



THE HOME CARE FOR THE ELDERLY PERSON FROM THE PERSPECTIVE OF THE NURSING PROFESSIONALS

A ASSISTÊNCIA DOMICILIAR AO IDOSO NA PERSPECTIVA DOS ENFERMEIROS

LA ASISTENCIA DOMICILIAR DEL ANCIANO EN LA PERSPECTIVA DE LOS ENFERMEROS

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ABSTRACT

Objective: to analyze the home care for the elderly person from the perspective of the nursing professionals. **Method:** it is a qualitative study, which was conducted in a municipality of the Rio Grande do Norte state, with six nurses linked to the Family Health Strategy - *Estratégia Saúde da Família* (ESF), whose by means of a focus group have described the home care that they conduct together with elderly people and their families. After approval of the research project by the Ethics Research Committee from the *Universidade Federal do Rio Grande do Norte* (UFRN), under protocol n° 155/09, the results were analyzed according to thematic content analysis. **Results:** the family and the caregivers of the elderly person need greater support from the healthcare team for the achievement of the agreed care procedures. **Conclusion:** the home visit is a necessary tool in the Family Health Strategy, which is indispensable to the conduction of a full care, but, in the context of this study, it was not frequently performed. **Descriptors:** Home Care; Elderly; Nursing.

RESUMO

Objetivo: analisar a atenção domiciliar à pessoa idosa sob a perspectiva dos profissionais de enfermagem. **Método:** estudo qualitativo, realizado em um município do estado do Rio Grande do Norte, com seis enfermeiras vinculadas à Estratégia Saúde da Família, as quais por meio de um grupo focal descreveram a assistência domiciliar que realizam junto ao idoso e sua família. Após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte, sob protocolo n° 155/09, os resultados foram analisados de acordo com a análise de conteúdo temática. **Resultados:** a família e o cuidador da pessoa idosa necessitam de maior apoio da equipe de saúde para a realização dos cuidados pactuados. **Conclusão:** a visita domiciliar é uma ferramenta necessária na Estratégia Saúde da Família, a qual é imprescindível à realização do cuidado integral, porém, no contexto deste estudo, não era realizada com frequência. **Descritores:** Assistência Domiciliar; Idoso; Enfermagem.

RESUMEN

Objetivo: analizar la atención domiciliar a la persona anciana desde la perspectiva de los profesionales de enfermería. **Método:** estudio cualitativo realizado en una ciudad en el estado de Rio Grande do Norte, con seis enfermeras vinculadas a la Estrategia de Salud de la Familia que por medio de un grupo de enfoque se describen la atención domiciliar con el anciano y su familia. Después de la aprobación del proyecto de investigación por el Comité de Ética en investigación de la Universidad Federal de Rio Grande do Norte, con el protocolo n° 155/09, los resultados fueron analizados de acuerdo con el análisis de contenido temático. **Resultados:** la familia y el cuidador de la persona anciana necesitan un mayor apoyo del equipo de salud a la realización de la atención acordada. **Conclusión:** la visita domiciliar es una herramienta necesaria en la Estrategia Salud de la Familia, que es indispensable para la realización de atención integral, sin embargo, en el contexto de este estudio, no fue realizada con frecuencia. **Descriptores:** Atención Domiciliar; Anciano; Enfermería.

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INTRODUCTION

The aging process of society and the issues that involve the elderly person require quick changes and there is this possibility, by means of applying policies related to the elderly person. The current and specific legislation to the health of the elderly person in Brazil begins from the Federal Constitution of 1988 and the regulations of Law nº 8080, in 1990, which is regarded as the milestone for the reorganization of health model in force in our country, implemented through the Unified Health System - *Sistema Único de Saúde* (SUS) in 1990.¹

The specific national policy for the elderly person was enacted in 1994, by means of the Law nº 8.842/94, which ensures the rights of this population segment, later complemented by the National Health Policy of the Elderly Person - *Política Nacional de Saúde do Idoso* (PNSI), Ordinance / GM nº 1.395/GM, December 10th, 1999, which underpins the action of the health sector in full care for the elderly population, according to the guidelines of the SUS.¹

