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HOUSEHOLD ASSISTANCE TO HEALTH - PERCEPTION OF FAMILY CAREGIVER ON THE QUALITY OF HEALTHCARE

ASSISTÊNCIA DOMICILIAR A SAÚDE - PERCEPÇÃO DO FAMILIAR CUIDADOR SOBRE A QUALIDADE ASSISTENCIAL

ASISTENCIA DOMICILIAR A LA SALUD - PERCEPCIÓN DEL CUIDADOR FAMILIAR SOBRE LA CALIDAD DE LA ASISTENCIA

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ABSTRACT

Objective: to analyze the perception of family caregiver of the quality of care Home Care Program - integrated PID to a Public Hospital. **Method:** descriptive and exploratory study with a qualitative approach. The population was composed of 14 family caregivers of patients. As an instrument for production data a form of semi-structured interview was used. The recorded interviews were analyzed by Content Analysis Technique. The research project was approved by the Research Ethics Committee, CAAE 0014/171012. **Results:** it was found that the family caregivers are satisfied with the program, even though it basically relates to the technical procedures and the support material provided. Some suggestions and criticisms were identified showing that changes are needed to improve the quality of care. **Conclusion:** the homecare configures itself as a modality in surrogate organization of health services. **Descriptors:** Perception; Home Care; Caregivers.

RESUMO

Objetivo: analisar a percepção do familiar cuidador sobre a qualidade assistencial do Programa de Internação Domiciliar - PID integrado a um Hospital Público. **Método:** estudo descritivo e exploratório com abordagem qualitativa. A população foi constituída de 14 familiares cuidadores dos pacientes. Como instrumento de produção dos dados foi utilizado um formulário de entrevista semiestruturado. As entrevistas gravadas foram analisadas pela Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0014/171012. **Resultados:** verificou-se que os familiares cuidadores estão satisfeitos com o programa, apesar de relacioná-lo basicamente aos procedimentos técnicos e ao suporte material fornecido. Algumas sugestões e críticas foram identificadas mostrando que são necessárias mudanças para melhoria da qualidade da assistência. **Conclusão:** a atenção domiciliar configura-se como uma modalidade substitutiva na organização dos serviços de saúde. **Descritores:** Percepção; Assistência Domiciliar; Cuidadores.

RESUMEN

Objetivo: analizar la percepción del cuidador familiar sobre la calidad asistencial del Programa de Internación Domiciliar - PID integrado a un Hospital Público. **Método:** estudio descriptivo y exploratorio con abordaje cualitativo. La población fue constituída de 14 familiares cuidadores de los pacientes. Como instrumento de producción dos dados fue utilizado un formulario de entrevista semi-estruturado. Las entrevistas grabadas fueron analizadas por la Técnica de Análisis de Contenido. El proyecto de pesquisa fue aprobado pelo Comitê de Ética em Pesquisa, CAAE 0014/171012. **Resultados:** Se verificó que los cuidadores familiares están contentes con el programa, a pesar de relacionarlo básicamente a los procedimientos técnicos y al soporte material fornecido. Algunas sugerencias y críticas fueron identificadas mostrando que son necesarias mudanzas para mejoría de la cualidad da asistencia. **Conclusión:** la atención domiciliar configura-se una modalidad substitutiva en la organización de los servicios de salud. **Descritores:** Percepción; Asistencia Domiciliar; Cuidadores.

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INTRODUCTION

Brazil is undergoing a process of demographic transition and epidemiological scenario of a pronounced social inequality, fragility of health institutions and poverty, characteristics that are even more intensified for the elderly population.¹ In this respect, it is important to consider that the aging population lead to changes in the profile of morbidity and, consequently, in health care. Requiring implementation of the mode of caring of chronic patients, able to provide complex care linked to improving the quality of life, without, however, representing the need for hospitalization or prolongation of hospitalization. It was in this context that the home hospitalization was stimulated².

Attention makes health effective, be it through the operationalization of specific programs, possible by managerial skills, creativity and capacity to innovate, fundamental characteristics to administer the few public resources.¹ Included in this capacity to innovate, we identified home care as an efficient strategy to reduce hospital costs, permanence in the hospital, number of re-admissions and clinical complications, as well as, the intensification of the family assistance in patient care, providing a better quality of life³.

