



ORIGINALES

Self-care of users with chronic diseases in primary care in the light of Orem's theory

Autocuidado de usuários com doenças crônicas na atenção primária à luz da teoria de Orem

Autocuidado de usuarios con enfermedades crónicas en la atención primaria a la luz de la teoría de Orem

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ABSTRACT:

Introduction: Chronic non-communicable diseases are considered the main causes of death and disability, both nationally and worldwide. They have multifactorial causes, and the main ones are cardiovascular diseases, cerebrovascular accidents, chronic respiratory diseases, diabetes mellitus and neoplasms.

Objective: To describe the self-care of users with non-communicable chronic diseases in Primary Health Care, in the light of Orem's Self-Care Theory.

Method: Cross-sectional, descriptive and exploratory study carried out in an area covered by a Family Health Unit in the city of Natal, Rio Grande do Norte, Brazil. The non-probabilistic and intentional sample had 80 users with chronic health conditions. Data were collected between January 2018 and December 2019, through a structured interview and through the use of a validated form for the analysis of self-care in adults. The results, presented in absolute and relative frequencies, have a confidence interval of 95%.

Results: Among the sociodemographic variables, it was identified that 70% of users had elementary education and that 85% had cardiovascular diseases. As for self-care, all users were independent to perform body hygiene and to control bladder and bowel eliminations. 98.8% were independent to dress themselves; 96.3%, for walking; 87.5%, to chew and swallow; and 83.8%, to prepare food.

Conclusion: Independence for activities of daily living and self-care were characteristics present among the participants. Such independence is considered important in the Self-Care Theory.

Keywords: Chronic disease; Primary Health Care; Self-care; Nursing.

RESUMO:

Introdução: As doenças crônicas não transmissíveis são consideradas as principais causas de morte e de incapacidades, tanto a nível nacional quanto mundial. Elas possuem causas multifatoriais, e as principais delas são as doenças cardiovasculares, os acidentes cerebrovasculares, as doenças respiratórias crônicas, diabetes mellitus e neoplasias.

Objetivo: Descrever o autocuidado de usuários com doenças crônicas não transmissíveis na Atenção Primária à Saúde, à luz da Teoria do Autocuidado de Orem.

Método: Estudo transversal, descritivo e exploratório, realizado em área adscrita de uma Unidade de Saúde da Família, no município de Natal, Rio Grande do Norte, Brasil. A amostra não probabilística e intencional contou com 80 usuários em condições crônicas de saúde. Os dados foram coletados entre janeiro de 2018 e dezembro de 2019, por meio de entrevista estruturada e por meio de uso de formulário validado para a análise do autocuidado em adultos. Os resultados, apresentados em frequências absolutas e relativas, possuem intervalo de confiança de 95%.

Resultados: Dentre as variáveis sociodemográficas, identificou-se que 70% dos usuários têm ensino fundamental e que 85% apresentam doenças cardiovasculares. Quanto ao autocuidado, todos os usuários eram independentes para realizar higiene corporal e para controlar as eliminações vesicais e intestinais. 98,8% eram independentes para vestir-se; 96,3%, para deambular; 87,5%, para mastigar e deglutir; e 83,8%, para preparar os alimentos.

Conclusão: A independência para as atividades de vida diária e de autocuidado foram características presentes entre os participantes. Tal independência é considerada importante na Teoria do Autocuidado.

Palavras-chave: Doença crônica; Atenção Primária à Saúde; Autocuidado; Enfermagem.

RESUMEN:

Introducción: Las enfermedades crónicas no transmisibles son consideradas las principales causas de muerte y discapacidad, tanto a nivel nacional como mundial. Tienen causas multifactoriales y las principales son las enfermedades cardiovasculares, los accidentes cerebrovasculares, las enfermedades respiratorias crónicas, la diabetes mellitus y las neoplasias.

Objetivo: Describir el autocuidado de usuarios con enfermedades crónicas no transmisibles en la Atención Primaria de Salud a la luz de la Teoría del Autocuidado de Orem.

