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RESEARCH

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Cuidado de enfermagem no domicílio ao paciente com insuficiência cardíaca: revisão integrativa

Nursing care at home patient with heart failure: integrative review

Cuidados de enfermería en pacientes con insuficiencia cardiaca inicio: revisión integradora

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ABSTRACT

Objective: To analyze the scientific production about nursing care at home for patients with heart failure. **Methods:** The survey of articles occurred by consulting the nursing journals, with publications available online and in full, indexed in LILACS and MEDLINE. We identified 599 articles, of which 17 comprised the study sample. **Results:** The texts originated the following categories: home care, health team in home care and proposals for better quality of care. **Conclusion:** It is important to awaken to the need for further investment and research in this area, which proved to be a very positive proposal of humanized care, since it allows the patient to be in the comfort of your home, with the support of his family, and encourage self-care and enable greater autonomy.

Descriptors: Review Literature as Topic; Nursing Care; Heart Failure.

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RESUMO

Objetivo: Analisar a produção científica acerca do cuidado de enfermagem no domicílio ao paciente com insuficiência cardíaca. **Método**: O levantamento dos artigos ocorreu pela consulta à periódicos de enfermagem, com publicações disponíveis online e na íntegra, indexadas nas bases de dados LILACS e MEDLINE. Foram identificados 599 artigos, dos quais 17 compuseram a amostra do estudo. **Resultados**: Os textos originaram as seguintes categorias: cuidado domiciliar, equipe de saúde no cuidado domiciliar e propostas para melhor qualidade do atendimento. **Conclusão**: Considera-se importante o despertar para a necessidade de maiores investimentos e pesquisas nesta área, que mostrou-se uma proposta bastante positiva de cuidado humanizado, pois possibilita ao paciente estar no conforto do seu lar, contando com o apoio da sua família, além de incentivar o autocuidado e possibilitar maior autonomia.

Descritores: Literatura de Revisão como Assunto; Cuidados de Enfermagem; Insuficiência Cardíaca.

RESUMEN

Objetivo: analizar la producción científica sobre cuidados de enfermería a domicilio de pacientes con insuficiencia cardíaca. **Métodos**: El estudio de los artículos se produjo mediante la consulta de las revistas de enfermería, con las publicaciones en línea disponible y en su totalidad, indizada en LILACS y MEDLINE. Se identificaron 599 artículos, de los cuales 17 formaban parte de la muestra del estudio. **Resultados**: Los textos se originaron las siguientes categorías: atención a domicilio, el equipo de salud en la atención domiciliaria y las propuestas para mejorar la calidad de la atención. **Conclusión**: Es importante despertar a la necesidad de una mayor inversión y la investigación en esta área, lo que resultó ser una propuesta muy positiva de la atención humanizada, ya que permite al paciente estar en la comodidad de su hogar, con el apoyo de su familia, y fomentar el autocuidado y permitir una mayor autonomía.

Descriptores: Literatura de Revisión como Asunto; Atención de Enfermería; Insuficiencia Cardíaca.

INTRODUCTION

Care is understood as a broad and complex construct, as a manner of being with, perceiving, relating with and worrying about another human being in certain time and space shared face-to-face. Thus, this are is comprised of and permeated with several elements, such as responsibility, skills, interpersonal relations, knowledge and instituted knowledge, among others.[1]

The care as a systemic process does not represent only a punctual and unilateral action, but involves a feeling of belonging and communication with the integrated whole, i.e., the social surroundings. The care is concern, responsibility, attention and caution, concepts that are attributed to the human care, represent occupation, concern and effective and affective behaviors with the other.[2-4]

The nursing care is also complex and dynamics, involving a personal and professional way of being, specific knowledge and practical behaviors that characterize it as part of the relationship established between the individual that cares and the individual that is cared for, and of these individuals with the world lived and experienced by both in the shared time and space.[1]

In this sense, it is understood that the nursing care is the essence of the profession and belongs to two different areas: an objective, which refers to the development of techniques and procedures, and a subjective, based on sensitivity, creativity and intuition to care for another individual.[5]

With the recognition of subjectivity/objectivity in the nursing care, it is relevant to search for action/decisions, adding to the biological model the subjectivity that also permeates the nursing care.[6]

In this context, it should be mentioned that the care provided by the nurse is not only present in acute disease circumstances, but also in disease prevention and health promotion activities, which significantly corroborate with the individuals' quality of life.

