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Nursing diagnoses related to cardiovascular diseases in the homeless population of São Paulo

ABSTRACT | OBJECTIVE: To list nursing diagnoses that relate lack of knowledge and difficulties in access to health services to the development of cardiovascular disease. **METHODS:** Exploratory, cross-sectional and quantitative study conducted in São Paulo. A questionnaire was applied to 173 homeless volunteers. Data were analyzed and associated with NANDA I International Nursing Diagnostic Taxonomy, 2018/2020. **RESULTS:** An elevation in the mean blood pressure of those studied was found. There was a wide variation in education. Various impediments to accessing health services were reported. The main nursing diagnoses found were Poor Knowledge and Poor Community Health. **CONCLUSION:** With the results obtained, an elevation in the blood pressure values of the volunteers was noted, and nursing diagnoses were listed. The need for interventions in health education, promotion and prevention was evident, so that this population can have its health rights guaranteed.

Keywords: Cardiovascular diseases; Homeless persons; Health services accessibility; Risk factors; Socioeconomic factors.

RESUMEN | OBJETIVO: Enumerar los diagnósticos de enfermería que relacionan el desconocimiento y las dificultades de acceso a los servicios sanitarios con el desarrollo de enfermedades cardiovasculares. **MÉTODOS:** Estudio exploratorio, transversal y cuantitativo realizado en São Paulo. Se aplicó un cuestionario a 173 voluntarios sin hogar. Los datos fueron analizados y asociados a la Taxonomía Internacional de Diagnóstico de Enfermería NANDA I, 2018/2020. **RESULTADOS:** Se encontró una elevación de la presión arterial media de los estudiados. Había una gran variación en la educación. Se señalaron varios impedimentos para acceder a los servicios sanitarios. Los principales diagnósticos de enfermería encontrados fueron: Conocimiento deficiente y Salud comunitaria deficiente. **CONCLUSIÓN:** Con los resultados obtenidos, se observó una elevación de los valores de presión de los voluntarios y se enumeraron los diagnósticos de enfermería. Se evidenció la necesidad de intervenciones en educación, promoción y prevención de la salud, para que esta población tenga garantizados sus derechos sanitarios.

Palabras claves: Enfermedades cardiovasculares; Personas sin hogar; Accesibilidad a los servicios de salud; Factores de riesgo; Factores socioeconómicos.

RESUMO | OBJETIVO: Elencar diagnósticos de enfermagem que relacionem a falta de conhecimento e as dificuldades de acesso aos serviços de saúde com o desenvolvimento de doenças cardiovasculares. **MÉTODO:** Estudo exploratório, transversal e quantitativo realizado em São Paulo. Foi aplicado um questionário a 173 voluntários em situação de rua. Os dados foram analisados e associados a Taxonomia de Diagnósticos de Enfermagem Internacional NANDA I, 2018/2020. **RESULTADOS:** Foi encontrado uma elevação na média de pressão arterial dos estudados. Houve uma grande variação da escolaridade. Foram relatados diversos impedimentos de acesso aos serviços de saúde. Os principais diagnósticos de enfermagem encontrados foram: Conhecimento Deficiente e Saúde deficiente da comunidade. **CONCLUSÃO:** Com os resultados obtidos, notou-se uma elevação nos valores pressóricos dos voluntários, sendo elencados diagnósticos de enfermagem. Evidenciou-se a necessidade de intervenções em educação, promoção e prevenção a saúde para que, dessa maneira, essa população tenha seus direitos a saúde garantidos.

Palavras-chaves: Doenças cardiovasculares; População em situação de rua; Acesso aos serviços de saúde; Fatores de risco; Fatores socioeconômicos.