It is thus that the new logic of health care, configured by health professionals travelling to homes, to respond to the demands of customers, sustaining the modality of crucial health care.⁴ This modality is old, as far as the social groupings, and is becoming more visible with the aging population and the re-conformation of domicile, this being the "locus of care". Here homecare arises as mold of attention mainly to the elderly with disabling diseases, who are depending on the help of caregivers.⁵

This study aims to contribute to the improvement of healthcare quality of this modality of care with emphasis on humanization, prevention and health promotion in the municipality in focus. In this perspective, it has as objective:

- to examine the perception of family caregiver of the quality of the Home Care Program - integrated PID in a Public Hospital.

METHOD

Article as paper of completion of course << home Assistance to health: perception of family caregiver about health care quality >>, presented to the Federal University of Sao Francisco Valley/UNIVASF as a mandatory

requirement for obtaining the Bachelor's Degree in Nursing. Petrolina/PE, Brazil, 2012.

An exploratory and descriptive study with a qualitative approach, which had 14 caregivers as participants, selected to meet the inclusion criteria of being relatives of users serviced by Home Care Program.

The field research was a tertiary public hospital, macro-regional reference for the municipalities located within the jurisdiction of the 15th Regional Health Management from the State Secretary of Bahia.

Homecare is guaranteed by an interdisciplinary team, composed by a nurse, a doctor, a social worker and nursing technicians, which account for the complementary services of nutrition, physiotherapy and psychology.

The functions of the home assistance team include individual assessment, integral, family, and the social context of a situational customer, in addition to explaining the problems of health and the construction of a plan of care for the sick person to the family.⁶

The data were produced in the period from October to November 2012, individually, in their homes, after clarification of the search and concordance of participants, by signing the Terms of Free and Informed Consent form.

As an instrument for producing data, we used a form of semi-structured interview divided into two parts. The first part has enabled the construction of the socio-demographic characterization of family caregivers and patients. The second part was guided by questions, to answer the leading question "What is the perception of the family caregiver of the quality of the Home Care Program?".

The recorded interviews were transcribed and handled by the technique of content analysis. Initially organized by superficial reading, followed by exploration of the material and coding, being finalized with the classification of elements by their similarities and regularity of association.⁷ Orthographic corrections of the language used in the conversations did in no way change the meanings.

Whilst respecting the ethical principles of research on human beings/Resolution 196/96, the project was submitted to the Ethics Committee and Ethics in Research and Studies of the Federal University of Sao Francisco Valley, being approved under the registration Certificate of Presentation for Assessment Ethics (CAAE) No 0014/171012.

To ensure anonymity, the interviewees were identified by sequential numbers, from 1 to 14, preceded by the letter C, symbolizing the caregiver.

RESULTS AND DISCUSSION

Socio-demographic characteristics of the participants: predominance of the age group between 35 and 65 years. There was a preponderance of female and married with a elementary level of schooling. The occupations most present were caregiver, household and professor, whichever is the second.

In patients, the age above 65 years and of female sex, civil status of widowhood and non-alphabetized degree of schooling prevailed. As a profession, the greater part had no formal qualification and was without occupation. The diagnoses most present were diseases related to neuro-cardiovascular and respiratory systems.

From the results of the narratives, the following categories emerged: knowledge about the program and home care; caregiver satisfaction with the homecare; organizational aspects and logistics of the program; the multi-professional team: promoting access and care at home; viewing advantages, disadvantages and possibilities of home assistance.

Knowledge about the program and home care

Home hospitalization, given the assistance of a dedicated team, is characterized by a set of activities carried out at home, to clinically stable people, whose care can be provided at home ⁴.

The statements show the understanding about the program and the home care:

This is why the goal of the program itself, is to take the patient home to not leave the hospital very crowded with patients. For patients at home the assistance is better, having that thing of also being concerned about the caregiver, isn't it? (C1)

Because when I went to register for the program, there in the hospital, they told me that it was like this that they would be doing this visit, to have this contact, to see the changes, to pass everything to the doctor, for her to receive the care ... like ... in accordance with the problems that arise at the moment and such. (C9)

The conduct of the home accompaniment team should contemplate a full attention, with a view to preventing hospitalization and assist families, in overcoming difficulties inherent to home care. In this regard, investigation and enquiry about different

aspects, not only related to physical care, but also included the organization and hygiene of the physical space ⁸.

