



NURSING'S CONTRIBUTIONS TO IMPROVEMENTS IN HOME HEALTHCARE MANAGEMENT

CONTRIBUIÇÕES DA ENFERMAGEM PARA APRIMORAMENTOS NO GERENCIAMENTO DA ASSISTÊNCIA DOMICILIAR À SAÚDE

CONTRIBUCIONES DE LA ENFERMERA A MEJORAS EN LA ADMINISTRACIÓN DE LA ATENCIÓN DOMICILIARIA

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ABSTRACT

Objective: to discuss improvement possibilities from the difficulties and deficiencies in home healthcare management pointed out by managers of the public and private sectors. **Method:** qualitative research using grounded theory. The data were collected through semistructured interviews with nine managers who worked in public and private institutions that provided home healthcare in a large municipality of southern Brazil. Open, axial, and selective coding was used for the analysis of the data. The research was approved by the Research Ethics Committee, registration: 631.168.08.10, CAAE: 0062.0.091.000-08. **Results:** the aspects for improvement of home healthcare management found were related to: higher and continuing education; aid of social support networks; infrastructure; and human resources. **Conclusion:** the aspects mentioned reveal the possibility of better work for healthcare managers, so as to contribute to meeting the needs of the population in home healthcare. **Descriptors:** Home Healthcare; Health Management; Nursing.

RESUMO

Objetivo: apresentar possibilidades de aprimoramento a partir das dificuldades e lacunas no gerenciamento da assistência domiciliar apontadas pelos gerentes dos setores público e privado. **Método:** pesquisa qualitativa utilizando a teoria fundamentada nos dados. Coletaram-se os dados por meio de entrevistas semiestruturadas com nove gerentes que atuavam em instituições públicas e privadas que realizavam assistência domiciliar em um município de grande porte da região sul do Brasil. Para análise utilizou-se codificação aberta, axial e seletiva. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, registro: 631.168.08.10, CAAE: 0062.0.091.000-08. **Resultados:** foram elencados aspectos para o aprimoramento da gestão em assistência domiciliar em relação à formação acadêmica e educação permanente; auxílio de redes sociais de apoio; infraestrutura; e recursos humanos. **Conclusão:** os aspectos citados vislumbram a possibilidade de um melhor trabalho para os gerentes em saúde, de forma a contribuir com a satisfação das necessidades da população na assistência domiciliar. **Descritores:** Assistência Domiciliar; Gestão em Saúde; Enfermagem.

RESUMEN

Objetivo: presentar las posibilidades de mejora de las dificultades e insuficiencias en la administración de la atención domiciliar señaladas por gerentes de los sectores público y privado. **Método:** investigación cualitativa a través de la teoría fundamentada en los datos. Los datos fueron recogidos por medio de entrevistas semiestructuradas con nueve gerentes que actuaban en instituciones públicas y privadas que realizaban atención domiciliar en un gran municipio del sur de Brasil. Para el análisis se utilizó codificación abierta, axial y selectiva. La investigación fue aprobada por el Comité de Ética en Investigación, registro: 631.168.08.10, CAAE: 0062.0.091.000-08. **Resultados:** fueron enumerados aspectos para la mejora de la administración de asistencia domiciliar relacionados con: la educación superior y continua; ayuda de las redes sociales de apoyo; infraestructura; y recursos humanos. **Conclusión:** los temas citados dejan ver la posibilidad de un mejor trabajo para gerentes de la salud, con el fin de contribuir a satisfacer las necesidades de la población en atención domiciliar. **Descriptores:** Atención Domiciliar; Administración de Salud; Enfermería.

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INTRODUCTION

The basis of home healthcare (HHC) is to provide healthcare to individuals of all ages at their homes. To that end, it is necessary to carry out a diagnosis of the reality of each patient and family member in order to identify limiting and enhancing factors for this type of healthcare. The main goal is the promotion, maintenance, or restoration of health, in order to promote the re-establishment of individuals' independence and autonomy.¹

From this perspective, in November 2011 the Federal Government implemented the *Melhor em Casa*¹ program with the goal of extending healthcare provided at home. It assures healthcare to patients with motor rehabilitation needs, older adults, and chronic patients without aggravation or in the post-surgical period. In this program, HHC is carried out by a multidisciplinary team composed of physicians, nurses, nursing technicians, and physiotherapists, among other health professionals.²