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INTRODUCTION

Cardiovascular diseases (CVD) are comorbidities of multifactorial causes, which affect the heart and blood vessels. These factors can be divided between modifiable and non-modifiable and among them are: psychosocial diseases, smoking, age, alcoholism, obesity, physical inactivity, heredity, use of illegal substances, in addition to uncontrolled morbidities such as diabetes and hypertension.^{1,2} These pathologies contemplate the main causes

of death worldwide according to the Pan American Health Organization (PAHO/WHO), being the equivalent to 31% of all deaths in the world in 2015 and approximately 383.961 deaths in Brazil in 2017.^{3,4}

According to Decree 7.053 of December 23, 2009, single paragraph, the homeless population (HP) is considered to be the heterogeneous population group that has extreme poverty in common, broken or weakened family ties and the lack of regular conventional housing, and that uses public places and degraded areas as temporary and permanent living and living space, as well as reception units for temporary overnight stays or as temporary housing.⁵ Therefore, we are currently experiencing an increase in the number of this mass, and in São Paulo, the last census of 2019 recorded 24.344 on the streets, they are at greater social vulnerability, making it necessary to collect demographic data, lifestyle life, past history and socioeconomic characteristics detecting the lack of interventions and the prevalence of CVD Risk Factors (RF).^{6,7}

In this way, the nursing process (NP) consists of 5 phases, namely: Nursing data collection, Nursing diagnosis (ND), Nursing planning, Nursing implementation and evaluation. Through it, it is possible to provide assistance in a systematic and organized manner, thus guaranteeing comprehensive and individualized care. The DE comprises the 2nd phase of the NP and is the interpretation and grouping of the data that were collected in the first stage plus the clinical judgment on the individual's health responses. In this regard, the Nursing Care Systematization (NCS), and the ND are essential for judgment, disease control and therapeutic conduct, identifying interventions to develop an efficient care network minimizing cardiovascular risks and complications in this population.^{8,9,10}



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The Federal Constitution of 1988 recognizes health as a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other problems, universal and equal access to actions and services for their promotion, protection and recovery.^{5,11} Thus, Brazilian legislation has the National Policy for the Homeless Population of 2009, in which it directs health care. Thus, in 2011, through this team, the Street Consultation teams were established, acting according to the needs identified in this population, with actions of promotion, prevention and health education.¹²

According to the Ministry of Health in the thematic glossary, health education can be defined as an "educational process of building health knowledge that aims at thematic appropriation by the population and not at professionalization or career in health, as well as increasing people's autonomy in their care" Therefore, the importance of this process is explained so that the prevention of health problems and increased autonomy occurs. That said, the HP verified the data related to access to health services, education and instruction, so that nursing diagnoses could be raised and after that, the need for nursing actions in health promotion and education was investigated.^{13,14}

OBJECTIVE

List nursing diagnoses that relate the lack of knowledge and the difficulties in accessing health services with the development of cardiovascular diseases.

METHOD

This is an exploratory, cross-sectional and quantitative field research, carried out in the Central Region of São Paulo from November 2019 to

March 2020. A questionnaire previously structured and approved by the institutional Ethics Committee under protocol was applied: 036417, CAAE:

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173 volunteers were selected for convenience, respecting the age group of 18 to 60 years. For the collection of

the collections, the established time was in the morning period and the region of data collection was previously selected. Prior to the completion of the questionnaires, a free and informed consent term was presented, and, if the volunteer accepted, after signing, the interview was started.

Questionnaires containing approximately 50 questions related to cardiovascular health, sexual behavior, self-care and sociodemographic data were applied, followed by measurements of Blood Pressure (BP) and Heart Rate (HR), using digital devices, in addition to Abdominal Circumference (AC), Cervical Circumference (CC) measures and height measuring with tape and weight with a digital scale. The data were transferred to the EXCEL digital platform and subsequently analyzed and condensed in the form of tables and graphs.

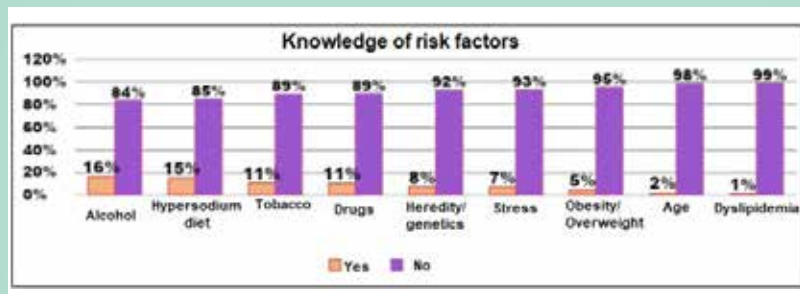
These data were later associated with the book North American Nursing Diagnoses Association (NANDA) I of 2018-2020, with nursing diagnoses related to difficulties in accessing health services, insufficient knowledge and cardiovascular diseases that understand the factors present in the studied population.

