Original Article

Home visit: perceptions of professors in nursing education

Visita domiciliar: percepções de docentes no ensino de enfermagem

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ABSTRACT | OBJECTIVE: To analyze the perceptions of professors about home visits in nursing education. **METHOD:** Descriptive study with a qualitative approach. Carried out in the Family Health Strategy of the city of Picos-PI, where the supervised curricular internships of the undergraduate Nursing course of a public higher education institution took place. For data collection, the interview was used as a technique and the data obtained were treated under Minayo's content analysis. **RESULTS:** Three thematic categories emerged that showed the conceptions, teaching-learning process and instrumentalization of home visits in nursing internships. **FINAL CONSIDERATIONS:** The professors point out the potential of home care in the integration of skills and competences during the training of health professionals. For the Family Health Strategy, it is a method that expands care to the subject and family, as well as the recognition of the territory of action.

DESCRIPTORS: Home Visit. Nursing education. Family Health Strategy.

RESUMO | OBJETIVO: Analisar as percepções de docentes sobre a visita domiciliar no ensino de enfermagem. **MÉTODO:** Estudo descritivo, com abordagem qualitativa. Realizado na Estratégia de Saúde da Família do município de Picos-PI, local onde ocorreram os estágios curriculares supervisionados do curso de graduação em Enfermagem de uma instituição de ensino superior pública. Para coleta de dados, utilizou-se a entrevista como técnica, e os dados obtidos foram tratados sob a análise de conteúdo de Minayo. **RESULTADOS:** Emergiram três categorias temáticas que evidenciaram as concepções, processo ensino-aprendizagem e instrumentalização da visita domiciliar nos estágios de enfermagem. **CONSIDERAÇÕES FINAIS:** Os docentes apontam potencialidades do atendimento domiciliar na integralização de habilidades e competências durante a formação de profissionais da saúde. Para a Estratégia de Saúde da Família, constitui-se como método que amplia o cuidado ao sujeito e família, bem como o reconhecimento do território de atuação.

DESCRITORES: Visita Domiciliar. Educação em enfermagem. Estratégia Saúde da Família.

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Introduction

Health care in the home context breaks with the recurrent formalities of the outpatient care environment and extends to the family with recognition of the daily life of users. The Family Health Strategy (FHS) guides health promotion and surveillance of the territory with interdisciplinary practices, multi-professional action, and broadening the view of community life.[1]

In the context of the FHS, home care is characterized as an essential modality of care to ensure integrality and intersubjectivity, inherent to humanization and care, whose focus is on the individual and the family. The Home Visit (HV) modifies the logic of supply and demand for the integration of care and increased user satisfaction in a kinesia that is moving towards strengthening Primary Health Care (PHC).[2]

Developed by the family health team, the HV enables the valorization of social, political, economic, cultural, and area of coverage of the territory of operation. This intervention is performed with users, who perceive it as an effective interaction that facilitates family care. Thus, it is recognized as care that aims to provide care in the family environment, which is deinstitutionalized, complex and multiple in potentialities.[2-4]

Nursing, a professional category that composes the FHS, needs to be used for the care provided at home and to align its competencies and abilities for this practice. Communication is an essential element to strengthen the bond and continuity of care to achieve the development of horizontal therapeutic relationships.[3]

Thus, because it is a relevant intervention, the HV is an element that should permeate nursing education, understanding that it can achieve the offer of comprehensive health care, attending to the uniqueness of each user who improves conditions and quality of life through qualified listening and support.[3]

Supervised curricular internship (SCI) is the scenario for acquiring knowledge and practices in the training of health professionals. The preceptors' view of the educational process from an interdisciplinary perspective is important for constructing actions that respond to the pedagogical needs applicable to daily life.[5]

The practice of the HV performed by nursing with an integral approach of the population enrolled in the FHS allows professionals to recognize the context to which users are inserted. It is enhanced by exchanging knowledge and practices to promote prevention and health interventions in the home environment. In this sense, the objective was to analyze teachers' perceptions about home visits in nursing education.