In the context of treating cardiovascular pathologies, such as HF, the nurse's objectives also involve the reduction of mortality and morbidity and the maintenance of the quality of life of the diseased individuals.

The negative impact and interference of HF in the lives of individuals are noticeable, thus, the nurse must be prepared to provide assistance in order to fulfill the patients' biological needs, giving them comfort, and also their psychosocial needs, leading them to overcome limitations and acquire coping mechanisms.[7]

Because of its chronic illness condition, patients with HF must have a support network, of healthcare services and with the family and the community, that gives them them quality of life. The hospital admissions and incidents, although they may be frequent, are not greater than the patient's permanence at home. Thus, their follow-up at home, with capacitation for self-care and the insertion of the family in this process are crucial.

The use of the home as a healthcare space has expanded worldwide after the second half of the XX century, as a space of care that responds to the increase costs with hospital assistance and the unavailability of healthcare services to fulfill the population needs, especially facing ageing and the increase of chronic diseases burden. Thus, the use of the home as a care space has attempted to rationalize the use of hospital beds, reduce the assistance costs and establish a logic of care based on humanization.[8,9]

Therefore, this study is oriented to the assessment of the nursing scientific production on the nursing care at home to the patient with heart failure.

METHODS

To reach the proposed objective, we have chosen the integrative review of literature from articles published in nursing journals on the subject. The integrative review makes it possible to synthetize and to analyze the scientific knowledge produced on the investigated topic. To operationalize

this review, the following steps were strictly followed: the establishment of a guiding question; the selection of articles and inclusion criteria; the extraction of articles included in the integrative review; the assessment of the studies included in the integrative review; the interpretation of the results and the submittal of the integrative review.[10,11]

The guiding question in this study was: what have the studies on nursing care at home for heart failure patients identified?

The study search and selection step took place in October, 2012. Nursing journals indexed in the LILACS (Latin-American and Caribbean Literature in Healthcare Sciences) and MEDLINE (*Medical Literature Analysis and Retrieval System*) were reviewed.

As subject descriptors, according to the Healthcare Sciences Descriptors (DECS), the terms nursing care and heart failure and the key-word home were used. They were crossed two at two on the database search, since no sample was shown when used together. The following inclusion criteria were adopted: original nursing articles, fully available online, published in the last five years (2007-2011), and that addressed the nursing care at home of the heart failure patient.

On the LILACS database, 86 articles were found and 17 were selected. On the MEDLINE database, 513 articles were found and 15 were selected. After reviewing the full articles, of the total articles reviewed, considering the inclusion criteria and the repetitions, 15 were excluded. In the final sample, 17 articles were obtained.

The data were collected in each study, before a collection instrument adapted from the one previously developed and validated by Ursi.[12] The information extracted from the studies reviewed included contents related to the article identification (title, journal, year in which the research was conducted and published, region and state where it was performed and origin – copy/derivation); identification of researchers (area of exercise and highest education level) and identification of the research (subjects/population and scenario studied, limitation and characteristics of the study, objectives, results, conclusion and recommendations for the nursing practice).

The presentation of results and discussion of data obtained was performed descriptively, allowing the reader to assess the applicability of the integrative review performed, in order to reach the objective of this method, i.e., positively impact the quality of the nursing clinic practice.

