



HOME VISIT AS A CARE TECHNOLOGY, TEACHING AND RESEARCH IN NURSING

A VISITA DOMICILIAR COMO TECNOLOGIA DE CUIDADO, ENSINO E PESQUISA NA ENFERMAGEM

LA VISITA DOMICILIARIA COMO TECNOLOGÍA DE CUIDADO, ENSEÑANZA E INVESTIGACIÓN EN ENFERMERÍA

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ABSTRACT

Objective: to characterize the home visit as a care technology, teaching and research in nursing. **Methodology:** integrative review guided by the research question << *How is characterized the home visit as a care technology, teaching and research in nursing?* >>, held in the databases of BDENF, LILACS and CINAHL, in November 2012. The analysis of the studies occurred with a systematic instrument, consisting of six indicators of data collection. **Result:** 12 studies were found, being the year of 2011 the greatest expressivity of publication, with Brazil as the main contributor. The studies enabled lecturing on home visit as a technology that pervades the care and reaches the axes of the teaching and research. **Conclusion:** about the technology phases, there was the possibility to transform them and improve them, contributing to the improvement of care, vocational training and research activities. **Descriptors:** Home Visit; Technology; Nursing.

RESUMO

Objetivo: caracterizar a visita domiciliar como tecnologia do cuidado, ensino e pesquisa na enfermagem. **Metodologia:** revisão integrativa norteada pela questão de pesquisa << *Como se caracteriza a visita domiciliar como tecnologia do cuidado, ensino e pesquisa na enfermagem?* >>, realizada nos bancos de dados da CINAHL, LILACS e BDENF, no mês de novembro de 2012. A análise dos estudos ocorreu com um instrumento sistematizado, constituído por seis indicadores de coleta de dados. **Resultado:** obtiveram-se 12 estudos, sendo que o ano de 2011 foi o de maior expressividade de publicação, estando o Brasil como o principal contribuinte. Os estudos permitiram dissertar sobre a visita domiciliar como uma tecnologia que perpassa o cuidado e alcança os eixos do ensino e pesquisa. **Conclusão:** acerca das faces tecnológicas, verificou-se a possibilidade de transformá-las e aperfeiçoá-las, contribuindo com a melhoria do cuidado, da formação profissional e das atividades de pesquisa. **Descritores:** Visita Domiciliar; Tecnologia; Enfermagem.

RESUMEN

Objetivo: caracterizar la visita domiciliar como tecnología del cuidado, enseñanza e investigación en la enfermería. **Metodología:** revisión integrativa guiada por la pregunta de investigación << *¿Cómo se caracteriza la visita domiciliar como tecnología del cuidado, enseñanza e investigación en la enfermería?* >>, realizada en los bancos de datos de CINAHL, LILACS y BDENF, en el mes de noviembre de 2012. El análisis de los estudios se dio con un instrumento sistematizado, constituído por seis indicadores de recolección de datos. **Resultado:** se obtuvieron 12 estudios, siendo que el año de 2011 fue el de mayor expresividad de publicación, estando Brasil como el principal contribuyente. Los estudios permitieron disertar sobre la visita domiciliar como una tecnología que impregna el cuidado y alcanza los ejes de la enseñanza e investigación. **Conclusión:** acerca de las faces tecnológicas, se verifico la posibilidad de transformarlas y perfeccionarlas, contribuyendo con la mejoría del cuidado, de la formación profesional y de las actividades de investigación. **Descriptores:** Visita Domiciliar; Tecnología; Enfermería.

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INTRODUCTION

Nursing is a component of scientific and technical knowledge, represented by social, ethical and political practices of teaching, research and assistance to the individual, family and community. It is an occupation in which the mission consists on the promotion of health and quality of life of human beings.¹ So, in the context of higher education, the National Council of Education emphasizes that the formed nursing professional must have the ability, among others, to properly use new technologies - information, communication and equipment - for the nursing care.²

The use of health technology is an ability inherent in nursing profession qualified as art and science, that is because *“technology puts science into practice and for this to happen, they must have the science, therefore the technology, the techniques must be increasingly perfected”*.^{3:181}

Thus, the technology is so complex as to science and aims to increase the competence, enhancing human efficiency in relation to various activities, as well as to involve a set of scientific and empirical knowledge, systematized and specialized, therefore promoting the theoretical and practical reasoning.³ It is understood that technology is the application of scientific knowledge for practical employment. It cannot therefore be conceived as a product, but as knowledge and instruments that, in health, are directed to substantiate the way to take care.⁴

