

A visita domiciliar em diálise peritoneal: aspectos relevantes ao cuidado de enfermagem

The home visit in peritoneal dialysis: relevant aspects to nursing care

La visita domiciliar en diálisis peritoneal: aspectos relevantes a la atención de enfermería

Lidiane Passos Cunha¹; Frances Valéria Costa e Silva²; Felipe Kaezer dos Santos³; Ariane da Silva Pires⁴; Denise Rocha Raimundo Leone⁵; Luana Christina Souza da Silva⁶

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ABSTRACT

Objectives: To describe the home visiting (HV) in peritoneal dialysis (PD) from the look of users who start in ambulatory peritoneal dialysis and discuss the meaning of VD to such subjects. **Method:** Research of qualitative nature, exploratory-descriptive, which took place in a PD ambulatory of a public hospital. As subjects, seven people treated by PD and four relatives. For the data collection was used semi-structured interview. **Results:** From the content analysis of the material, two categories emerged: I) Featuring the home visit from the perspective of users who perform peritoneal dialysis and their family and II) Realizing the home visit: subjective dimension of users who perform peritoneal dialysis and their family. **Conclusion:** The home visit is a rich moment of nurse and user interaction and a great tool for optimizing the care of the individual in his domicile.

Descriptors: Nursing, Home visit, Peritoneal dialysis, Nephrology.

¹ Nurse. Masters in Nursing - UNIRIO. Specialist in Nursing in Nephrology - HUPE/ENF/UERJ and Nursing in Stomatherapy - ENF/ UERJ. Classroom tutor of the Federeal Institute of Education, Science and Technology of Rio de Janeiro (IFRJ). Rio de Janeiro/RJ. Brazil. E-mail: lidiane_passos_cunha@hotmail.com.

² Doctors in Collective Health - IMS/UERJ. Professor at the Faculty of Nursing at UERJ. Rio de Janeiro/RJ. Brazil. E-mail: francesvcs@gmail.com.

³ Nurse. Assistant Professor of the Department of Fundamentals of the Faculty of Nursing. Rio de Janeiro/RJ. Brazil. E-mail: felipe.santos@uerj.br.

⁴ Nurse. Nursing Doctoral Candidate - PPGENF/UERJ. Masters in Nussing - PPGENF/UERJ. Specialist in Labor Nursing and Nursing in Stomatherapy - ENF/UERJ. Assistant Professor of the Department of Surgical Medical Nursing of the Faculty of Nursing at State University of Rio de Janeiro (ENF/UERJ). Rio de Janeiro/RJ. Brazil. E-mail: arianepires@oi.com.br.

⁵ Nurse. Nursing Masters Candidate - UFJF. Nursing in Nephrology specialist - HUPE/ENF/UERJ. Juiz de Fora/MG. Brazil. E-mail: de_rocha@ymail.com.

⁶ Nurse. Masters in Nursing – UNIRIO. Specialist in Women, Child and Teenager Health Attention - HUAP/UFF e Specialist in Labor Nursing - EEAN/UFJR. Rio de Janeiro/RJ. Brazil. E-mail: luanachristinaenf@gmail.com.

RESUMO

Objetivos: Descrever a visita domiciliar (VD) em diálise peritoneal (DP) a partir do olhar dos usuários que ingressam em diálise peritoneal ambulatorial e discutir o significado da VD para tais sujeitos. **Método:** Investigação de natureza qualitativa, exploratório-descritiva, que teve como cenário o ambulatório de DP de um hospital público. Os sujeitos foram sete pessoas tratadas através da DP e quatro familiares. Para a coleta de dados utilizou-se a entrevista semiestruturada. **Resultados:** Da análise de conteúdo do material emergiram duas categorias: I) Caracterizando a visita domiciliar a partir da ótica dos usuários que realizam diálise peritoneal e de seus familiares e II) Percebendo a visita domiciliar: dimensão subjetiva dos usuários que realizam diálise peritoneal e de seus familiares. **Conclusão:** A VD é um momento rico de interação enfermeiro e usuário e uma grande ferramenta para a otimização do cuidado com o indivíduo em seu domicílio.

Descritores: Enfermagem, Visita domiciliar, Diálise peritoneal, Nefrologia.