RESULTS

In this integrative review, the average of publications that addressed the subject, in the study period, was 3,4 per year, with representativeness of 3 (17,6%) articles in 2007, 3 (17,6%) in 2008, 5 (29,4%) in 2009, 2 (11,8%) in 2010 and 4 (23,5%) articles in 2011. As regards the origin, the researches were conducted in Brazil, with 10 (58,8%) publication, Colombia, USA, Canada, England, Portugal, the Netherlands and Germany, with 1 (5,9%) publication each. The researches conducted in Brazil were concentrated in the Southeast, with 5 (29,4%), and South, with 4 (23,5%) of the publications. As regards language, 10 (58,8%) were in Portuguese (in the Brazilian version), 1 (5,9%) in Portugal Portuguese, 1 (5.9%) in Spanish and 5 (29,4%) in English.

As regards publication, it was verified that the data were concentrated in B1 (58,8%), A2 (29,4%) and A1 (11,8%) journals, according to the classification by the Coordination of Improvement of Personnel with Higher Education, called Qualis/CAPES, for the Nursing area. The Revista Gaúcha de Enfermagem, Acta Paulista de Enfermagem, Ciência, Cuidado e Saúde, Revista Enfermagem UERJ stood out as the national journals that published the most on the topic, with 2 (11,8%) articles each.

As regards the type of study of the publications that comprised the sample in this review, 11 (64,7%) were qualitative reviews, with several substantiations, such as symbolic interactionism (SI), Grounded Theory (GT) and hermeneutic-dialectics, in addition to the descriptive exploratory approach and experience reporting; 6 (35,3%) were quantitative researches, mostly randomized and prospective.

The study locations were mostly healthcare services 13 (76,5%), and only 4 (23,5%) were homes and 1 (5,9%) both locations.

DISCUSSION

The results organized in categories represent the contents extracted from the texts, which conducted to the discussions regarding the central subject on the nursing care at home for the heart failure patient.

Home care

This category gathered publications about home care, emphasizing the expectations, significances and needs of the patients and the families that require this type of care.

Some studies described the population served at home, emphasizing that they were mainly comprised of elderly individuals.[13,14]

In this context, we should emphasize the meaning of home while scenario of care. Some studies highlight the importance of home admission as help/support by the caregiver in the home, especially when the disease progresses, increasing the needs and the complexity of the cares required maintaining the patient's stability.[15]

The comfort of being cared for at their own home is a factor that reinforces the importance of working with the family for the patient's care.[16] Also, the home care reduces the number of hospitalizations and the costs associated with them, reducing the demand for tertiary healthcare services.[17-19]

However, for a quality care at home, it is necessary that the individual and the family are prepared to assume the responsibility for the care. Some studies emphasized that the family members often perform the care with knowledge and skill acquired with right or wrong experiences and the healthcare team has been negligent about the guidance on what the patient and the family need.[15]

One study's results report that the care developed at home is comprised of a lonely learning for the caregiver, who, among rights and wrongs, develop strategies to overcome challenges. The caregivers, in this study, report to have learned a lot regarding home care with the life and the disease situation.[15]

The speech reinforces that the caregiver learns on her own, everyday, because, when facing unexpected situations, she needs to find alternatives to solve them, regardless of being skilled to do so. The home care activity is a constant and daily learning. In practice, the caregiver needs to develop and add new activities resulting from the patient's needs that arise as time goes by and as the disease progresses.[15]

Another study exposes that there was no preparation of the family.[14] The caregivers had no training to care for the family members in illness situation, and also mentioned that, until that moment, they had received no formal instructions from healthcare professionals to perform the care.[13]

The teams have not been able to instruct the family members, so that they feel supported and confident to perform the care.[16]

In another study, some patients referred that they had no follow-up with a specific professional, only self-control.[20]

The care given by family members, often, is not the most technically recommended, but it adds a lot to the recovery of the family member that needs care, the affective connection, the knowledge that the family member has of the patient and his/her life story.[13] Family is one of the most important sources of support, in which family members and friends are included.[14,21] Being cared for by a family member generates a feeling of satisfaction and gratitude.[13] There are also studies that emphasize that for the patient to receive this emotional support and count on the direct participation of family members in their care is of great importance for coping.[22]

