154 - THE NURSING HOME VISIT IN THE FAMILY HEALTH STRATEGY (FHS) IN VIEW OF ELDERLY AND FAMILIES

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Introduction

The human aging is caused by molecular and cellular changes, resulting in progressive functional loss of organs and body as a whole. With aging, the declining rate of physiological functions is quite high; therefore, there is a cumulative effect of functional changes, with progressive degeneration of the mechanisms that regulate the cellular functional responses functional in face the external aggressions (HOFFMANN, 2002).

The aging population in developing countries occurred in a more accelerated way than in developed ones. In developed nations, the growth of the period from 1970 to 2000 was 54%, while in developing countries reached 123% (SIQUEIRA; BOTELHO; Coelho, 2002). Brazil, in the 1970s around 4.95% of the Brazilian population was elderly, that percentage increased to 8.47% in the 1990s, with the expectation of reaching 9.2% in 2010 (SIQUEIRA et al, 2002).

Kalache, Veras and Ramos (1987), have argued that the aging of the Brazilian population has not occurred in an evenly way, by presenting more accelerated in south and southeast, due to better standards of life in relation to other regions of country.

For Veras et al (2002), difficulties in serving the elderly are related to the reality of public health services, such as the fact of the reference and counter-reference system still has not worked properly and bring difficulties to access services of medium and high complexity, in addition to commit the integral assistance to elderly person.

Accordingly, the Ministry of Health adopted in 2006, the National Policy for the Elderly Health, which aims to restore, maintain and promote the autonomy and independence of individuals aged 60 or older, directing individual and collective measures of health to that end, in according to the principles and guidelines of the SUS (BRAZIL, 2006).

In this context, it has we found that the older population is the group that consumes more health services since as longevity increases, also increases the prevalence of chronic degenerative diseases. Thus situations that should be resolved at the level of basic health care are met in secondary and tertiary level, making the more expensive but little firm health system.

Regarding the elderly, the Family Health Strategy (FHS) aims at discovering the reality and context of elderly life and health, to improve access to services of SUS, giving special attention to the elderly and an active participation for improvement of their quality of life, approaching it developing actions that provide specific protection, early identification of its most frequent disorders and its intervention, as well as rehabilitation measures aimed to prevent his/her separation of family and social living(BRAZIL, 2006).

Thus, caregivers must work in interdisciplinary way and directly in contact with the elderly and family, advising the community about the risk factors within and outside the home.

So that the professional knows the life of the community assisted by the FHS and can implement a home care, he/she must work with an interdisciplinary team and among his/her actions, make use of the home visit (HV). It is an important tool to assess the conditions and the health needs of elderly, contributes to the promotion of health professionals because enables a holistic vision of the FHS in the middle of the individual to which he belongs, is realizing its historical, cultural, social and economic situation (MAZZA, 1994).

Among the professionals who make up the team, nurse provides family health care, provides educational grants so that individuals and or family group and community being able to become independent.

In view of the context this study has described the following issues: - How is made to visit the nursing home to the elderly in FHS; - Are the elderly problems identified nursing home visit met? - Which of the interventions made in the nursing home visit is most cited by the elderly? And, - What do elderly think of all nursing interventions carried out in home, context of the HFS ". Following these questions the study has these goals: Overall: - examining the nurse's home visit with the elderly in family health strategy (FHS) and specifically: - Listing the nursing problems identified during the home visit performed with the elderly person and - Identifying the views of the elderly person and families on the home visit and the nursing activities.

Methods

This study is a descriptive and exploratory survey, developed in an area assigned to the Family Health Unit II (FHU) from Felipe Camarão West Health neighborhood from the city Natal-RN. The study population consisted of 762 elderly persons (SIAB, 2005) that live in that area accompanied by relatives have sought care at health, and a simple random sample of 10% of the reference population.

We used a form of open and closed questions used in the home through a structured interview with the elderly persons who sometimes were accompanied by family members, in the period from April to June 2006, preferably in the evening hours.

