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Assessment of the experience of nursing telemonitoring by overweight women

Avaliação da experiência do telemonitoramento de enfermagem por mulheres com excesso de peso

Evaluación de la experiencia de la telemonitorización de enfermería por mujeres con exceso de peso

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Abstract

Objective: To evaluate the experience of remote nursing monitoring from the perspective of overweight women. **Method:** Descriptive, qualitative approach study, carried out in a reference outpatient clinic in obesity in Salvador-Bahia, with 42 overweight women, who had participated in the intervention group of a randomized clinical trial. Semi-structured interviews were conducted between January and March 2017. The data were analyzed using the thematic content analysis technique. Semi-structured interviews were conducted between January and March 2017, with the data having been analyzed through thematic content analysis. **Results:** From their statements the central category "Increasing awareness for self-care" was identified, which was represented by three thematic categories: Experiencing a frequent and interactive feedback with the nurse for weight control, Improving self-care and Feeling satisfaction with the results obtained. **Conclusion and implications for practice:** The participants experienced and recognized improved knowledge for weight control and positive changes in ways of living or living with excess weight. The results evidenced that educational activities, through telenursing, in a dialogical perspective, contribute towards enhancing self-care.

Keywords: Obesity; Women's Health; Telemonitoring; Weight loss; Health Education.

Resumo

Objetivo: Avaliar a experiência do monitoramento remoto de enfermagem na perspectiva de mulheres com excesso de peso. **Método**: Estudo descritivo, de abordagem qualitativa, realizado em ambulatório de referência em obesidade em Salvador-Bahia, com 42 mulheres com excesso de peso, as quais haviam participado do grupo intervenção de um ensaio clínico randomizado. Realizaram-se entrevistas semiestruturadas entre janeiro a março de 2017 e os dados foram analisados através da técnica de análise de conteúdo temática. **Resultados:** Dos depoimentos emergiu a categoria central "Aumentando a consciência do cuidado de si", a qual foi representada por três categorias temáticas: Vivenciando um feedback frequente e interativo com a enfermeira para o controle de peso, Melhorando o cuidado de si e Sentindo satisfação com os resultados alcançados. **Conclusão e implicações para a prática:** As participantes vivenciaram e reconheceram a melhora do conhecimento para o controle do peso e mudanças positivas nos modos de viver ou conviver com o excesso de peso. Os resultados evidenciaram que atividades educativas por meio da telenfermagem, numa perspectiva dialógica, contribuem para potencializar o autocuidado.

Palavras-chave: Obesidade; Saúde da Mulher; Telemonitoramento; Perda de peso; Educação em Saúde.

Resumen

Objetivo: Evaluar la experiencia de la monitorización remota de enfermería en la perspectiva de las mujeres con exceso de peso. **Método** Estudio descriptivo, de enfoque cualitativo, realizado en ambulatorio de referencia en obesidad en Salvador-Bahia, con 42 mujeres con exceso de peso, las cuales habían participado del grupo de intervención de un ensayo clínico aleatorio. Se realizaron entrevistas semiestructuradas entre enero y marzo de 2017 y los datos fueron analizados mediante la técnica de análisis de contenido temático. **Resultados**: De los testimonios surgió la categoría central " Aumentando la conciencia sobre el autocuidado", la cual estaba representada por tres categorías temáticas: Vivenciando un *feedback* frecuente e interactivo con la enfermera para el control del peso, Mejorando el autocuidado y Sintiendo satisfacción con los resultados logrados. **Conclusión e implicaciones para la práctica:** Las participantes vivenciaron y reconocieron la mejora del conocimiento para el control del peso y cambios positivos en los modos de vivir o convivir con el exceso de peso. Los resultados evidenciaron que actividades educativas por medio de la teleenfermería, en una perspectiva dialógica, contribuyen para potencializar el autocuidado.

Palabras clave: Obesidad; Salud de la Mujer; Telemonitorización; Pérdida de peso; Educación en Salud.

