least one nurse was considered for each FHS. Participants who were not found in person on the first visit to the FHS were approached via e-mail and telephone.

Data collection was carried out from November 2019 to March 2020, in the meeting room of each FHS, where only the interviewee professional and the interviewer researcher were present, through a semi-structured interview with guiding questions. Participants were instructed about the purpose of the research and asked about their consent to the data's repercussion.

During the professionals' approach there were no refusals or withdrawals, but a professional who was on vacation was excluded. No interview was conducted twice and the interviews were recorded in audio with smartphones for subsequent field notes, transcription, and data analysis. The interviews lasted between 10 and 30 minutes and were conducted by the professor and researcher responsible for the research (nurse, doctor of science and development) and her team (nursing academics, scholarship students) after training to perform qualitative data collection.

After the collection, to organize and identify, the data were encoded in alphanumeric form (Ex.: E1, E2...E10) and analyzed by two independent researchers, with support of Microsoft Excel software. The analysis was made according to Minayo's proposal[11]. Thematic Content Analysis is described as a systematic process of categorizing and interpreting the data collected, aiming to identify emerging nuclei of meaning, that establish a communication about the frequency or presence

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of a certain meaning for the object being analyzed, and it contemplates three stages: pre-analysis, exploration of the material and interpretation of the results[11].

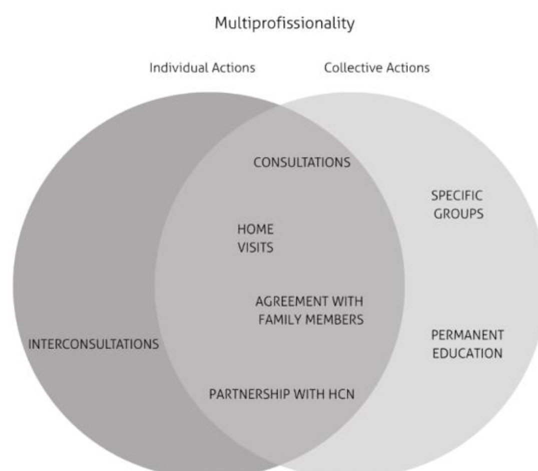
To ensure validity, the study followed the model of presentation of qualitative studies proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ)[12], respecting the Declaration of Helsinki and the provisions of the Resolution of the National Health Council n. 466, of December 12, 2012 and being approved by the Research Ethics Committee (CEP) of the Regional Integrated University of Alto Uruguay and Missions under opinion 3.125.713 and CAEE 03974918.9.0000.5353.

RESULTS

The participants were 10 nurses working in the FHS. The characterization of the participants showed that 90% of the nurses are women, with 20% in the age group from 20 to 30 years and 80% between 31 and 50 years. All nurses have a degree, 10% *strictu sensu* and 90% *lato sensu*.

Regarding the time of training, 90% have between five and 20 years of graduation, while 10% have between 21 and 30 years of graduate. Regarding the time spent in the current position, 20% of professionals have between six months and one year of experience, and 80% have between two and 15 years. Also, the analysis of the quotes made by the research participants allowed us to mean two categories: "The now: development of actions involving people with NCD in PHC" and "Glimpsing the future: what strategies can we develop?" and an image interrelating the actions that promote the QOL of people with NCD in the FHS.

Figure 1 - Actions that promote the Quality of Life of people with chronic diseases in primary health care



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Now: developing actions involving people with NCDs in PHC

The nurses participating in the research highlighted that the development of actions aimed at QOL carried out by the health network of the city is done both in a uni and multiprofessional way, which is a positive aspect. The main actions mentioned were interconsultations, nursing consultations, home visits, pacts with family members, partnership with the Health Care Network (HCN), realization of specific groups and permanent education. The multiprofessional team is also cited as a supporter in this process.