The procedures for collecting data included: the delivery of a letter of request for permission to conduct the study the Secretaria Municipal de Saúde, followed a request for authorization to UFRN ethics committee for approval of the research project (Protocol no. 189 / 05, CEP-UFRN). The first contact with the subjects was in elderly residence, stating the goals and the importance of research, and inviting them to participate, after confirming a second visit was scheduled for the beginning of the collection, with the use of free informed consent term (FICT).

Results

Results were tabulated and presented in simple tables and figures, and analyzed according to their relative and absolute percentages, noting the interrelations between them in accordance with analysis process of descriptive statistics (MARCONI; LAKATOS, 1990).

The results set the tab. 1 show that 59.21% of the interviewed elderly said that they have not received the nurse's home visit, which probably has indicated that the nurses for some reason, has not given proper consideration to this activity, and when to hold it in the majority of the time, it is a request of the family or FHS. By Souza et al (2004) and Vaz (1994), the nurse's home visit and other health professionals is an efficient way to work with the community and families and in promoting and early detection of health problems, in addition to the development of actions of both health education, on welfare.

As for the frequency of holding the HV by the nurse, some 67.74% of elderly and families has occurred "when

necessary", followed by other 16.13% reported receiving bimonthly. About this fact, Souza et al (2004), have argued that some factors interfere with the non-occurrence with frequency of HV by the nurse which interfere in this availability. On the other hand, there is absence there are no other professionals linked to the families scheduled to perform the RV. Other times, there is lack of integration between the actions that take place during the visits and health unit, in a way that have become difficult the resolution of the scheduled actions for completion at home.

Of respondents, 40.79% receive the HV and are satisfied with it. This fact is related to the assertions by Lacerda and Oliniski (2004), on the perception of the elderly and his/her families, as for peace and security provided by nurses when experience the HV. According to the authors, users visited cite the perceived qualities of professional related to their support, interest and concern with the problems and situations faced by the family.

TABLE 1

Frequency of home visit (HV) performed by the nurse of Philip II of the FHS by Felipe Camarão, according to the occurrence, frequency and satisfaction of elderly and family, Natal, RN, 2006.

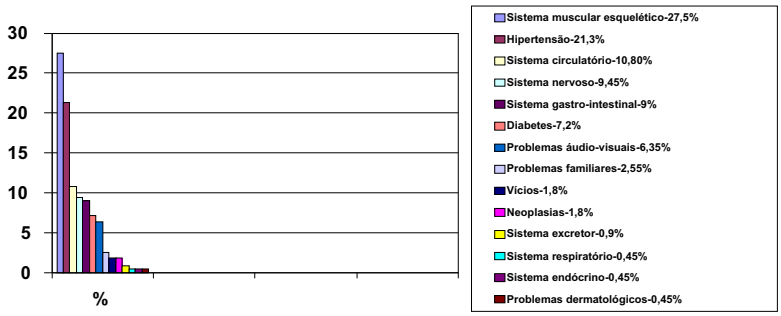
VARIABLES	FREQUENCE	%
OCCURRENCE		
YES	31	40,79
NO	45	59,21
TOTAL	76	100
FREQUENCY OF VISIT	21	67,74
When necessary	00	00
Weekly	03	9,68
Monthly	05	16,13
Bimonthly	02	6,45
6.45	31	100
Total		
SATISFACTION	13	41,95
Good	08	25,80
Great		
Likes nurses, but does not know who received the visit	03	9,68
thinks the visit scarce and / or rapid	06	19.35
It has no opinion	01	3,22
Total	31	100

Figure 1 on the morbidity shows that 27% of respondents report having muscle-skeletal problems, followed by 21.3% to 10.8% hypertension and problems of the circulatory system (nervous system 9.45 %). And diabetes 7.2%).

These indicators corroborate the literature and the second Hoffmann (2002), aging, non-transmissible chronic diseases and degenerative processes resulting from molecular changes and cellular damage occurring in the body of individual throughout life.