In turn, the Law nº 10.741, October 1st, 2003, has created the Elderly Statute, signaling a breakthrough in the Brazilian law concerning the elderly population in the regulation of the rights guaranteed to people aged over 60 years.² Three years later, it arises the National Health Care Policy for the Elderly Person - *Política Nacional de Atenção à Saúde da Pessoa Idosa* (PNSPI), through the Ordinance nº 2.528/GM, October 19th, 2006, to restructure the former policy, launched in 1999, enabling changes provided by the SUS and defining Primary Care as the system gateway for the elderly person.^{3,4}

It is noteworthy that the health of the elderly person is part of one of the priorities of the Brazilian government through its insertion in the Health Pact - Life Pact, in February 2006, by Ordinance GM nº 399, February 22nd, 2006. Still from the perspective of organization of SUS health actions, the Brazilian government also deployed, from 1994, the Family Health Strategy - *Estratégia Saúde da Família* (ESF), having in its guidelines the aim to strengthen the principles of SUS and primary health care, beyond a special focus on the family.⁴ After the establishment of PNSPI, among some of its important actions it is highlighted the home care, as being “a set of actions performed by an interdisciplinary team at user / family home, from a diagnosis of the reality in which

it is included, its potentialities and limitations”.³

It is an action that originates the home assistance, which is seen as a form of home care inherent in the work process of the health team in basic care and, specifically, for the elderly person, intended to meet the health needs, functional losses and dependence to perform activities of daily living.⁴ The guidelines proposed by home care reinforce that home assistance for the elderly person should be kept with interlinking between the health promotion actions, harms and injuries prevention and, furthermore, the diagnostic actions, treatment and rehabilitation that promote the adaptation of its functions in order to restore the independence and preservation of its autonomy. It is noteworthy that home assistance is also justified by the degree of humanization that this care brings to the attendance of the user and its family.

In this context, it is understood that home assistance, as advocated in ESF, constitutes itself in an important tool both for the nursing professional and for other professionals of the Family Health Team, since it enables home care to the elderly person, by identifying its health status, its living conditions, and assessing its functional capacity, aimed at promoting and maintaining its autonomy and independence, helping its stay at home, as well as to strengthen the maintenance of family ties.³⁻⁴

Thus, this study aims to investigate whether nurses working in Primary Care perform a home assistance to the elderly person from the principles proposed by ESF, with the objective of analyzing home care for the elderly person, under the perspective of nurses, and identifying whether the home visit (HV) is based on the ESF guidelines.

METHOD

It is a descriptive and qualitative study, with use of principles of the ethnographic method, which can be defined as investigation method that is concerned with the culture of a community or some of its fundamental aspects, under a perspective of global understanding of thereof.⁵⁻⁶ Specifically, this study focuses on the home visit performed by nurses in caring for the elderly person at home, by investigating how this experience of the ESF assistential model is structured.

The study participants were six nurses (nominated as hinterland plants) working in seven ESF teams of the municipality of Santana do Matos/RN/Brazil. The study met

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the ethical principles for studies with human beings and was approved by the Ethics Research Committee from the *Universidade Federal do Rio Grande do Norte* (CEP-UFRN) under Protocol nº 155/09.

Data collection occurred in the aforementioned municipality, in a meeting room of one of the Family Health Units, between March and April 2010, through a recorded focus group interview, with script comprised of open questions, since it allows a collective discussion with regard to HV.

We have obtained information on how the nurses performed the HV, their values and beliefs to develop it within the family context, as well as how the family health team commonly plans the care for elderly person at home.

This information was transcribed and subjected to thematic content analysis, which deals with the unit of meaning that is naturally released from a text, through analysis and identification of the meaning cores that produce a communication and denote the reference values and behavior models present in speech.⁵

This is a type of analysis technique that consists in approaching the ideas and expressions of participants around a thematic axis, from which the speeches and / or narratives are originated, from which the empirical categories are raised, which in this study were: home care as health assessment, HV and home visit of the nurse.

RESULTS AND DISCUSSION

• Home care as health assessment

The speeches of the participating nurses indicate that home care should be used to serve the elderly person in its health assessment and get closer of social reality and life context of the assisted users. Furthermore, they recognize the need for home visits for the achievement of nursing care and having a greater contact with the user's family. Nonetheless, when asked about how usually they planned the HV, it could be seen that this issue was not a systematic and priority action, since it was still planned according to the needs (demands) of users.