Método: Estudio transversal, descriptivo y exploratorio, realizado en un área anexa de una Unidad de Salud de la Familia, en la ciudad de Natal, Rio Grande do Norte, Brasil. La muestra no probabilística e intencional estuvo conformada por 80 usuarios con condiciones crónicas de salud. Los datos fueron recolectados entre enero de 2018 y diciembre de 2019, a través de una entrevista estructurada y el uso de un formulario validado para el análisis del autocuidado en adultos. Los resultados, presentados en frecuencias absolutas y relativas, e intervalo de confianza del 95%.

Resultados: Entre las variables sociodemográficas, se identificó que 70% de los usuarios tenían instrucción básica y padecían enfermedades cardiovasculares 85%; en cuanto al autocuidado, todos los usuarios eran independientes para realizar la higiene corporal y controlar las deposiciones vesicales e intestinales; El 98,8% eran independientes para vestirse, el 96,3% para caminar, el 87,5% para masticar y tragar y el 83,8% para preparar la comida.

Conclusión: La independencia para las actividades de la vida diaria y el autocuidado fueron características presentes entre los participantes, consideradas importantes en la Teoría del Autocuidado.

Palabras clave: Enfermedad Crónica; Primaria de Salud; Autocuidado; Enfermería

INTRODUCTION

Chronic non-communicable diseases (CNCDs) are considered the main causes of death and disability, both nationally and worldwide. In Brazil, they represent a challenge for public health and correspond to 72% of the causes of death^(1,2). Worldwide, data from the World Health Organization (WHO) report on CNCDs show that they are responsible for the main causes of death and are estimated to be responsible for 41 million deaths annually, which represent 71% of all deaths in the world⁽³⁾.

Chronic non-communicable diseases have multifactorial causes and present a more or less long or permanent course. Such causes may derive from individual or social factors. The main CNCs are cardiovascular diseases, cerebrovascular accidents, chronic respiratory diseases, diabetes mellitus (DM) and neoplasms. All of them have modifiable risk factors in common, such as tobacco, unhealthy diet, harmful use of alcohol and physical inactivity⁽⁴⁾.

In the results of a similar study, such factors are related to the accelerated globalization and urbanization processes, since the population's life habits have changed. This happens because people are increasingly opting for a sedentary lifestyle, associated with the consumption of processed foods, as well as the harmful use of tobacco and alcohol, inducing them to make self-care secondary⁽⁵⁾.

It is observed that people's lifestyle associated with the development of some CNCs can affect their quality of life and trigger considerable limitations for individuals, as these require complex treatment and require the affected persons to adhere to self-care behaviors, such as care with the diet and physical activity⁽⁶⁾.

Self-care in relation to chronic diseases is the sum of care of two orders: individual and nursing. For satisfactory results, people affected by CNCs need to understand them, in order to know how to deal with the recommended treatment, with emotional adjustments and with interpersonal readaptations in their basic activities of daily living and instrumental. In this sense, nursing works through educational actions aimed at the persons and the families, in order to assume responsibility for their individual health care needs, with the potential to promote the autonomy of these people⁽⁷⁾.

Thus, it is relevant to understand the essence of self-care in the prevention and treatment of CNCs. From this perspective, for this study, Orem's General Theory was adopted: Nursing Theory of Self-Care Deficit as a reference to discuss the results achieved. It is a comprehensive theory, which involves central and interrelated concepts of self-care⁽⁸⁾. In addition, it has significant relevance in the area of Nursing and is considered a reference to conduct care practices, and can be used as a care instrument, in addition to being valid to respond to the needs of the individual affected with a chronic disease⁽⁹⁾.

The Nursing Theory of Self-Care Deficit was described, at first, in terms of its functions, as a general theory of nursing, consisting of three others: 1. Self-Care Theory, which refers to the performance of self-care itself, in addition to explaining and justifying the need for self-care for health; 2. the Self-Care Deficit Theory, which consists of explaining when and why nursing becomes necessary and important to the person in relation to the care process; 3. The Nursing Systems Theory, which refers to the person in a situation of self-care deficit, so that, in order to compensate, nursing care is needed⁽⁹⁾.

Orem's Theory⁽⁸⁾ clarifies the meaning of self-care as the practice of actions performed that generate contributions and benefits for the improvement and maturation of the people who perform and develop them, within specific moments, with the objective of preserving life and personal well-being. This theory also reiterates that self-care is a human activity intentionally performed by people themselves or by someone who performs for them, in order to maintain life, health and, therefore, well-being.

