Original Article

Home intervention as a tool for nursing care: evaluation of the satisfaction of the elderly

Intervenção domiciliar como ferramenta para o cuidado de enfermagem: avaliação da satisfação de idosos

Intervención domiciliaria como herramienta de atención de enfermería: evaluación de la satisfacción de los ancianos

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ABSTRACT

Objective: To evaluate the results of home nursing interventions according to the satisfaction of the elderly users.
Methods: Ex-post facto evaluative, qualitative and descriptive research, conducted from November 2015 to January 2016 with 12 dependent elderly individuals accompanied by an extension project in the city of Maringá, PR, Brazil. Data were collected after home interventions based on the Single-User Treatment Project, by means of semi-structured interviews subjected to content analysis and the theoretical framework of Donabedian.
Results: The following thematic categories emerged: "home nursing intervention: synonymous with joy, distraction and bonding" and" home nursing intervention: health and lifestyle transformations".
Conclusion: The home nursing interventions had positive results that signal the quality of the provided care.
Keywords: Health of the elderly. Nursing. Health services. Comprehensive healthcare.

RESUMO

Objetivo: Avaliar os resultados de intervenções domiciliares de enfermagem na perspectiva da satisfação de idosos.
Métodos: Pesquisa avaliativa *ex post*, com abordagem qualitativa e caráter descritivo, realizada no período de novembro de 2015 a janeiro de 2016 com 12 idosos dependentes de cuidados, acompanhados por um projeto de extensão na cidade de Maringá/PR. A coleta de dados ocorreu, após intervenções domiciliares realizadas segundo o referencial do Projeto Terapêutico Singular, por meio de entrevistas semiestruturadas, submetidas à análise de conteúdo e posteriormente analisadas segundo o referencial teórico de Donabedian.
Resultados: Emergiram as seguintes categorias temáticas: "Intervenção domiciliar de enfermagem: sinônimo de alegria, distração e formação de vínculos" e 'Intervenção domiciliar de enfermagem: transformações da saúde e dos hábitos de vida'.
Conclusão: Consideramos que as intervenções domiciliares de enfermagem tiveram resultados positivos que sinalizam qualidade do cuidado prestado.
Palavras-Chave: Saúde do idoso. Enfermagem. Serviços de saúde. Assistência integral à saúde.

RESUMEN

Objetivo: Evaluar los resultados de las intervenciones de enfermería a domicilio en perspectiva de la satisfacción de personas mayores.
Métodos: Investigación a posteriori evaluativa, cualitativa y descriptiva, conducida desde noviembre de 2015 hasta enero de 2016 con 12 ancianos dependientes acompañado de un proyecto de extensión en la ciudad de Maringá/PR. La recolección de datos se produjo después de intervenciones en el hogar en el marco del Proyecto terapéutico individual, a través de entrevistas semiestructuradas sometidos a análisis de contenido y analizados de acuerdo con el marco teórico de Donabedian.
Resultados: Surgieron las siguientes categorías temáticas: "Inicio de Intervención de enfermería: sinónimo de alegría, distracción y la formación de enlaces" y "la intervención clínica de reposo: transformaciones de salud y estilo de vida".
Conclusión: Consideramos que las intervenciones de enfermería a domicilio tuvieron resultados positivos que indican la calidad de la atención prestada.
Palabras Clave: Salud del anciano. Enfermería. Servicios de salud. Atención integral de salud.

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INTRODUCTION

The Family Health Strategy ("ESF") is the priority care model of primary healthcare (PHC) in Brazil. The foundations and guidelines of this model lie, among other things, in defining the territory for descentralised planning and programming based on the local reality and according to the principles of the Unified Health System ("SUS")[1].

In Brazil, 64.8% of the population is assisted by the ESF[2]. The residents outside the geographic scope of the ESF are pragmatically vulnerable due to the absence of healthcare services, and the impossibility of determining a population diagnosis prevents systematic care planning. Thus, actions with PHC coverage are imperative for comprehensive healthcare, one of the SUS guidelines for this population[1], especially for the elderly with an exponentially increasing population and specific healthcare requirements. The aim of interventions for the elderly is to promote conditions for their autonomy, integration, and effective participation in society[3].

