# THE PERFORMANCE OF FAMILY HEALTH NURSES IN HOME CARE

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## ABSTRACT

This study aimed at identifying the performance of Family Health Strategy (FHS) nurses in home care. It consists of an exploratory descriptive study using a qualitative approach. Six FHS nurses from a health district of Porto Alegre, Rio Grande do Sul, Brazil, were interviewed. Data were submitted to thematic content analysis, revealing three categories: home visit (HV) in the FHS, assessment of HV demands and interaction with the health team in home care. Home visits (HV) have allowed the identification of health needs through the recognition of the patients' life context. This approach has been used for chronic, bedridden and elderly patients care, based on information brought by community health agents. All nurses reported to perform HV, and stated they would like to have more time to dedicate to this activity.

**Descriptors:** Public health nursing. Primary health care. Home care.

## *RESUMO*

*Este estudo objetivou conhecer o fazer das enfermeiras da Estratégia de Saúde de Família (ESF) na atenção domiciliária. Trata-se de um estudo exploratório, descritivo, com abordagem qualitativa. Foram entrevistadas seis enfermeiras atuantes da ESF de um distrito sanitário de Porto Alegre, Rio Grande do Sul, Brasil. As informações foram submetidas à análise de conteúdo temática, resultando em três categorias: a visita domiciliária (VD) na ESF, avaliação das demandas de VD e interação com a equipe de saúde na atenção domiciliária. A visita domiciliária (VD) tem oportunizado a identificação das necessidades por meio do conhecimento do contexto de vida dos usuários. Esta tem sido realizada no atendimento de doentes crônicos, acamados e idosos, efetuada a partir das informações trazidas pelos agentes comunitários de saúde. Todas as enfermeiras relataram realizar VD, sendo que gostariam de ter mais tempo para se dedicar a essa atividade.*

***Descritores:*** *Enfermagem em saúde pública. Atenção primária à saúde. Assistência domiciliar.*
***Título:*** *O fazer das enfermeiras da estratégia de saúde da família na atenção domiciliária.*

## *RESUMEN*

*Este estudio objetivó conocer el quehacer de las enfermeras de la Estrategia de Salud de la Familia (ESF) en la atención domiciliaria. Se desarrolló un estudio exploratorio descriptivo con abordaje cualitativo. Se entrevistó a seis enfermeras que actúan en la ESF en un distrito sanitario en Porto Alegre, Rio Grande do Sul, Brasil. Las informaciones fueron sometidas al análisis de contenido temático y resutando en tres categorías: visita domiciliaria en la ESF, evaluación de las demandas de la visita domiciliaria e interacción con el equipo en la visita domiciliaria. La visita domiciliaria (VD) ha alimentado la identificación de necesidades con conocimiento del contexto de vida de los usuarios. Se la viene realizando en la atención de enfermos crónicos, acamados, ancianos, efectuada a partir de los agentes comunitarios de salud. Todas las enfermeras dicen hacer VD, pero que les gustaría más tiempo para esta actividad.*

***Descriptores:*** *Enfermería en salud pública. Atención primaria de salud. Atención domiciliaria de salud.*
***Título:*** *El quehacer de las enfermeras de la estrategia de salud de la familia en la atención domiciliaria.*

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## INTRODUCTION

The Family Health Strategy (FHS) is part of the reform process of the Brazilian health sector, which since the Federal Constitution of 1988[1] aims to increase the access of the population to the health system and the development of health promotion and preventive actions, contributing to the consolidation of the Unified Health System (SUS, as per the Brazilian acronym). The purposes of the SUS consist of the identification and dissemination of health determining and conditioning factors; the formulation of health policies aimed at promoting health actions and services, as well as the provision of care to people through actions of health promotion, protection and recovery[2].

Created in 1994, the FHS is the priority strategy of the Health Ministry to organize primary health care, having as one of its foundations the universal and continuous access to quality health services through the registration and association of its users/patients, restating the principles of the SUS: universalization, equity, decentralization, comprehensiveness and community participation[3]. This organizational and substitutive character of the FHS confronts the traditional primary health care model, centered on the spontaneous demand, which leads to complex challenges to be overcome in order for it to be consolidated as such[3].