Because the family needs help to provide this care, it searches for help in other sectors and not only healthcare services/professionals. A study refers that this is the moment to search for support with the community, the church and the institutions involved.[22] For these patients, spirituality is a form of support usually found in its major manifestation in religious practices.[21]

The social support network is critically important to cope with a chronic disease and provides the patient with the increase off his/her self-esteem, family insertion and domain of his/her own environment.[20]

But this social network not always gives support. Some patients are missing a differentiated assistance at home and their caregivers (family members) are also insecure, stressed and clueless, because social networks not always give the necessary support to these individuals.[13]

The patient and family support and capacitation are primarily the responsibility of the healthcare team. The family needs attention and full-time follow-up, because they usually assume the main caregiver role at the home.[13] It is certain that the caregiver learns through the need to do, but the help from healthcare professionals is critical.[15]

The patients and their families need to be initially capacitated, but also need to be followed-up from time to time, in order to correct mistakes(16). The healthcare professionals can provide instructions that contribute with learning/performing care,[15,23] however, they often provide their care without the concern to capacitate the other to do it independently. Often, the caregiving family member is excluded from this caring process.[13]

In the case of patients that live alone, it would be greatly important that the healthcare professionals helped mobilizing informal resources from their community for the administration of cares that he/she is not able to perform.[16]

A study showed that a meeting between the caregiving group and the cross-sectional team is a valuable opportunity because it provides with knowledge exchange between the team and the caregivers about the user's therapeutic project, the clarification of doubts and the affirmation of the difficulties in coping with the disease and the exchange of experiences between caregivers.[24]

The goal is the family itself is able to solve its daily care needs, considering the resources available to them. This condition, therefore, must be a concern of the healthcare team, which shall include the family in its care plan, promote its instrumentalization so that it may gradually assume the performance of the care.[16]

Some patients assume a conformism behavior as regards their care needs, thus affirming the satisfaction with the care that they receive from the healthcare team. For some patients, the home visit is a privilege. Maybe this is due to the fact that many are unaware of their rights. The unawareness of this right leads them to think that they are privileged, since the non-existence of this type of care could deprive them of follow-up, especially by the medical professional, and, thus, make their access to healthcare services more difficult.[13]

However, not all healthcare services/professionals fail in the homecare. There are healthcare services that search to provide this care.

Subjects from a study reported that the home visits performed by the healthcare team are satisfactory, but their frequency/periodicity is mentioned as insufficient.[13] A new home care service proposed in a study, which visits more often, has shown that this continuous follow-up allows to identify, at a significantly higher level, the nursing care needs, beyond the identified by the existing nursing services.[17]

Among the nursing actions identified by the subjects, those related to affective level, such as attention and affection in how they feel cared for, stood out.[20] However, sometimes

the patient is surrounded by stigma with this care, because the receptivity and expectations.[23] If this receptivity id not good, the construction of a trust bond is damaged.

In home care admissions, the relationships between caregiver and user, team and user, the daily bond that is established and considered positive in the implementation of care and improvement of the user improves caregiver and family, reaffirming the importance of light technologies in the qualification of care.[24]

It is important that the patient is a partner in care.[14] The healthcare team, as caregiver, perform the care actions based on their convictions, but needs to understand that the client has autonomy in favor of his/her principles, lifestyle and education.[13]

It becomes important to provide this patient with opportunities to learn to deal with the changes in his/her body, taking advantage of his/her condition, conquering autonomy and feeling subject of his/her own story.[20] A study showed that, with the purpose to participate in their own care, some patients have started a surveillance work in their own body, regarding their health conditions, in order to identify signs that warn them on the need to search for a healthcare service.[21]

Home care also favors behavior changes by the patients in search for quality of life.[17,18] A comparative study between home visits strategies, patient follow-up through phone calls and remote monitoring showed better results of the visits as regards the behavior change in health by the patients.[25] Another study also mentions improvement in self-care as a result of home care.[19]

Healthcare team in home care

In this category, articles about the role of the healthcare team in the patient and family care at home were included.