In this sense, the Single-User Treatment Project ("PTS") is a device of the National Humanisation Policy ("HNP") for the comprehensiveness of care and access to the healthcare systems, even for the population outside the scope of the ESF. This device aims to encourage the active participation of users in the health-sickness process and enable health workers to systematically organise healthcare, considering the specificities of the users and their healthcare needs, increase co-responsibility by supporting autonomy, and build bonds between users and the healthcare team[4].

A strategy for the implementation of the PTS is home intervention, considered an alternative healthcare modality for the population, including the elderly[5]. The aim of this modality is to humanise healthcare, promote health with scientific and technical support, and protect the functional capacity of individuals through interventions in the health-sickness process that contemplate sociocultural, psychological, and family-related issues[4].

Home interventions are characterised as soft and soft-hard technology since they include technology relations and scientific knowledge. They are a more humane and welcoming form of care that established bonds of trust between health workers, users, families, and the community. Use of these interventions broadens access to healthcare because they include the home as a point in the healthcare network[6].

The growing elderly population, the increasing demand for healthcare due to the prevalence of chronic conditions, physical limitations or educational disabilities and requirements[3], and the importance of home interventions and the use of light technologies for this population[5] permeated by quality[7] led to the creation of a university extension project in 2014, in partnership with the primary care team. The goal of this project is to offer home care to the 116 elderly who live outside the ESF coverage area, and who are therefore unable to access primary care.

The PTS moments are individual since they are liable to changes and vary according to the needs of each user[4]. It is a valuable tool to contextualise interventions and fertile ground for assessing quality. The question we sought to answer was, "What are the results of these home nursing interventions from the perspective of the elderly users and based on the quality of these interventions?"

Therefore, the aim of this paper was to assess the results of home nursing interventions based on the satisfaction of the elderly patients.

METHODS

This is an evaluative study based on ex post facto qualitative and descriptive research conducted from November 2015 to January 2016.

The target public was 14 elderly people who depend on care and live outside the coverage area of the Family Health Strategy ("ESF"), assisted by the extension project for this specific public titled, "*Assistência domiciliar de Enfermagem às famílias de idosos dependentes de cuidado* (ADEFI)", linked to the Programa Centro de Referência do Envelhecimento (PROCERE) of the Universidade Aberta à Terceira Idade (UNATI), of the Universidade Estadual de Maringá (UEM), in the municipality of Maringá, Paraná, Brazil.

Since this is evaluative ex post facto research, it should be noted that the nursing intervention in the extension project was the focus of this study, and its course must be detailed to enable its contextualisation.

At the ADEFI, the 116 elderly people residing in the area were initially characterised and stratified using specific instruments that assess symptoms of depressive, cognitive and functional capacity, and vulnerability[8]. The patients who scored negative values in the scales were classified as dependent on care, and received home nursing interventions. Twenty-six elderly people were considered dependent on nursing care. Of these elderly, three moved, two died, and seven were not found at their homes after three contact attempts, totalling 14 elderly users.

The home interventions were performed during the home visits to the 14 elderly users, for four months, from October 2015 to January 2016, using the PTS as the theoretical framework, consisting of four moments: diagnosis, goal setting, division of responsibilities, and reassessment[4].

The first moment – diagnosis – consisted of an organic, psychological, and social assessment, to conclude the healthcare demands, vulnerability of the elderly, and home risks, that is, a diagnosis. This step included the establishment of bonds to support the commitment between the elderly and the interventions.

The second moment – goal setting – comprised the short, medium and long-term proposals, discussions, and the joint creation of these proposals with the elderly and their families, leading to the setting of goals based on the individuals needs of the elderly. The home nursing interventions were created with the elderly according to the surveyed healthcare needs and their opinions and desires, while remaining open to new reconfigurations, resulting from the collective discussion between the members of the extension project, the elderly, and their families, with the support of team of the health unit.

The division of responsibilities clearly defined the tasks of each member in the PTS, constituting the third moment, during which the actual interventions were performed. The interventions consisted of specific guidelines and home interventions aimed at health promotion and disease prevention in the form of topics related to healthy eating, the rational use of medication, depression in old age, sexuality, smoking, alcohol use and abuse, prevention and treatment of breast and prostate cancer, updating the vaccine card, fall prevention, and other less frequent topics.