> *Here within the primary care service, we promote some actions, some in conjunction with other municipal services, others specifically in the primary care units, which are the health groups where we discuss some situations related to chronic diseases. We also use a lot of help from other professionals such as nutritionists, pharmacists, physical educators, to try to promote quality of life for these people who have chronic diseases. [...].* (E1)

> *Monitoring by the multidisciplinary team, visits by community health agents, informative health group, inserting the user into recreational activities, re-educating, guiding according to the reality of the users.* (E3)

From the testimonies of nurses it is perceived that the realization of educational activities, in the form of collective groups of health promotion occurs effectively. In addition, they describe that the topics addressed in the meetings are diverse and often brought by the users themselves.

> *We hold monthly groups, which are not a group, we do not target people with high blood pressure, diabetes or other diseases. We hold a health group and invite everyone who wants to come and discuss a topic there, we open up for discussion what they want to talk about... anyway. [...].* (E7)

> *[...] We tried to create groups, but there were groups specifically for people with high blood pressure and diabetes, but there wasn't much support. So we're trying to reformulate these educational activities. We've been holding a group every month, focused on a specific topic. For example, last month it was about depression. We all agreed on it. It was a very good group. This month we're going to do something related to nutrition, and the nutritionist will come to talk, too. Next month we'll be discussing the health of the elderly, so we're strengthening the group's activities, once a month. [...].* (E8)

> *We develop a monthly health group with a theme that users raise [...].* (E9)

It is noticed that the meetings, when aimed at specific groups of the community, did not present good adhesion, mainly by hypertensive and diabetic. However, it is important to highlight the importance of activities that include this audience. The groups of health education for people with NCD in PHC are constituted from the exchange of knowledge between nursing professionals and participants.

> *[...] Today we no longer label the group as hypertensive, diabetic, when we develop a group we try to make sure it is for everyone... for the community... regardless of whether they are diabetic, hypertensive, everyone participates together to promote their health. [...].* (E5)

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In addition to collective groups, specific groups are also part of the actions carried out by nurses.

> *[...] So, once a month, once every two months, there's a group for men, a group for women, right? So we always try to bring this kind of approach, like, quality of life, healthy eating, practicing some different activity, like that, different, like that. It depends a lot on the audience, so we try to give them what they ask for.* (E6)

> *[...] We also have a women's group, we felt the need for this, sometimes they would come... they would come to the health group, then within the health group, those women were going through the empty nest, menopause, they were entering maturity, they started to bring up their concerns and then it wasn't the time for that discussion because the others ended up not participating... finding it kind of bad, so we created two groups, for that, there's the women's group for that, to cry, the absence of the child, I don't know what... and there's another health group to discuss quality of life. [...].* (E7)

In addition to the health groups, nurses state that interconsultations are important, since they constitute a light technology that facilitates and enhances the integrality of work in health services. It is also emphasized as a strategy that helps the team to deal with complex situations, by qualifying the service to the user and assist professionals in approaches and decision-making, which was also mentioned.

> *So the strategies are... you have your offer, right... the consultations... both medical and nursing that we do, right... we do interconsultations [...].* (E5)

> *[...] But our main focus is on consultations, on individualized care. This is the moment when we can have a greater bond and greater contact with this user.* (E8)

In addition to interconsultations, scheduled and collective consultations were declared. However, when talking about collective consultations with chronic patients, barriers emerge to be broken.

> *We tried to start a group consultation, but we couldn't continue... for example, 4 diabetic people in the same group, due to different ideas from my colleague, we couldn't continue like that... my doctor colleague isn't very in favor of group consultation... he doesn't have much patience, you know, I already love it, I think it's a moment for them to see each other there, and he does this... we couldn't do it.* (E7)

The follow-up of health users should be carried out through systematic screening, with the update and monitoring of the clinical picture, which allows the identification of risk factors such as smoking, sedentary lifestyle and unhealthy eating habits, besides complications in therapy. To this end, another strategy used by nurses is the follow-up of patients through Home Visits (HV), in addition to care pacts made with family members.

> *[...] Carry out home monitoring, make some agreements with some family members when that care is insufficient. But sometimes, like, we made verbal agreements and sometimes they didn't have much effect. Now we started making agreements with some family members, family support. We started registering and people started signing. So, with these agreements, as we started doing with the signature [...].* (E4)

The partnership of the FHS with the HCN and the Unified Social Assistance System (USAS), mainly with the Reference Center for Social Assistance (CRAS), to carry out various

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activities, such as groups, guided walks and other recreational activities was another point highlighted by the nurses.