Method

This is a descriptive study with a qualitative approach carried out in the Family Health Strategy (FHS) of the municipality of Picos-PI. In these territories, the supervised curricular internships of the undergraduate nursing course of a public Higher Education Institution (HEIs) occurred.

Data collection was conducted from March 2016 to November 2017. For the selection of the population, the following inclusion criteria were adopted: being a professor of the undergraduate nursing course, teaching or having taught subjects that have a curricular internship in the FHS, understanding the need to contemplate the teaching process of learning in the training of nurses for the SUS in the face of home visits. For exclusion, the following criteria were used: being on sick leave or away from teaching.

The staff of the nursing course of the HEI is composed of 21 professionals. Of these, only one has no nursing education, twenty females and one male, aged 32 to 54 years, of these 14 belonged to the permanent staff and seven to the provisional. Although through the application of the criteria, five did not teach internship subjects: two were on leave, two were away from teaching, and one refused to participate in the study. In the end, the sample consisted of 11 professionals.

For data collection, the interview was used as a technique, performed through the application of a semi-structured script, which occurred in the premises of the HEI. After science and articulation with the Coordination of the Nursing Course on the research, the professors were contacted individually, and the interviews were scheduled according to the availability of each participant, with an average duration of 50 minutes. An mp3 recorder was used to record the speeches, enabling the faithful transcription of the dialogues for further analysis.

The data obtained were analyzed according to Minayo's[6] perspective following the pre-analysis stages where the floating reading and apprehension of the content were also performed, and the thematic categories were also constituted. Then, the following stages of exploration of the material and the treatment of the results obtained, followed by the interpretation, were carried out through the relevant literature and pertinent to the discussion.

The statements that illustrated the thematic categories had alphanumeric coding represented by the interview order, for example, for teachers 01: code D1.

The subjects participated after consent by signing the Informed Consent Form (TCLE in Portuguese). The study followed the ethical and legal precepts as estimated by CNS Resolution n. 466/2012, with the opinion of the Research Ethics Committee of the State University of Ceará (UECE in Portuguese) under opinion 2,096,912 of 2017.

Results

From the statements of the eleven professors about their experiences, three thematic categories were presented that evidenced the perceptions, teaching-learning process and instrumentalization of the HV in nursing internships.

Professor’s perception about home visiting

Among teachers, the HV is still understood as assistance provided to users who are unable to go to the health service. The visits occurred interprofessionally according to the needs of each family or user.

D7 - It is health care provided at the patient's home, those patients who do not have the capacity to go to the health unit, or by some pathological process or by some disability.

D5 - It is the care of a family in general in all its biopsychosocial characteristics performed in the patient's home and the family itself.

D11 - Focused on the whole family health strategy team going to meet the family, in their residence, also within necessity, according to the needs of each family or each user [...].

With the performance of the HV, it is possible to identify determinant and conditioning factors and meet subjects that make up the family environment.

D2- It is a procedure that allows broader knowledge of the factors that are determinants of some health-disease processes. It is through the home visit that we know how that family lives[...].

D10- It is a way for you to know him from a holistic view, as a whole [...] from the moment you enter his house, the house already reflects a lot of the person [...].

Education in the nursing area requires integration between theory and practice. For this, the HV in the teaching and learning process allows the approximation to the living territory of interactions of the conditioning factors and determinants in health.

The practice of home visits in the teaching-learning process

Because it is an activity carried out in the territory, the HV is part of the curricular matrix of undergraduate nursing courses. In the SCI, offered in the last year of the training, the students had experiences of the HV in the PHC network.

The HV is identified as an experience granted to students developing the procedures that occur in the FHS, through which the guidelines and doctrinal principles of the SUS are consolidated.

D2-The SUS needs professionals who are sensitive to this question of what would be the principles, integrality, the equity of care, universality, humanize [...].

D9-nursing students need to acquire knowledge, skills, and attitudes for the functions of nurses [...] that internship also requires home visits.

The training of professionals to the SUS with the application of the HV allows greater appropriation regarding the conditions of social inequality and better skills to reduce this contrast.

D2 – [...] the principle of home visits is that you know the families you have, who live in conditions of greater inequality, so this contributes a lot to the SUS in the sense that you will train a professional who has this awareness, to increase more and more equality among people.