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INTRODUCTION

There has currently been a significant increase in obesity in many populations around the world and its prevalence more than doubled between 1980 and 2014.1 Obesity has a complex and multifactorial etiology and is caused by an energetic imbalance between calories consumed and spent.[1] The factors contributing to weight gain vary from person to person and suffer the influence of genetics and lifestyle.[2]

In the modern world, besides the increase in consumption of industrialized food, which is rich in fat, easily accessible and very practical, there has also been an increase in the reduction of physical activity. This is due to the influence of the sedentary nature of new forms of work, changes in means of transportation and increased urbanization.[1]

Obesity is a risk factor for many chronic non-communicable diseases (DCNT), such as cardiovascular disease, type II diabetes mellitus, skeletal muscle disorders and some types of cancer. There is evidence that the higher the BMI, the higher the risk for NCD and the higher the mortality rate,[1,3] in addition to substantial health costs and burden on health services.[4]

Among the various implications of obesity, psychosocial that generate suffering, prejudice, discrimination, non-acceptance of body image, low self-esteem, social isolation and depression stand out. There is also the risk of permanent loss of work due to disability retirement and premature death or temporary loss due to sick leave and reduced productivity.[4,5]

The treatment of obesity is complex, multidisciplinary and involves changes in lifestyle. These changes are based on measures related to healthy eating habits and regular physical activity. Long-term success depends on constant care in adapting these measures, in addition to other factors such as social, family and self-monitoring support.[3] In addition to long-term weight control, treatment must consider the beneficial effects on associated diseases, such as type 2 diabetes mellitus, hypertension and dyslipidemia.[2] Due to the increasing increase in obesity in the world, the use of different strategies aimed at caring for the obese person is pressing.

Considering that obesity is a chronic disease that tends to recur after weight loss, obese people need support and follow-up from health professionals in a distant future. Their approach should be individualized and aim to improve knowledge of the problem and motivation to act against environmental obesogenic factors.[3]

Among the care practices, health education stands out as a valuable tool to help overweight people develop awareness of the disease and face the barriers of weight control.[6] Nurse (a) through educational practices plays an important role in empowering the user to promote health. These practices also contribute to humanized care focused on a dialogic relationship between caregiver and caregiver and on sharing and valuing knowledge, experiences and decisions.[7]

The creation of new approaches that help the loss and maintenance of lost weight and the improvement of general health conditions should be a goal and a responsibility of the health team and managers, as well as public authorities. Remote monitoring can be considered an innovative and feasible strategy and is known as a tool involving various information and communication technologies (TICs) that favour user accessibility to the health professional.[8]

Today, TICs have been recognized in health programs and used in the care of people with chronic diseases. The use of this technology contributes to the prevention, diagnosis, monitoring and treatment of the disease, allowing communication between people, the gathering of information and interaction with the services at a distance, more quickly and without limitation of time and place. For health professionals there is an increase in communication and support, enabling diagnosis, early interventions and savings in working time. In contrast, there is a reduction in the rate of hospital admissions and outpatient consultations for the health system.[9] Finally, the population benefits from empowerment, decreased anxiety, and improved management of the disease and treatment.

Telemonitoring has been increasingly adopted to help people better manage health care and treat chronic disease at home, such as myocardial infarction, type II diabetes mellitus, renal failure, and lung disease.[10,11] However, there is still a shortage of publications on the use of this technology in overweight control care.[12]

In Brazil, through an extensive search in the main databases and online libraries *Scientific Electronic Library Online* (SciELO), Virtual Health Library (VHL) Latin America and the Caribbean Literature on Health and Science (Lilacs) and Medical Literature Analysis and Retrieval System Online (MEDLINE), the only study identified on remote nursing monitoring with overweight women was developed by Palmeira et al.[13] Thus, it is relevant to know and disclose the evaluation of the monitoring performed by women participating in the study,[13] in order to provide the academic community and health professionals with other scientific evidence about the tool used.

In view of these considerations, this study aimed to evaluate the experience of remote nursing monitoring for overweight women.

METHODS

This is a descriptive, qualitative approach study, carried out in a reference outpatient clinic in obesity at a private higher education institution in the city of Salvador- BA.

The participants were overweight women, accompanied in the locus of the study by the "Overweight and Cardiometabolic Disease Study Project" (PEPE) and who participated in a matrix research project, with randomized clinical trial design. The population of this matrix project was comprised of 101 women randomly assigned to two groups, 51 women in the intervention group (IG) and 50 women in the control group (CG).