RESUMEN

Objetivos: Describir la visita domiciliar (VD) en diálisis peritoneal (DP) desde la mirada de los usuarios que se comienzan en la diálisis peritoneal ambulatoria y discutir el significado de la VD para dichos sujetos. **Método:** Investigación de naturaleza cualitativa, exploratoria-descriptiva, tuvo como escenario el ambulatorio de un hospital público. Fueron sujetos siete personas tratadas por DP y cuatro parientes. Para la recogida de datos se utilizó la entrevista semiestruturada. **Resultados:** Del análisis de contenido del material surgieron dos categorías: I) Caracterizando la visita domiciliar desde la perspectiva de los usuarios que realizan diálisis peritoneal y sus familiares y II) Percepción de la visita domiciliar: dimensión subjetiva de los usuarios que realizan diálisis peritoneal y sus familiares. **Conclusión:** La VD es un rico momento de interacción entre el enfermero y el usuario y una gran herramienta para optimizar la atención con el individuo en su domicilio.

Descriptores: Enfermería, Visita domiciliar, Diálisis peritoneal, Nefrología.

INTRODUCTION

The object of this research is the meaning of home visits for users who start peritoneal dialysis. The motivation for this research proposal emerges during insertion and acting as a nurse in the Nursing Residency Program, at an university hospital of Rio de Janeiro, having as a specialty the Nephrology area, composed by the sectors of hemodialysis, peritoneal dialysis and renal transplant ward. By acting on these scenarios, the peritoneal dialysis sector is highlighted to provide care to users in this dialysis method, and emerges the following concerns: what is the meaning of home visits for users who are starting peritoneal dialysis?

In this context, about chronic kidney disease (CKD), we can infer that this is considered an evil of the contemporary world, which is currently pursuing with ever-increasing levels of cases.¹ Among the substitutive methods of renal function, we highlight the hemodialysis and peritoneal dialysis (PD), both used in the treatment of CKD with dialysis need. But one of the advantages of peritoneal dialysis is the fact that it can be done at home, while hemodialysis needs to be carried out in a specialized healthcare center (clinic or hospital).

According to the Unified Health System (Sistema Único de Saúde – SUS), in February 2015, the estimated number of users on dialysis treatment who are in “maintenance and monitoring at home, undergoing automated peritoneal dialysis (APD)/continuous ambulatory peritoneal dialysis (CAPD)” was near to 6.126 users in Brazil.²

In addition, completion of the educational program in APD and CAPD depends on the intervention of a qualified nurse to conduct the procedure to be performed at home.^{3,4,5,6}

Among the responsibilities of this professional, there is the realization of home visits (HV)⁷ which should precede the performance of the method at home,⁶ and provide a moment of rich interaction of nurses with the user and his/her family.

The home visit “is an activity used with the intention to support the intervention in the health-disease process for people or in the planning of actions aimed at promoting the health of the community.”^{8,43} In practice, it has been observed that home visit occurs primarily to intervene or minimize the health-disease process.⁹

In the context of the PD programs treatment, when visiting the home of an individual under his/her care, the nurse should consider the environment beyond the physical dimensions, taking into account family relationships (dynamics and organization of family structure), social relationships and economic, cultural, political and spiritual aspects, among others that interfere in the conceptions and practices of healthcare. The environment is the social interaction stage, including existential dimensions of the individual in his/her human needs of relationship, noting the physical, social, ethical, psychological aspects, among others.¹⁰

In spite of the contributions that the HV offers in order to plan the most appropriate care to the person treated through PD, the user’s view is not clear regarding the action of the nurse who goes to his/her residence on the occasion of the beginning of the treatment.

From a search performed on the Virtual Health Library (VHL), in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) and Latin American and Caribbean Health Sciences (LILACS), with the keywords “Home Visit”, “Nursing”, “Peritoneal Dialysis”, and considering as inclusion criteria the complete articles in full and quoted free online; temporal clipping 2010 - 2014; languages: Portuguese (Brazil), English or Spanish, in a data survey that was conducted in April 2014, the following results were encountered: When using the descriptor “House Visit” individually, were resulted 812 articles. The association of descriptors “House Visit” and “Nursing”, mediated by the Boolean operator “and” returned 55 articles on LILACS and no articles in MEDLINE. It is noteworthy that no article was found referring to the home visit theme in peritoneal dialysis. When articulating the descriptors “House Visit”, “Nursing” and “Peritoneal Dialysis”, no article was found. Thus, it is pointed out that the productions in the approach to the theme on home visit on peritoneal dialysis are still scarce.