Since it is a home visit that allows understanding the life of the elderly person, the nurse *Flor de Mandacaru* commented on the importance of its use in the full assessment of the elderly person, and one should keep this action through an ongoing process. She still did point out to the approaching with the community, given the

possibilities of assessment of the team work, "as people start to see their actions outside the health unit" and understand that the nursing professional is ahead of the other ESF team members, when states:

From what I think, it is an integral assessment of the elderly person and also an ongoing assessment, not just when the elderly person is sick that we must make a nursing assessment or call the doctor, call the nurse technician, not [...]! It has to be a continuing process, it is very important, because nursing - in my opinion - it's ahead in this process! It doesn't stop there, not [...] it's continuous [...] even to see the community's response towards us, professionals, in relation to our work, because if we are attending only at FHS, dispatching medication and more medication [...] how will we assess it? (Flor de Mandacaru)

In saying that nursing is ahead of the healthcare team in the practice of health surveillance, *Flor de Mandacaru* considers that nurses prioritize the individual in its particularities and keep it under ongoing assessment and, specifically, making use of the HV. Possibly, she wanted to express that, from the ESF team, the nursing professional may be the one who more performs the HV to the elderly person.

The literature on nursing training informs us that this has its theoretical foundations in public health disciplines, which are largely consisted of contents that favor this type of practice and influence the training of its professional since the appearance of the first nursing schools in Brazil.⁷

Perhaps this fact enables a better training in the area for the nursing professional, which contributes to this worker is highlighted in Primary Care, who is the coordinator of community health agents and nursing staff. According to some studies, the nurse has taken a prominent position among the ESF healthcare professionals, especially regarding its role in health promotion and disease prevention.⁸⁻⁹

For certain authors, the training of health professionals is a central issue, taking into account that, despite the current assistential model have has its focus on health protection and promotion, its training has a greater focus on biological sciences, by centering on disease and in a vertical relationship between users and health professionals.¹⁰

Thus, there seems to be difficulty for most healthcare professionals located themselves in the ESF proposal, since the great challenge is putting in practice the laws that regulate the

SUS, in order to lead to effective changes in the healthcare practice for the population.¹¹⁻¹²

When understanding the importance of team work to ESF, it seems that, specifically to HV, as an important tool for health assessment, there are difficulties in developing the same, because it is still not seen as one of the priorities by all professionals of its team.

In the case of an HV for the elderly person, that is to say, a gerontological home visit, which often leads us to visit an elderly person with one or over chronic diseases, associated with limitations of functions and other comorbidities, this should be done jointly by doctor, nursing professional, nursing technician and / or community health agent, as far as such care at home should have a goal of more integral attending, given its multidimensionality.

• Home visit (HV)

Home visit appears in the speeches of nurses as an important action that should be prioritized. For most of them, the HV makes that the professional gets closer to the elderly person and its family, through more direct contact and provides the attendance and health assessment, besides facilitating the conduction of orientation activities for home care, by assisting and identifying aspects previously imperceptible for the patient's family.

About the HV, one of the nurses has described her opinion, supported by other participants:

[...] We need that more direct contact [...] even because the family health program itself asks that [...] that well-planned visit; that is a nursing consultation within the home, the importance is more related to the own service, the user's need [...] looking at the elderly, not only those elderly who are bedridden because of an injury, but check why the elderly are not doing a proper hygiene, why is not properly feeding itself, it is an elderly individual who has other needs that, sometimes, the family does not realize and we as nurses begin to detect, right [...] (Flor de Umbuzeiro)

I think, like this, that the visit is as important as a colposcopy examination, as a prenatal consultation and other activities, since we plan and execute it monthly, isn't it? (Flor de Palma)

For some authors, the HV is an important tool in family care^{7,13}; others claim that the home visit is one type of assistential modality, which is necessary in approaching of the health professional who is representative of SUS, life reality and family health. This

peculiarity of home visit is irreplaceable when compared to the practice of professionals who remain in the units and in these cannot grasp the reality of the community. Thus, health attention at home allows practical interventions in the health/disease process of the family.^{9,14}

Although participant nurses think how important this activity can be, some of them said it has been difficult conducting it such as is advocated in the assistential model of the family health strategy. According to them, it is not difficult to perform care at home, "but perform the HV, in order to do them".