The inclusion criteria for women for the clinical trial were: being overweight (BMI ≥25 (kg/m2), over 18 and under 60 years of age, having attended at least one consultation in the last 12 months, and having a fixed and/or mobile phone. Those with cognitive deficit or severe psychiatric disorders that would prevent them

from answering forms, who were using weight loss drugs and those undergoing bariatric surgery were excluded.

The eligibility criteria for women for this study was that they belonged to the clinical trial GI and participated in the remote monitoring performed by the matrix project. Initially, the IM was comprised of 51 women, but during the development of the remote monitoring, nine losses occurred, six at the beginning of the intervention and three in the last week. Thus, the total population of this study was 42 women.

The intervention carried out by remote monitoring, object of evaluation of this research, lasted three months and consisted of educational activities on overweight, carried out by telephone contact. The calls took place once a week and followed a thematic roadmap for health promotion, overweight prevention and control, and a telephone guidance guide for addressing women.

The data collection took place after the last week of the intervention and was carried out from January to March 2017 by means of a semi-structured interview, containing two open questions: "what did you think of the monitoring project done by means of telephone calls?" and what did you think of the guidance given?

The interviews were conducted over the phone, recorded by a smartphone application called Automatic Call Recorder and then transcribed in full. Fourteen interviews were repeated in person, with the objective of deepening and better understanding the content of the women's speeches, respecting the availability of the participant's presence to carry out the collection of post-intervention data. To preserve the anonymity, the letter "E" was attributed to the identification of the interviewed woman, which received the number from 1 to 42.

In the data analysis, the analysis of thematic content was used that covered the following phases: pre-analysis, exploration of the material, treatment of results and interpretation.[11,14] After the transcription of telephone recordings and face-to-face interviews, a detailed reading of all the testimonies was made in order to identify the sense nuclei. Afterwards, we tried to reflect in greater depth on the content of these nuclei, apprehending them in their essence, in order to then group them by similarities and differences, giving rise to the categories and subcategories. The results were interpreted, establishing articulation with the literature and with the objective of the study.

The matrix project was approved by the Research Ethics Committee of the School of Nursing of UFBA, CAAE: 43665115.6.0000 and followed the requirements of resolution 466/2012 of the National Health Council, which deals with research on human beings. All participants read and signed the Term of Free and Informed Consent.

RESULTS

The central category representing the evaluation of remote nursing monitoring by overweight women *"Increasing awareness of self-care"*, which is expressed in three categories: Experiencing frequent and interactive feedback with the nurse for weight control, Improving self-care, Feeling satisfaction with the results achieved, as shown in Figure 1.

The central category **"Increasing awareness of self-care"** expressed that remote nursing monitoring for overweight women was an interactive intervention with the nurse that contributed to strengthening knowledge, taking care of themselves, adapting to new habits, staying in line, achieving behavioral changes and feeling valued.

The increase in self-care awareness was the result of the interaction process experienced during the monitoring period, as expressed by three categories and their respective subcategories.

Category 1: Experiencing frequent and interactive feedback with the nurse for weight control.

This category and its two subcategories portrayed that monitoring promoted a meeting between the nurse and the women, moments of intersubjective exchange that allowed them to share and aggregate knowledge and feel satisfaction for shared care.

Exchanging and aggregating knowledge this subcategory revealed that remote monitoring was considered by women as a valuable strategy to clarify doubts about overweight and its control, as the statements illustrate:

> *Yes, it helped, perfectly, it's so much so that now it has cleared up some doubts* (E20).
>
> *There was no doubt about food, about what to eat and what to drink. In my case, I already drank a lot of water, I was aware that I had to drink water since I take a lot of*