Due to this gap in knowledge, it has been undertaken a study whose objectives are: 1) To describe the home visit in peritoneal dialysis from the users' point of view, who join ambulatory peritoneal dialysis; and 2) To discuss the significance of home visit for such subjects.

The relevance of this study lies in unraveling the aspects that can contribute to the desire and adherence to home therapies, which mobilizes the potential for self-care and enables family integration around a more humane treatment. Additional contribution is related to the allowance for the construction of a nursing care with a holistic view of the user who performs PD. It is also believed that the discussion serves as an incentive for future research and teaching in this area.

LITERATURE REVIEW

Within the peritoneal dialysis care protocols, there are two basic segments: user training to perform the procedure on his/her home and the home environment assessment. The training comprises a theoretical and practical approach, where information on the treatment are offered, being a nurse interaction space with the individual that, by recognizing his/her needs, dialogues on issues/themes that will support the development of the knowledge of his/her health-disease process and ability to interact in it.¹¹ The training must be focused on developing cognitive and motor skills to perform the procedure safely.⁴

The home visit is part of the evaluation of the environment required for completing the PD, but should be valued in other dimensions, in that it favors the approach of the healthcare team with many factors related to the user, such as the socioeconomic and cultural aspects which will directly affect the completion of the treatment in his/her home. In this sense, understanding, appreciating and learning how to use the seizure of the lived context is a tool of great importance for the care of the user in peritoneal dialysis, in the interface with himself/herself, with his/her family, with the healthcare team, with peritoneal dialysis, or with any other element.¹⁰

Thus, during the home visit, the nurse must be aware of the pursuit of adequate environment for the realization of the PD,⁶ but it is necessary that, when considering the household conditions, the nurse doesn't miss the object of his/her attention: the human being that demand caring.

The subject himself is able to influence his way of considering dialysis. With his feelings, beliefs and values, he is able to reshape the meaning of the method and, at the same time, be influenced by it.¹²

The nurse should keep in mind that the subject is the focus of his action, and that the collaboration of the community that surrounds him, and especially his family members, is particularly relevant to the success of the treatment. This arises from the change in the lives of all those involved, directly or indirectly, with dialysis completion. The transformations relate not only to structural change of home, but also in relations between family members.¹³

At this point it is important that the nurse listens to the family members because from this listening may appear essential contributions in conducting the therapeutic process.

When the family is participatory in the treatment process, users feel safer, more confident and with greater emotional stability to perform the procedure of CAPD and APD at home. When the opposite occurs, regardless of the reason that causes this non-cooperation, they feel lonely, discouraged and, to a certain extent, they do not understand why this lack of family involvement.¹⁴

The contact between the nurse and the user who performs the PD at home allows the establishment of ties which are formed through attentive and qualified listening, and the recognition of this subject as a human being who acts, thinks, feels and often do not have the possibility to share his fears and anxieties. At this point, there may be a relationship of trust and exchanging experiences, which can positively influence the process of care.¹⁵

The accomplishment of the treatment in the home can favor autonomy of the user, to the extent that it becomes co-responsible for its treatment. In addition, the ability to continue carrying out his everyday activities helps to raise his self-esteem.

In home treatment, nurses' educational action is a rich moment of knowledge exchange between professionals and users, where the latter can participate actively, questioning and critically, reflecting on his real needs of health and becoming a transformer subject on his health-disease process.¹⁶

METHODOLOGY

Descriptive, exploratory and qualitative approach research. Which scenario was an ambulatory of peritoneal dialysis at a public hospital in the city of Rio de Janeiro. The population served comprised 32 users.

Participants were selected among those who started PD for a maximum of 16 months of the period established for data collection and have received the first home visit. There was priority with those with the lowest time between the date of collecting data and conducting HV. Seven users with an age group greater than or equal to 18 years and four family members who helped users in to perform the procedure and, therefore, they participated in the training to carry out the treatment at home. Thus, research participants constitute a total of 11 persons.