In this process, it is important to the early identification of risk factors for the health of elderly, and HV has been emphasized as an instrument that allows the execution of promotion, protection and prevention actions of these diseases.

Figure 1 - Frequency of morbidity of the elderly residents in the area assigned to the Family Health Unit of Philip II of Felipe Camarão, in according to data from HV, Natal-RN, 2006.



Source: Survey of field / Note: The sample of 221 elderly morbidities reported by the sample.

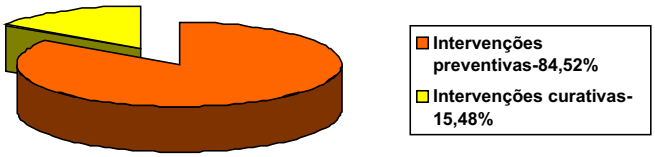
According to Figure 2, second 84.52% of respondents, the interventions made by nurses with elderly in HV, are shares of health promotion and prevention, and, largely focus on the basic needs of life of older people, considering the its social context, as well as the daily living-related cares.

In general, the nursing interventions whether with promotion or healing actions, are performed based on clinical evaluation of the health-disease process and the general conditions of life to which the elderly are inserted. What provides the increase of life of healthy elderly, the bedridden or unable to move, as well as the recovery of the elderly area in their home and social environment, within their means and their individual conditions (ROCHA, 2005)?

According Dellaroza (2005) to assist the elderly at primary level of health care, aims to promote health and prevent disease and, consequently, improving conditions to increase their personal independence, quality of life and the community awareness about the importance of valuing elderliy.

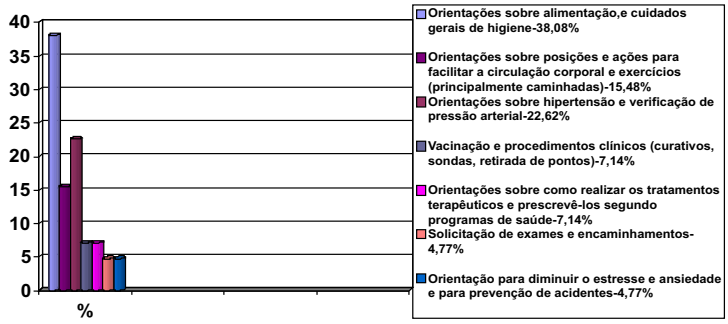
FIGURE 2 - Distribution of interventions made by nurses in HV FHS of Felipe Camarão II, according to information from the elderly and families, Natal-RN, 2006

FIGURE 2 a



Source: Survey of field .

FIGURE 2- b



Source: Survey of field / Note: The sample of 84 interventions cited by the elderly.

Conclusions

Through this study, it has characterized the group of elderly participants, comprised of women (the majority) and widows, while men with lower longevity, mostly married. Of the total of 76 elderly people interviewed, 56.58% are retired , 75 of them coming from rural areas of the state' of Rio Grande do Norte, which characterizes the process of rural migration that generally occurs during the adult phase of their lives and before the aging process

The results also indicate that the HV made by nurses to the elderly has occurred only when there is request from the family and FHS, because is not an instrument of daily action in nurses' practice in their work process. In addition, it has contributed to the maintenance of the biomedical model of actions focusing on curative care and personal health.

In this sense, the team's professionals FHS concentrate their activities in the individual clinical model of assistance, and offers community health agents (CHA) more space so that they carry out a home visit with elderly.

Thus, the home visit to the elderly user needs to be re-evaluated by the team of FHS because it occurs in a specific health context in which the aging of the human being is accompanied by physical and physiological changes and the morbidity is mainly, hypertension, the muscle-skeletal system and the circulatory and nervous systems.

The nurse's HV to the elderly and the family allow the aware of situation and evaluation of health activities through the promotion actions, specific protection and prevention of diseases, identifying early risk factor for the development of disease. However, in the case of elderly is needed multidimensional care developed by the actions of the multiprofessional team of FHS, focusing on completeness of such actions.