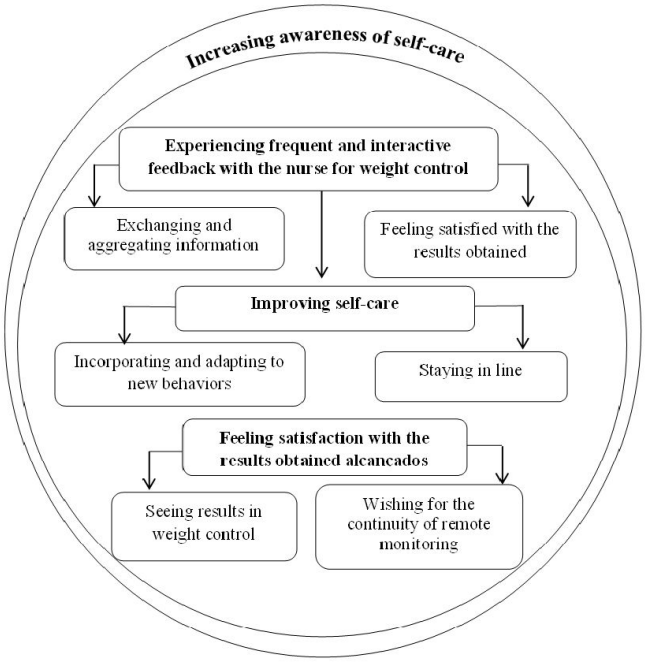

Figure 1 - Representative diagram of nursing telemonitoring evaluation by overweight women
Source: Elaborated by the authors

medicine, everything was welcome, it was well accepted (E31).

It also expressed the positive assessment of this intervention by reinforcing and recalling previous knowledge.

It was great that you guys were calling and giving guidance. Although I was already knowing, but orienteering always helps and is welcome (E3).

I thought it was great, it helps to remember that you have to meet your goals and remember some practices that have to be done (E25).

I thought it was great, it was very good, it reminded us of what I could keep doing, and I tried to do as much as I could within my limit (E26).

It was great, because it is a reinforcement and an incentive for us to be aware of our health and to preserve and take care (E31).

In the process of telephone interaction women have also discovered new information:

I thought it was wonderful, I loved it, it's a great incentive, because we're discovering more things that are missing. I enjoyed it very much, it was very satisfying to be receiving the calls from you (E5).

Girls, you have guided us well. We know almost everything about food, but new things are always coming up, and they are renewing themselves. (E1).

I liked the calls. They gave a better orientation for those who don't have so much knowledge (E24).

Feeling satisfied with shared care was another subcategory that revealed that women felt motivated, encouraged, empowered to follow treatment and well evaluated in interactive feedback with the nurse. The continued guidance served as a stimulus and strength, even in moments of demotivation.

I liked it, it was very good for us, because it encouraged us, sometimes we really need encouragement. What I found very important in monitoring, first of all, was to give us strength. Because we need strength to fight (E28).

I thought it was great. For me it was perfect, it was very good, I liked it a lot, there were some situations or hours when I was unmotivated and then the call came and made me cheer up again (E4).

I liked it a lot, because it gives us more strength, like raising more self-esteem, I liked it a lot (E38).

Many women felt unique and valued for the care offered, having someone who cared about their health.

I liked it so much because it's hard for you to have a doctor who keeps calling the patient to worry about her. So, I'm feeling like myself. I guess it's all private. You are special to us, I was telling a friend of mine, I hope it never ends because it's very good, after I'm on this project I'm feeling so good (E2).

I liked it, I liked it a lot, I felt good, because every week I had a connection. You called to talk to me and to know how I spent the week and then we talk about how you are doing, how you are feeling. I thought it was wonderful, I really liked it (E1).

It encourages us to do the activities, the diet. Sometimes we even try to forget, but when we get a call from you, we feel someone worrying, you understand! I liked it so much (E35).

Women also felt better evaluated:

I thought it was good, because how do you say, to see if the patient is really doing what she has to do and what is right to do. I liked it, I thought it was nice (E9).

For me it was good, you know what we're eating, what we're not eating, how our health is. So, it was great (E14).

Category 2: Improving self-care

This category showed that women experienced changes and adaptations in life habits through interactive feedback during remote nursing monitoring, as illustrated by the two subcategories: Incorporating and adapting to new behaviors and Staying in Line.

Incorporating and adapting to new behaviors revealed that women have adopted new life habits such as fractional meals, physical activity, reduction of excesses in diet and sedentary behavior, among others. Moreover, they experienced the adaptation to new habits despite the difficulties they faced. It is as if they took stock of the ways of life.