Some home interventions involved leisure, such as music therapy and manual activities and handicrafts, as a resource for nursing care[9], and activities to stimulate cognition[10], such as painting, games, and music and instrumental activities. Difficulties with medication were observed for the elderly who used polypharmacy, such as times, dosage, storage, and controlling the expiration date of the medication, with the provision of guidelines and assisted conduct that includes the participation of family and/or main caregiver, where applicable.

The fourth and last moment – reassessment – consisted of monitoring and evaluating the applied interventions, altering or reinforcing the nursing interventions.

After completing the PTS with this population – which determined the end of the interventions – this study was conceived and all the 14 elderly users who were being monitored at home for the project were invited to participate in the study. According to this criterion, 12 elderly people participated in the study and two refused to participate.

Data were collected through semi-structured interviews at the homes of the elderly participants. The interviews were guided by a script that addressed the sociodemographic characteristics and health repercussions after the nursing home care intervention, with five subjective questions referring to the assessment of the elderly subjects regarding the home nursing interventions. The answers were recorded on audio and transcribed in full to create the database.

The transcripts were submitted to thematic content analysis, resulting in the identification of thematic categories. This analysis consisted of pre-analysis, exploration of the material, data processing with systematic organisation into thematic units, construction of inferences, and the interpretation of significant categories, which is the classification into groups considering a degree of intimacy with the results[11].

The emerging themes were submitted to analysis using the theoretical framework for assessing the quality of care proposed by Donabedian[12]. Although this framework has three evaluative components, namely structure, process, and result, in this study the only adopted component was focus[7, 12].

This component had to be conceptualised in the context of the study, and the result was conceived as the consequences of home nursing interventions with regard to the changes the elderly perceived in their state of health or related to altered knowledge and behaviours, motivated by the interventions, and satisfaction with the interventions. The evaluative perspective of the users, which includes their satisfaction, is a relevant tool, but it is not the only tool[13].

The anonymity of responses was ensured, together with all the other ethical precepts of Resolution #466/2012 of the National Health Council[14]. All research subjects signed two copies of an informed consent statement. To ensure secrecy and anonymity, the answers were identified with the letter P for "participant", followed by Arabic numerals corresponding to the order of the interview transcriptions.

The research was part of a broader study based on a project that was submitted for approval to the Standing Committee on Ethics in Human Research of the Universidade Estadual de Maringá (COPEP/UEM),), and obtained a favourable opinion (#875.081/2014). This study is linked to the "*Grupo de Estudos e Pesquisas em Práticas Educativas em Saúde* (GEPPES)", a study and research group of educational healthcare practices, registered in the directory of research of the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ).

RESULTS AND DISCUSSION

Characterisation of the elderly

The study participants were 12 elderly people dependent on care living outside the ESF area of coverage. As for sex, most of the elderly users were women (N = 11). Their

ages ranged between 65 and 85, with the average of 74.7 years. As for marital status, five were married, six were widowers/widows, and one was divorced. With regard to occupation, 10 seniors were retired, one was self-employed, and one elderly woman stated she was a homemaker. In terms of schooling, 10 had from one to four years of education, and only two elderly subjects studied more than five years. Income ranged from one to three minimum wages. As for religion, nine participants defined themselves as Catholic and three as Evangelical. All the elderly people declared they were white. With regard to the referred diseases, nine participants had hypertension, four were diagnosed with hypercholesterolemia, two with diabetes mellitus, three with depression, and three with osteoarthritis. Other diseases were self-referred only once, such as benign prostatic hyperplasia, hypothyroidism, labyrinthitis, rheumatism, mental disorder, osteoporosis, Alzheimer's, anxiety, bronchitis, and asthma. Eight elderly participants used polypharmacy. Only one elderly man had a caregiver, although they were all classified as dependent on care according to the assessment of symptoms of depression, cognitive and functional capacity, and vulnerability[8].

Data analysis led to the following three thematic categories: "home nursing intervention: synonymous with joy, distraction and bonding" and" home nursing intervention: health and lifestyle transformations".

