



HOME VISIT AS A TOOL FOR THE HEALTH PROMOTION ACTION: AN EXPERIENCE REPORT

A VISITA DOMICILIAR COMO INSTRUMENTO PARA A AÇÃO DE PROMOÇÃO DA SAÚDE: RELATO DE EXPERIÊNCIA

LA VISITA DOMICILIARIA COMO INSTRUMENTO PARA LA ACCIÓN DE PROMOCIÓN DE LA SALUD: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to describe an experience lived by nursing students with regard to home visits. **Method:** this is an experience report of five students from Universidade Federal de Pernambuco (UFPE) about home visit as an intervention tool in the health-disease process, held within the micro-area covered by the Family Health Strategy (FHS) from a town of Zona da Mata in Pernambuco, Brazil. **Results:** with the integration between theory and practice, home visits provide the students with the perception of many aspects interfering with the health conditions of individuals. Through this integration, the health professionals can organize their actions aiming to assist the community in a comprehensive and egalitarian manner. Home visits allow the health professional and the health system's user to combine efforts in their search for better life conditions. One can offer guidance and education, as well as provide community's awareness with regard to health promotion and enable the exchange of information among the members of the multidisciplinary health care team. **Conclusion:** the importance of home visits in the context of health promotion was noticed, which represents a tool for systematic health care actions. **Descriptors:** home visit; health promotion; family health strategy.

RESUMO

Objetivo: descrever a experiência vivenciada por discentes de enfermagem em relação às visitas domiciliares. **Método:** trata-se de relato de experiência de cinco discentes da Universidade Federal de Pernambuco (UFPE) acerca da visita domiciliar como instrumento de intervenção no processo saúde-doença, realizada na microárea de abrangência da Estratégia Saúde da Família (ESF) de uma cidade na Zona da Mata de Pernambuco. **Resultados:** com a integração entre a teoria e prática, as visitas domiciliares proporcionam aos estudantes a percepção dos vários aspectos que interferem nas condições de saúde dos indivíduos. Por meio dessa integração, os profissionais de saúde podem organizar suas ações visando a atender a comunidade de modo integral e igualitário. As visitas domiciliares possibilitam que o profissional da saúde e o usuário do sistema de saúde combinem esforços em sua busca por melhores condições de vida. Pode-se oferecer orientação e educação, além de proporcionar a conscientização da comunidade em relação à promoção da saúde e possibilitar a troca de informações entre os membros da equipe multiprofissional de cuidados em saúde. **Conclusão:** constatou-se a importância da visita domiciliar no contexto da promoção da saúde, que representa um instrumento de ações sistemáticas de saúde. **Descritores:** visita domiciliar; promoção da saúde; estratégia saúde da família.

RESUMEN

Objetivo: describir la experiencia vivida por estudiantes de enfermería con relación a las visitas domiciliarias. **Método:** esto es un relato de experiencia de cinco estudiantes de la Universidade Federal de Pernambuco (UFPE) acerca de la visita domiciliar como instrumento de intervención en el proceso salud-enfermedad, realizada en la micro-área abarcada por la Estrategia Salud de la Familia (ESF) de una ciudad en la Zona da Mata de Pernambuco, Brasil. **Resultados:** con la integración entre la teoría y la práctica, las visitas domiciliarias proporcionan a los estudiantes la percepción de los varios aspectos que interfieren en las condiciones de salud de los individuos. Por medio de esa integración, los profesionales de salud pueden organizar sus acciones para atender a la comunidad de manera integral e igualitaria. Las visitas domiciliarias posibilitan que el profesional de la salud y el usuario del sistema de salud combinen esfuerzos en su busca por mejores condiciones de vida. Se puede ofrecer orientación y educación, además de proporcionar la concienciación de la comunidad con relación a la promoción de la salud y posibilitar el intercambio de informaciones entre los miembros del equipo multiprofesional de atención a la salud. **Conclusión:** se constató la importancia de la visita domiciliar en el contexto de la promoción de la salud, que representa un instrumento de acciones sistemáticas de salud. **Descriptor:** visita domiciliar; promoción de la salud; estrategia salud de la familia.

