ABSTRACT

Threshold between accessibility and lack of privacy: experience of nurses with telemedicine in the treatment of complex wounds

Umbral entre accesibilidad y falta de privacidad: experiencia de enfermeras con telemedicina en el tratamiento de heridas complejas

Limiar entre acessibilidade e falta de privacidade: experiência de enfermeiro com telemedicina no tratamento de feridas complexas

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Introduction: Accessibility to health is a major public health problem in Brazil, given the very high demand and low number of professionals, supplies, adequate facilities, that is, total resources to provide quality care. Also relying on the issue of logistics to access health care, telemedicine enters the scene, breaking down barriers, as well as home care. Telemedicine consists of remote healthcare to the patient using technological resources[1,2].

Objective: Report on the threshold between accessibility and lack of privacy for nurses based on experience in treating complex wounds in person with the help of telemedicine.

Methodology: Experience report lived by a nurse from July to August 2020, from the integrative approach of face-to-face home care and telemedicine (virtual).

Results: To complement the service provided through home care in the treatment of complex wounds, patients and their families/caregivers were provided with the mobile phone number of the responsible professional with an instant message and video application. As face-to-face care was only provided twice a week, if there were any problems, patients/relatives/caregivers could get in touch by phone, either by phone call, message, or video call. It was found that some patients, those with a higher level of insecurity, anxiety and even a low level of education, tried to make contacts, without an urgent aspect, after business hours, on weekends and holidays, causing the professional, who he was not in his working hours, he was embarrassed and felt that he had lost his privacy, because some apps present the message if the person is online, damaging the relationship between them.

Discussion: A relevant aspect, which is a limitation of this study, was that there was no available literature on the topic of accessibility, telemedicine, and professional privacy.

Conclusion: Accessibility to health services and to the professional who is treating a given patient is extremely important, however, given the experience reported here, it is suggested that the telephone device used for patients should be used exclusively for work, and that at the end of the hiring the home care service, in this case referring to the treatment of complex wounds, the hours available for appointments using technological resources are inserted in a contract. It is inferred that with the resource of telemonitoring, where the professional contacts the patient, if this control were performed two to three times a week, the patient would certainly feel more welcomed and would not return the call so often, at different times not suitable, without any urgent and/or emergency. The use of technological resources for home care is not new, however, it is always necessary to evaluate and adjust to get it right. This experience showed the importance of telemonitoring for the health professional's freedom, as well as other options to act remotely helping the patient. It is believed that there are many ways to provide effective, welcoming, and comprehensive remote care. In this way, the scientific community is invited to debate more about this theme, which has become our "new norm".

References

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