Home nursing intervention: synonymous with joy, distraction and bonding

The set of statements revealed, among other aspects observed during the home nursing interventions, the creation of bonds between the elderly and nursing team.

The elderly expressed feelings of trust, affection, familiarity and attention in relation to the team, and felt welcomed. We also observe that the expression "*miss*" was recurring, and referred to the feelings that the alleged absence or suppression of home monitoring can cause in their lives:

You can come here whenever you want, the doors will always be open! (P9)

You have to keep coming, I'm going to miss it. (P3)

We will miss you, you are always so attentive with us, and we need it. (P8)

As for their satisfaction with the home interventions, they stated these were pleasurable moments of distraction and positive company, as shown below:

I'm always waiting for you to come by, because it is nice to have someone to talk to and to bring something for me to do, gain experience, you stay here with me, you distract me, it's good. (P3)

It was great you coming here ... It's company, when you least expect it... you give something to look forward to. (P5)

I have to thank from the bottom of my heart, I know that you can't come here next year because other old people need you, but if all of you [professionals] were like that, the elderly would not be so alone ... they [the elderly] are very isolated, and you come here and bring us joy, a coexistence, a friendly word, you teach us. (P6)

The elderly experience several situations of loneliness, mainly because some of them live with economically active family members, who work most of the time, which means they are alone during the day. In other cases, these individuals live alone because they do not have family or because they have become estranged or distant from their families[15], which highlights the importance of the project in the lives of the elderly due to the company and distraction provided by the home visits.

Oh, I was very lonely. Very isolated. Then, when you start coming here, you already cheered me up, because I know there's someone who cares about us, who comes here to talk to me. It was very good! (P6)

Care for the elderly can be an experience that strengthens bonds[16] and facilitates the partnership between everyone involved through the collective construction of therapeutic interventions based on their needs.

We can say that the bond mentioned by the elderly enabled the interaction between the nurses, the families, and the elderly, and helped establish a strong therapeutic alliance, which arguably contributed to the individual guidelines and acceptance of self-care[16].

It is worth noting that bonding permeated by active listening and a welcoming environment – as applied in these interventions – is expected for effective care and is constructed during quality home visits[17]. In this case, the qualification of the home visit is based on this bond, as observed in this study, corroborating results found in other works where listening and bonding were also observed and considered indicators of quality[17-18].

Here, it is possible to subjectively perceive user satisfaction as an indicator of quality, according to the expectations and experiences of the elderly during home interven-

tions that sought to meet their real and symbolic needs[7, 12]. Consequently, bonding is presented as the main determinant of satisfaction and as the result of a light technological resource – home visit – enabling more welcoming and remedial healthcare actions[5].

Since the bonds were accompanied with positive feelings, such as joy and distraction, the interventions achieved, as a result, quality relationships[12].

Home nursing intervention: health and lifestyle transformations

The daily lives of the elderly were transformed by the home nursing interventions. We observed changes in their eating habits, use of medication, physical activities and a critical view regarding fall prevention at home. The participants were empowered to promote their health, as revealed below:

Oh, it was so good, those recipes that you taught me, replacing the sugar, carbohydrates like you said. (P5)

When I prepare food, I am using less fat, putting more salad. I'm healthier with your guidelines. (P9)

I went to the health unit, talked to the nurse and I'm going with the walk group. I'm doing my paintings here at home, doing word puzzles. (P6)

You came here and told me about my grandson's toy, then I taught him how to put it away and now it´s not all over the floor. The carpets too, now I just leave that one at the door, for dirt not to come into the house. (P9)

I get out of the house more now, I talk to people, I go places to do things, [...] I went to unit walking to get my medication, you said I had to leave the house and walk, and that's what I'm doing. I'm doing it! (P3)

He asks to have more water, because you said so, and the papers that you left he looks at them, too, it's really good. (P2)

Diet and the proper use of medication were appreciated after the home intervention. The elderly started to consume food with fewer carbohydrates and fat and paid more attention to the composition of a healthy diet, such as salads and fruit and increasing water intake, which are important for the elderly to prevent dehydration and iatrogenesis[8].