The basic teams working in the FHS are comprised of a nurse, a physician, two nursing technicians and, in average, four to six community health agents. However, recently, an addition to the team has been defined according to the epidemiological and institutional reality and the health needs of the population, including other professionals such as dentists, oral health assistants or oral health technicians[3].

The team must be capable of planning, organizing, developing and assessing interventions that respond to the community needs, articulating the several sectors involved in health promotion. Each family health team is responsible for around 1,000 families, that is, approximately 4,000 people [3].

One of the attributions of the FHS health professionals is to provide health care to the enrolled population both in the field of the health unit and in their homes[3]. This health care proposal goes beyond the practices based on the disease. Based on this conception, it becomes fundamental to understand the family context, through the insertion of health professionals in the life location, interactions and relationships of the individuals, in their community and, mainly, in their homes [4].

The FHS nurse is responsible for providing comprehensive care (health promotion and protection, prevention of illness, treatment, health maintenance, and rehabilitation) to individuals and families at health units and, whenever indicated or necessary, at home[3]. Home is considered a place of interactions among the nurse, the nursing team and the family, and the main purpose of home care is to provide the analysis and review of the development of the health-disease process[5].

Home care is defined as a term that involves actions of health promotion, prevention, disease treatment and rehabilitation, comprising all modalities of care provided in the home environment, including care, hospitalization and home visits (HV)[6-7]. When performed in the FHS, home care oversteps the institutionalized practices, aimed at building new practices based on the insertion of health professionals into the patients' life context[4], besides providing the construction of attachment and benefiting comprehensive care[8].

Despite the extent of possibilities provided by home care, practices are still centered on the care for patients' primary complaints and there is a lack of qualification of health professionals to use this care space[5]. The difficulties faced by professionals may be justified by the structure offered for their activity and by their professional education towards the execution of home care activities[4].

It is understood that, this care model comprises a place for constructing access, not only to care, but also to the public policies, through the relationships established between the different subjects involved in this process. The relationship between the nurse and the family caregiver shows that, in the contact between the family and the multidisciplinary FHS team, the nurse deserves to be highlighted, being mentioned as the trust reference member of the families. Family members turn to the nurse in different situations, because they know she/he will be available to help them in any way possible, such as in moments of anxiety, uncertainty and distress[9]. The motivation to carry out this study was the need to learn the way the nurse's performance is developed in the Family Health Strategy, considering the conditions faced

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in their work routine. This study is the result of a nursing end-of-course monograph[10] and had the purpose to describe the practice of Family Health Strategy nurses in home care.

## METHODS

This exploratory, descriptive study was performed using a qualitative approach. Qualitative studies aim at comprehending the internal logic of groups, institutions and actors as for specific themes and relationships among individuals[11].

The study was developed in FHS units (FHU) of the Glória/Cruzeiro/Cristal (GCC)health district , in the municipality of Porto Alegre, Rio Grande do Sul, Brazil. This district has 14 FHU in its territory.

Study participants consisted of the nurses working in these units. The inclusion criterion applied to nurses working in the FHS of the GCC district during the period of data collection. In order to establish the number of participants to interview, the authors used the criterion of data saturation, which takes place when there is repetition of terms, previously mentioned by other study participants[11]. Hence, after interviewing six nurses, the degree of data saturation was reached.

Data were collected through individual interviews with the guiding question: "Tell us about your practice in the FHS, regarding home care", aimed at encouraging the participants to report their experiences freely. The interviews were performed between April and May of 2010, in the rooms available at the FHU, in order to ensure privacy.

Data were analyzed using the thematic content analysis of Minayo, which aims at discovering the meaning nuclei and the presence or frequency of significant factors for the studied object, in the statements of the participants[11]. This analysis was divided into three stages: pre-analysis, material exploration, and treatment of the results obtained and interpretation.