The practice of home visit (HV), a technology used in the Basic Health Care (BHC), is regarded as the departure of doctors and other health professionals to the residences of individuals of a given community, aiming to provide more individualized care and knowledge of the health conditions in the economic, social and family contexts.⁵

Historically, HV does not represent a modality of care of the 21st century. Records indicate that the practices with the same intentions of home care have been developed in Greece (443 BC). The reports reveal that doctors coursed the houses in order to carry out guidelines concerning safety of the physical environment, water and improvement of disability, among other activities.⁶ In current days, this practice has been taking large proportions internationally and its visibility as Brazilian program was recognized through the creation of the Program of Communitarian Health Agents -1991.⁷⁻⁸ Thus, it is a health care modality of the individual's

Home visit as a care technology, teaching and... residence, including visits, assistance and hospitalization at home environment.⁹

The HV covers actions of teaching, research and care, in addition to understanding a multi-professional team strategy and achieve the completeness of assistance.⁶ it is believed that the HV is a technology that pervades the care and reaches the axes of the teaching and research. Thus, this trinomial is fundamental to the practice of qualified assistance and improvements in the health-disease process of individuals, justifying the construction aspects of this study.

OBJECTIVE

- To characterize HV home visit as a technology of care, teaching and research in nursing.

METHODOLOGY

Integrative review, which is a broader review method, enabling to include theoretical and empirical literature, as well as studies with different quantitative and qualitative methodological approaches, having intended to incorporate and synthesize the studies about a particular subject, establishing a conclusion from the results demonstrated in each study with identical or similar research problems.¹⁰

The research took place in November 2012, through a protocol of integrative literature review, prepared by the authors and validated by professionals with doctorate, which enabled the systematization of the search and the reading of elected studies. For the construction of the study, a guiding question was defined << ***How is characterized the HV as care technology, teaching and research in nursing?*** >>

The integrative literature review protocol consists of eight thematic fields: subject, guiding questions, purpose of study, search strategy, selection of the studies, presentation of results, critical evaluation of the studies and synthesis of the studies. Thus, initially, the research in Health Sciences keywords (DeCS) was performed, which allowed selecting the controlled keyword “home visit”. Then databases Latin American literature and Caribbean Health Sciences (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and database of nursing (BDENF), were searched through its advanced forms.

To the selection of studies, as inclusion criteria were the scientific productions available electronically, in full text, based on the HV and presenting in their titles the word “Home visit” associated with the nursing or

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some practice of care or teaching practices or research practices.

Then, as exclusion criteria were the duplicated studies, productions that cover “Home visits” associated with other professional categories as community health agent (CHA), doctors, among others.

The strategy for critical evaluation of studies was achieved through a systematic instrument, with the following collection indicators 1) development place of the study (IES); 2) year of publication; 3) country/state; 4) home visit and its phase care technology; 5) home visit and its phase technological

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education; and 6) home visit and its phase search technology.

The levels of evidence were not considered as a criteria for inclusion or exclusion of the scientific production in this study, since 100% of the sample is a non-experimental study, descriptive type.

After the identification of the indicators, the textual construction occurred in this study, as well as their final assessment. Figure 1 shows the methodological research process.