They come once a week, bring the medication, measure blood pressure, physical therapist showing the movements that you must make, teaches and guides what I have to do, aspiration as well. And if I need I can call, they always do exams, if you need one. (C5)

They ask too much, on the life of ... (Patient), want to know everything that is happening. They want to know everything about the hygiene and care of them here is to check the pressure, they see how it is that this is the rate of diabetes, they are doing the tests. And physiotherapy is it not? Which is what the ... (Patient) also needs. (C8)

♦ Caregiver Satisfaction with homecare

The first days of home hospitalization are marked by more frequent visits, including the need for family learning. Thus, families are advised to carry out procedures, which involve hard-light technology, so that they can perform them in the absence of the team ⁸.

As for the visits, it is not known with accuracy, if there is a definition in relation to their frequency.

The ID comes with the doctor every fortnight, and has a head nurse who comes to do the dressings, now with less intensity because before they were coming every day. (C12)

We had a psychologist accompanying, a nutritionist, an endocrinologist, always when there was something, any necrosis we were already indicated to a vascular doctor to look after it, for him to apply a cure with observation of the doctor. (C1)

When the health teams transferring the hospital care for the home space, it conforms a dispute between therapeutic projects. Thus considering the caregiver, not just a mere player of procedures, but also someone with decision-making power, in addition to the technicians, the affective, cultural, religious and materials. ⁸ The participants of this research demonstrated to be attentive care performed by the team.

Every week they bring that little form with the procedures that must be performed, the material that must be delivered. And everyone realizes that it is not always fulfilled, so that he sometimes arrives, and does not even ask for her, or, when I had the cure, they arrived, they asked for help, we helped and applied the cure, ready. Other times, not. (C9)

If I would have had this monitoring before, it would have been much better, would it not? Because there were many things that I

had doubt and difficulty with, and I am at ease with them. And also so that they have some a help is not? (C8)

Other peculiarities are suggested in the speeches, demonstrating the lack of some professionals or of certain services that could help or facilitate the accessibility of patients to complementary services.

If you were talking about what is lacking, what is lacking is a psychologist because I see that he is losing his mind, he is losing it very easy, very fast that's to say ... The person would be to guide him in that respect and guide also what has to be done because I do not know. (C14)

Ah, a phone, if he had a phone, because we are needing one and we are not getting. It is one of the things that he needs badly. (C8)

The magnification of the autonomy of the family makes it imperative to handle these projects by the therapeutic part of the teams and inserts to its agenda a universe of issues, problems and situations that translate in many ways, the biological aspects of pathological circumstances that are proposed to homecare⁸.

The domicile transforms into a privileged place for care, by characterizing the concern with the integrality, with human being understood in a singular way, the valorization of inter-subjectivity and relationship and respect for the other⁴.

One of the conditions for home care is the active support of a caregiver responsible for prolonged follow the user that is under your care, whether this caregiver, belonging to the family, a friend volunteer, a neighbor or a caregiver hired. This modality implies the transfer of responsibilities⁸.

In the speeches below to the satisfaction with the attention given in the homes of patients served by the program is perceived, demonstrating the importance of this modality of care.

Because they really ... it is a job well done you know, the staff is a qualified staff, staff who really ... (C1)

Thus, they are giving the care that my mother needs and that I also think is appropriate. (C12)

But they care right, are very good, they are very polite, Doctor (...) himself treats us very well. That thing him there, is very polite, I like him very much; I cannot say anything about him you know? (C7)

The home assistance shows itself as an important alternative to patients that few time ago, were basically treated in hospitals and today are transferred as easily as possible to their homes, whether for finishing or maintenance of their treatments with

recovery programs, rehabilitation or palliative care⁶.

♦ Organizational aspects and logistics of the program

It is essential that the conceptualization of political organization of homecare, the assignments for the teams and families, as well as the construction of new relations with greater coordination and cooperation between the different types of health equipment. In this current scenario, the family and the user reprise the center of production of care before limited the practice of health professionals⁹.

In this category, the interviewees' discourse approach with greater emphasis on the material resources made available by the program, as well as the way they are delivered and distributed in homes.

They help with diapers, not enough, but they help with diapers, they give gauzes because he has a wound in the back, a bedsore that he has in the back due to this bone there that is salient and holds him in bed I think that creates bedsore. The oil, they give gauzes, only they give not enough diapers and we have to go out and buy them, the more the gauze and the microspore which is adhesive ... They give gloves, they give oil for his skin not to dry out and they also help in guidance, everything. (C14)

Thanks to God, all the material arrives, everything, the curatives ... oil to give massage, is everything, everything, diapers they bought the diapers, never more I bought diaper. Everything is in their hands, plaster, everything, everything, nothing is lacking. (C6)

It is also perceivable that the space of domicile as probability of care, in the eyes of the family caregiver, facilitates an easier access to material and human resources, as well as to the health team, and to control of signs and symptoms and accompaniment¹⁰.