The benefits of the program are: expansion of healthcare provided by the *Sistema Único de Saúde* (SUS)²; humanized healthcare provided to patients at their homes and close to their family members; reduction of contamination and infection risks of patients in the post-surgical period; and reduction of hospital stay and costs, achieving savings up to 80% if compared to hospitalization costs.²

All patients should have access to this type of healthcare, since equity and completeness are part of the guiding principles of the SUS. Therefore, the public administration is responsible for implementing this policy ensuring that all users have access to it, thereby providing integral care to those who need HHC.

Different services are offered in the private sector, such as home hospitalization, monitoring of cases, and urgency and emergency care. Patients are classified according to clinical pictures with high, medium, or low complexity and cared for following standardized protocols according to the classification in which the patients fit.³

The implementation of organizational policies, for both the public and private systems, requires professionals who have management skills compatible with HHC. These skills include scientific knowledge,

experience, and technical skill, in addition to knowing how to deal with interpersonal relationships with other members of the multidisciplinary team and patients and family members' values.⁴ Moreover, for a good work performance, there is a need of availability, skills, responsiveness, and productivity.⁵

In this respect, healthcare management generates interactions between the persons that experience the organization of the healthcare system. Therefore, health teams need to have skills such as competencies and management potential.⁶ It is worth mentioning the importance of management skills of healthcare managers as essential in the identification and dissemination of the best performances, as well as adequate training for the continuous search for healthcare improvement.⁷ In the present study, the term "manager" will be used interchangeably for both the public and private sectors. It refers to the person occupying a position of HHC manager.

Given the above, the goal of the present study is to discuss improvement possibilities from the difficulties and deficiencies in home healthcare management pointed out by managers of the public and private sectors.

METHOD

This is a qualitative research conducted from an interpretativist perspective using grounded theory. The latter is a research method that uses a set of systematic procedures to develop a theory on a topic based on data. This method can add or bring new knowledge to the field of the topic under study, which in the present study is based on the perspective of health managers' experiences dealing with HHC.⁸

The steps of data collection and analysis in grounded theory occur simultaneously and the researcher uses three important tools for the development of the theory: theoretical sensitivity; circularity of the data; and induction and deduction.⁸

Nine managers from institutions that provided HHC participated in the research, five managers from public institutions and four from private institutions of a large municipality in the southern region of Brazil. The criterion for inclusion of participants was having occupied the position of managers for at least one year. The managers had different education training; however, there was a predominance of nursing managers. In the public institutions, they occupied the position of local health authorities and, in the private institutions, they occupied management positions.

¹ Better at home

² Unified Health System = Brazil's publicly funded healthcare system which assures that healthcare is a "right of all and an obligation of the State".

English/Portuguese

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Semistructured interviews were used as data collection technique. As advocated by the authors of the method, the set of questions changed along the research when it was noticed that new questions could add knowledge to the study.⁸ The analysis of the data was performed through open, axial, and selective coding.

The research was approved by the Research Ethics Committee of the institution to which the researchers belonged, under registration number CEP/SD: 631.168.08.10 and CAAE: 0062.0.091.000-08, in compliance with the Resolution 196/96 of the National Health Council and the Department of Health of the municipality studied.

RESULTS

The analysis of the data allowed assessing the experience of HHC managers and thus identifying management difficulties and deficiencies, which enabled the discussion of aspects that seek to improve the HHC process. The difficulties and deficiencies found were: insufficient higher and continuing education; lack of aid provided by social support networks; inefficient infrastructure; and lack of human resources.

The subjects of the present study revealed that the **higher education** related to HHC they had obtained was poor in the face of the complexity of providing healthcare at patients' homes. Accordingly, it is suggested that specific hour load for HHC teaching should be incorporated into undergraduate health programs, as well as greater offer of postgraduate programs in the field.

When we enter the Family Health Strategy (FHS)³, we attend a course, one-week training. In this training, we learn all the tools used in the FHS, the issue of providing care to the user or patient and everyone, their social networks, family and everything else. In the meantime, there's the matter of home healthcare, they focus a lot on the issue of home healthcare. We don't have anything more specific for home healthcare, the professional has it in college. (Interview 2)

Knowledge of relevant legislation related to HHC is not unanimous. New legislations related to healthcare provided at patients' homes are unknown by several managers. This fact can be attenuated by accessing the website of the Ministry of Health, which provides the current legislation in the field of health.