The healthcare teamwork has the purpose to help the patients become less dependent and fragile. This is possible with constant follow-up/control of the proposed treatment and with a care in agreement with the actual health needs. Thus, it is necessary that the healthcare team is available periodically for home care.[13]

A study reported that most of the nursing care provided at home were curative actions, oriented to pain relieve and drug treatment.[14] There were also reports that the care provided by the nurses at home is general care, with assessment and observation, though mostly focused on clinical care aspects.[17] Yet another study reported that, in home visits, bandages, vaccination, blood and urine sample collections, verification of vital signs and blood glucose test are performed.[26]

These results oppose those found in other studies that mention that the nurse practice extends beyond the technical care, because it also offers comfort, support and guidance to the families.[26] The nurse also assesses the patient in his/her physical, functional, emotional and cognitive dimensions.[23] The healthcare technologies used are classified as light technologies, light-hard technologies and hard technologies in homecare.[24]

Most of the studies emphasized the diseased individual's role in homecare as educator. One of them mentioned that the nursing team works in the orientation of themes related to the treatment of heart failure with the purpose of teaching patients about the disease, self-care, treatment and quality of life.[27]

Another professional whose role was emphasized was the Community Healthcare Agent (CHA). The theoretical knowledge, which is the scientific knowledge held by the nurse, allows him/her to develop educational activities more detailed and deeper than those performed by the CHA. However, the empirical knowledge that the CHA has of the community makes his/her educational instructions closer to the population's reality, facilitating the understanding and valorization.[26]

The educational process developed at home must be based on a horizontal, dialogic, reflexive relationship among the professionals, allowing them to find other ways and alternatives to solve the problems that arise from the family member's disease.[15]

The healthcare professional, when giving instructions on home care, need to be aware about the use of a proper language, considering the cultural and social reality of each family.[15] The topics must be addressed in a simple language, to facilitate the understanding by the patients.[27]

The healthcare professional search for the constant interaction to build bonds, allow dialogue and respect in the differences.[13,23] Relationships are crucial for the good practice and decision making.[23]

The client attendance is a relationship process, produced through live work in act, which means, from the meeting between two individuals in which a play of expectations and productions is established, creating spaces for listening, speaking, sympathizing and interpreting.[24]

One of most emphasized activities in a study was the active listening, conversation and giving attention. It is known that, to understand the problems that affect a user and search for the better solution, it is firstly necessary to listen to him/her, let him/her report the complaints. That is why home visits are a proper moment, because the individual in the intimacy of the home.[24,26]

The active listening and the observations made in the home visit can determine activities in healthcare education to the families, in order to promote health and prevent diseases.[26]

To consider an individualized educational practice allows more success.[16] It is also necessary to consider the individual personalities, values and beliefs, wishes and receptivity to care.[23]

The ESF team must not focus their care intervention or action in a prescriptive manner (drug prescription), but give full assistance to the patient/family (health promotion and

protection, prevention of worsening, diagnoses, treatment, rehabilitation and health maintenance), always respecting the beliefs, customs, values and habits, with the purpose to provide comfort and welfare to these individuals.[13]

During the nursing consultation, the patients speech is respected and the nurse listen attentively, so that he/she may express his anguish and clarify doubts about the disease and drug and non-drug treatment.[27] Also, the healthcare professionals, among them the nurses, while caring for those who live with heart failure, must be attentive to the ways of coping adopted by these clients, so that they may encourage positive resources that contribute for a life with quality.[20,23]

The patient care involves good communication and the establishment of a healthy interpersonal relationship, which provides confidence and support, in order to allow the needs of the clients, families and communities to be identified and served.[20]

The user care requires an amplified conception of health, perceiving the individual needs of each person.[24] The observation of the environment is also relevant to identify structural changes that occur in the home.[23] One study reports that the professionals seem to make these observations discreetly, not intimidating the family and making it clear that the observation regards the aspects that influence the health.[26]