Initially, the empirical material, resulting from the interviews, was transcribed and, then, a first reading was performed, aimed at the initial apprehension of the content. Afterwards, a thorough reading of the printed material was performed, in which the fragments that presented meaning similarities were highlighted, in the different statements. Later, in the coding and categorization of the entire empirical material, the authors proceeded to the process of delimitating the registration units (keyword or sentence) and context units (context and comprehension of the registration unit). This process generated three analysis categories: home visit in the FHS, assessment of home visit demand and home visit operation.

The study project was approved by the Research Ethics Committee of the Municipal Health Department of Porto Alegre, under process no. 001.015.74610.0. All participants signed the Free and Informed Consent Form. Interviews were recorded, filed and will be destroyed after five years. In order to preserve the identity of the participants, the statements were identified by the letter I, followed by cardinal numbers.

## RESULTS AND DISCUSSION

The nurses who participated in the study reported they had over five years of experience in the FHS, however, they also reported a shorter period of activity in the work team. Based on the analysis of the interviews and in accordance with the study purpose, the following thematic categories were established:

### Home visit in the FHS

When asked regarding their performance in the Family Health Strategy as for the home visit, the nurses referred to the HV as an end-activity, as it uses its own means to achieve an end, that is, the care to the patient in the FHS home care.

> *I generally have a shift of HV, on Monday afternoon (I1).*

> *Regarding home care, we have it scheduled every Monday afternoon, my schedule is entirely reserved to perform home visits (I2).*

> *I dedicate one shift a week to the home visit, which is every Thursday morning (I3).*

All nurses referred to the HV as the only modality of home care[8], considering them to be synonyms. Nevertheless, there are other modalities described in the literature[6-7]. The conception of the nurses in this study is reduced in relation to the meaning of home care, which involves all actions that are implicated by the provision of healthcare at home

and that, in their development, demand other types of knowledge and practice from health professionals so as to meet the patients' needs[4,8]. This reduced conception may implicate in the performance of the nurse contemplating only the biological dimension, rather than meeting the prerequisites of healthcare preconized by the FHS model.

The HV offers the opportunity to be in contact with the patients' lifestyle, to learn their environment and intrafamily relationships, to approach questions that go beyond the physical disease and contemplate also social and emotional problems, providing orientations aimed at their real health needs, and searching singularities in the way of care[12]. Hence, home care as a competence of nurses in primary health care comprises a series of procedures that, by being developed, permit to understand the life context of patients[15]. These procedures involve learning the life conditions of patients and their families in order to plan the visits:

> *In the environment where they live we can carry out our work better (I1).*

> *Home visit consists of learning the reality, experiencing, bonding to that family [...] in order to elaborate an action plan, because what we often prescribe in the office is not the best for the reality of that family, and when you visit them, you get to know them, and your attitude changes a lot (I3).*

> *Home visit provides you with instruments to identify many things within that family context and to be able to enter, to act, and to implement things (I6).*

Home visits appear in the interviews as a work place for the FHS professionals, being used as an instrument for healthcare in the FHS and a possibility of organization of healthcare. By performing the HV, the professional uses a differentiated view regarding people's disease process, with more proximity to the family and integration in care and the possibility to visualize and understand the home context and to interact in that context.[12,14]

Family health nurses aim at bringing healthcare closer to the family, so as to improve patients' quality of life, breaking with the care model of traditional primary health care units and extending their actions towards the community [4]. Therefore, these nurses highlight the aspects that must be taken into consideration regarding HV:

> *I try to see the house structure, this is very important when we give orientations here and I try to see the social risk of this family, besides the reports of the community health agents; we manage to make a diagnosis, which is what that family needs and I think that is what home visit means (I1).*

The knowledge regarding the environment conditions, such as sanitation and housing, are essential factors for the establishment of measures to promote the quality of life of the individual, families and communities, provided by HV[12,15]. Moreover, the home context involves a specific dynamic in each house, comprising factors that influence the family life, as a singular group (income, religion, belief, habit, housing), which includes different responses in face of the problems presented, and people who share the same environment of life and relationships [4].