It is possible to understand, in the speeches of nurses, that they know they need to pursue the connection between the need to know the reality of individuals and the achievement of health actions and procedures, according to the principles of primary healthcare, but this practice is often not possible to be conducted.

I at least [...] so, when we are doing the visit, we can make this visit, can talk with the elderly person [...] we can perceive the reality of the elderly [...] isn't [...] we can take down a lot of things. (Flor de Umbuzeiro)

At the end of this discussion on the HV, there was a time to assess how it has been performed. We have perceived that there was a concern among nurses, having in mind that it has emerged a divergence between the ideal visit and the actual visit, that is to say, how the caring and the visit were being conducted, in contrast to what should be in accordance with guidelines established by SUS and Ordinance nº 2.528, October 2006.⁴

• Home visit of the nurse (HVN)

Specific results on the home visit of the nurse, according to the participants, indicate that they considered the HV as a tool inherent in the work of the ESF, and one of the most important activities of the work process of the nurse in the level of primary healthcare. At the same time they also recognized that they still not performed the HV as a regular, systematic and present action, when it comes to the attendance to the elderly person at home. Otherwise, we can see some speeches asserted by them on the above mentioned issue:

On the day of HV, I ask the community agent (HCA) about who are needing a visit and I conduct the one that he indicates [...] So, I do not know who is needing, who felt itself ill; even I had been witnessed a case of an elderly man that the doctor promised to make the visit and did not do it, when I got there I did not know the severity of the case, he had erysipelas [...] I insisted he go

to the hospital, because he did not want to go [...] Then he decided to go, when he arrived here, he was sent to the capital, even at the risk of amputating his leg, such as [...] because of lack of a visit [...]! (Flor de Guanambi)

So, it leaves something to be desired, we have willingness, that's what I see, not only in my team, but also in others [...] is that this visit is not being as important as the other attendances [...] I always look at the statistics to see together with the agents if there is someone needing a visit. (Flor de Palma)

[...] We have the day to perform the visit, some agents (HCA) that put on schedule and some others that have their visits to make; but the HV is not just for elderly people, there is not just puerperal women, if there is several activities, the more you try to exit the BHU to make the visits, however, sometimes we have a meeting at the halfway, it emerges an attendance for you try to fill [...] sometimes it happens, and we do what we can do; sometimes it is a statistic, it is a working day in the BHU, sometimes [...] vaccine, it is an activity that we have to do, we end up taking down the day of the visit [...] Because I cannot take down another activity [...] I'm not saying that the visit is not a priority [...] It is of utmost importance! (Flor de Umbuzeiro)

It is possible to identify the agreement between the participants that the HV needs to be a planned activity, because of its importance in ESF; however, we see that, in general, this is an activity performed according to the need for health assessment with focus on the disease. These results confirm some findings in the literature, when they state that over 50% of the home visits are focused on diseases.¹⁵

The results of this study reinforce the HVN held in ESF is focused on the curative assistential model of spontaneous demand at the expense of the current model of health surveillance. Although they are qualified professionals and able to perform actions that imply changes and influence the behavior of individuals, the concepts focused on the disease and healing are still present.

According to some experts in the theme, these visits should not occur only to monitor the clinical status and diseases of patients, but also to learn about the living conditions of the population from social, economic and family situations and, furthermore, make the professional closer to the community.^{13,16}

Besides these aspects mentioned by nurses, the accumulation of daily activities developed by them interfere in the achievement of a more systematic HV. Among others, it should

be cited: a large territory extension of the municipality in relation to the number of FHS teams, the monthly statistics of the attendances conducted by nurses, since another professional could also do and not do it, the lack of transportation to conduct home visits in rural zone, difficult of accessing some more distant households and lack of time and resources to the locomotion.