> *These are groups in partnership with CRAS. Health groups and groups related to health promotion activities [...]. So CRAS has some courses, some things with the city government. We also partner with projects, such as fitness and health, physical activity, to promote health, too.* (E2)

> *[...] and CRAS already has groups like that formed... every week it has... there is a schedule of them, each week is an activity, so CRAS has a form and health that it offers, so we try to offer, you know, direct people, you know... to a physical activity... there are jobs that they do there, the sewing group for people to focus a little, work, distract themselves.* (E5)

> *[...] Weekly walks with users, or twice a week. We meet at the FHS and go [...]* (E9)

In addition to the above, another ally in the care process of people with NCDs is the Permanent Health Education (PHE). This helps to sustain the management of work, in nursing, and occurs through strategies, because it promotes the continuous development of the work, starting from the structuring, organization and incorporation by the nurse in his working environment.

> *We have greatly strengthened this care for chronic patients. The units themselves, throughout the service network, have been thinking about this patient with greater care because they are a major demand for strategies today. There are many patients with chronic diseases in the region and we have been thinking about this, in the sense of strengthening both prevention, so that there are no more cases, more people, more young people being affected by chronic disease, as well as this care for the person who already has the disease. [...].* (E8)

Finally, in addition to the actions being developed in the FHS, nurses have indicated some strategies that may be implemented in the future to improve the QOL of the population with NCDs and the community.

Envisioning the future: what strategies can we develop?

Organizing flows between PHC professionals, users and other levels of care is one of the main challenges in coordinating care. Thus, the nurses of PHC signal, precisely as necessary to improve care, the importance of increasing the use of HCN in the studied municipality.

> *It is [necessary] to increasingly bring other authors into the circle, it is no use just having nurses, doctors, community agents from this minimum team that we have for basic care working with these people, we need other professions, other perspectives, other guidance, which in this case is from psychology, nutrition, pharmacy, social assistance, so my suggested strategy and this has always been a constant here within the service is to try to look for in other services what can contribute to the health of these people [...]* (E1)

> *[...] I think we should expand, too. Start by expanding partnerships [with other centers and professionals] as well.* (E2)

In addition, it is perceived the need for actions aimed at health promotion, expansion of reception to the user and also that activities are needed that promote increased autonomy, as reported by professionals.

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> *[…] I think my biggest suggestion is to make people feel capable of planning together with the team in the units […]. I think the first thing to favor and provide opportunities for this promotion of health, of quality of life, is to work with the person, with the human being as a subject, not just as users of the service and thus, patients.* (E2)

> *Free access for patients to the unit. More open access to come to the unit. Our users participate a lot.* (E9)

In the face of this, it is necessary to reflect on the importance of expansion in the offer of support actions in PHC, in order to expand care beyond the clinical view. It is also noticed the importance of developing a positive look focused on the integration of actions supported in the binomial teaching-service, seeking to carry out educational activities.

> *An example is the activities that are related to the health of the elderly. Raising awareness, re-educating, re-socializing, being productive. Knowing what the user can do within their limitations. Encouraging social interaction, friendships, activities that include this age group. Not victimizing. Working on the patient's whole.* (E3)

> *[…] But these are things that we would also like to strengthen, perhaps a partnership with the undergraduate program itself, anyway. I think it is important to strengthen this. […].* (E8)

Associated with the ideas previously discussed, nurses also suggest the use of adaptive tools and constant encouragement to strengthen care for chronic users and qualify PHC. These ideas are observed in the speeches of professionals.

> *[…] We sat down and talked with the doctor, and so we started to create some strategies within the family […] Small strategies, until the person gets into the habit and is able to take the right medication, eat properly, we didn't invent anything, right? We took what he had and tried to adapt it […] Encouraging walking and doing physical activity.* (E4)

Therefore, according to the nurses, considering the integrality of the care process, the participation of several professionals, community members and users strengthens QOL, as well as makes it possible to expand the implementation of beneficial actions to effective care.