D10- the home visit is a time of interaction with the user of the strategy and also a way for you to know him from a holistic view, because sometimes only in the office you only see the disease process, [...] but you really do not know the reality, the family, social, cultural and health context.

The HV covers all vital cycles in this teaching-learning process for the care of children, adolescents, the elderly, women, and those individuals who are unable to go to the health unit, especially those who have physical disabilities or mobility difficulties.

D11-The visit is carried out within the teaching process learning in the face of the need in relation to the disciplines: adult and elderly health, women's health, child and adolescent health [...].

D7- [...] then it is really necessary to visit, especially in disciplines, [...] that turn to collective health care, public health, in the immunization process also [...].

In the curricular matrix, some disciplines have adopted the HV as a practice for the recognition of family reality.

D5- within the curriculum in front of some disciplines that minister exists the need to be aware of, to be visiting the patient, to try to know the reality of the family, and in view of this, to do therapeutic projects [...] in mental health, to provide better care to the patient, it is important to know the family members, the type of housing, the conditions that that patient is inserted in the family.

The determination of the number of hours/class also considers the public defined in the pedagogical proposal of the discipline to assign the amount of HV to be performed. The teachers reported that this situation depends on the discipline because the activities, meetings, and hours determine the internships for the HV, with an average of 30% of the workload of the internship.

D3-... will depend on the discipline of the workload of the discipline so when we are in the [..] discipline women's health there, we try to divide into the activities of the post and try to go make the visits this in an amount let's say 50%.

D9- To date, the internships that I supervised the sixty-hour internship, is an average of twenty hours was intended for home visits, in the case of twelve meetings of the discipline of women's health, then four meetings of these fifteen are intended for the puerperal visit and follow-up of the NB [...], a ninety-hour internship that has eighteen meetings, is an average of six meetings intended for home visits of those patients with diabetes, hypertension, who have had stroke or who have some comorbidity [...] an average of 30% of the hourly burden of the internship is intended for home visit.

The teachers mentioned that the students should learn how to provide home care, present themselves, behave, and talk to the patient in his/her family environment, in addition to understanding the real purpose of the visit.

D5- There are also procedures in which the professional acquires skills in order to know the reality, to be confronting it, because sometimes the patient's problems depend heavily on a problem of another family member, on social problems that are involved there.

D3-I think the student has to learn: how does they get in the home, even how they talk there and the time for them to learn is now because when thy get there in the strategy "oh let's do a home visit", they do not know either how the arrival is, or how to behave when entering the house of that person and how to talk to that person, so I think it's in the institution, in the internship, in the training that you need to learn that... because in the visit we will be able to both take care and guide, so I think it is very important ... From the moment students learn about what the visit is, what to do, what the objectives of this visit, I think it will be contributing rather than teaching learning, to the professional future that they are graduating.

D6- is the practice of what we see in theory in the classroom, so practice is as important as a theory since it will allow the student to exercise their skills and the teacher is really there guiding and evaluating right. The visit is for the student to know the reality and start preparing them for the job market.

Thus, as a learning method it requires an effective resource for evaluating student performance. In the HV, the student's attendance and punctuality, creativity, communication ability, ease in interpersonal relationships, clothing, technique, proactivity, language, empathy, interaction, and others are evaluated.

D5- There is a general evaluation instrument that assiduity evaluates the student in general, but there is no instrument only for home visits. The criteria are more subjective; the part of the supervisor analyzes how these students can interact, acquire data, and perform the procedures requested there.

The teachers pointed out a multidisciplinary and comprehensive evaluation, which addressed humanization, communication, empathy, resourcefulness interpersonal and interprofessional relationships. The HEI provided a standardized evaluation instrument that focuses on competencies, ethics, commitment, responsibility, technical capacity, prior knowledge of the approach, teamwork, initiative and resolution of the student for the collection of information and implementation of health guidelines and interventions, for all pedagogical activities, without specifying the HV, exclusively.