In addition, this theory is considered a foundation for understanding the conditions and limitations of people in the development of self-care actions that can benefit themselves from nursing⁽¹⁰⁾.

The context of health care for people affected by CNCDs requires a set of factors that integrate the health care system, health professionals and users, in an attempt to have effective, efficient and quality control of these diseases. This happens because the impacts generated by disabilities and limitations require changes that demand spending on the disease and services⁽⁴⁻¹¹⁾.

In order to minimize the prevalence of CNCDs, Brazil⁽¹²⁾ instituted a plan that focuses on defining and prioritizing the actions and investments necessary to prepare the country to face and stop CNCDs in the next ten years. In this plan, primary health care is understood as an important part of carrying out health actions, including care and longitudinal monitoring of users with these diseases.

The professional nurses who work in the context of Primary Health Care (PHC) stand out for being at the forefront of the development of actions and practices of education, health promotion and prevention of diseases/problems in the community⁽¹³⁾. Such characteristics are fundamental for the implementation of health care for people with CNCDs, given that health promotion actions provide a look not only at the disease, but, above all, at people's living conditions, as well as of families.

Thus, CNCDs are one of the main health and development challenges of the 21st century, as such diseases contribute to the increase in the incidence, prevalence and mortality of the affected population both in Brazil and in other countries, thus identifying the need to reinforce coping actions in health, as well as the services offered by PHC⁽¹⁴⁾, with an emphasis on self-care.

However, some challenges regarding the guarantee of attendance to the principle of integrality, satisfactory family guidance and accessibility persist, which implies the need for improvement, mainly related to the development and execution of expanded actions beyond injuries and diseases⁽¹⁵⁾.

In view of this problem, the objective of this study was to describe the self-care of users with chronic non-communicable diseases treated at a Family Health Unit in the city of Natal, Rio Grande do Norte, Brazil, from January 2018 to December 2019, in the light of Orem's Self-Care Theory.

MATERIAL AND METHOD

This research is a cross-sectional, descriptive and exploratory study with a quantitative approach. The study was carried out in an area assigned to a Family Health Unit, belonging to the Western Sanitary District in the city of Natal, Rio Grande do Norte, Brazil.

The choice of this location was due to the fact that it is a neighborhood in a peri-urban region, with a high population rate (around 110,000 inhabitants and 44 years of existence), characterized by some factors, such as low levels of education and income, with the most people in the reproductive stage of work.

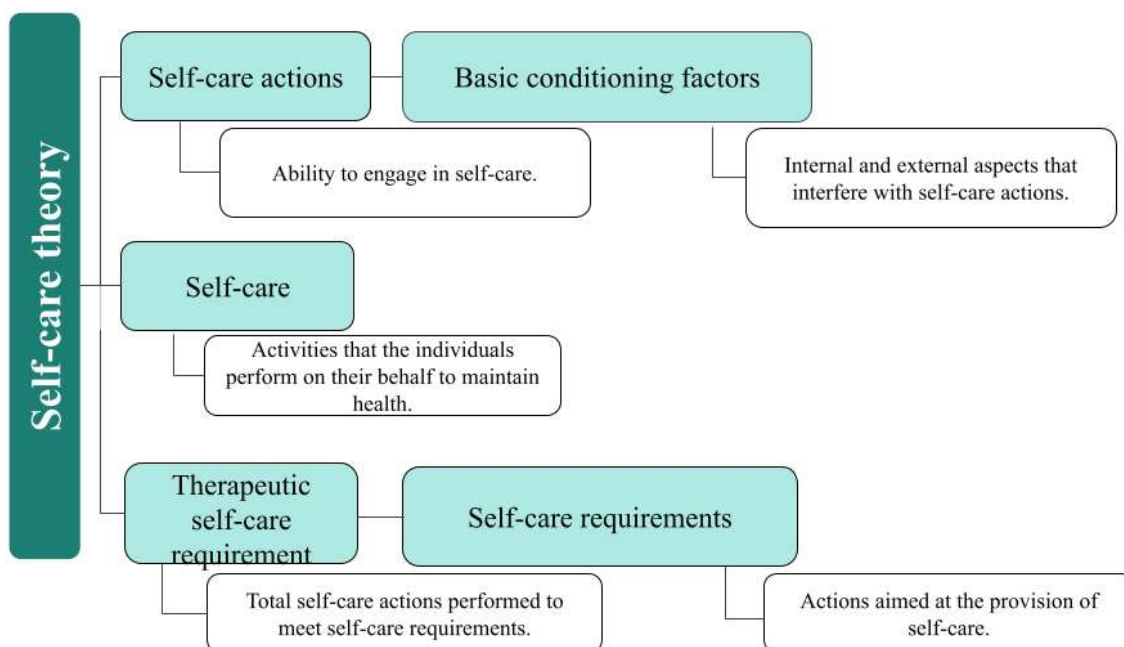
The non-probabilistic sample was intentional and composed of 80 participants. It presented as inclusion criteria: individuals affected by a CNCD registered in the Basic Health Unit, over 18 years old, with maintained physical and cognitive functions and adequate to participate in an interview; as an exclusion criterion, users registered in the unit who did not present any condition or chronic disease. The study presented the following research question: “which self-care measures are performed by users with CNCDs in Primary Health Care?”