These aspects are highlighted in the speeches below:

In my case, the coverage area is a tricky area because it is too big and the number of families [...] I'm working with almost 600 families [...] so It' is being difficult to deal with visits. (Flor de Juazeiro)

The area that is for my job is a much poorer area than the total area of the region; it's located in the rural zone [...] There's that place less favored, but let's think here is my area, which is even more poor [...] troubled [...] So it's not possible to me [...] no way [...] nor even for doing HIPERDIA correctly, because there are many old people, It' not possible to me to do all visits to elderly people that I need to do, not [...] so then, I guess it's a long way! There is no car, we have to go on horseback, on motorcycle, or anything available; did you understand? (Flor de Umbuzeiro)

By the time we go out for making a visit, one attendance is left behind (at the Unit) rather than a visit [...] is it important to make the visit? It is! Is it important to care? It is! It is! But there is too much things to do, so we [...] ohhh! A visit [...] let it out, don't wait, there is no time, sends another person, but do you know why? Because there is an overload of activities, which sometimes prevents us from performing this activity better, and much better [...] right? I know we're talking about the elderly person, but I know it's in any age group, that we need to visit [...] (Flor de Umbuzeiro)

One day the doctor goes out, one day the dentist goes out and the other day the nurse goes out; but the entire team never goes out, the ideal would be the whole team goes out. [...] even because of the culture of the people, if because the community search us in the BU and everybody's out, making visits, [...] ih! ih! Does have anyone? Are the post closed today? He (patient) does not understand the need; we go out together to make visits [...] he says, he says, that nobody's working. (Flor de Xiquexique)

In these situations, it is identified that, when it comes to coverage extension of ESF in municipalities in the countryside of our state, the ESF takes the responsibility beyond the coverage extension of the urban zone, since it

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also needs to cover the extension of families located in the rural zone of these municipalities, and this may be one more aggravating regarding the HV of the nurse for the elderly person.

In addition to these aspects of the daily work of ESF, which interfere in the conduction of HV, there are still issues related to access to the more distant households, the lack of an official transport available for the displacement of professionals, besides the insufficient number of professionals to cover these areas.

Such difficulties are the same found in other studies performed on this theme, which have listed some hindering factors to the achievement of HVN, as the available time between the activities to make the visit, the territory extension of the area covered by the team, many assignments in the unit and lack of vehicle for locomotion. It is a common reality, which is present in the daily work of nurses who act in ESF.^{13,15,17}

Regarding the factors that hinder the achievement of HVN, the literature emphasizes that the access to the households and lack of regular transportation, to assist professionals in this activity, demonstrates to be some of the difficulties that they face in the ESF work, which, among other goals, has the aim at eliminating the health and accessibility problems.¹⁴

This situation is also present in the assistential health model in the context of this study, which can be identified in the speeches of nurses who reinforce that the ascribed areas still are very large and that, associated with the great number of daily activities, hinder the regular conduction of HV.

The municipality of Santana do Matos/RN/Brazil, due to possessing a large territory extension, had its total of family health teams increased from six to seven, after justification of the municipality and request to the Brazilian Ministry of Health for that such fact could occur. But, even so, it seems that the difficulties in the attendance concerning the coverage in rural zone and its neighborhoods have not been solved.

Another aspect emphasized by the study participants is little communication among the team professionals to jointly carry out the HV, especially together with the doctor. From the testimonies, there is the impression that in, a single activity, the objectives are different, when both professionals hope to achieve the same goals. It can be realized below:

So, I confess that when I was not with the doctor, I managed to make these visits and I organize myself [...] And it has worked [...] I really know my whole area, all seniors [...] the time I could be there and visit; [...] today, even with the doctor, it is hard to do [...] it is already difficult, because [...] because I have to go where he goes [...] I don't go with the dentist, it is complicated [...] (Flor de Palma)

[...] but then, when we can do [...] usually, the doctor doesn't go [...] the doctor will once, after it [...] I'll [...] or vice-versa. (Flor de Umbuzeiro)

So, for me it was being difficult to work (there is a doctor in the team) [...] today, as reported by Flor de Palma, here it's being easier [...] because I can schedule the visit and I'll go to the home. (Flor de Juazeiro)

When the doctor is beside me, it gets harder because you do not have that willingness, sometimes you get more, right [...] ashamed [...] (Flor de Juazeiro)