D2- We approach some evaluative criteria besides attendance, punctuality. We also see the issue of creativity; some students demonstrate the ability to communicate better, interpersonal relationships better, so are some criteria adopted.

Na relação docente e discente, vivencia-se a formação de habilidades e competências para fazerem uso dessa aprendizagem em sua atuação profissional.

In the relationship between teachers and students, the training of skills and competencies is experienced to make use of this learning in their professional practice.

Instrumentation and the home visit register

It was evidenced that the performance of the HV in primary care remains devoid of a script. The academics themselves trace the planning to be followed, and many of the professors chose to choose scripts/instruments recommended by the Ministry of Health to carry out their academic activities.

D11- Well, about the script. It's me as a professional, as the coach of the internship, I always perform before [...] In my planning, this script is presented to the students in practical classes so when we go to the internships, they are applying in home visits.

D10- Script, by the higher education institution, no. The script that I try to follow is what the ministry manuals recommend: what we should evaluate, what we should follow depending on the visit, the reason for the visit, but not by the institution.

From this perspective, elaborating its own standardized instrument of home visits would contribute greatly to the teaching-learning process. It would facilitate the performance of the HV and assist the student in performing the assistance, besides improving the practice's development.

D8- a specific instrument that guided the teaching of home visits at the academy would enable the improvement in the development of the practice and consequently the approximation with comprehensive care, because you have to know and analyze that sometimes the disease is not physical, it is social, and this is perceived and evaluated in this territory.

The interviewees reported that the record of home visits, in most cases, was done in inaccurate places, that is, there was no specific instrument for performing this record.

D5- Registration is done in the guestbook and in internship sheets.

D10- We make the evolution of nursing with everything, to be able to register, move to the medical records and discuss...

D11-Regarding the recording of home visits and procedures that are performed in it, they are made in the E-SUS records that the health unit itself prioritizes.

This procedure was most often done in internship forms, evolution sheet, E-SUS records and records for other activities. Nursing evolution, experiences and pathologies found are recorded.

Discussion

The HV is indicated in other professions as an indispensable work instrument[7-8], for nursing consists as a work method whose scope is to lead to the individual, in his home, care and guidance about his health.[9]

The moving in the territory to perform the HV is supported primarily in the idea of accessing patients with the difficulty of locomotion, bedridden or with physical limitations, and patients with chronic diseases. In the National Primary Care Policy (PNAB in Portuguese), the objective of the HV permeates the difficulty or physical impossibility of access of the user and ensures those who need care or not, the receipt of the HV unpredictably or when indicated.[10]

The valorization of medication in the HV establishes asymmetric relationships of power, disconsiders the subjectivity, knowledge, and care practices of the other.[7] However, it is up to the teachers as trainers to seek the integration of values and principles according to the premises of the SUS.

In this perspective, the HV assumes a character for the development of care strategies in the territory. When the characteristics of housing and sanitation are evaluated, and the notions of risk and health problems are addressed.[7]

Inserting it in the internship fields for practical activities in the undergraduate course grants the student the approximation to the dimensions of the nurse's work process.[11] This moment should provide opportunities for practices based on integrality. Where professionals should be able to understand the meaning of the health-disease process and maintain an intersubjective relationship in care, these attributes compose the good practices of the health professional, whatever their workplace.[12]

Although the curricula of training of health professionals send the discussion of an expanded approach, reality indicates the distancing from experiences that do not confer generalist, humanist, critical and reflexive training.[13]

The HV enables those contents seen in the curriculum matrix, sometimes considered one-topic, to make sense. The reality fraught with conflicts and contradictions is not sufficiently addressed in theoretical or even in practical classes. Thus, the potential of the HV is conferred, a reflexive bridge between the pedagogical practice in the classroom, and reality, a place where the various dimensions of these subjects are interrelated and influence social development.[13-14]

Teachers are sensitized to health practices through changes necessary for the paradigm break issued by the biomedical model, which is presented by conducting the teaching-learning process in a fragmented and disease-oriented way. This fragility refers to the invisibility of the family in the care scenario, which should be explored during graduation, understanding that the experience fills possible gaps in teaching.[14]