> *[...] I think that suddenly, CRAS, as a reference center, could offer more group activities for these people, because most of them are elderly [...] So, strengthening their social network, leaving home, doing another activity. I think it would be very important, group activities are an opportunity. But more focused on this, on the issue of leisure. [...].* (E8)

> *[...] That they do not just focus on group activities, but that they develop diverse practices, techniques and skills, as well [..].* (E2)

The participants of the research also mentioned the need for qualification of team members, especially the Community Health Agents (CHA), since these have a relevant role, being considered as the link between the FHS and the community.

> *[...] I believe that this greater incentive from the management, to promote more events, more spaces, I think that this is also fundamental. Providing better conditions, in short, setting up a park in the surroundings here, because then, we have land, right? Very good, the management itself could even organize a park, an environment to improve the territory itself, all of this improves their quality of life.* (E10)

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Understanding the coordination of care as responsibility of different categories and addressing them as a cross-cutting theme, whether in the qualification spaces promoted by management or in team meetings, can give prominence to the theme in the municipality.

> *[...] The groups that we develop, right... we develop them together, by chance... we invite groups... we usually do it... then when we do it... we usually occupy physical spaces... at school we are involved not only focused on quality of life, not only with adults, but we are also reaching out to teenagers, right... because of that issue, right, we already see teenagers with obesity... this will affect their quality of life in the future [...] working with EMEIS, then it would be immunizations, right, and obesity [...] measuring all the children, right, to see if they are... outside the BMI parameters or something like that... then the exams are requested and referred to the nutritionist, then...[...].* (E5)

We note the association of the themes "Quality of Life" and their correlating terms with elderly people in the spaces of accompanied dialogues and in the speeches of the interviewees. The prevention of NCD in childhood, adolescence and adult life was also mentioned, but it is observed the inattentive look to recognize, in this public, the comprehensiveness of care and the possibility of new technologies for health promotion and prevention of NCD.

From the above, there are several potentialities implemented by nurses in PHC. Also, it is evident the difficulty of them in addressing the theme when it concerns children and adolescents. The nurses also point out several suggestions for improving the QOL of people with NCD in the city.

DISCUSSION

The findings of this study regarding the professional profile are in line with a survey that found most PHC workers to be female (85.3%) and average age 39.1 years old[13]. Also, a study on the nursing work process in PHC corroborates these results by verifying 93.9% of participants being identified as women and with age range between 36 and 40 years old[14].

There is also convergence with the data presented by WHO and the Pan American Health Organization (PAHO) on the situation of nursing in the world and the region of the Americas, which reveals a predominance of 89% of female professionals in nursing[15]. The study found the same percentage of participants with a graduate degree working in PHC, also at different levels[14]. As for the time of service, research showed that 42.2% of professionals had less than four years in the current position[14].

The present study found that nurses believe that multiprofessional action, i.e., performed in a team, is indispensable and constitutes one of the strategic components to cope with the growing complexity of both health needs, as the organization of health care services and systems in network. This need, with regard to NCDs, is due to the increase in life expectancy and aging of the population, as well as the change in the epidemiological profile, which

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requires long-term monitoring of a large part of the population[15].

As for the dialogue, the nurses see it as strengthening care to the user, but report difficulty of dialogue with the team. The study states that there is a need for improvement in health services, which is organized based on the improvement of teams[16]. This allows the team and community to learn and teach each other, which favors communication and the development of educational actions, which must be dialectical and meet the needs of users.

Furthermore, dialogue strengthens citizenship, considering being as singular, free and active participant of its learning[17]. Thus, the organization of groups according to the demand of each community is an important strategy and makes nurses and users learn in an educational way. For this, it is necessary to consider the effective participation of members in groups, not only as recipients of information, but transmitters of the same. Considering that the work in these groups is permeated with challenges, achievements and anxieties[18].