The enrollment of subjects took place in the waiting room of the Health Unit, while they were waiting for care, with the support of health professionals at the time. *A priori*, all users with CNCD were invited. Volunteers and those who met the aforementioned criteria participated in the interview.

The collection period took place between January 2018 and December 2019, always on Fridays, a day made available by the Health Unit. A structured interview and a form validated by Santos⁽¹⁶⁾ were used, containing closed and open questions about sociodemographic information and factors related to health and aspects of self-care for CNCDs. It should also be noted that it is a form based on the self-care model for chronic conditions (SCMCC), adapted in Brazil by Mendes⁽¹⁷⁾, for monitoring users with CNCDs in primary health care.

For the analysis of the results, we used the framework of Orem's Theory of Self-care⁽¹⁸⁾. Regarding the Self-Care Theory, a diagram is presented with the concepts that comprise the theory, which made it possible to interpret the results of this research.

Figure 1: Synthesis of concepts involving the theory of self-care



Source: own authorship (2021), based on Orem's theory⁽⁸⁾.

Box 1 presents the constituent factors proposed by the Self-Care Theory, as well as their association with the variables used. It is possible to identify the relationship of these concepts with some of the results achieved in this study.

To identify the self-care profile of the subjects, the data collected were tabulated and organized in Microsoft Excel and analyzed in the Statistical Package for Social Science (SPSS), version 20.0, using descriptive statistics, with presentation of relative, absolute and 95% confidence intervals, presented through tables.

The research followed the ethical precepts of Resolution number 466/2012 of the National Health Council and was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte (CEP-UFRN), under protocol number 94030518.5.0000.5/2017.

RESULTS

The analysis of sociodemographic variables showed that most users self-declare as brown (53.8%), had a partner (53.8%), were female (87.5%), with a practicing religion (62.5%), with no employment bond (71.25%), with elementary education (70%) and income greater than or equal to 1 minimum wage (86.3%). As for reported morbidity, the majority (85%) had cardiovascular diseases, followed by endocrine diseases (56.3%), dyslipidemias (6.25%) and chronic respiratory diseases (3.75%), as described in table 1.

Table 1 - Characterization of sociodemographic variables with users affected by non-communicable chronic diseases, in Primary Health Care. Natal-RN, 2021.

Characteristics	n	%	95% CI
Race/color			
White	22	27.5	18.9 - 38.1
Brown	43	53.8	42.9 - 64.3
Black	8	10.0	5.15 - 18.5
Ignored	7	8.7	4.30 - 17
Age group			
18 to 59 years	39	48.8	38.0 - 60.0
60 to 79 years	37	46.3	35.3 - 57.1
80 years or more	4	5	1.96 - 12.2
Marital status			
No partner	37	46.2	35.7 - 57.1
With partner	43	53.8	42.9 - 64.3
Sex			
Male	10	12.5	6.93 - 21.5
Female	70	87.5	78.5 - 93.1
Religion			
Practitioner	80	100	95.4 - 100
Occupation			
Employment bond	11	13.75	7.85 - 23
No employment bond	57	71.25	60.5 - 80

Not informed	12	15.0	8.79 - 24.4
Education			
No schooling	10	12.4	6.93 - 21.5
Elementary school	56	70	59.2- 78.9
High school	8	10	5.15- 18.5
University education	5	6.3	2.70- 13.8
Not informed	1	1.3	0.221 - 6.75
Income			
Less than 1 minimum wage	6	7.6	3.48 - 15.4
Greater than or equal to 1 minimum wage	65	86.3	71.3 - 88.3
No fixed income	5	6.1	2.70 - 13.8
Diseases			
Cardiovascular	68	85	75.6 - 91.2
Endocrine	48	60	49.0 - 70.0
Dyslipidemias	5	6.25	2.7 - 13.8
Chronic respiratory	3	3.75	1.2 - 10.5

*CI: Confidence interval.