Those who attended these inclusion criteria were invited to participate in the survey, when they received an explanation of the objectives of the study and guidance on optional insertion, free of charge. After clarification, those who agreed to participate were asked to express their consent in writing, by signing the free and clear consent form, in compliance with 466/12 Resolution.¹⁷

Data collection occurred between August and September 2012, after the approval of the Research Ethics Committee, through the Decision nº 043/2012. To this end, a semi-

structured script interview was conducted, containing eleven closed questions and one open question, related to the object of this research, which content was recorded in digital file for later transcription and analysis. While the closed-ended questions were handled through descriptive statistics contributing to characterization of the participants.

Subjects were given pseudonyms: Clove, Sunflower, Lily, Violet, Begonia, Daisy, Orchid and their family members received the pseudonym of the subject plus letter A: Clove A, Sunflower A, Lily A, Violet A.

After transcribing the data, they were organized and analyzed according to thematic content analysis,¹⁸ generating two categories: I) Featuring the home visit from the perspective of users who perform peritoneal dialysis and their family and II) Realizing the home visit: subjective dimension of users who perform peritoneal dialysis and their family, describing the home visit by the peritoneal dialysis users' point of view and their family members and knowing the significance of home visit for users who perform peritoneal dialysis and their family members.

RESULTS AND DISCUSSION

Featuring participants in the research, infers that among the 11 of them, 7 were users of the PD and 4 were family members cooperating in carrying out the procedure. Regarding the degree of relatedness, there were 3 wives and 1 husband, respectively.

Regarding the users' age group, it ranges from 46 to 57 years old, and regarding gender, 5 were male and 2 female. On labor characteristics, it is emphasized that there was possibility of every participant to choose more than one answer alternative, verifying the following professions/activities: 5 of them were retirees, among these there was 1 tradesman and 1 computer technician, others were 1 writing secretary and 1 public servant. In relation to family members, 1 was a housekeeper and 3 were housewives. With respect to compensation, the family income ranged from one to six minimum wages. In relation to the time spent between the path homes to the dialysis center, there was a variation between 20 minutes to three hours.

It should be noted that the interval between the date of the visit and the data collection varied from 1 day to 16 months, and the gap between the dialysis initiation date and the home visit was from 1 to 19 days.

The two categories built were: I) Featuring the home visit from the perspective of users who perform peritoneal dialysis and their family and II) Realizing the home visit: subjective dimension of users who perform peritoneal dialysis and their family.

Featuring the home visit from the perspective of users who perform peritoneal dialysis and their family

Users pointed out the key role of nurses in peritoneal dialysis program in the realization of the home visit, highlighting its action in the orientation about care for the treatment of peritoneal dialysis at home. This can be observed in the following statement:

"[During the visit, the nurse said that] There could not be a curtain there, because there can be no dust. You have to use a cleaning cloth at least three times a week [...] [The nurse] said: you can let this portrait here [...] but you have to remove its dust every day, then I said: Honey, she doesn't want anything inside the room. She doesn't want portraits nor books, doesn't want anything here. The less you have the better [...] it is important, yes [the visit], because she said everything I couldn't do [...]" (Clove A)

The role of professional nurse educator, guiding the family members and instructing on the need of removal of the curtains on the dialysis environment goes far beyond a prescription. It is noticeable the understanding of it relating to cleaning the environment. These aspects demonstrate the interaction between nurse and users to promote better understanding of treatment.

The nurse availability for clarification of questions, reinforced during home visit, generates tranquility and security for the performance of the method. The provision of information about your treatment is guaranteed by the existence of an open channel between professionals and users, which allows the exchange of experiences that may help his progress on dialysis.

"[About receiving more visits] I wish everyone could have the nurse's visit [to solve] his doubts." (Clove A)

Communication is of paramount importance in this context, as it allows the professional to establish a relationship of trust and bond with those who receive care, helping them to meet their needs and questions throughout the therapy.¹⁹

In the statements analyzed, it highlights the importance of the moment of the guidelines during the visits. It is noticed that the care for the treatment comes from the nurse's action, and obtaining this information can prevent complications.