In addition, interconsultation is presented as a tool that enhances the comprehensiveness of care in the perception of nurses. Studies corroborate the above by verifying that, from the team's point of view, interconsultation decreases the number of referrals to secondary care[18-19]. In addition, it consists of the interdisciplinary evaluation of the user aiming at an integral understanding of their health and/or disease process, expanding and structuring the approach and construction of therapeutic projects[18].

When interprofessional work in PHC is discussed, it is verified by the nurses that the team work climate is essential for the success of care. Also, team collaboration, that is, seeking and implementing alternatives within the FHS itself, influences the quality of assistance. This directly impacts, in a positive or negative way, the quality of life of users[20].

The nurses also pointed to HV as a strategic tool for care and to inform the patient, their caregivers and family members about the diagnosis. This, as well as transmitting information about the treatment of the installed disease and guidelines for better experience it, favors adherence to care[21]. In this sense, HV accompanies the development of public health and nursing, being developed as an essential tool for health care.

It is also stated that the HV encompasses beyond the individual, his family and the means of social integration, exercising care in a systematic way, in order to effect proximity with the user through accompaniment and so that it is possible to promote the resolution of emerging demands[22].

Strengthening the systematization of care, the Health Care Network (HCN) emerged in this study as a strategy to overcome the fragmentation of health care and improve the functioning of the Unified Health System (SUS) in care[23]. The objective of the HCN is to guarantee to the user a set access to actions and

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services with effectiveness and efficiency, because the organization of the system in networks promotes continuous and integral care for the population when coordinated by the PHC, provided at the optimal time, in the right place, at an adequate cost, with guaranteed quality and humanized way[24].

Also, in this research, the support of USAS, led by CRAS, which offers assistance in the organization of activities, such as physical exercises and social interaction, for the population. Currently, such practices are widely accepted by SUS users. There are two main interpretations of the relationship between body practices and physical activity with health, their performance as a protective factor and prevention for NCDs, competing with risk factors, in addition to helping improve functional capacity, integration into society, improvement in QOL and greater independence[25].

Nevertheless, the nurses realize that, when performed correctly, Permanent Health Education (PHE) helps and strengthens the care provided in the FHS. The implementation of PHE should be anchored in the principles of the SUS, involved with the resolution of problems encountered in the work process and in the particularities that affect health services[26]. Thus, the Family Health Support Center (FHSC) appears as a strategy to assist in the communication and discussion of cases between the RAS[27].

With a view to improving the QOL of people who have NCDs in Brazil, the insertion of health promotion actions in the Brazilian Unified Health System (SUS) has been observed as necessary by nurses. Through them, it is possible to demonstrate constant and significant advances in the reduction of morbidity and mortality levels and risk factors for chronic diseases[28]. In addition to assisting the user through actions of prevention, rehabilitation and cure, it is essential to provide, at the same time, tools for increasing their autonomy. This, supported by the FHS, will contribute to strengthening its capacity to manage its own network and its needs with autonomy[29].

The support of the university and teaching projects developed by nurses also act as a support for FHS teams. The teaching-service interaction presents itself as a strategy of great meeting of knowledge[28]. However, in this intercourse, it is necessary to overcome a limitation established by the belief that there are distinct forms of production: the university mainly produces knowledge, while health units carry out the production of care.

A part of this strategy is provided by the implementation of university extension activities, organized from the interdisciplinary movement. The extension seeks to promote interaction between the teacher-student and the service-community, and co-responsibility universities in contributing to the transformation in health and society, as well as in the training of health professionals[30].

Adaptive tools and constant encouragement to strengthen care and autonomy

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in activities was also perceived as an important factor for nurses. The study reinforces this thinking, because it reports that working on the performance of Daily Life Activities (DLA) with the user, to meet individual and collective needs, promotes and extends autonomy, so that the community is progressively less dependent on health services(26).

In this context, it is stated that health care networks have been defended as a means of incorporating the collective intelligence of users, family members, professionals and researchers in order to create a system that explores their motivations and skills(29). Another relevant factor mentioned was the need for qualification, especially for CHAs. Because, more than just supports for the execution of educational actions in health, CHAs are considered indispensable participants of the work in SUS(30).

