

Home visit experiences in practical theoretical teaching*Experiencias de visitas domiciliarias en la enseñanza teórica práctica**Experiências de visita domiciliária em ensino teórico prático***Jorge Luiz Lima da Silva¹**

ORCID: 0000-0002-2370-6343

Larissa Murta Abreu¹

ORCID: 0000-0002-7119-4370

Giulia Lemos de Almeida¹

ORCID: 0000-0003-1783-3298

Cristina Portela da Mota¹

ORCID: 0000-0002-8101-9082

Claudia Maria Messias¹

ORCID: 0000-0002-1323-0214

Lucas Soares Diniz Pinto¹

ORCID: 0000-0001-5724-4602

¹Universidade Federal Fluminense. Rio de Janeiro, Brazil.

How to cite this article:

Silva JLL, Abreu LM, Almeida GL, Mota CP, Messias CM, Pinto LSD. Home visit experiences in practical theoretical teaching. Glob Acad Nurs. 2020;1(2):e28. <https://dx.doi.org/10.5935/2675-5602.20200028>

Corresponding author:

Jorge Luiz Lima da Silva
E-mail: jorgeluilzlima@gmail.com

Chief Editor: Caroliny dos Santos Guimarães da Fonseca
Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 01-08-2020**Approval:** 06-20-2020**Abstract**

This article aims to report experiences lived during home visits to residences in the city of Niterói, located in the State of Rio de Janeiro, considering the social, structural and health specificities of each household investigated. Objective: to describe home visiting activities carried out by nursing students in the practical dimension of the collective health discipline offered to the undergraduate nursing course, with a view to highlighting possible risk factors for the illness of the studied public. Method: three visits were made in two different neighborhoods, two of them in the Atalaia neighborhood and one in Ingá, to collect information regarding the health of the residents of these neighborhoods. Conclusion: a series of elements potentially harmful to the health of individuals was found, including clean filters, infiltrations, and exacerbated dust, which were observed in the visited homes. The presence of these factors ends up validating the importance of the practice of home visits, reflecting positively on maintaining the population's health and well-being.

Descriptors: Public Health; Home Visit; Primary Health Care.**Resumen**

Este artículo tiene como objetivo relatar las experiencias vividas durante las visitas domiciliarias a las residencias de la ciudad de Niterói, ubicada en el Estado de Río de Janeiro, teniendo en cuenta las especificidades sociales, estructurales y de salud de cada hogar investigado. Objetivo: describir las actividades de visita domiciliar que realizan los estudiantes de enfermería en la dimensión práctica de la disciplina de salud colectiva ofrecida al curso de licenciatura en enfermería, con el fin de resaltar posibles factores de riesgo para la enfermedad del público estudiado. Método: se realizaron tres visitas en dos barrios diferentes, dos de ellos en el barrio Atalaia y uno en Ingá, para recabar información sobre la salud de los vecinos de estos barrios. Conclusión: se encontró una serie de elementos potencialmente nocivos para la salud de las personas, entre ellos filtros limpios, infiltraciones y polvo exacerbado, que se observaron en los hogares visitados. La presencia de estos factores acaba validando la importancia de la práctica de las visitas domiciliarias, reflejando positivamente en el mantenimiento de la salud y el bienestar de la población.

Descriptorios: Salud Pública; Visita a Casa; Primeros Auxilios.**Resumo**

Este artigo tem como finalidade relatar experiências vivenciadas em visitas domiciliares a residências da cidade de Niterói, situada no Estado do Rio de Janeiro, levando em conta as especificidades sociais, estruturais e sanitárias de cada domicílio investigado. Objetivo: descrever as atividades de visitas domiciliares realizadas por acadêmicos de enfermagem na dimensão prática da disciplina de saúde coletiva ofertada ao curso de graduação em enfermagem, com vistas a destacar possíveis fatores de risco para o adoecimento do público estudado. Método: foram realizadas três visitas em dois bairros diferentes, sendo duas delas no bairro de Atalaia e uma no Ingá, para levantamento de informações referentes à saúde dos residentes destes bairros. Conclusão: encontrou-se uma série de elementos potencialmente prejudiciais à saúde dos indivíduos, citam-se filtros não limpos, infiltrações e exacerbada poeira, que foram observados nos domicílios visitados. A presença destes fatores acaba por validar a importância da prática das visitas domiciliares, refletindo positivamente na manutenção da saúde e bem-estar da população.

Descritores: Saúde Pública; Visita Domiciliar; Atenção Primária à Saúde.