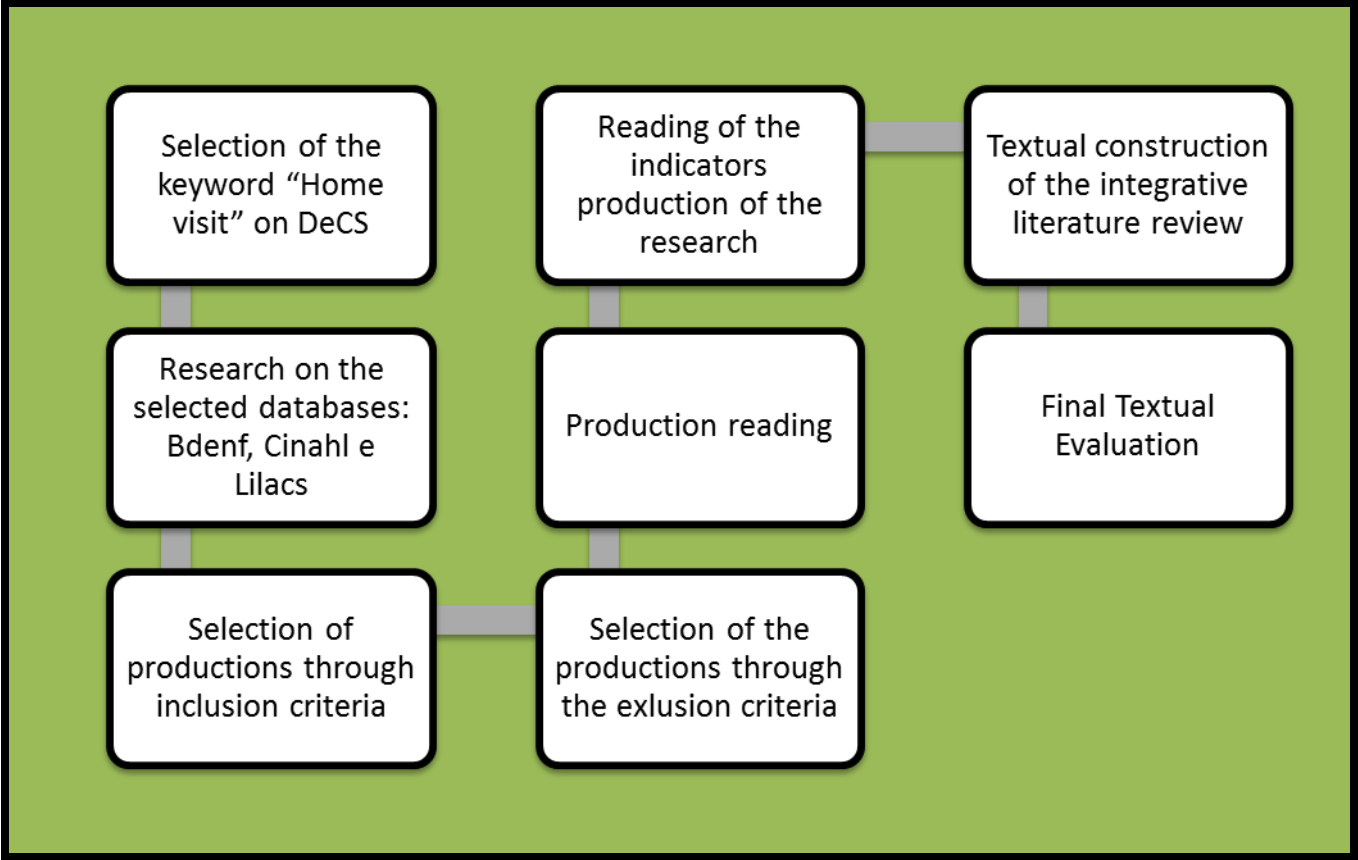


Figure 1. Methodological study course, 2012.

RESULTS

The research of the keywords in the predetermined databases resulted in 7,665

studies. With the research criteria of inclusion, exclusion and indicators defined, this number was reduced to 12 studies.

Table 1. Result of the research in databases BDEF, CINAHL and LILACS, 2012.

RESULT OF THE LITERATURE REVIEW						
Database						
Keyword	Pre-selected studies*			Included Studies**		
	BDEF	CINAHL	LILACS	BDEF	CINAHL	BDEF
Home Visit	02	06	08	01	03	08
Total	16			12		

* Scientific productions (dissertations, theses and articles), available on the internet, based on home visit and presenting in their title the term “Home visit” associated with nursing or care practices or practices of teaching or research practices.

** Type of study; place of development of the study (IES); year of publication; magazine; country; home visit concept; home visit and its phase of care technology; home visit and its phase technological education; home visit and its phase search technology.

The studies found were published from 2004 to 2012. The year 2011 (n=3; 25%) was the most outstanding in terms of publication of studies, followed by 2004 (n=2; 16.7%) and 2008 (n=2; 16.7%) 2010 (n=2; 16.7%) and 2012 (n=2; 16.7%).

In the case of publishing sources, the studies were disseminated by nine journals, the Jornal de Enfermagem at UERJ (n=2; 16.7%) was the main source of scientific information and the classification “articles” (n = 8; 66.7%) according to the CSP, the most common type of study in literary sample.

Among the countries of origin of the research, the most prevalent of publication was Brazil, with nine publications (75%), followed by USA-Chicago (n=1; 8.2%), Japan (n=1; 8.2%) and Sweden (n=1; 8.2%), which published only one study.

Among the IES, presented greater expressiveness in production was the State

University of Rio de Janeiro with two publications (16.7%) related to the object of study of this work. Table 2 considers the quantitative description of the studies by the magazine research indicators, country, IES, study type and year.