The literature on the contribution of this professional to the consolidation of SUS problematized the existence of two dimensions, the technique (relating to care, intervention and monitoring of specific groups or problems) and the policy (in the sense of community organization and transformation of living conditions that lead to health problems)(31).

The care of children and adolescents was briefly mentioned by nurses, but with inattention. The chronic disease significantly and negatively alters the QOL of the child, considering changes triggered by hospitalizations, treatments, changes in life habits, medical follow-up and, sometimes, the need to leave the school environment(32). From the definition of the diagnosis of a NCD, the lives of children, adolescents and their families are guided by disease and treatment. This translates into a long journey, permeated by difficulties and a set of feelings represented by anguish and uncertainty.

In order to provide comprehensive education and better health rates of children and adolescents, the School Health Program (SHP) develops actions to assess health conditions, promote health, prevent injuries and train and train professionals. These activities aim to intervene in possible risks of illness, related to this age group and, in situations of disease already installed, the PSE seeks to assess the health conditions of schoolchildren and refer them to the most appropriate treatment center according to the specialty provided(33).

After the above, the study presented as a limitation the inclusion of PHC from only one municipality in the research. However, it can be verified that the present study contributes to the health area since it evidences several actions of care that are being developed by PHC to promote the QOL of users with DCNTs. There is also a glimpse of several actions that can be developed with this population from the promotion to SUS, empowerment of nurses and carrying out activities that concern the sociocultural and economic dignity of service users.

FINAL CONSIDERATIONS

This study showed that nurses perceive several individual and collective actions to

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promote the QOL of people with NCD in the FHS. Among the reported activities are health promotion, interconsultations, individual consultations, permanent education, HV, and agreements with users and family members. The importance of multiprofessional support to the FHS and its users was highlighted. In addition to the specific strategies used by health service professionals, the study showed that actions in partnership with HCN and USAS of the municipality favor nursing care.

Also, nurses see possible strategies to be implemented, such as the integration of actions between teaching and service, the performance of educational activities, the expansion of HCN and the offer of activities that do not concern only diseases. The qualification of CHAs, greater participation in the management and prevention of NCDs in childhood and adolescence were also considered by professionals.

Therefore, it is suggested to the local universities to carry out teaching and extension activities in the FHS, and to professionals to carry out permanent and continuing education with the teams that integrate the HCN, as well as the qualification of health professionals such as CHAs. The (re)implementation of the FHSC, strengthening of the HSP and Early Childhood Better, as well as new research addressing the health of people with NCDs, are considered important for the continuity and improvement of the QOL of people with NCDs.

REFERENCES

1. Bigna JJ, Noubiap JJ. The rising burden of non-communicable diseases in sub-Saharan Africa. Lancet Glob Health. 2020;8(10).

2. Khan MA, Hashim MJ, King JK, Govender RD, Mustafa H, Al Kaabi J. Epidemiology of Type 2 Diabetes – Global Burden of Disease and Forecasted Trends. J Epidemiol Glob Health. 2020;10(1):107-111. Doi: 10.2991/jegh.k.191028.001.

3. Ministério da Saúde (BR). Departamento de Atenção Básica. Portaria MS/GM nº 2436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União; 2017.

4. Ministério da Saúde (BR). Vigitel Brasil 2021: Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico: estimativas sobre frequência e distribuição sociodemográfica de fatores de risco e proteção para doenças crônicas nas capitais dos 26 estados brasileiros e no Distrito Federal em 2021. Brasília-DF: Ministério da Saúde; 2021.

5. Giovanella L, Franco CM, Almeida PF. Política Nacional de Atenção Básica: para onde vamos? Ciênc Saúde Colet. 2020;25:1475-82. Doi: https://doi.org/10.1590/1413-81232020254.01842020

6. Arantes LJ, Shimizu HE, Merchán-Hamann E. Contribuições e desafios da Estratégia Saúde da Família na Atenção Primária à Saúde no Brasil: revisão da literatura. Ciênc saúde coletiva. 2016;21(5):1499–510. Doi: https://doi.org/10.1590/1413-81232015215.19602015