In contraposition to this perception of the HV, some FHS professionals understand that these may also consist of actions of supervision of prescribed therapeutics, as it has been already evidenced by other authors[12]. Hence, the actions developed in the HV are reported both as referring to education and to supervision:

> *We try to educate the patients so it does not have to be an emergency home visit [...] (I1).*

> *Talking to the families to check whether what the patient is saying agrees with what he/she is doing. That does not always happen, he generally says he is eating, but he is not eating what he is supposed to. He is eating what he wants to keep eating (I5).*

According to the purpose of the FHS, HV must be performed from the perspective of education in health, by making patients and their families capable of performing their own care, so the educative function of the nurse is vital in this process. However, HV may also mean a negative control over the life of people, when it is more focused on the supervision, follow-up and registration of merely biological health and disease aspects[16].

**Assessment of home visit demands**

In the FHS, the main actions developed in the HV are the enrollment of families, orientations, health surveillance and monitoring of clinical cases according to evaluation by the health team. Besides these actions, nurses aim at meeting all

the demands of the patients, as expressed in the following speech:

> *We always find a way, when there is a demand, a priority, we always find a way to go, even if it is not the right shift, even if it is not the date when the home visit is scheduled to happen, we go on a different day (I3).*

At the identification of the users' needs, the nurses try to incorporate into the HV practice the embracement and the access, which are guidelines of the Humanization Policy of the SUS and involve the appreciation of the multiple aspects that influence the health of people [17].

A study indicated that the most prevalent diseases among older adults cared for in FHS home care were: systemic arterial hypertension, chronic obstructive pulmonary disease and Diabetes Mellitus[18]. Supporting these findings, the nurses reported that, among the HV demands, the care to individuals with chronic diseases stand out:

> *[...] but our greater demand is towards chronic diabetic patients, with wounds, with ulcers [...] (I4).*

> *Patients who have chronic diseases, these are the ones we have to visit regularly [...] in order to check whether their health condition has not gotten worse (I5).*

> *Many patients are already chronic, so we have a schedule of monthly visits (I6).*

The nursing HV for individuals with arterial hypertension has been proved to be effective in the improvement of the compliance with the treatment and other therapeutic measures, besides the maintenance or reduction of weight and abdominal circumference, compliance with the practice of regular physical exercise and to the medication treatment[19]. Nurses perform the HV with the purpose to verify, provide and guide the use of medications and/or to follow-up clinical cases[18], as evidenced in the following speeches:

> *Ah, he is not complying with the medication! The community health agents go there and detect it, and we try to go there as fast as we can [...] (I1).*

> *Reviewing the medication is the most frequent demand brought by the community health agents, reviewing medication, instructing regarding the application of insulin [...] (I4).*

This demand is related to the demographic characteristics of the population cared for by the FHS, since there is an elevated standard of medication use, with small variations according to the health conditions of older adults living in the community[18].

In this context, there are demands of bedridden individuals, with difficulty to move or older adults, who present special needs and require regular home visits to satisfy them:

> *Sometimes we focus on those who are in bed, who are practically hospitalized at home [...] who had a stroke with sequelae (I4).*

> *I visit bedridden patients more often, also older patients because our unit has stairs and the access is difficult for them. (I2).*

Bedridden patients count on the caregivers, generally their family members, to execute care, which generates the need for health education related to diseases and aggravations, to specific medication therapies, to dieting and physical exercise pertinent to each situation [20]. Therefore, in the HV, the nurses have developed instructions for making caregivers autonomous and responsible in the provision of care:

> *[...] teaching them how to do it so they can be as independent as possible (I1).*

> *[...] guiding the application of insulin and dressings [...] instructions to patients with hypertension. (I4).*

In Brazil, most of the older adults need home care and cannot afford a professional caregiver. Hence, home caregivers of older adults generally consist of women who are part of the family[20]. The daily routine of a caregiver is permeated with different assumed tasks and functions that generate an overload that is both physical and emotional, since the care of a family member often coincides with other activities that were previously developed. Being aware of the home care amplitude, nurses have sought to assist the qualification of the family to provide care to those who need this type of assistance.