Source: own authorship (2021).

Regarding the self-care characteristics of users, most respondents (81.3%) reported not practicing sports, not having addictions (cigarettes, alcohol, drugs, coffee) (53.8%), not having an appropriate diet (54.2%), not having difficulties in chewing and swallowing (90.3%) and not being dependent on food preparation (83.8%). Most respondents also report receiving visits from family members (72.6%) and friends (82.5%), not having an active sex life (58.7%) and suffering from anxiety (61.3%).

As for dependence on personal hygiene, all of them (100%) said they were independent; with regard to dependence on oral hygiene, 93.8% of them said they were independent. With regard to dependence to get dressed, 98.8% report that they do not have dependence; for bladder and bowel eliminations, 100% said they were independent; with regard to independence for walking, 96.3% affirmed independence; to administer their own medication, 97.5% do so regularly. The findings are described in table 2 below.

Table 2 - Self-care characteristics of users affected by non-communicable chronic diseases. Natal-RN, 2021.

Characteristics	n	%	95% CI
Practice of physical exercise			
Yes	15	18.8	11.7 - 28.7
No	65	81.3	71.3 - 88.3
Has addiction			
Yes	37	46.2	35.7 - 57.1
No	43	53.8	42.9 - 64.3
Proper dietary intake			
Yes	38	47.5	36.9 - 58.3

No	42	52.5	41.6 - 63.4
Difficulty chewing and swallowing			
Yes	10	12.5	6.93 - 21.5
No	70	87.5	78.5 - 93.1
Dependence for food preparation			
Yes	13	16.2	9.75 - 25.8
No	67	83.8	74.2 - 90.3
Receive visits of family members			
Yes	58	72.6	61.9 - 81.1
No	22	27.4	18.9 - 38.1
Receives visits of friends			
Yes	66	82.5	72.7 - 89.3
No	14	17.5	10.7 - 27.3
Active sex life			
Yes	33	41.3	31.1 - 52.2
No	47	58.7	47.8 - 68.9
Anxiety			
Yes	49	61.3	50.3 - 71.2
No	31	38.7	28.8 - 49.7
Dependence for body hygiene			
No	80	100	95.4 - 100.0
Dependence for oral hygiene			
Yes	75	93.8	86.2 - 97.3
He was unable to inform	5	6.2	2.70 - 13.8
Dependence to dress			
Yes	1	1.2	0.22 - 6.7
No	79	98.8	93.3 - 99.8
Dependence for bladder and bowel eliminations			
No	80	100	95.4 - 100.0
Dependence to walk			
Yes	3	3.7	1.28 - 10.5
No	77	96.3	89.5 - 98.7
Dependence to administer your medications			
Yes	2	2.5	0.68 - 8.66
No	78	97.5	91.3 - 99.3

Source: own authorship (2021).

Regarding the association of the self-care variables of this study with the concepts of Orem's theory of self-care⁽⁸⁾, there was a similarity between the concept "self-care actions" with the self-care characteristics "practice of sport", "food preparation", "dependence for body and oral hygiene", "dependence to get dressed", "dependence for bladder and bowel eliminations" and "dependence for walking". Furthermore, a relationship between the sociodemographic characteristics "sex" and "education" with the concept of the "basic conditioning factors" of the theory was noted.

Regarding the concepts "Universal self-care requirements" and "Therapeutic self-care requirement", these were associated with the characteristics "eating adequate diet" and "Receiving visits from family and friends", as shown in Box 1.