The multi-professional team: Promoting access and care at home

In home hospitalization, the programs and public policies emphasize their beneficial effects offered to patients by him being at home, with the family, being taken care of by one or more members of it, as well as the possibility to organize his schedules for feeding, hygiene, leisure, medication and other¹⁰.

In the following discourses, participants emphasize the importance of home hospitalization and explain the main factor of change between the patient and the family be

caring of in the hospital and care being performed at home.

Because if we would be with the hospital intern until today, perhaps she had not the recovery that she is having. Is it not? It looks she improved so much, much even, after she spent almost 34 days in hospital. Like this, we parted; the doctor gave me hospital discharge and already included us in the program. Then she had a very good recovery, thanks to God, you know? (C1)

It is better to be taking care here. I think that, if God never helps me, while God wants and while they can it is better to be here. For her, the patient, and for us who take care of the patient, because I have my house and my occupations also, and with her in the hospital I would have to leave everything in the house and go there. While we have life has and God helps, continuing to permit. (C6)

The teams work with various situations performing care to those with chronic diseases, usually bedridden for a long time. Some of these with a view to increase the autonomy of the patient and others from the perspective of building the autonomy of caregiver as regards to health teams. In both, the home care provides a greater likelihood of recovery than in hospital⁸.

In reports, the respondents recognize the importance of care performed at home, in addition to their relevance in rehabilitation and recovery of the patient and accessibility to programs that relate to this attention.

I also think that is important, if each town had this, I think some other places do not have this, a program similar to this. But, it is very good even, I guess. (C1)

It is very good, it is ... very good. Because it already partly helps us, you see. (C7)

♦ Viewing advantages, disadvantages and possibilities in this modality of assistance

As an innovative strategy, the implementation of homecare requires reflection regarding the concepts of health and life that sustain the organization of practices carried out at home. It is necessary to take into account factors such as the subject and the comprehensiveness of care, financial, economic rationality as well as the articulation with the other health services⁹.

The program favors the approximation between the healthcare team, the patients and family caregivers. The speeches below demonstrate the results of the main perceptions related to the advantages, disadvantages and possibilities found by participants in this kind of assistance.

I think that many people have benefited and with certainty the curatives are applied well, the girls are very thoughtful. A staff so polite you know? That conquest agent, that agent already handle so that affinity, already knows all world by name, hey guy and such, that kind of thing. In the In the beginning it is complicated because we are still exploring, but after that we become familiar and have that affinity, that is already good, we already feel well. Thanks to the Lord. (C1)

There is also a case, my father also he is man with, he walks, he talks, but is already very old and sometimes they treat him with irony, with some difference. I think this is bad, especially for a professional who works in this situation of care. So, I think that the suggestion is this, more work the question of humanization of people who do this work. (C9)

The family caregivers build their social representations around the home hospitalization, provides a more effective communication between those involved in the process of care, in addition to auxiliary nurses and health teams in the formulation and implementation of effective practices for reception to the patient and family in this modality of care¹⁰.

In recent times, and each time more required, the caregivers are gaining a great reputation before the current conjuncture experienced by aging of the country¹¹.

CONCLUSION

The present study shows the importance of homecare as an alternative to hospitalization. For this model of attention to health care to be realized, it becomes necessary to effectively incorporate integrality of care to the user as a direction for health actions. It also showed that families give care to long-time bedridden patients with chronic neuro-cardiovascular diseases dependent on their care to meet basic human needs.

In the situations described, it was realized that the prospects of care employed in this kind of assistance, were directed to the expansion of the autonomy of the patient and family caregiver in relation to the healthcare team. Therefore, it is observed that home care offers greater possibility of recovery than the hospital.

The homecare was configured as substitution within the organization of health services and resigned itself on a terrain of live work enabling to produce health and practice assists a more humanized and integral care. It stressed that for incorporation of this assistance it was also necessary to consider

the caregiver, creating spaces and devices for continuing education with listening and support, thus building a solid basis for the care, always respecting the singularities of each subject. This study revealed that the caregivers were satisfied with the support material and human resources that they have been supplied with, restricting the vision of the program solely to these two aspects.

Some suggestions and criticisms show changes necessary for the improvement of the quality of the program, mainly referring to the number of professionals and organization of the multi-professional team working and pattern of home visits, in addition to the insertion of the humanization and comprehensiveness as the focus of care.

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