Key-words: home visit; elderly; nurse

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THE NURSING HOME VISIT IN THE FAMILY HEALTH STRATEGY (FHS) IN VIEW OF ELDERLY AND FAMILIES

ABSTRACT

This study aims at describing the home visit (HV) held by the FHS nurse in the perspective of elderly and relatives to identify the identified problems and interventions taken by the nurse in nursing home visit. It is a descriptive and exploratory study, which involved 76 elderly and relative residents in a given area from Unit for Family Health, the west district of Natal-RN city. We used a simple random sample of the type (10% of elderly), who answered the forms during the period from March to June 2006. Results show that 67.10% of the elderly are visited monthly by health professionals of FHS, most by community workers (97.37%) followed by doctors (36.84%) and nurses (17.10%). The home visit from the nurse in relation to other professionals is held to a lesser extent, and sometimes only when necessary and/or at the request of the family. According to elderly and relatives, the nursing interventions are made more on education: the guidelines regarding nutrition, hygiene care, and actions that improve the venous circulation, as well as on the practice of moderate exercises. Among the identified health problems, it is highlighted osteomuscular (27.5%) and

hypertension (21.3%). The results also show that despite the nurse showing a low indicator of HV, develops actions of prevention and health promotion and home visit is an important tool that helps in this process. It is believed that the reduced frequency of home visits conducted by the nurse is in line with other tasks that he/she performs or due to the limited number of professionals to meet an increasing demand for elderly by low complexity actions.

Key-words: home visit; elderly; nurse

LA VISITE EN FOMICILE D`INFIRMIER DANS L`STRATEGIE DE SANTE DE LA FAMILLE SOUS LA PERPECTIVE DES ANGES E SIS PROCHES

RESUMÉ

Les objectifs de ce travail sont décrire la visite en domicile (VD) realizée pour l`infirmier de la ESF, sousla perspective des âgés et ses proches au dela d` identifier les problèmes detectés et las interventions réalisées pour la femme qui a la fonction d`infirmier (VD). Cest um étuide descriptif et speculataire dans lequel ont participé 76 âgés e ses proches qui habitent sur une zone liée à Unité de Santé de la Famille appatenue à la région ouest de Natal-RN. on a utilisé ine échantilon d`espece intentionel simple. 10% des âgés ont répondu aux formulaires période du mois Mars jusqué à Juin 2006. Les résultants montrent que 67,10% des âgés sont visités a chaque mois par les professionels de la Sante de la USF, par des agents comunautaires (97,37%). Suivis d`um médium (36,84%) e d`infirmier (17,10%). La vidite em domicile d`une infirmiere par rapports a l`autres professionnels se reálise dans une proportion plus petite, aucunes fois senlement quandil est necessaire, et / ou la famille la demande. Second les âgés e ses proches, les intervention de l`infirmier les plus realisées sont les actions educatives sur : l`orientations quant à la nourriture, l`attention avee l`huygiéne, l`cuplacente et les actions qui ameliorent la circulation du sang dans les veines et habitude d´exercices moderés ; parmis les problémes de santé indentifilés, sont détâches celui osteomusculaires (27,5%) et l´hypertension arterielle (21,3%). Les resultats montrent encore que, malgré l´infirmiére présenter eim bas indicateur de VD, developpe actions préventivs qui promeuvent la santé, et les visites en domicile aident dans ce procés on croit que, avec le numéro amoindri de visites en domicile réalisées par l´infirmiére, soit rindré a cause d´antres atribuitions ou dû au numéro amoindri de profenionels pour atteindre à une demande chaque fois plus grande d´âgés par actions de baisse complexité

Mots clef: Visite em domicile; l´âgé ; l´infirmier.