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INTRODUCTION

Since the creation of the Brazilian Unique Health System (SUS), through the 1988 Federal Constitution, health care in the country is ruled by the principles of universalization of treatment, comprehensive care, and search for decreasing inequalities.¹ From this new perspective, a restructuring of the Brazilian social policy was defined, through the design of a comprehensive social protection model, fair, equitable, and democratic, rewritten in the field of social rights, creating bases to build a social order in which health care is included as a right of everyone and a duty of the State.²

In the reforms which occurred in the health care field, and aiming a change in the model of care, one started to appreciate the first level of attention – the primary health care. This new model recommends the articulation between health promotion, prevention of diseases, and embracement of population, being the system's gateway and the reference to understand greater complexities.² Nowadays, the primary health care is internationally regarded as the basis for a new model of health systems that have at their center the citizen-user.³

The Health Ministry (HM) defines primary care as a set of actions, with an individual and collective nature, on the first level of attention in the health systems, aimed at health promotion, prevention of disease, provision of diagnosis and treatment, allowance of health rehabilitation and maintenance, considering the subject in her/his uniqueness, complexity, integrality, and sociocultural inclusion⁴, having as a basis and tool for this political reform the Family Health Strategy (FHS).

FHS represents the path to reverse the prevailing pattern of health care provision focused on individuality, healing, medicalization, and low solvability.⁵ It's structured within the logics of new practices, reaffirming the inseparability between clinical jobs and health promotion.⁶ Its challenges consist of deconstructing health practices focused on healing, transformation of a sanitary model focused on procedures for a public health model based on the production of care procedures.⁷

Seeking compliance with the principles of primary health care, in accordance with those from SUS, the home visit (HV) emerged with FHS, as an important tool that, along with others, turns the professional from FHS different from all other health professionals.⁸

HV is considered, in the context of health education, an important tool able to contribute to the consolidation of new health practices, and, thus, to promote the quality of life.⁹

In FHS, HV is an activity common to all staff members, being a specific and compulsory allocation only for the community health agents, who should, in addition to promoting health, preventing diseases and harms, carrying out health surveillance, and maintaining the staff informed about risk situations.⁴ Contact with families allows the recognition of the determinants of health, broadens the view on the health-disease process and allows the recognition of barriers that impede access to health care.¹⁰

During implementation, HV constitutes an activity whose purpose is enabling intervention in the health-disease process of individuals or in the planning of actions to promote the community's health.¹¹ It aims at evaluating the demands from the user and her/his family, as well as the environment where they live, in order to establish an assistance plan, usually designed with a predefined goal.¹² Thus, it's through HV that professionals capture the reality of individuals assisted, recognizing their problems and actual health care needs.

By entering the family space, the professional includes her/himself so that it's possible to develop her/his own actions and interactions along with family, avoiding to take into account only the problems presented by the patient. Through this interaction, she/he starts to observe, also, the social factors (economic, spiritual, and cultural ones), the resources available at home, the hygiene and safety conditions, and the family's level of knowledge, which are major factors in health-disease process.⁹

Within an interdisciplinary work, all issues that build and live with the individual become part of health care procedures, in the quest for the integrality in her/his actions, to identify in every meeting unique and comprehensive life and health needs.⁹ In the production of public health services, the purpose of health care at home refers to the practical intervention in the family's health-disease process, be it highlighting the family members or focusing on the family as a whole.¹³

During the provision of home care, the approach to health status goes beyond the institutionalized practices and considers, fully, the interactions and relationships between the individuals, the family, and the

community. However, the success of this approach depends on a care organization and systematization which allows planning, execution, recording, and evaluation of actions.¹

Considering the importance of HV for the understanding of the health-disease process of the individuals, the family, and the community, one notices the opportunity to describe the experience lived by the nursing students, during the practical internship from the discipline Public Health II, with regard to home visits performed within a micro-area covered by a FHS in the town of Vitoria de Santo Antao, Pernambuco, Brazil.

Through the experience lived by the students one has the opportunity to reaffirm the importance of HV as an instrument for the care systematization, as well as the approach to teaching/learning.

METHOD

Experience report of five undergraduate nursing students from the Academic Center of Victoria (CAV), of Universidade Federal de Pernambuco (UFPE), about HV as an instrument for intervention in the health-disease process of the individuals and the community. These experiences derived from the activities involved in the discipline Public Health II, and they took place on August and September 2011, in a family health team from the town of Vitoria de Santo Antao.

EXPERIENCE REPORT

The attention to families and the community is the central goal of HV, whereas their relations to each other and to the environment where they live influence the individuals' process of getting sick. To understand the life context of users of health services, their family and community relations, should assume a prominent role among health professionals, particularly those participating in the family health team. This knowledge contributes to the formulation of new conceptual boundaries and, therefore, the planning of actions which are closer to the individuals, considering their way of life and the resources they have.¹⁴

With the aim of providing appropriate referrals and creating a link between the health professionals and the community, HD is characterized as a differentiated practice which leads the practitioner to have a systemic view of the user within her/his socioeconomic and cultural context.¹⁵ Home is not only regarded as a place to care for diseased people, talk about health care,

answer to questions, create empathy with or antipathy towards somebody, but as a political, cultural, and philosophical environment, and, therefore, the family should be seen as a privileged locus for various interventions by the health care professionals, including the nurse.¹⁶

Given the curriculum proposal of the discipline Public Health II, the nursing students were encouraged to carry out the implementation of theory into practice, by integrating themselves to the routine work of professionals from a family health team in the town of Vitoria de Santo Antao. During the curriculum internship, many activities inherent to FHS were carried out, among them home visits.