RESULTS

Regarding education, of the 173 respondents, 53% did not even study until high school, of which 53%, 5% said they were illiterate, 17% only know how to read and write, 10% studied from first to fourth grade and 21% from the 5th to the 8th year of elementary school. Of the remaining 47%, 16% have not completed high school and 23% have completed, 6% have not completed higher education and 3% have this training.

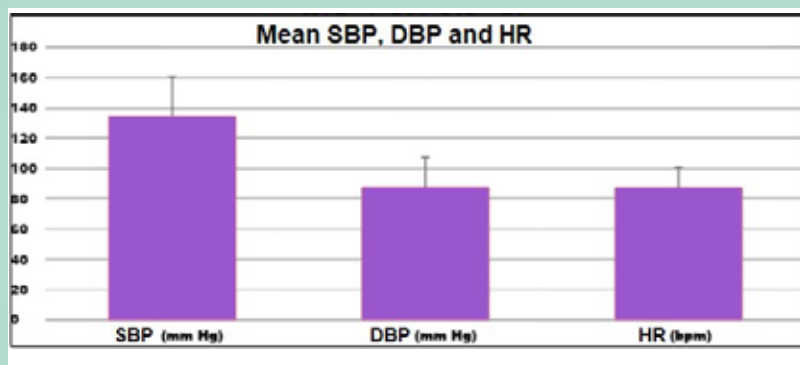
Respondents were asked about their prior knowledge of RF for CVD and most were unaware of the factors, such as 99% for dyslipidemia, 98%

Graph 1: Relationship between the knowledge of those studied regarding the risk factors for CVD's.



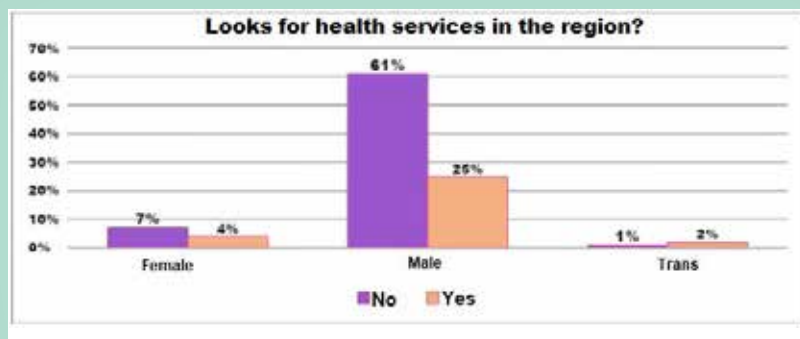
Source: authors' data

Graph 2: Relationship of mean systolic, diastolic and HR of the studied.



Source: authors' data

Graph 3: Relationship of demand for health services by the participants divided into gender.



Source: authors' data

age, 95% obesity/overweight, 93% stress, 92% heredity/genetics, 90% drugs, 89% tobacco, 85% hyper sodium diet and 84% alcohol. Data that can be observed below, in graph 1 - Knowledge of Risk Factors.

Changes were also found in the mean BP values of the volunteers, with a diastolic of 134mmHg, a systolic of 87mmHg and HR of 87 beats per minute, values above that recommended by the 7th Brazilian Guideline on Hypertension. This can be seen in Graph 2 - Average of SBP, DBP and HR, at the end of the paragraph. It was found that 72% reported never having been seen in a previous cardiological consultation, and when observing those who report this service, we are motivated by the diagnoses of Hypertension (51%), Arrhythmias (6%), coronary diseases (4%) and heart failure (4%), with only 28% of those studied.

It was noted that 69% of those studied do not attend health services, in which difficulties and impediments are reported, mainly: Waiting for care (33%), Discrimination (12%) and Prejudice (10%), data shown in the graphs 3 - Are you looking for health services in the region? And, in 4 - Something prevents you from attending health services, just below. It is noted that 91% did not know how to inform



Health risk-prone behavior characterized by substance abuse, failure to act in order to prevent health problems, smoking related to insufficient social support and negative perception of the health care provider.



the previous history of cardiovascular diseases, showing little understanding and the difficulty of accessing equitable services to their needs.