LA VISITA DOMICILIARIA DE LA (DEL) ENFERMERA (O) EN LA ESTRATEGIA DE SALUD DE LA FAMILIA (ESF), EN LA PERSPECTIVA DE LOS ANCIANOS Y FAMILIARES

RESUMEN

Los objetivos de este trabajo son de, describir la visita domiciliaria (VD) realizada por el enfermero (a) de la ESF, en la perspectiva de ancianos y familiares e identificar los problemas detectados y las intervenciones realizadas por la enfermera en la VD de enfermería. Se trata de un estudio descriptivo y exploratorio, del cual participaron 76 ancianos y familiares residentes en área adscrita a la Unidad de Salud de la Familia del Distrito Oeste del Municipio de Natal RN. Se utilizo una muestra del tipo aleatoria simple (10 % de ancianos), que respondieron a los formularios durante el período de Marzo a Junio de 2006. Los resultados evidenciaron que 67,10 % de los ancianos son visitados mensualmente por los profesionales de salud de la USF, la mayoría por agentes comunitarios (97 %), siendo seguidos por el médico (36,84 %) y por el enfermero (17,10 %). La visita domiciliaria de la enfermera o del enfermero en relación a los otros profesionales es realizada em menor proporción e algunas veces, solamente cuando sea necesaria y/o a pedido de la familia. De acuerdo con los ancianos y familiares, las intervenciones de enfermería más realizadas son las acciones educativas sobre: Las orientaciones en cuanto a la alimentación, a los cuidados con la higiene, posiciones y acciones que mejoran la circulacion venosa, y la práctica de ejercicios moderados. De entre los problemas de salud identificados, se destacan los osteo-musculares (27,5%) y la de hipertensión arterial (21,3%). Los resultados demuestran todavía, a pesar de que la enfermera o enfermero presentan un bajo indicador de VD, desarrolla acciones de prevención y promoción de la salud y las visitas domiciliarias auxilian en ese proceso. Se cree que con el número menor de visitas domiciliarias realizadas por la enfermera, esta siendo dificultada las otras atribuciones, debido al número reducido de profesionales para atender a una demanda cada vez mayor de ancianos por acciones de baja complejidad.

Palabras Clave: Visita domiciliaria, Anciano, Enfermero

A VISITA DOMICILIÁRIA DA ENFERMAGEM NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA (ESF) NA PERSPECTIVA DOS IDOSOS E FAMILIARES.

RESUMO

Os objetivos deste trabalho são de, descrever a visita domiciliária (VD) realizada pelo (a) enfermeiro da ESF, na perspectiva de idosos e familiares e identificar os problemas detectados e as intervenções realizadas pela enfermeira na VD de enfermagem. Trata-se de um estudo descritivo e exploratório, do qual participaram 76 idosos e familiares residentes em área adscrita de Unidade de Saúde da Família, do distrito oeste do município de Natal, RN. Utilizou-se uma amostra do tipo aleatória simples (10% de idosos), que responderam aos formulários durante o período de março a junho de 2006. Os resultados evidenciam que 67,10% dos idosos são visitados mensalmente pelos profissionais da saúde da USF, a maioria por agentes comunitários (97,37%) seguidos pelo médico (36,84%) e o enfermeiro (17,10%). A visita domiciliária da (o) enfermeira (o) em relação aos outros profissionais é realizada em menor proporção e algumas vezes, somente quando necessária e/ou a pedido da família. De acordo com idosos e familiares, as intervenções de enfermagem mais realizadas são as ações educativas sobre: as orientações quanto à alimentação, aos cuidados com a higiene, e ações que melhoram a circulação venosa, assim como, sobre a prática de exercícios moderados. Dentre os problemas de saúde identificados, destacam-se os osteomusculares (27,5%) e a hipertensão arterial (21,3%). Os resultados demonstram ainda, que apesar da enfermeira apresentar um baixo indicador de VD, desenvolve ações de prevenção e promoção da saúde e a visita domiciliária é um instrumento importante que auxilia nesse processo. Acredita-se que a freqüência diminuída da visita domiciliária realizada pela enfermeira, seja em função de outras atribuições que a mesma realiza ou, devido ao número reduzido de profissionais para atender a uma demanda cada vez maior de idosos por ações de baixa complexidade.

Palavras- chave: Visita domiciliária; Idoso; Enfermeiro.