I went with the Dr. to make a visit. And I wondered what [...] I had never made a visit together with the doctor [...] and what I figured out was [...] what Flor de Juazeiro just said, right [...] that the doctor [...] In fact, he, sometimes, even has some authority, the patient understands more him, we (nurses) cannot, it's a kind of [...] you know, partially restricted [...] but once I've got there saying what I would do [...] (Flor de Umbuzeiro)

There seems to be a disconnection between the professionals of the ESF team in the achievement of gerontological home visit; the speeches show that nurses prefer to conduct the VD by themselves, because, at certain times, they feel repressed before the presence of the doctor, who culturally holds certain power over society, and, therefore, they think he has more ability and persuasion than them. Hence, it does not happen when they conduct the visit by themselves, since they feel with more freedom.

Moreover, there is the historical question of the "power" exercised by the doctor over the healthcare team, evidenced in the biomedical model in which he is the holder of knowledge and is hierarchically above the other healthcare professionals.¹⁰

Although this conception of "medical power" is prowling the professional relationships present in ESF, according to the viewpoint of the nurses of this study, they recognize the need for complementarity in the work of professionals of the ESF team.

According to Flor de Juazeiro, "you want to continue the work, but you cannot indicate

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medication, you cannot, right [...] request some examinations, you try, but you are too locked”.

Such a position to make the visit without the other healthcare professionals runs against the policy of the Family Health Strategy, which recommends the team work, with each professional exerting their duties within the multidisciplinary team.

At first, they report preferring to conduct the HV by themselves, but they know on the importance of team work to meet the needs of the elderly person and its family, as it is recommended by the National Primary Health Care Policy - *Política Nacional de Atenção Básica* (PNAB), when it considers that the multidisciplinary team, including all ESF professionals, is part of the human resources needed to carry out actions.¹¹

Throughout the discussion in the focus group, nurses reported that VD should not only be prioritized, but performed continuously and by means of proactive actions, like a team planning and, when necessary, the inclusion of the user according to orientation of the Ordinance / GM nº 2.528, October 19th, 2006, when defining the Singular Therapeutic Project - *Plano Terapêutico Singular* (PTS) for users in most vulnerable situations.

Even aware of the difficulties faced for its achievement, they have recognized that they are failing by not developing the visits in a perennial manner.

That's exactly what I'm saying, since we are not giving the adequate importance. (Flor de Palma)

I don't know, Flor de Palma, if the correct word is not being giving the adequate importance. (Flor de Umbuzeiro)

Not like this [...] we let a breach for that the failures happen. (Flor de Palma)

Oh, then I agree [...] we let the breach for that the failures happen [...] so [...] ready! (Flor de Umbuzeiro)

This context, in which the HV to the elderly person in ESF is faced with difficulties for its consolidation, shows us a need to systematize it and work it in the training of professionals, in order to modify their viewpoint before the home visit, as well as the know-how of the healthcare team of Primary Care.

CONCLUSION

The results of this study regarding the HV of the nurse for the elderly person, in the context of the Family Health Strategy, allowed us to make an analysis that led us to the following considerations: home care for the elderly person conducted by the

multidisciplinary team and, specifically by the nurse of ESF, is still episodic and without continuity, contradicting the care procedures that are needed to tackle injuries and chronic diseases typical of the older age.

All nurses unanimously recognize that the HV is a key instrument to family health team, albeit it is not continuously performed in basic health care, which denotes that it is not priority, even for the elderly person.

It is perceived being important to consider what the ESF team understands and feels about the issues surrounding human aging, since this aspect is associated with the cultural change of the condition itself of what is being an old subject, at this time, in transformation in the society, and can contribute to the change of the professionals in their daily work, by serving the elderly person.

In the context of care conducted by the nursing professional at home, it should be understood that the health/disease process of the elderly person is directly linked to the quality level of the care provided by caregivers. Thus, before the interaction among the nursing professional, the elderly person and its family, there is exchange of educational and cultural knowledge, merging into relativistic perceptions on quality care for the elderly person.

The way in which the home care for the elderly person is being conducted shows us the need for systematization of home visits in the ESF team work, by qualifying the professionals to extend the current conception of caring in a multidisciplinary perspective and emphasizing the actions of health promotion in the family context and the strengthening of the communication process with respect to the relevant information for elderly people and their families.

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