"[The visit] was important. The [nurse] visit was important because I wouldn't know about anything she told me not to do. If [the nurse] didn't say it to me, [how could I know that] I should not have the curtain? Or carpet on the floor, taking care of the house [...] that there must be no dust, no picture frames, anything? I wouldn't know!" (Clove A)

“[During the visit, the nurse] gave me various explanations that I needed to hear and that I did not know. The guidelines [during the visit] were critical, because otherwise we end up making mistakes that cannot be made, and may end up harming ourselves.” (Orchid)

In this perspective, the nurse work in Nephrology motivates, supports and empowers patients with kidney disease so that they can perform their own treatment and care.¹¹

The nurse presence in the home visit contributes to the appropriate training and, based on scientific knowledge, to support a bond of trust and security with the user. The user, in turn, demonstrates the interest in following the adjustments suggested by the nurse. Resulting in a commitment to his healthcare.

“[The nurse said]: but things cannot stay inside so, anyway! The boxes you have to put inside the wardrobe so they do not get dusty. I said to [the nurse]: we’re going to do everything for the treatment to work perfectly [...] because we have to do the right treatment, so we can see the results. Otherwise, how will I see the results? [...] It is the treatment, I have to do the treatment if I want to make improvements, if I want something, I know it’s never going to [...] cure myself [...] but it is an improvement [...] and I’m doing the treatment seriously.” (Sunflower)

Reports demonstrate the recognition of qualified nurse action, as these have a great content of scientific knowledge and experiences on the PD treatment, accumulated throughout his work. The nurse acquires a distinctive point of view, and it transmits confidence to the patient when performing dialysis in his home.

The nurse is considered a qualified professional, able to take care of the user and his family, assisting them in varied existential dimensions, taking into account the preventive and healthcare education needs of people with chronic diseases, because the professional accumulates a lot of knowledge over his work.²⁰

Some users and family members reflect the concern of performing dialysis in their homes the way the nurse enabled them. Following the technique safely and avoid skipping important steps in the process, they demonstrate awareness of the complications that may arise in case of failure in safe mode technique.

Nurse action generates empowerment for conscious choices. So the care actions are not focused solely on the health professionals’ knowledge, but mainly on the knowledge and experiences of users. This paradigm is designed as a social action process that promotes participation of people in controlling their lives and their health, thus enabling a

critical-reflective individual able to make autonomous and informed decisions.²¹

“I placed a paper support there, to pull the paper, dry hands and turn off the tap, [my wife] bought the shelves for putting things on top, all those things, and I’m doing the treatment. I think everything is going right [...] thank God.” (Sunflower)

At the home visit context in PD, to emancipate the patient implies making him able to identify what needs to be transformed into his house, to ensure safety in carrying out his treatment, as reflected in the speech “I placed a paper support.”

Since the user holds information, he becomes co-responsible for the treatment, and acts to turn his experience into the development of the health-disease process.²²

The description of the visit made by the nurse from users’ speech is distinguished by the interaction between these two subjects.

“I think it’s important [the nurse] to notify [before the visit] [...] because I work every day, from Monday to Friday.” (Clove)

It’s possible to perceive the importance that nurses notify the visits in advance. Notifying denotes commitment between the nurse and the user, valuing both roles in the treatment.

The nurse observes every room of the house. In addition, it highlights the conditions and location where the stock of dialysis bags is stored, whereas wet locations, with dust, exposed to sunlight, dirt or mold may damage the products and put at risk their integrity, and affect the health of users.

“[The nurse] did everything. He came here, to my house, and saw everything. He checked everything, looking for leakage in the house, any mold, looking inside the bathroom and the kitchen. [We said to the nurse]: our house is small and we have to improvise everything. [The nurse said]: no problem! But you can’t just leave the boxes [dialysis bags] in the room. You will have to put them in the wardrobe or in the living room. Let’s find a way to put them there. I said: we’ll find a way! He went to the bedroom, looked at the bathroom, the kitchen, everything, because he wanted to know everything.” (Sunflower)

The home visit is seen by the subjects as an adaptation tool for the house. The nurse is the professional which verifies if the house is suitable for this mode of dialysis. The PD begins after the approval of the local nurse.

“I knew that [the nurse] needed to come here because she is the one that releases the apartment for me to do dialysis

at home. To do dialysis, you have to analyze a person's house to see if the patient is able to do dialysis there. [The nurse] is the one who will approve it." (Clove A)

"I asked if it was approved, and she said yes. [...] They took photos of the house and also of my cat." (Daisy)

We realize that some individuals refer feelings of importance and appreciation regarding the approval of the house by the nurse. In this sense, a statement illustrates the interactions of other people influencing the treatment and the support offered by the professional in decision-making.