The role of nursing in home care involves several objectives, among them the assessment of the patient's and the family's healthcare needs; the establishment of relationships with the patient and the family; and the ideal knowledge, practices and approaches for the care.[23] This makes it possible for a better planning of the proper interventions to serve the patient in a full and individualized manner.[17]

The nursing care at home is oriented for the improvement of patient's functional status, with the purpose to maintain his/her Independence and avoid unnecessary hospital admissions.[17,18,25]

Obstacles to the full care and proposals for more quality in care

This category comprehends works that show some aspects that make the nursing care at home difficult and others that bring proposals to improve the quality in homecare, aiming at a quality care that provides comfort and quality of life to the patient and the family.

One of the aspects mentioned as obstacle to the quality of care was the disproportion between the population to be cared for and the number of workers available for homecare, which can cause loss of efficiency and continuity of the prescribed care for this population group.[13] Another point emphasized was the great nurse turnover [(14)], in addition to the lack of resources.[23]

Another study brought up that the poor communication of the healthcare team, where interdependent interventions and autonomous interventions can be differentiated, compromise the teamwork and imposes several barriers to the quality of care. The lack of guiding lines in the care practice and decision making in nursing and in the intervention implementation stage was also identified as a negative factor. In addition to the lack of a single clinical process, because only through written records and their sharing it possible to realize all the steps established that allow the systematization, assessment, evaluation and reflection of the practice.[14]

Other results mention the non-existence of a quality philosophy in homecare service, so that there is no supervision of the care provided or even an assessment of the care. These activities, if supervised, would provide data for a better resource management based on health gain, also extending to costs.[14]

As regards the quality improvement proposals for homecare, a study showed that the production of nursing guides based on empiric evidence is an important structural base for continuous improvement of quality in nursing practice.[14]

Another study suggested the use of a form based on the NANDA-NIC-NOC classifications, with the purpose to document and communicate to the other healthcare team members the patient's status and evolution.[27]

To other authors, when the patient receives a better planned nursing care, based on knowledge and scientific evidence and nursing classifications, the efficacy of the interventions proposed is evidenced by the assessment of improvement of the results obtained.[28]

Healthcare education also constitutes an essential activity to generate changes in behavior and mitigate or eradicate the signs and symptoms of a disease. It is necessary that the nurse has knowledge and skills to teach and, thus, contribute with the change in lifestyle and improvement of the patient's health status, and, consequently, the improvement in quality of life.[29]

CONCLUSIONS

This integrative review allowed to identify the contribution of scientific production in nursing about homecare of the heart failure patient, making it possible to aware the students, professionals and nurses-researches on the need of greater investments and researches in this area, which showed to be a very positive proposal in humanized care, because it makes it possible for the patient to be in comfort of his/her own home, counting on the family for support in care and encouraging self-care and providing benefits for greater autonomy.

The publications reviewed emphasized that the home in an environment that favors the nursing practices oriented to healthcare education, oriented to the capacitation of the individual and the family to perform preventive care, in addition to identify signs and symptoms predictive of worsening of heart failure. Thus, the unnecessary hospital admissions are reduced, and the non-detection of

complications with subsequent negative implications for the patient's general health status is also reduced.

In the context of home care, we suggest the improvement of the care provided, the use of nursing theories and the Nursing Assistance Systematization (NAS) as methods to help in the quality of care, because, based on the scientific method, it awards greater credibility, in addition to organization to the nursing work. Among the nursing theories applicable, Imogene King's Theory of Goal Attainment, Callista Roy's Theory of Self-Care and Katherine Kolcaba's Theory of Comfort, only a few among the several already developed and applicable to homecare in the context of chronic diseases.

The applicability of studies that describe the state-of-the-art of a certain topic should be noted, because they make it possible for the nurse to know what is being studied on the subject, facilitating the development of intervention proposals for a care oriented to the needs of a certain group of clients.

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