Introduction

The home visit can be recognized as a differentiated and viable tool of the FHS principles, such as the promotion of the bond and relations with the user and their communicants, the knowledge of the territory where they are acting and the longitudinally, characteristic present in the concept of integrality of attention.¹

In the FHS, the HV recognizes the population's life context and encourages the autonomy of the exercise of care, respecting listening, the anxieties and situations that may harm the maintenance of health. The professional, when knowing the individual in a comprehensive and contextualized way, has at home, the opportunity to recognize the space of life in which both health and disease are done.²

The home visit is then considered as a space for the construction of new logics of production of the health / care process, since, with this practice, the professional comes to know the subjects' health problems in the concrete context in which they are inserted. Thus, this proximity on the part of professionals can generate a broader understanding of the population's health / disease / care process.³

The HV is a practice that enables the establishment of bonds, providing a more humanized environment and service, going beyond the guidelines, since the aim is to promote health and guide families' quality of life.⁴

Since home visits are widespread in the literature, there is an interest in addressing this relevant topic from the perspective and experience of a group of academics in the third period of undergraduate nursing at Aurora de Afonso Costa Nursing School. Thus, the objective of the study is to report home visits carried out in the neighborhoods Atalaia and Ingá, both belonging to the city of Niterói, located in the State of Rio de Janeiro.

Methodology

This is a study with a descriptive approach, in the experience report modality. The study took place from three visits in two different neighborhoods, two of which were carried out in the Atalaia district, on July 22 and 29, 2018, and one in Ingá on July 23, 2018. The purpose of the visits was to survey possible health risk factors for residents.

The data collection period was for the month of July, in the morning shift. The visits lasted approximately an hour. The meetings took place from the 22nd to the 29th day of July 2018. It is worth mentioning that the purpose of the visits was not informed to the residents, which is a facilitating aspect for the accessibility of data collection. The data for the study were verified in the light of what addresses public health.

During the visits, the group provided guidance in terms of information and knowledge related to self-care, health education and nutritional guidance. Therefore, information on general health and housing conditions was obtained through careful observation of the environment and through assessment of the health conditions of residents.

As this is an experience report, there was no

application of the Informed Consent Form. In addition, no data will be released to make it possible to identify the residents, respecting the recommendations of Resolution No. 466, of December 12, 2012, of the National Council of Ethics in Research (CONEP).⁵

Results

The HV uses the place and context of insertion of the individual and family for action, therefore, the participation and articulation of all team members and family is necessary to guarantee integrality to the visit.⁶

Among the visits made, one of them took place at the home of the student M.B. on 07/23/2013. He reported that the apartment where he lives with three more people, two adults and a teenager, in the center of Niterói is his own. The construction was made of masonry and because it is an apartment it does not have an external area or a balcony. The building where he lives has a gate, guardhouse, and elevators, which cover all floors of the building. In addition, there are stairs, which was indicated to be used if you were not carrying too much weight, because then you would be practicing a physical exercise.

The room where M.B. received us had an infiltration characteristic of species of demaceous fungi, informing us that it should be solved soon. In addition, the ceramic floor was visibly clean and, according to reports, is constantly sanitized with bleach. In the kitchen, a sink with a filter was observed, the latter, which has not been changed for a long time.

M.B.'s family owns a small domestic animal, whose physiological needs are realized in a newspaper in the laundry room, near the kitchen. This fact can be considered alarming, due to the possibility of contamination by the proximity between the environments.

When asked about the presence of comorbidities or conditions, the group was informed that the adult woman has diabetes and the adult man has systemic arterial hypertension, both being controlled by medication. This fact allows us to carry out guidelines and health education with this family.

Other visits were made, one of which was at the residence of P.S. who lives only with his wife. The couple has a son, who does not reside with them. Resident T.F., 51, weighs 70 kg, has an average level of education. P.S resident, 70 years old, retired and weighs 80 kg, works since childhood, facing health problems.

During the meeting, we noticed that in their kitchen there was a variety of fruits and we encourage them to eat throughout the day, between meals and between breaks. The rooms of the house were clean, in perfect physical condition, but with mold on the top of the wall near the ceiling of the living room and bedrooms.

Discussion

Home health education is characterized by the identification of intrinsic and extrinsic factors, factors that affect the general state of health of the individual and



collective. Therefore, through this identification, it is possible to carry out interventions to improve health and well-being.⁷

From the visits, it was possible to identify a series of elements, these inherent to health and that demand guidelines for health promotion and improvement of the quality of life of the residents of that location. Such elements can be identified in Chart 1.

The health of building users can be affected by inhalation or dermal contact with fungal spores. The most common health problems resulting from exposure to high spore concentrations are asthma, skin eczema and respiratory allergies.⁸

In addition, studies demonstrate the implications between the proximity of domestic animals and humans. Contaminated animals, especially domestic animals, which maintain more contact with humans, contaminate soil and water and form a cycle of transmission and parasitic contamination.⁹ With this, there is a greater concern with the emergence or upsurge of certain infectious diseases, which has been taking place in human medicine and veterinary medicine.¹⁰

Among the factors identified, the presence of chronic non-communicable diseases (NCDs) in the

interviewed individuals stands out. Systemic arterial hypertension and diabetes mellitus were known to patients, requiring guidance on non-drug treatment measures, such as physical activity and changing eating habits. The practice of regular physical activity is considered essential for the promotion of health and healthy aging, reducing the risk of CNCD and premature death, in addition to providing important benefits for physiological, functional and mental health.¹¹