Box 1. Association of the concepts that make up the Self-Care Theory with the self-care variables used in the form for data collection. Natal, 2021

Concepts of the Self-Care Theory	Self-Care Characteristics
Self-care actions	Sports practice Food preparation Dependence on body and oral hygiene Dependence in dressing Dependence for bladder and bowel eliminations Dependence to walk
Basic conditioning factors	Sex Education
Universal self-care requirements/Therapeutic self-care requirement	Eat a proper diet Receive visits from family and friends

Source: own authorship (2021), based on Orem's theory⁽⁸⁾.

DISCUSSION

According to the sociodemographic profile of the interviewees, in relation to the variable “age group”, the most expressive results are located in the age group between 18 and 59 years (48.8%). In a study carried out with individuals with DM and/or arterial hypertension in PHC, it was identified that most of the interviewees were between 41 and 81 years old⁽¹⁹⁾. Such results differ from the findings of this study and this may be related to the difference between the age indices of both studies. According to WHO estimates⁽²⁰⁾ in 2012, of the 5.1 million deaths caused by CNCs, 2 million were considered premature deaths, that is, before reaching 70 years of age. In this sense, the study needs more specific analyses between the aforementioned age groups.

Regarding the variable “marital status”, more than half of the users (53.8%) had a partner/spouse. This result corroborates a similar study carried out with hypertensive elderly people, which found that 54.2% of the participants were married⁽²¹⁾. Regarding the variable “sex”, it was observed that most participants were female (87.5%). Similar results were found in a recent study carried out with 100 elderly people with CNCs, which showed that the majority were women⁽²²⁾. Another study, which addressed actions for self-care supported in primary care in relation to arterial hypertension, concluded that 76.2% of the participants were also female⁽²³⁾.

Taking these data into account, it is estimated that the prevalence of females is associated with the fact that women are more present than men in health services, enabling preventive actions for the diagnosis and treatment of some health conditions⁽²³⁾.

Regarding the variable “education”, it was identified that more than half of the participants (70%) had elementary education. Similar to this, in current studies^(23,24), CNCs were more prevalent in the female group and in groups with less education. This social indicator suggests that the low level of knowledge impairs empowerment over the disease and, consequently, over the prevention of CNCs. Individuals with

these diseases need to understand them in order to adhere to the recommended treatment and the demands of basic life activities⁽⁷⁾.

According to Orem's theory, the basic conditioning factors influence the ability to self-care and, in such factors, sex and education level are considered, among which the latter can interfere, positively or negatively, in self-care actions⁽⁸⁾.

Although the results suggest a low level of education of the users, the self-care theory emphasizes that self-care is also understood by other factors, among them, the experiences and standards of life and health status⁽⁹⁾.

As for the characteristic "diseases", the results indicate that the diseases most mentioned by users, among CNCDS, were cardiovascular diseases (85%). This result corroborates a recent survey, which analyzed self-care practices and the level of dependence of the elderly for CNCDS⁽²⁵⁾.

According to Malta⁽⁴⁾, the main CNCDS are cardiovascular diseases, chronic respiratory diseases, diabetes mellitus (DM) and neoplasms. Within the prevalent category of this study, "cardiovascular diseases", is arterial hypertension (SAH), which, according to the Brazilian Society of Cardiology (BSC), is considered a health problem because they are incident and prevalent diseases in the population.

In this context and considering the results of the variables related to self-care, it was seen that the "practice of sport" was not mentioned by 81.3% of the users. Physical activity helps both in the prevention and treatment of CNCDS, showing itself to be capable of reducing the harmful effects that such diseases cause⁽²⁶⁾. Another similar study, carried out with participants with CNCDS to assess the participation of these subjects in physical activity, found that most of them also did not exercise, a factor that increased the risk of developing chronic diseases, including hypertension⁽¹⁸⁾.

Regarding the category "dependence for food preparation", the findings indicated that 83.8% of users were independent to prepare their own meals. This result is similar to a recent study, which concluded that 91.1% of respondents reported not needing help to perform this activity⁽²⁷⁾.

Thus, these results are in line with one of the concepts that underlie the theory of self-care: the self-care actions. As already described, this concept is related to the person's ability to perform care practices on his/her own behalf. Thus, taking into account that most users proved to be independent in the preparation of meals, it is considered that they are able to develop the self-care actions proposed in the theory⁽⁹⁾.