Table 2. Quantitative description of studies included by magazines per year, counry per year, institution of higher education per year and study type per year - in absolute numbers, 2012.

Variable	2004	2006	2008	2010	2011	2012
Magazine						
Ciência Cuidado de Saúde	-	-	1	1	-	-
Revista de Enfermagem Universidade Federal do Rio de Janeiro	-	-	-	-	2	-
Texto Contexto Enfermagem	-	-	1	-	-	-
Anna Nery Revista de enfermagem	-	1	-	-	-	-
International Journal of Mental Health Nursing	-	-	-	1	-	-
Journal of Community Health Nursing	1	-	-	-	-	-
Public Health Nursing	1	-	-	-	-	-
Revista de enfermagem UFPE on line	-	-	-	-	-	1
Country						
Brazil	-	1	2	1	3	2
USA (Chicago)	1	-	-	-	-	-
Japan	-	-	-	1	-	-
Sweden	1	-	-	-	-	-
Institution of higher education						
Universidade de São Paulo - USP	-	-	-	1	-	-
Escola Nacional de Saúde Pública - ENSP	-	-	-	-	-	1
Universidade Estadual do Rio de Janeiro - UERJ	-	-	-	-	2	-
Universidade Federal Minas Gerais - UFMG	-	-	1	-	1	-
Universidade do Vale do Itajaí - Univali	-	-	1	-	-	-
University of Health Sciences	-	-	-	1	-	-
Linkoping University	1	-	-	-	-	-
Rush University	1	-	-	-	-	-
Universidade Federal de Fluminense - UFF	-	-	-	-	-	1
Universidade do Rio de Janeiro - UFRJ	-	1	-	-	-	-

DISCUSSION

From the 12 studies, analytical and reflective readings were held which provided how to lecture on the three technologies in the practice of instilled HV of nursing. Thus, the discussion was developed in three thematic axes: 1) HV with phase in nursing care technology; 2) HV phase in technology teaching of nursing; and 3) HV phase in nursing research technology.

◆ Home visit with the phase of nursing care technology

The HV is regarded as the displacement of the professional to users´homes, demanding the use of light-hard technology (knowledge, skills and attitudes of communication), planning and recording of activities. With these characteristics, it is essential the presence of a protocol to guide the activity.⁶

It is a unique care technology for the achievement of users´ care,¹¹ by configuring as promising strategy to intervene in the various needs of the family¹² and instrument for the knowledge of contexts - socioeconomic, culture, habits, way of health

conditions etc.- in which the individual and the family live. These aspects, in most cases, are not observed during outpatient or hospital service.¹³⁻¹⁵ On that, it should be noted that the work on health and therefore, the HV, is lack of physical layout organized and technologies, which are categorized into three types: 1) hard technologies, which direct the work by guiding machines and instruments; 2) light-hard technologies, associate the technical knowledge and the way in which the worker is presented while working in health; and 3) light technologies, correspond to relations technologies.¹⁶

In this way, a work in light and light-hard technologies allows the professional to develop a work alive in act, that already established through the hard technologies with the ability to transform the process and work in Killed Work,¹⁷ however, it is the work alive that should guide all professional practice during the HV.

The HV aims to consolidate the levels of health care, such as promotion, protection and recovery of health^{15.18-19} being associated with reorientation of health care model of the Unified Health System (SUS) and ensuring the

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principles of universality, integrality and fairness.⁶ During practice of this technology, the professional nurse is preparing for the unexpected, since there is no previous procedure,²⁰ qualifying his listening, elaborating strategies to guarantee to the user access to public policy and establishing the link with the community.⁶

Professionals, especially nurses, while working in health based on care technology generates several benefits, such as: providing comfort, tranquility, security, developing the territorial recognition and evaluation of home, ensuring the effectiveness of assistance,^{11,14} implementing strategies for self-care, respecting the individual limits, promoting the autonomy and user involvement for decision-making,^{12,19} establishing links between nursing and family, humanizing the Humanized Care;¹⁹ addressing several health problems from users, as well as an achievement of multiple interventions of nursing, providing social support, enhancing access to service,^{18,22} organizing teamwork,¹³ strengthening of BHC,¹⁵ breaking traditional paradigms,²⁰ among others.