We observed that the study participants acquired new knowledge, especially about leisure and independence, favouring health promotion and contributing to the transformation of their habits and the strengthening of their autonomy on their own health. This reality was also observed in other contexts, and had an equally positive effect on the health of the elderly population[19], stressing the importance of interventions that focus on orientations and strategies that jointly transform the subjects.

Therefore, the result[12] of the nursing interventions was beneficial, from the perspective of the elderly, and resulted in significant changes to their knowledge. Moreover, the elderly evaluated the home nursing interventions as positive and highlighted improvements to their state of health and well-being:

I can say that my health is good now, I'm not in pain, everything I had seems to have improved, I hope it stays that way. (P3)

I had more health problems than I have now, because I'm a lot better these days, I did not take much care of myself. (P3)

I was never monitored like that, it is the first time anyone comes here, and for me it was very good, it helped ... you brought that memory manual, it helped me a lot, now my memory is a lot better. (P6)

The healthcare quality assessment model[12] used in this study reveals the importance of educational activities, risk prevention, promoting quality and control, and motivating and contacting users to reflect on the positive result of their evaluation[7].

Home interventions are highlighted as a pertinent technology to achieve this quality[5]. This fact was observed in the statements of the elderly who participated in the research. Home visits are qualified when they propose different forms of interventions and can be considered a method. They represent an enriching moment that promotes the independence of elderly people in their own production of health[20], as observed in this study.

Furthermore, home visits are qualified when they favour changes in the parameters of life and satisfaction of patients[12], as shown in the statements below:

I liked it very much, because in addition to the "chores" and helping my mind, we don't know what to do to improve, and this way we learn. (P10)

My health is a lot better. It was great, because we're more alert. Like the day that my husband fell in the bathroom, I was alone, but had that piece of paper behind the bathroom door, that you put there, about what I should do when a fall occurs, and that guided us. I looked to see if we were not hurt. (P8)

A study with patients with heart disease found that the nursing interventions performed by nurses through home visits benefited self-care and, consequently, increased quality of life, while reducing symptoms of depression and hospitalization rates. This same study noted that the success of the therapeutic plan depends largely on patient compliance and the appropriate choice of treatment by the health team[19]. Our study permits a similar inference since the home nursing interventions achieved positive results because of the assertive choices of the PTS and the adherence of the elderly people. For this reason, we stress the importance of the elderly-worker bond in these positive results.

In general, the evaluation of the elderly of home interventions is related with two dimensions of the Donabedian model[12], namely: 1) technical performance translated by the application of their experienced knowledge, which maximises the benefits and reduces the risks; 2) the improved relationship of the workers with the assisted individuals assisted[7].

These dimensions were verified in the evaluations of the elderly in the form of improvements in their living habits – revealing the appropriate technical performance of the team that brought health benefits and reduced hazards – and the bonding between the health workers and members of the project – demonstrating transformations in these relationships.

Finally, the positive evaluation of the nursing interventions supports the need to implement home visits in elderly healthcare to maintain their functions, independence and autonomy as much as possible, and ensure an active and health aging process[3]. Nursing plays a critical role in these interventions, as characterised in this study Moreover, it supported decision making to optimise the available resources of the APS through qualified home visits and the results of the performed interventions[12].

CONCLUSION

By monitoring the home nursing visits, we were able to identify the needs of the elderly population and contribute to the creation of healthcare actions to meet these needs in a comprehensive manner.

Furthermore, the elderly people who received these visits stated that the creation of bonds during the interventions and changes in their living habits helped them improve their well-being, autonomy, and overall state of health. These results indicate the quality of care provided by the home-based nursing interventions.

One of the limitations of the study was the period during which the interventions of the elderly participants were monitored, which was too short to determine whether the benefits were long-lasting. The other limitation is the study approach, which prevented any causal inferences between the outcomes and possible variables. We hope that this study can support new investigations.

This study brings relevant contributions to the study of this art, as studies that address the perception of elderly patients regarding nursing home-based interventions are still incipient. Since this study is linked to a real scenario in which access of the elderly population to healthcare services is limited due to incomplete coverage of the Family Health Strategy, it also supports the importance of care initiatives and interventions of a comprehensive and humanistic nature, and highlights the home as a point of care and academia-service integration that can improve access, longitudinality, and the comprehensiveness and coordination of care.

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