[...] I didn't receive any guidance on this new home healthcare guideline, I believe it's because it already occurs in the unit [...] (Interview 1)

The constant need of **continuing education** for professionals working in HHC requires that educational institutions provide in-service training aimed at improving healthcare provided at patients' homes, as well as facilitating the access of their professionals to continuing education activities.

The private sector faces difficulties to hold meetings with its professionals, because they are hired by service provider companies. The participation of health teams in meetings could be encouraged by establishing that only those professionals that participate in team meetings monthly can be part of the teams of service providers.

They don't stay here at the company; they are independent professionals who provide outsourced services to the company. They don't have to stay here at the company; they are in the streets performing visits according to the schedule. (Interview 7)

Furthermore, the lack of **social support networks** geared to patients cared for by HHC private companies can be overcome through information provided to patients and their family members about available networks in the municipality. At the same time, professionals should be aware that the networks can bring several benefits to the healthcare provided.

The **infrastructure** is deficient because the disposal of medical waste is costly to the system and the public sector faces the difficulty of access to patients' homes. The professionals of health units serve the population of a large geographical area and HHC is often unfeasible due to the lack of transport. Investment made by the public sector is needed with respect to the transport of the teams that perform HHC so that it can be effectively implemented.

The medical waste produced at patients' homes must be properly disposed in suitable containers for each type of material. Thus, HHC institutions should provide each patient with a specific box for sharps instruments disposal, as well as waste bags suitable for disposal of common, infecting, and recyclable waste produced during the healthcare provided. It is also suggested that the company responsible for the collection of these materials collect them directly at the patients' homes in order to prevent that the professionals carry medical waste exposing themselves to risks.

³ One of the Brazilian national public health programs which implements a policy for primary care.

The obstacle of home healthcare is dealing with this residue; I have to bring it from the house, handling. And there is not a sufficient demand that requires a car, specifically, one person just to get the waste and take it. And the cost of picking it up in every house is very high. (Interview 7)

There is a lack of **human resources** in both the public and private sectors. Private HHC companies can work with hired professionals. This fact favors positively regarding the credibility of the service, which will rely on specific teams to perform healthcare at patients' homes and could be controlled technically and with respect to absences and attendance at meetings. In the public sphere, the strengthening of the *Melhor em Casa* program is essential so that a larger number of patients can enjoy HHC, since Family Health Strategy units are insufficient to meet the demand of patients needing HHC.

DISCUSSION

With the expansion of the HHC in the health system by the public sector, the contact of healthcare professional with this field is increasing. Regarding both the public and the private sectors, there is a deficit of knowledge and skills affecting many of the professionals involved in the healthcare process. It is worth noting the deficiency in **higher education** provided to professionals working in HHC which is characterized for being a complex practice that requires health professionals prepared to providing healthcare at patients' homes. Therefore, there is a need of higher education provided to these professionals, so that they have the opportunity to be offered differentiated learning with practical lessons, because the latter provide students with experience shared with the health team, the patients and the families.⁹

The theoretical bases are essential to elucidate the role of the professionals at patients' homes; it is through them that the development of skills starts.¹⁰ In this way, it would be important that undergraduate programs in the health field offer HHC experience and learning through specific courses or hour load.¹¹

Health services must be committed to invest in **continuing education**, whose goal is the constant improvement of health professionals' skills. It focuses on interdisciplinary actions with a view to acquiring technical and scientific knowledge—in the present case training focused on HHC.

Health professionals can and should seek professional improvement by means of

continuing education to develop appropriate healthcare provided at the patients' homes.¹¹ The development of nurses' management skills takes into consideration their educational career, they work universe, and updating throughout their careers.¹³ Continuing education becomes important in HHC, since it enables updating health professionals, as well as the reflection and critical analysis on work processes.