In this way, the analysis and survey of nursing diagnoses was carried out using the I NANDA taxonomy, relating the lack of self-care, cardiovascular risk, difficulties in accessing health services and low understanding of health, finding:

Poor health in the community characterized by a health problem experienced by groups or populations related to insufficient access to health care providers.

Deficient Knowledge characterized by inappropriate behavior, inadequate test performance, inappropriate knowledge, related to insufficient information.

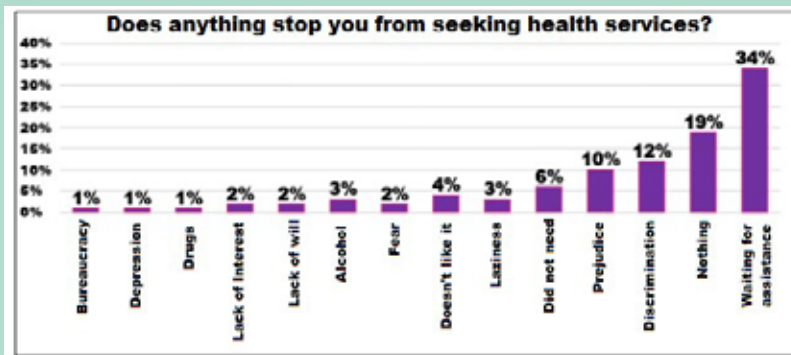
Health risk-prone behavior characterized by substance abuse, failure to act in order to prevent health problems, smoking related to insufficient social support and negative perception of the health care provider.

Risk of decreased cardiac tissue perfusion related to the risk of substance abuse and insufficient knowledge about modifiable factors. (North American Nursing Diagnoses, 2018) ¹⁵.

DISCUSSION

The number of people living on the streets in São Paulo is alarming and their state of health generates concern and inspires care. Health knowledge is the basis for prevention to occur, thus avoiding unnecessary complications and hospitalizations, reducing costs and promoting health. Due to this weakness in understanding the health-disease process, the need for interventions that can reverse this situation was evidenced, thus generating health promotion and prevention that are the bases of Primary Care, so that, with this, we can reduce the morbidity and mortality of this ne-

Graph 4: List of impediments to the demand for health services by those studied.



Source: authors' data

glected portion of society, being able to change the health conditions of this population.

With regard to access to health services, it was found that the PSR has relative difficulties, leading them to seek mainly services in secondary and tertiary care, with urgency and emergency and rarely follow-ups related to prevention and health promotion of primary care. Thus, it was found that cardiovascular risk is increased, given that most do not monitor health, due to resistance and difficulties in care, causing social devaluation and lack of access to primary care services. It is recognized that, despite current public policies, they have less access to effective health services that are equitable to their needs, making it necessary to create, renew, expand and revise public policies that ensure health for this part of society which,

according to the law, is the right of all and the duty of the State.

CONCLUSION

According to the above, it was noted that there are several factors that corroborate the damage to cardiovascular health of HP, among which are the difficulties in accessing health services and health education. Because, there was a lack of knowledge of risk factors for the development of CVDs and, in addition, factors that prevent access to and demand for health services have been reported, including prejudice and discrimination, which adds up to the decreased self-care and comorbidity control, thus increasing the risks to systemic integrity.

It was noticed that the pressure values of those studied were high, showing the influence of these factors

with the onset of CVD's, as it is known that arterial hypertension is a disease predisposing to several acute and chronic systemic pathologies, such as heart failure, acute infarctions of the myocardium and strokes. That said, nursing diagnoses were listed that substantiated these data, revealing the emergence of health problems experienced by those studied.

And, through this, there is an explicit need for interventions in the public and political sphere that result in the reduction of these factors and, consequently, in the improvement of the quality of life of this population. It is up to the public authorities to apply the laws in force in order to guarantee full access to the health needs of the HP, demonstrating the importance of strengthening, revising and creating public policies that contemplate this neglected part of society. 🐦

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