Very good, it made me more aware. I was even talking to the girls that I started to do academy, it's been almost a month. I'm already drinking more water, I'm doing more things, running after (E7).

It helped a lot, like walking and going up the stairs. I'm going up the stairs every day (E1).

I'm trying as much as possible to do my best, to have discipline to avoid abuse, we used to do things and now we don't, at least avoid eating and drinking certain things (E24).

The orienteering was very good, I am following some. Some I've been able to follow and others I'm still trying to adapt (E4).

Yes, it helped, I'm trying as much as I can to do. Watching discipline of the things we have to do and the abuses we

used to do and now we don't do or avoid at least. I've been trying to do, follow the project a little bit, but it's a little difficult (E24).

The subcategory, **Keeping in Line**, expressed that women realized that monitoring contributed to reinforce and ensure the value of monitoring weight control measures, constituted an alert, reminder and stimulus to keep in line, without feeling pressured.

I think it's good, I think it's very nice, it stimulates more, it helps to continue because sometimes we want to get out of line and having the call every week has a .... of what you can and what you can't (E6).

It's very good, because there it helps to see if you're really doing what you have to do and what is right to do. I liked it, I thought it was nice and it helped a lot, it reminded us that we have to do our diet, not forget to take the medicine (E9).

I liked it, because I thought it makes you come back in line more. When you called, I would wake up and come back (E22).

I thought it was good because, anyway, if one thinks about slipping away, then you call every week and we feel the obligation to do our duty, to eat, to feed the right way. That you know that you have to drink water, eat different fruits and not just one, if you feed every three hours all this was good because you kept remembering what we know (E32).

Category 3: Feeling satisfied with the results achieved

This category showed that women expressed satisfaction with the control or weight loss achieved during the monitoring process and, thus, wished it to be permanent.

The subcategory, **Seeing results in weight control,** showed that some women lost or did not gain weight, which made them feel helped and satisfied.

I've lost weight, I've lost measure, I've lost waist, all thank God! I liked it a lot, I thought it was wonderful. You're to be congratulated (E1).

It certainly helped, at least I kept the weight (E26).

Yes, it did, it helped that I'm already losing a few pounds (E38).

The subcategory, **Wishing for the continuity of remote monitoring,** revealed that women regretted the end of the intervention and felt sad, dissatisfied and nostalgic.

I thought it was wonderful, I didn't even want it to end. I was sad because it was over. Last week I was sad because it takes us six months to get back to the doctor. Too bad it's over, it had to go on (E1).

You are special to us, I was telling a friend of mine, I hope it never ends because it's so good, after I'm in this project I'm feeling so good (E2).

I wanted you to continue with the calls, at least we stay in hope of some things. In my opinion if it continued for me it would be fine, for me it was great (E20).

Since when I knew it would end up I have missed it and I would really like it to stay that way, but, unfortunately, we know that it doesn't (E28).

For me the feedback was interesting, I liked it too much. For me it was positive to be encouraged. Hopefully it will continue (E29).

DISCUSSION

In this study, remote nursing monitoring as a health education strategy for weight control was positively evaluated by the participants, mainly for providing them with new learning opportunities and enabling them to make conscious and appropriate choices.

The participants expressed the emergence of a greater awareness of self-care in the experience of this intervention. Awareness, as a result of pre-existing knowledge, can lead to movement, to the practice of conscious and transforming action,[15] reflected in the changes and adaptations of life habits made by women through the experience of interactive feedback with the nurse. Awareness of self-care can come from the knowledge and reflection acquired in shared health education processes, which contribute to awakening new analyses about the health-disease process and the appreciation of new ways of living. Educational interventions and mediated by innovative strategies, such as nursing telemonitoring, can contribute to the improvement of self-care when carried out in a dialogical manner.[9]

The possibilities of information exchange and the increase of knowledge revealed by the participants were accompanied by positive evaluations and satisfaction for the care of the nurse as evidenced by the category: Experiencing frequent and interactive feedback with the nurse for weight control and its subcategories.