The mandatory Supervised Curricular Internship (SCI) must be carried out in the last two semesters of the course, with minimally 20% of the total course workload.[15] In this field, the curricular matrices assume body in the educational process that varies by the teachers' different experiences, values, and interests, giving them the responsibility of authorship and execution of curricular proposals.[16]

To provide opportunities for the conduct of practices in the teaching process allows the academic to experience care and understand the role of nurses in these processes. In addition, it is understood that there is a complexity of knowledge and themes that permeate the HV, with flexibility and autonomy to adapt to the family's needs. Thus, it makes it possible to adapt the curriculum to the reality and social, psychological, and health needs.[17]

This period of SCI is significant in the construction of competencies and reveals the need for greater emphasis in primary care. Since there is the identification of weaknesses and management diagnoses, it is possible to propose strategies to promote improvements in the care provided.[15] In this proposition of curriculum to develop learning with integration of different knowledge, it is necessary to redirect the ways of teaching and the meeting of interdisciplinary knowledge.[16]

Recommended by the National Curriculum Guidelines, the evaluation model based on skills and competencies requires the subjects' involvement. As evidenced in the teachers' statements, the dialogue permeates the student's participation during all moments. Making the academic the main figure of learning transforms the evaluation into solidarity, participative, and inclusive.[18]

It is not enough to change content or the curricular matrix itself, and it is necessary to change pedagogical practices as a whole. A coherence between teaching-learning-evaluation is necessary, concerning content and especially to values that contain the health and education practices developed.[13]

However, the proposals for competency assessment are already discussed, which needs to be aligned with curricular changes and the demands of training professional profiles in line with the principles of the Unified Health System. For this, constructing an evaluative model of the teaching and learning process involves multiple changes among these paradigms, conceptions, and postures.[19]

The use of a standardized instrument allows the evaluation of the HV through comparable parameters.[17] However, this difficulty in standardizing as well as prioritizing HV leads to other biases. Among these, the fragmentation of care is caused by irregular intervals that are sometimes higher than recommended, especially for families requiring systematic and intensive follow-up.[8]

Concerning the prioritization of the HV, it is proposed that three aspects be based: The dosage, which will analyze frequency and time of visit. The content, which observes the objectives; and the relationship, which refers to the confidence and engagement of the subjects in the process.[17] In this, it is verified that the planning, conduction, and analysis of the HV should permeate these points, which are considered useful for verifying the effectiveness of the intervention.

However, this disease-centered model conditions the logic of practices to spontaneous demand and reduces the potential for identifying professionals in the timely moment of situations that require preventive care and early diagnosis, and the implementation of health promotion actions.[8]

Finally, it is evident the need to insert new instruments and models that operationalize the planning, implementation, and evaluation of the performance of the home visit in a way that is efficient and meets the principles of the SUS.[20] Furthermore, the sensitization of professionals to strategies should be focused on health information and guidance related to the complexity and specificity of each case, that is, involving the intersubjective encounter and interpersonal relationship between two subjects.[21]

Final considerations

Teachers' perception points to the potentialities of the HV as an instrument that enables the integralization of skills and competencies in the training of professionals for the SUS. In the daily routine of the Family Health Strategy, the HV expands the care to the subject and family, as well as the recognition of the territory of action. The challenges presented themselves towards a necessary and permanent systematization in the face of the routines of the services and users.

The study's limitations are expressed by the unison look of teachers involved with the teaching-learning process because, in future studies, it is up to the analysis of other dimensions of care, subjects involved, and services. The teaching practice is indicated as the integrated and planned application of the activity in the territory, with broad dialogue with the teams, users, teachers, and students in favor of full learning, comprehensive care, and equanimous resolutions of home care.

Authors’ contributions

Pereira KLA and Pinto AGA participated in the conception, design, search, and statistical analysis of the research data, interpretation of the results, writing of the scientific article. Sales JKD, Maia ER, Cruz RSBLC, and Quirino GS participated in the statistical analysis of the research data, interpretation of the results, and scientific article writing.

Competing interests

No financial, legal, or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and financing, participation in the advisory board, study design, manuscript preparation, statistical analysis, etc.).

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