"[Receiving nurses] was good, because I was told that my house would not be approved. People said my house wouldn't be approved [...] Her sister and our tenant said that our house would not be approved [...] Then the tenant started talking, putting obstacles. [My sister-in-law called] and said I was going to stay in the [hemo]dialysis clinic [...] then people said it was because my house would not be approved, because it's not OK." (Daisy)

The report excerpt "people said that my house would not be approved" reflects the situation of satisfaction that the user had on the approval of her residence by the nurse. From there, the family can demonstrate positive or negative support to the user. The nurse must be aware of situations like this, so the emotional situation does not interfere with the treatment of the individual.

The visit can be perceived as an event. Preparations occur for reception of the nurse. The testimonials below express this assertion.

"I even prepared a cake for them to eat." (Daisy)

"Yesterday, I cleaned, I swept, I fixed the wardrobe where I'm going to store material, which is in the former kitchen that [is] disabled." (Begonia)

Through the reports, we can infer the concern about cleanliness and organization of the environment and the user's attention in receiving the nurse so friendly.

During training at the hospital, the nurse might be directing users to the visit, telling them which professional will visit their houses, giving information about necessary conditions for the proper realization of dialysis at home. It is observed through the testimonials:

"[Existence of the visit by a nurse] I remember [the nurses] spoke before [the user] start making dialysis that they would have to make a visit, before taking the

machine [to my house] and the materials [of dialysis]." (Lily)

"[The nurses] gave me some guidance on training, as the higher faucet." (Sunflower)

Information provided during training enable users of PD an approximation to the house visit. Thus, the patient is aware of the objectives of home visits of nurses in his home.

In relation to the change in environment or careful after home visit, there is this testimonial:

"[After the home visit] the care with the house, the place where the machine is placed and the storage [of the material] greatly increased. The care was more about the condition of the property, and if it's all right." (Orchid)

The user cited the care with the house carried out with more intensity after the home visit. The nurse must be aware of the change in self-care of this individual, that is directed directly to a lifestyle change.⁶

Realizing the home visit: subjective dimension of users that perform peritoneal dialysis and their family

The experience of home visits by the participants reflected on their statements as a reflection that this event - to receive the nurse at their houses - was of paramount importance. This time reflects the emotional value that HV by the nurse brings to the users, and the importance of this care can be seen below:

"Nurse's visit has good things to us, I think it's a privilege for the patient to receive hospital nurse's visits." (Clove A)

"[Receiving nurse's visit] was good [...] because it gave me a lot of ideas [...] I think it's important, because I want to grab it with tenderness, much as I can. It was very good, I liked it, I'm going to move it on as quickly as possible. I'll take the next payment and buy another water tank." (Begonia)

"[The nurse's visit] was good, it was fun. It's good because you know someone cares about you. [The nurses] go to my house and call [us] after all, so it's very good." (Violet)

Through the report excerpt "someone cares about you" denotes full attention of the nurse with a host interface. Demonstrating that the nurse is supporting the therapeutic process, but emphasizing the responsibility of the patient for his care.

The home visit provides more warmly healthcare, involving trust between professionals and individuals, the

family and the community, promoting that they have better conditions to become more independent in their own healthcare production. These relationships are permeated by dialogic communication and the integrality of care.²³

The previous contact with nurses of peritoneal dialysis program, before the visit, was of vital importance for the conduct of home visits.

“[About receiving the nurses on a house under construction] Because I didn’t know that [the nurses] would find my house that way, with all of this mess [...], find my house like this. I didn’t want it. I wish everything was ready [...] [I was not embarrassed to receive the visit] no, no! Because this is a sweet girls [the nurse]. If it were an unknown person, I’d be more embarrassed.” (Begonia)

Dialogue between nurse and user dilutes the embarrassment. The link between those involved in the process was established prior to the visit, which is reflected as a great gain to the quality of care for both sides.