Regarding the variable "adequate dietary intake", 52.5% of the interviewees indicated that they did not follow an adequate diet, according to the proposal of the universal requirements of the self-care theory. In this theory, Orem considers that such requirements are common to all human beings, emphasizing that the quality of food is a contributing factor for self-care and for helping to maintain health and well-being⁽⁸⁻¹⁰⁾.

With this, it is understood that the users of this study, even independent for the activities of daily living and, therefore, for the preparation of their meals, indicated not to make use of an adequate diet.

According to the WHO⁽²⁸⁾, changes in dietary patterns are related to increased production of processed foods and lifestyle changes. In addition, another factor that interferes with the way the population chooses food is the level of education. It is

believed that this choice can be influenced by knowledge about food and nutrition⁽²⁹⁾. According to the result of this study, 70% of the participants had only elementary education, suggesting little knowledge about health on their part, which can influence an inadequate dietary practice.

As for the results on the variables "receiving family visits" and "receiving visits from friends", it was concluded that 72.6% and 82.5% of users, respectively, are contemplated with this activity of social interaction, and such variables are described in the self-care theory as one of the universal requirements. At this point, Orem deems it necessary to maintain a balance between being alone and social interaction, and that this dynamic conditions well-being^(8,9).

Self-care characteristics – such as the ability to feed, dress, stay continent, walk around and perform personal hygiene – are considered basic activities of daily living, based on which basic and usual self-care behaviors are assessed⁽³⁰⁾. In view of this, the following characteristics are associated with those mentioned above. Thus, referring to "Dependence on body hygiene" and "Dependence on bladder and bowel eliminations", all users (100%) reported being independent to perform these activities of daily living. Similar to this, in a research carried out with elderly people from a health unit, who had DM, it was found that 80% and 95% of them were also independent to perform the bath and physiological eliminations, respectively⁽²⁶⁾.

Regarding the variables "Dependency to walk" and "Dependency to dress", the findings of this study showed that almost all participants – 96.3% and 98.8% – were able to dress and walk themselves, without assistance, respectively. Similar results indicated that 94% and 96.3% of respondents reported being able to dress and walk, in that order, without help⁽²⁷⁾.

Self-care actions are conditions for activities of daily living; consequently, performing these actions demonstrates the person's ability to perform them and, in this sense, provide self-care, maintaining quality of life. Within the activities of daily living, Orem also emphasizes the ability related to elimination and food, activity and rest, balance between being alone and having social interaction, as well as promoting the functioning and development of human being within social groups^(8,9).

Thus, it is understood that the theory of self-care describes the importance of this theory and seeks to understand the conditions that affect its provision, verifying that the analyzed data pointed to satisfactory self-care for users. In this context, the participation of nurses, as a professional category, in prevention and health promotion actions, as well as in the recovery of people with CNCs, is essential⁽⁷⁾.

Thus, the work of the professional nurses must awaken in people the awareness and maintenance for self-care, allowing educational reflection and understanding of the subjects, mainly, about the causes and consequences of their health status. Therefore, it is necessary to encourage the autonomy of people and communities, through health promotion actions, in order to carry out health care independently⁽¹⁵⁾.

As a limitation of this study, we mention the lack of analysis and discussion of the results in a perspective of differentiation between self-care in adults and the elderly people, since the need for care of the elderly people has its particularities. From this perspective, it is suggested that studies seek to investigate these possible differences and convergences for a better understanding of the phenomenon in question.

CONCLUSIONS

Most of the participants in this study were independent to carry out their activities of daily living, demonstrating potential for self-care. The practice of physical exercise was the activity with less frequency, a worrying fact, considering the fact that a sedentary lifestyle is a risk factor for CNCDS.

Based on the analysis of the self-care of users with CNCDS, it was inferred that most of them were independent to perform self-care actions, according to Orem's self-care theory, or they had the ability to develop self-care practices that included activities of daily life, as well as meet universal and developmental requirements. In addition, they showed to be influenced by basic conditioning factors, such as education, proposed by Orem, with regard to sociodemographic characteristics, but which do not interfere with the ability to engage in self-care actions. Thus, it is believed that Orem's theory is adequate to guide the nursing process in the context of care for people with chronic diseases in PHC.

Finally, Orem's theory of self-care, adopted as the background of this study, presents important concepts for the research problem investigated. which were identifiable, namely: self-care actions, basic conditioning factors, therapeutic requirement and universal self-care requirements.

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