To the scope of these challenges, there are many difficulties experienced. One of them refers to the absence of technical and scientific knowledge of nurses for the realization of the HV¹¹ - like the other professionals of the interdisciplinary team. It is reported, as a difficulty, the presence of preconceived notions of nurses;¹² and the lack of registration of activities of HV, leading to waste and empty of information. This compromises the proper decision-making, requiring the need of instrument to guide this practice.⁶

It is afraid the possibility of this practice lead to accommodation, dependency and despondency of the individual and family to bypass the health problems experienced.¹⁵ For this situation, the Ministry of Health recommends that the HV should be performed routinely, with human resources optimization and without producing addiction to professionals' users.²³

♦ Home visit with the phase of technology nursing education

The Brazilian nursing was born in a context in which the hospital model, with the individual and curative care were references to health. Thus, the profession was not directed towards public health.²⁴

Nursing education has various stages of development and, consequently, the profile of the nurses suffered transformations inherent in political-economic-social framework of education and national and global health,

converging on a teaching/nursing training directed to reality.¹⁵ With this, the HV is treated as a technology that allows the observation in the place of reality of families, living conditions, the dynamics of health-disease process, the ways of life and the uniqueness of each territory.^{13,19}

It is a moment that grants people the improvement of the capacity of listening, communication and observation,¹³ in addition to create a space suitable for the practice of health education through teaching designs geared toward self-care, health needs and research director of the assistance activities of nursing.^{14,19}

The HV has a learning function⁶ and consistent with the guidelines of Resolution 3, from November 7, 2001, of the Board of Higher Education of the National Council of Education, when saying that the courses should provide training of generalist nurses, critical, reflective, humanists and able to meet and speak about the problems/health situations - disease.²⁶

There are many difficulties, these are inherent in the planning and systematization of HV in the perspective of educational technology,¹³ to adapt theoretical knowledge with the reality of each individual. To work around this obstacle, it is considered pertinent to the presence of guides and tools that guided practice in the context of technological teaching phase.⁶

♦ Home visit with the phase of nursing research technology

Research in nursing is a complex activity, since the profession has several objects of study. Thus, it is imperative to choose more appropriate methodological path in order to be able to portray the reality worked.²⁷

Reflecting on the HV, in the context of research in nursing, it is evidenced that this practice applies methodological phases of observation - focus on details and facts displayed during the visit - the interview and the report/oral history - space that individuals expose their lives meaning.^{6,13}

Oral history is a set of procedures that enables biological and cultural own speech of the interviewer, which shall exercise the role of narrator of his story.²⁸ Therefore, the practice to go home and assessing the living conditions of users through the narrations of their own stories corresponds to one of the methodological procedures of qualitative research.

It should be noted, moreover, the method of research-action as data collection technique during the HV, allowing this strategy promoting the participation of the

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family, knowledge⁶ and advance innovative products for health services and academic mean²⁰ that go beyond the technical actions of practice.²

Reflecting on the concept of research-action - a research type, distinct from those traditional, which emphasizes the production of knowledge through the interface between theory and practice, in order to carry out the intervention in the course of their research - it can associate that interaction between health staff and users in order to discuss and compromise strategies to problem solving makes HV a critical moment to such scientific activity.

FINAL REMARKS

Historically, the HV is not a recent practice, but which in recent decades has been taking large proportions of the practice. That way, it is already experienced the power not just of care, but the teaching and research from this practice, allowing configuring as a multidisciplinary team strategy, in particular, to the nurse, and which guarantees the completeness of understanding of human conditions.

The HV, in its phase of care technology, provides a care towards humanistic principles and the SUS. In teaching perspective, the practice allows students a learning focused on the complexity of the human condition. And, finally, the phase research technology is critical to guide the practices of care and teaching, since it is inherent in the practice of visitation of the house the methodological phase of observation. Therefore, the HV is a technology that pervades the care and reaches the axes of the teaching and research.

Nursing presents among others, ability to properly use new technology, providing an individualized service, knowledge of health conditions in the economic, social, and economic context inserted in home visit. However, the study shows that the connection between teaching and service still is a broad challenge to the educational institutions in the field of health, as well as for their own workplace services.

It is hoped that this study will sensitize the nursing professionals - like other members of the interdisciplinary teams of health units of BHC - to seek new knowledge about the object of study, as well as reflect about these technological phases, making it possible to transform and improve the practice of HV, contributing, therefore, on qualified care, satisfactory vocational training and research activities with significant social benefit.

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Submission: 2013/05/17

Accepted: 2014/09/18

Publishing: 2014/10/15

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