Another finding was the presence of fruits in the homes visited, so that it is necessary to know about their conservation and correct storage. Fruits and vegetables must not be exposed to the sun and must be kept in a cool, dry place or in the refrigerator to avoid drying out or rotting.¹²

It is necessary to consider that Home Care is a health intervention strategy that requires qualified professional attention, as it is recognized that this type of care requires mobilization of specific skills, mainly linked to interpersonal relationships to work with users, families and in a multidisciplinary team, as well as autonomy, responsibility and technical and scientific knowledge specific to the field.¹³

Chart 1. Findings of home visits on July 22, 23 and 29. Niterói, RJ, Brazil, 2018

Findings	Find condition
Infiltrations with demaceous fungi	Located on the walls of rooms, usually present for a long time.
Water filter not changed	Filters not changed due to lack of knowledge about the need and importance in water quality.
Dust accumulation	Found above the bedroom closet, it was not the focus of the residents' attention.
Area where pets live in close proximity to the kitchen	The dog defecates in newspapers in the laundry room, this being close to the kitchen environment.
Diabetes	Residents with diabetes mellitus were found undergoing drug treatment.
SAH	Residents with hypertension were found, also undergoing drug treatment.
Presence of fruit in the kitchen	Found in the kitchen and would be used for consumption throughout the day.

Final Considerations

The home visit is a way of providing a broader view for health students of the real-life conditions of the family, with the possibility of interaction in both family and social environments.

From the visit, we can observe and experience situations that would not have the same veracity if we were not there, inserted in that environment, observing their particularities. Such experience reveals in some way how the subject experiences his life experiences, his feelings, and opinions on various situations.

It is valid to clarify the construction of integrality in health care, which includes both curative and preventive means, both individual and collective. In other words, the family's health needs must be considered, even if they are not equal to those of the majority.

The need for reflective practice in the nurse's performance in this type of care was also evidenced, as meetings take place in which expressions can impose a challenge to the daily work of this professional. Some difficulties can be overcome by strengthening professional training, while others require intuition and reflection for care.



References

1. Barbosa D, Mattos A, Corrêa M, Faria M, Ribeiro L, Santos L, et al. Visita domiciliar sob a percepção dos usuários da estratégia saúde da família. *Medicina (Ribeirão Preto, Online)*. 2016;49(4):360-6.
2. Martins BR, Bertelli C, Borges AM. Visita domiciliar: a atuação do enfermeiro às pessoas com doenças crônicas não transmissíveis. In: Congresso Internacional em Saúde, 2019; Ijuí, Brasil. Universidade Regional do Noroeste do Estado do Rio Grande do Sul, Departamento de Ciências da Vida, 2019.
3. Rocha KB, Conz J, Barcinski M, Paiva D, Pizzinato A. A visita domiciliar no contexto da saúde: uma revisão de literatura. *Psic., Saúde & Doenças*. 2017;18(1):170-85.
4. Silva GRS. A visão do enfermeiro sobre a visita domiciliar no âmbito da estratégia de saúde da família [artigo]. São Francisco do Conde: Universidade da Integração Internacional da Lusofonia Afro-Brasileira; 2018.
5. Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa (BR). Resolução n.º 466, de 12 de dezembro de 2012. *Diário Oficial da União*. 2013 jun. 12; Seção 1. p. 59.
6. Gaíva MAM, Siqueira VCA. A prática da visita domiciliária pelos profissionais da estratégia saúde da família. *Ciência, Cuidado e Saúde*. 2012;10(4):697-704.
7. Santos MG, Fuly PSC. Home Visit and Health Education, Promotion of Quality of Life in Oncology Patients. *Journal of Nursing UFPE / Revista de Enfermagem UFPE*. 2014;8(4):904–9.
8. Rocha ACF. Avaliação do desenvolvimento de fungos em paredes de tabique e placas de gesso cartonado com diferentes sistemas de pintura [dissertação]. Porto: Universidade do Porto; 2017.
9. Nunes MO, Rocha TJM. Fatores condicionantes para ocorrência de parasitoses entéricas de adolescentes. *Revista de Saúde e Ciências Biológicas*. 2019;7(3):265-70.
10. Monteiro RV. Biossegurança na manipulação de animais silvestres. Zoonoses de animais silvestres. *Revista Ciência Veterinária nos Trópicos*. 2008 abr;11(1):170-173.
11. Paulo TRS, Gomes IC, Santos VR, Christofaro DGD, Castellano SM, Júnior. Atividade física e estado nutricional: fator de proteção para doenças crônicas não transmissíveis (DCNT) em idosos? *Revista Brasileira em Promoção da Saúde*. 2014;27(4):527-532.
12. Ministério da Saúde. Secretaria de Políticas de Saúde (BR). *Cuidados com os alimentos*. Brasília (DF): MS, 2002.
13. Andrade AM, Silva KL, Seixas CT, Braga PP. Atuação do enfermeiro na atenção domiciliar: uma revisão integrativa da literatura. *Revista Brasileira de Enfermagem*. 2017;70(1):210-19.