7. Goulart GS, Bedin BB, Almeida G, Dorneles FC, Silveira DC, Moreschi C. Qualidade de vida de usuários da atenção primária à saúde com doenças crônicas não transmissíveis: revisão narrativa de literatura. Braz J Development, 2020;6(10):81431-442. Doi: https://doi.org/10.34117/bjdv6n10-534

Atribuição CCBY

REVISTA ENFERMAGEM ATUAL IN DERME

8. Carvalho FFBD, Akerman M, Cohen SC. A Promoção da Saúde na Atenção Básica: o papel do setor Saúde, a mudança comportamental e a abordagem individual. Estud av. 2023;37(109):89–104. DOI: 10.1590/s0103-4014.2023.37109.007

9. Nazareno N, Benavente A, Alicto M, Arceo J, Charfauros A, Dizon C, et al. Smoking, Nutrition, Alcohol, Physical Activity, and Obesity (SNAPO) Health Indicators Among College Students in Guam. Hawaii J Health Soc Welf [Internet]. 2020 Jun 1 [2025 Feb 12];79(6 Suppl 2):24-29. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC7311948/pdf/hjhsw7906_S2_0024.pdf

10. Alegre JC, Sharma S, Cleghorn F, Avila C. Strengthening primary health care in low- and middle-income countries: furthering structural changes in the post-pandemic era. Front Public Health. 2024 Feb 14;11:1270510. Doi: 10.3389/fpubh.2023.1270510. eCollection 2023.

11. Minayo MCS. O Desafio do Conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec, Abrasco; 2014.

12. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. Acta Paul Enferm. 2021;34(1):eAPE02631. Doi: https://doi.org/10.37689/acta-ape/2021AO02631

13. Marinho MR, Silva Neto PK, Matta LRF da, Cunha IP, Pessalacia JDR. Perfil dos trabalhadores da Atenção Primária à Saúde e proteção de riscos ocupacionais na pandemia da Covid-19 no Brasil. Trab. Educ. saúde. 2022;20:18. Doi: https://doi.org/10.1590/1981-7746-ojs375

14. Alvarenga JPO, Sousa MF. Processo de trabalho de enfermagem na Atenção Primária à Saúde no estado da Paraíba – Brasil: perfil profissional e práticas de cuidados na dimensão assistencial. Saúde debate [Internet]. 2023;46(135 out-dez):1077-92. Doi: https://doi.org/10.1590/0103-1104202213509

15. Organização Pan-Americana da Saúde. Infográfico: Situação da enfermagem na Região das Américas. Brasília, DF: OPAS; 2021.

16. Peduzzi M, Agreli HLF, Silva JAM, Souza HS. Trabalho em equipe: uma revisita ao conceito e a seus desdobramentos no trabalho interprofissional. Trab. Educ. Saúde. 2020; 18(suppl1):e0024678. Doi: https://doi.org/10.1590/1981-7746-sol00246

17. Ramos CFV, Silva MSBD, Rosa ADS, Santana CLA, Tanaka LH. Educational actions: action research with Family Health Strategy professionals and users. Rev Bras Enferm. 2020;73(5):e20180969. Doi: https://doi.org/10.1590/0034-7167-2018-0969

18. Schenker M, Costa DHD. Avanços e desafios da atenção à saúde da população idosa com doenças crônicas na Atenção Primária à Saúde. Ciência Saúde Coletiva. 2019; 24: 1369-80. Doi: https://doi.org/10.1590/1413-81232018244.01222019

19. Nogueira AJN, Pachú CO. A atuação do profissional de enfermagem frente às Doenças Crônicas na Atenção Primária à Saúde: uma revisão integrativa. Braz J Development. 2021;7(12):121505-17. Doi: https://doi.org/10.34117/bjdv7n12-764

20. Vasconcelos J, Probst LF, Silva JAMD, Costa MV, Higashijima MNS, Santos MLM, et al. Factors associated with interprofessional collaboration in Primary Health Care: a multilevel analysis. Cien Saude Colet. 2024;29(1):e10572022. Doi: https://doi.org/10.1590/1413-81232024291.10572022

21. Ferreira PC et al. Percepção de usuários e cuidadores sobre a gestão de doentes crônicos na saúde suplementar. Cienc Cuid Saude. 2020;19:e50520.