Furthermore, it is necessary that health professionals, especially managers, develop skills such as: communication; decision-making; negotiation; teamwork; interpersonal relationships; flexibility; entrepreneurship; creativity; systemic view; planning; and organization.¹⁴

Healthcare management is characterized by a set of knowledge, tools, instruments, and skills necessary for work organization of the healthcare team with the purpose of achieving institutional goals. The technical and technological dimension of healthcare management is related to equipment, machinery, and materials, in addition to instruments, which foster the production of goods, the provision of services, and the implementation of activities in a given field.¹⁵

Activities of healthcare management refer to direct, indirect, instrumental, and expressive healthcare performed by health professionals in an integrated and articulated manner. The purpose is to provide a systematic and quality healthcare to users of health services.¹⁵

In this sense, professionals who occupy a management position in the field of health services are required to know how to perform, transfer knowledge to solve practical situations, learn constantly, and engage themselves in response to the demands and needs of each area of activity.¹⁶

Taking into consideration that the managers interviewed in the present study were not aware of the current legislation on HHC, it is imperative that they access the website of the Ministry of Health to overcome this deficiency. Information about the laws that will provide knowledge to managers can be found in this website. Furthermore, in-service education activities can contribute to overcoming existing inefficiencies.

In addition to the knowledge pertinent to legislation on HHC, managers need to understand that **social support networks** benefit the population, since they involve the interaction between individuals and as a result they help each other in different ways. Social networks influence on human health

and are associated with the recovery and prevention of diseases.¹⁷

Social networks are indispensable and complementary to the integrated networks of health services that provide—or make arrangements to provide—equitable and integrative health services of different technological densities. These services are integrated through technical, logistic, and management systems aimed at ensuring the completeness of the healthcare provided to a certain population.¹⁸

Given the above, it is essential that health professionals recognize the importance of social networks.¹⁷ They should know how to use the healthcare networks of their cities or territories in order to clarify or enhance the good use on the part of users and create a demand so that these networks are also increasingly incorporated into their HHC services portfolio.

In the case of **infrastructure**, it is worth mentioning that there should be a planning process from technical, scientific, and legal knowledge regarding the issue of medical waste. In this way, there will be reduction of risks and proper waste processing, thus protecting the public health and the environment.¹⁹ It should also be noted that medical waste generated at patients' homes must be packed and collected by the service agents or by persons trained to perform this activity. Subsequently, this medical waste should be forwarded to the reference health facilities.²⁰

It is incumbent upon the HHC service coordinator to provide vehicles to transport workers and materials that will be used at patients' homes and which must be available throughout the service period including weekends and holidays shifts.²¹

It is important to highlight that the adhesion of the municipalities to the proposal of the *Melhor em Casa* program enables the increase of **human resources** in HHC, in addition to reducing the exposure of patients to risks, since they receive healthcare in their own homes, which accelerates recovery and reduces hospital stay, providing a better life closer to their family members and better health recovery.²²

The adhesion to the program has been growing. In November 2013, when the program was three years old, there were 433 teams operating and other 548 whose operation had already been authorized by the Ministry of Health. These data demonstrate the increased awareness of the authorities with respect to the need of HHC for the

population.²³ With investments made by the federal government, the municipalities need to be organized regarding the necessary transport for this type of healthcare and the recruitment of professionals who will perform in the HHC teams.

In private HHC companies, the professionals may be hired by the company itself or outsourced. There are private companies that provide training to professionals covering topics such as the relationship between patients and their families in the home context.²⁴ However, many nursing professionals perform double or triple shifts and this fact causes overload and fatigue, often making the participation in training programs impossible.²⁵

CONCLUSION

Public management and HHC managers have a key role in the quality of healthcare provided, because they manage human, material, and structural resources that enable the achievement of HHC. However, managers should be prepared for this healthcare system, so that these management actions are successful, since management skills are not enough, being required specific knowledge of HHC.

HHC managers should try to guide healthcare practices performed at patients' homes in order to meet patients and family members' needs in an integral manner, thus stimulating patients' autonomy and social participation. The difficulties encountered in that process deserve special dedication on the part of managers. They can find ways to overcome these difficulties by being articulated with social support networks, the legislation in force, and their peers.

As demonstrated in the present study, HHC managers encounter difficulties that need to be overcome through appropriate professional training and institutional investment. HHC is an expanding healthcare modality and patients and family members require quality in the actions performed, which will be achieved with qualified managers committed to the healthcare provided.

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