Working with the theory put into practice is very important, and higher education should be tied to the population's reality, seeking to achieve a greater coverage and social commitments, production, and learning transfer through alliances with different social actors. Training in line with the services for the development of skills is essential and it enables learning and awareness of the students with regard to appropriation of content, performance standards, collaboration, and reflective attitudes on public health, in addition to the production of positive effects on the community.¹⁰

During the HVs held, many aspects interfering with the individuals' health conditions were observed and worked out in order to promote assistance when facing such a complexity. Many difficulties were found, related to the accessibility, the physical structure of dwellings, the socioeconomic status, the cultural issues, and the environmental problems, with which the interdisciplinary team deals in a daily basis.

Based on the fact that HV is an action seeking the health promotion, prevention of harms, and monitoring of people's life conditions, one notices the importance that this instrument for primary health care has within the community concerned, since using it the professional can organize her/his actions so that it's possible to assist the community in a full and equitable way.

The apparent importance of HD in the process of building and maintaining a healthy status consists of the opportunity to integrate the health professional and the user in a search for better living conditions, confronting the hegemonic model of health care, based on disease, where a professional attitude of indifference and little interaction to users prevails.¹⁴

FHS does not intend to abandon individual attention at all; however, its focus lies on the community in which the individual and her/his family is included. This reorganization shows that the health-disease process is socially determined and that the bond provided by FHS allows the health professionals to be much closer to people.¹⁶

And, due to this closeness, one observes that the health professional must have an attitude of respect and appreciation towards the characteristics peculiar to each family, to each individual, as well as towards human socialization. Disputes, interactions, and breakdowns were noticed; they influence on the health status, however, they are part of the families' universe, thus, they must be taken into account and worked out within the dynamics of family life.¹⁷

To participate in building of healthier environments is also one of the possibilities that the FHS team finds during the performance of HV, because, through guidance, education, and raise of community awareness, the health promotion actions become widespread and contribute to the search for quality of life. To assist at home involves a caring for the family's health care with integrality and dynamism.¹⁷

During the performance of HVs it was possible to realize some characteristics which contribute to the development of this work, such as: the effective interaction between the health professionals and the community, the establishment of a bond of families with regard to FHS, which facilitates the knowledge on health-disease conditions, allowing the professional an immersion in a social issue and an exchange of knowledge with the community.

It has been assumed by FHS that all information are important and mutually complementary, and the exchange of knowledge on the patient, besides the competences from all disciplines involved, establishes the professional respect among those performing team work and they are crucial for achieving an effective solvability. The search for the user's well-being is a key factor for the establishment of health care planning.

The integration into health care services, seeking to combine theory to practice, enables the student to recognize the dynamics of the current health care system. It allows the development of techniques combining health care promotion and assistance and ensuring the compliance with the basic

principles of universality, integrality, and equity.

It can be argued that a curriculum internship carried out with dynamic activities, situations which require planning and initiative, the opportunity to put into practice knowledge acquired through theoretical classes and critical analysis of problems that require adjustment and change offers actual gains both for the undergraduate student and for the assistance institution, besides providing an improved quality in health care, especially in a perspective which considers the individual as a whole and as a human being included in society.

FINAL REMARKS

Through this study, the importance of HV was noticed in the context of the individuals' health promotion. With the implementation and monitoring of HV, it was realized that it's a tool consisting of a set of systematic actions that seek to enable health care. Its value is related to the potential that this technology for health care has been demonstrating in the area concerned.¹⁸

Home care is part of the daily work process of family health teams and it contributes to health planning, as it's involved in the dynamics of the health-disease process, through the actions that strive for multi-professionalism and interdisciplinarity.

Overall, the curriculum internship proved to be a very important moment in the process of professional training, enabling not only an integration between the many disciplines offered during the undergraduate course, but a personal growth facing the problems of everyday life. It was noted, in fact, that health is not a product nor a state, but rather a multidimensional process in which biological, psychological, social, cultural, family, and environmental systems interact continuously, which can be well observed during home visits.

It can be argued that the experience lived was highly positive and rewarding, a strategy that promotes, in fact, the development of autonomy and responsibility in this identity transition phase of the prospective nurse.

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