22. Bjornsdottir K, Ceci C. Home care nursing practice for older persons with heart failure living at home. J Clin Nurs. 2023;32(13-

Atribuição CCBY

14):4103-15. Doi: 10.1111/jocn.16575. Epub 2022 Nov 12.

23. Bender JD, Facchini LA, Lapão LMV, Tomasi E, Thumé E. O uso de Tecnologias de Informação e Comunicação em Saúde na Atenção Primária à Saúde no Brasil, de 2014 a 2018. Ciênc saúde coletiva. 2024;29(1):e19882022. Doi: https://doi.org/10.1590/1413-81232024291.19882022

24. Menezes GRS, da Silva AS, Silvério LC, Medeiros AC. Impacto da atividade física na qualidade de vida de idosos: uma revisão integrativa. Braz J Health Review. 2020; 3(2): 2490-98. Doi: https://doi.org/10.34119/bjhrv3n2-097

25. Barros D, Borges-Machado F, Silva-Fernandes A, Ribeiro O, Carvalho J. Do physical fitness and cognitive function mediate the relationship between basic activities of daily living and quality of life in older adults with dementia? Qual Life Res. 2024;33(4):917-26. Doi: 10.1007/s11136-023-03570-3. Epub 2023 Dec 19.

26. Silva RAS, Nicolau SM, Oliver FC. O papel da terapia ocupacional na atenção primária à saúde: perspectivas de docentes e estudantes da área. Cad. Bras. Ter. Ocup. 2021; 29(1):e2927. Doi: https://doi.org/10.1590/2526-8910.ctoAO2214

27. Ribeiro SP, Cavalcanti MLT. Atenção Primária e Coordenação do Cuidado: dispositivo para ampliação do acesso e a melhoria da qualidade. Ciênc. Saúd. Colet 2020; 25(5):1799-1808. Doi: https://doi.org/10.1590/1413-81232020255.34122019

28. Buss PM, Hartz ZM de A, Pinto LF, Rocha CMF. Promoção da saúde e qualidade de vida: uma perspectiva histórica ao longo dos últimos 40 anos (1980-2020). Ciênc saúde coletiva. 2020;25(12):4723–35. Doi: https://doi.org/10.1590/1413-812320202512.15902020

29. Fernandes LTB, Nóbrega VM, Silva MEA, Machado AN, Collet N. Autocuidado apoiado a crianças e adolescentes com doenças crônicas e suas famílias. Rev Bras Enferm. 2017;70(6):1318-29. Doi: http://dx.doi.org/10.1590/0034-7167-2016-0553

30. Santana RR, Santana CCAP, Costa Neto SB, Oliveira EC. Extensão Universitária como Prática Educativa na Promoção da Saúde. E&R. 2021;46(2):e98702. Doi: https://doi.org/10.1590/2175-623698702

31. Nunes CA, Aquino R, Medina MG, Vilasbôas ALQ, Pinto Júnior EP, Luz LA. Visitas domiciliares no Brasil: características da atividade basilar dos Agentes Comunitários de Saúde. Saúde Debate. 2018; 42(spec2):127-44. Doi: https://doi.org/10.1590/0103-11042018S209

32. Jorge Junior AF, Colares GC, Filho IBMR, Sousa e Silva L. Doenças Crônicas não Transmissíveis na Infância: Revisão Integrativa de Hipertensão Arterial Sistêmica, Diabetes Mellitus e Obesidade. Rev Saúde Dinâmica. 2020; 2(2): 38-55. Doi: https://doi.org/10.4322/2675-133X.2022.016

33. Oliveira FPSL, Vargas AMD, Hartz Z, Dias S, Ferreira e Ferreira E. Percepção de escolares do ensino fundamental sobre o Programa Saúde na Escola: um estudo de caso em Belo Horizonte, Brasil. Ciência Saúde Coletiva. 2018;23(9):2891-98. Doi: https://doi.org/10.1590/1413-81232018239.16582018

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Nothing to declare.

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