“I’m fine with you [nurse], I feel very comfortable with you, because we know each other for the whole time there [at the hospital]. So you see I feel very comfortable even with the house being like this. I’m not bothering because I’m very comfortable with you [...] I know you already, you seem to be a person of the house. It’s a mess all over [...] my room is “upside down”, but I’m not ashamed to show it to you.” (Clove A)

The formation of the link is the creation of bonds, it implies having relationships so close and so clear that allows the nurse through home visits to get to know the patient and the family, from their desire and permission to accept the presence of nurses in their home.²⁴

The link, when narrowed, becomes a bond of care, comfort, respect, trust and exchange, resulting in a relationship where the treatment will be more effective.¹⁵

“I didn’t feel [embarrassment during the visit], because [the nurse during training] said it was time [to make the visit]. I said she could do it. Oh I love her. She’s wonderful. [The nurse] approved.” (Violet A)

“[The affection of nurse during the visit] Really matters, because I think it’s so cool, we talk so [...] more openly.” (Begonia)

Building a network mediated by affection can create security. Feel welcomed is fundamental to the user, thus they generate the desire to express themselves and await a return.

The successful treatment is much more about having harmony to deal with the treatment, between the nurse and the user, than quantitative information.

From the beginning, when I first started, since there, the clinic, I knew the [nurse] He’s really nice, nice to me, he always talked about [...] things, about the material [...] So that helped a lot; it was very good the way he talked to us, I really enjoyed it. (Begonia)

In this sense, the perception of the individual on the satisfaction with the nurse defines caring with zeal by the I-you dialog action, and this is liberating, synergetic and a construction of perennial peace alliance and harmonization. The nurse values him as an individual of the action in his health-disease process, enabling his contribution in improving his lifestyle.²⁵

Users clearly and objectively demonstrated the great interest on the nurse’s return to their houses. In addition, there is a social and emotional repercussions between the subject in relation to the nurse who visits his house. It also realizes the importance of previous contact with the nurse. In this sense, the visit is very important to determine the success or failure in the treatment, as the interpersonal relationship with the user predisposes to adequate adhesion and stay in that treatment.

“[About receiving more visits] Especially from whom we know.” (Clove A)

“[Nurses can make visits] whenever they want!!! I love to have visitors, and here’s the thing, people come to my house and I don’t want them to go away. If it’s lunchtime, let me know because I will cook some food [...] [Let me know:] That day I will be there, so I will program it [...] Eat cake, buy soda, cook roast chicken, milk pudding, beans and rice.” (Daisy)

“[Receiving nurse’s visits] He can come over, I’m going to try to improve every day.” (Violet A)

The visit significance is influenced by previous experiences:

“[From past experience] I knew [the nurse made the house visit]. In the case of the CKD, no [...] But my “mother” [...] she had abdominal cancer. [...] Twice or three times a week the nurse went there to see if [she] was feeding [...] because they want to know how the house was [...] so I was already used to it because I’ve had this visit [...] many nurse’s visits [...] I was already used to it, because sometimes they came at lunchtime.” (Daisy A)

It is important to consider the life history of the individual and his family,²⁶ as this can become a facilitator for the dynamics of the visit by the user and family members.

CONCLUSIONS

From the realization of this research proposal, it is important to make some relevant considerations. The first one is that the home visit is an activity that can approach the nurses to the people with chronic kidney disease, treated by peritoneal dialysis. This occurs from the construction of links, exchange of experiences, forming a network with the user.

The second issue indicates that during the home visit the nurse can be empowering the subject, making him capable of being co-responsible for his treatment. To this end, the nurse offers information to help tailoring his home environment, maintaining its characteristics, and giving support for care with the treatment, allowing care where autonomy is more present.

Besides, the study has shown that during the home visit the clarification of doubts about security provides more care regarding peritoneal dialysis at home. In this scenario, the nurse and his role as an educator earns special relevance.

It is also relevant to point out that the link formed before the visit is desirable and it is narrowed after the visit, forming a bond of trust and security. The return of nurses to the house is seen with great satisfaction by users that demonstrate welfare and feelings of importance and professional enhancement. This reflects the importance of the home visit and the construction of the viability of this procedure in addition to the initial stage of treatment.

Urges that the network built between nurse and user is vital to differentiation of home visit as part of a humanized care.

As a last aspect to be considered, it can be concluded that the investigation of issues related to home visit as part of the construction of caring forms in home spaces, even for those subjects usually treated in institutions of high complexity and high degree of aggregation of hard technologies, such as dialysis services.

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Author responsible for correspondence:

Lidiane Passos Cunha

Rua Doutor Bulhões, 188

Engenho de Dentro

Rio de Janeiro/RJ, Brazil

ZIP-code: 20730-420