**Interactions with the health team in home care**

The work of family health nurses presupposes the articulation with other professionals and

the involvement with multidisciplinary teamwork. Community health agents (CHA) act both to mediate information regarding the HV demands and in their operation:

> *[...] when the community agent says: ah! the patient has gotten worse! or that some other problem has occurred, even if I have already arranged a visit for this patient, I go before the scheduled date (I5).*

> *[...] these visits are generally supervised by the community health agent responsible for that family (I3).*

> *[...] since there is not a fixed date, we go according to the demand of the community health agents, so every week new facts emerge and we go to the visits (I4).*

In the FHS, the HV is a common activity for all professionals of the family multidisciplinary team, being a specific and mandatory attribution of all CHA. Community health agents develop the HV based on the organization of the territory, defined in micro-areas, registering and keeping updated records and following up all the families and individuals under their responsibility, according to the needs defined by the team[3]. The performance of the CHA is fundamental, since the actions of nurses and the health team will be based on the information provided by them.

Participating in activities of primary health care under the supervision of the nurse at home and/or in other community places is also an attribution of the nursing technician in the FHS[3]. On the other hand, nurses develop an activity of supervision and leadership in relation to the work of community agents and nursing technicians[3]:

> *[...] sometimes we need a better technique, so a nursing technician or a nurse is sent there, and I am the one who evaluates it (I1).*

> *The technician visits to check whether everything is fine with that patient (I6).*

The articulation with the work of the physician was related to the care of patients, such as those who were chronic, older, and in precarious life situations.

> *[...] also because the physician uses our evaluation significantly, then he can have an idea of what happened there (I1).*

The nurses reported they make a planning of home visits, according to the demand organized by them, estimating the number of visits or meetings necessary for the provision of care needed for the treatment and instructions to the patient, as well as to establish the relationship of help to the family:

> *We have a plan with the number of patients so that we can provide care to all of them (I2).*

> *[...] it is according to the demand and to our monthly program (I6).*

The planning may be highlighted as actions developed in relation to the demand and to the elaboration of forms of performance, considering the purposes to achieve[4]. In this process, nurses refer that the time dedicated to the HV is shorter than they would like it to be:

> *[...]the period of home visit, of home care, is shorter than we would like it to be, because the bureaucratic service of the FHP is much greater, and then we end up having not so much time to do what we would like to, what is the mean of home visits a month? Around ten visits ... it is not much. But, unfortunately, we do not have any more time to do what we would like to. (I4).*

> *[...] we also have all the bureaucracy of the coordination of this unit, and the coordinator is the one who does that, so we often do not have time to dedicate to the home visit (I3).*

In the FHS, it is part of the nurses' attributions, and considered to be one of their competences[13], to participate in the management for the appropriate operation of the FHU[3]. However, since the managerial dimension is intrinsic to the work of the nurses regardless of the activity context, it is necessary to develop new ways of managing that contemplate both administrative and healthcare activities towards patients. Hence, this must be shared with the health team so that the nursing professional has the time to perform other activities, such as the home visit.

## CONCLUSIONS

The performance of family health nurses in home care has been developed through HV, which allows to learn the life conditions of patients and to have a better understanding of the relationships

existing in the home context. At the same time, it was observed that the HV in the FHS is related to the control of the patient's compliance to the prescriptions of the health team, which reduces it to the biomedical dimension of healthcare, demanding adjustment in order to meet the logic of reorientation of the healthcare preconized by this model.

In the assessment of the home visit demand, the nurses aimed at meeting the needs of FHS patients, identifying individuals with chronic diseases, who were bedridden, with difficulty to move and older adults as main care demands. When performing the HV, care is focused on the clinical follow-up and educational activities towards caregivers.

Nevertheless, nurses mentioned difficulties to develop home visits, because despite all of them stating to do so, they also state they wish they had more time to dedicate to this activity, justifying this impossibility due to the amount of administrative activities related to the management of health units under their responsibility.

This study was limited to identify the performance of one of the professionals in the family health team. In this sense, there is the need to study the performance of other professionals in this team in order to broaden the comprehension of this theme in primary health care.

Although this study has evidenced the performance of the nurse in home care, it is observed that this professional still focuses on the home visit, which indicates the need to broaden the discussion regarding home care in nursing, extending the possibilities of their performance in this scope.

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