Knowledge includes a set of information that the individual needs to master in order to manage health status[16] and, with regard to controlling obesity, although not sufficient to promote behavior change where appropriate, it can be a valuable tool to assist people in choosing a new lifestyle, and thus should be part of an educational intervention program.[17]

There is evidence that knowledge, when shared by professionals in a dialogical way and with appropriate language, can be assimilated by the participants of the process, especially if their knowledge is taken into consideration.[18] This principle was adopted in remote nursing monitoring, contributing to the experience of an interactive feedback of women with the nurse, aiming at weight control.

In the process of health education, the knowledge of the individual must be considered so that it is possible to discuss

conceptual errors and stimulate his/her potentialities and perspectives for his/her care. In the case of weight control, this process can contribute to stimulate the individual to seek knowledge focused on the necessary care, considering that there will be greater awareness and development of skills for decision-making.

Little knowledge of the disease process can be one of the factors that interfere with adherence to treatment and metabolic control, and since a person with a chronic condition needs to live with his or her illness for the rest of his or her life, educational practices provide support in coping with and overcoming the intercurrence of the disease and treatment.[16]

The subcategory *exchanging and aggregating information* revealed that remote monitoring was a valuable strategy to clarify doubts, reinforce, remember and introduce new knowledge about overweight. In addition, the subcategory Feeling satisfied with care revealed that the interaction established with women during monitoring brought motivation, encouragement and offered strength in moments of discouragement to follow the intended goals. Knowledge and access to information are essential for making choices and empowerment for action, and constitute an element that aggregates value to self-care.[7]

The subcategory *feeling satisfied with the shared* care also revealed that the guidelines shared between the nurse and the women were considered a form of expression of health care, since they felt unique and valued in having someone who was genuinely and genuinely concerned with their state of health. Participants' satisfaction with monitoring represents an important aspect revealed in this study, since it is considered one of the distinct dimensions of the quality of care and has a direct impact on adherence to treatment.[19] One of the aspects that contributes to satisfaction with the use of information technology as a form of care is user acceptance.[12] According to this author, non-compliance by the user can cause dissatisfaction, regardless of other factors.

As recommended, in the interaction with the user, the professional should look beyond the obesity disease and value other aspects of health, such as well-being, self-esteem and improvement in quality of life, that is, the focus of attention cannot be limited to the pathology and therapy,[3] but to the overweight person.

It should be noted that the feeling of being cared for was contemplated in the perception of women, as "feeling good" and "feeling cared for" emerged from several lines. These are important feelings, considering that obesity carries a stigma, prejudice and devaluation,[5] as well as, difficulties inherent to the precariousness of health care services. Therefore, adding other attributes to the care of overweight people is valuable.

It was found that the experience of interactive feedback during remote nursing monitoring helped women to promote concrete changes in behavior, as expressed in the *category improving the self-care* and their subcategories. The correlation between knowledge and attitude in women's reporting suggested that increased knowledge may be associated with a predisposition to better health care, as evidenced by the subcategories, staying in line, incorporating and adapting to new behaviors.

Several women described concrete behavior changes following the shared guidance during remote monitoring. The women incorporated new behaviors and adapted to new habits, as well as attempted to resist the temptations that would threaten weight control after achievements. These changes and efforts were mainly related to reducing sedentary behavior and improving eating habits. Counseling by health professionals is effective in directing individuals to adopt active behavior.[20]

In order to live in a modern society, which is extremely obesogenic, it is indispensable to include new habits in daily life for weight control,[21] and educational actions are effective when there is a participation and acceptance of the actors involved, health professional and client.

The contribution of the intervention as a motivating agent to avoid giving up treatment has often emerged in women's speech. The testimonies were not isolated cases, but recurrent, which leads to reflection on the importance of more frequent contacts, ensuring accessibility to the nurse and the exchange of essential information. Educational activities, besides providing information sharing, clarifying doubts, can attenuate anxiety, fill gaps in care and strengthen self-esteem.

The adoption of healthier living habits is necessary for weight control and generates health benefits, and these require behaviors such as motivation, discipline and knowledge.[3] A study conducted on adherence to healthy lifestyles through counseling by health professionals noted the importance of counseling as a way to assist individuals in the pursuit of improved health, quality of life and the adoption of healthy lifestyles.[22]

Reports pointing that links served as a warning, reminder and stimulus to remain firm as to the purpose of maintaining the habits necessary to control the weight lead to Freire's idea[23] that the words in the learning process, measured by the objectivity and immediacy of the experience, are internalized and then undergo reflection and criticism for new existential projects.

In order for the self-care attitude to occur, which leads to healthier living habits, it is necessary to make the individual aware of his health condition and its relationship with his practices of maintenance and recovery of life, rather than simply offering a professional prescription,[3,24] because to have true learning, a real transformation of the subject is necessary through the construction and reconstruction of the knowledge taught.[15] Thus, women's perception related to the benefit of remote monitoring, as an instrument to awaken awareness for self-care, allows them to ponder that the way communication was made considered active subjects of their treatment, throughout the process.

The participants' perception of remote monitoring was consistent with what has been described in the literature, which points out that programs with the use of communication tools or technologies in the provision of health care can expand and facilitate access between the professional and the client. In addition, collaborate in the creation of links, stimulate the continuity of treatment, support the self-care process and the active participation of clients in the construction of knowledge and in the more conscious decision making about the care to be adopted for the maintenance and recovery of life.[9]

It must be emphasized that the role of professionals in their health care practice of other people is not merely the application of knowledge. Thus, monitoring went beyond an educational intervention, reaching needs, supplying needs with subjective dimensions and helping women to achieve favorable results in weight control and satisfaction with remote monitoring. The way it was developed, based on an individualized and differentiated approach, showing interest in relation to the well-being of the participants, was perceived in a positive way.

Although participants often revealed that they had already received the information, phone calls helped them to obtain desired results in terms of weight control. In addition, considering that the participants in this study were accompanied by a multidisciplinary team and the previous knowledge was consistent with the contents addressed in the intervention, it was shown that there is theoretical convergence in the approach between the team professionals and the authors of the monitoring project. The lack of divergence between the shared guidelines contributed to a smooth relationship between the actors involved in the project, participants and the monitoring team and, consequently, expanded the formation of links between them.

In obesity control, support measures make it more feasible for individuals and communities to adhere to healthy, informed and motivated practices.[17] Lifestyle change is complex and the results are not always encouraging when it comes to losing and maintaining lost weight. Many clients regain the weight lost and sometimes still acquire a few more in the following years, and continuous follow-up programs are needed to avoid these situations. Generally, the care provided by obese people is accompanied by difficulties in performing them, and although they often fail to achieve the desired results, they have not failed to do so, which requires that such efforts by these individuals be valued by health professionals.[24]

Another essential aspect for the participants of this study concerns the desire to continue remote monitoring. It is legitimate to reflect on the care provided to these women in this process, since obesity, being a disease of a complex and multifactorial nature, requires an approach focused on interventions to change the lifestyle on a continuous and frequent basis. Long-term success depends on constant vigilance in the adequacy of these measures, in addition to other factors such as professional, social, family support and self-monitoring.[2,3] Thus, it is understood that care mediated by remote monitoring can create a greater professional-client bond, since the latter can actively participate in guidance, clarifying doubts and expanding access to information related to the care needed for weight control.[12,13]

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

This research made it possible to know the evaluation of overweight women on remote nursing monitoring. The intervention contributed to increase women's awareness of self-care by experiencing frequent and interactive feedback with the nurse for weight control, which enabled them to exchange and aggregate information and satisfaction with the care received.

The interactions experienced with the nurse have helped women to improve their care, i.e. to incorporate and adapt to new behaviors fundamental to weight control. They perceived results in weight control and wished for the continuity of the intervention, showing that there was satisfaction with the results achieved.

It is worth mentioning that, after the positive evaluation of the intervention by women, it is believed that outpatient services can become a privileged space for the development of actions to encourage and support the adoption of healthy lifestyles, making use of innovative methodologies and strategies to expand access and communication between users and professionals. Telemonitoring represented a tool that provided continuity and reinforcement to the care and treatment of overweight women.

Finally, it is important to know the evaluation of the participants of such a project, considering that it can be used by nurses with the other professionals of the multidisciplinary team, in the follow-up and monitoring of overweight people. This knowledge allows the adaptation of new educational intervention projects by means of remote nursing monitoring.

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