



The importance of home visits by nurses for cancer patients

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Juliana de Andrade Cordeiro¹

Rosiane Guetter Mello Zibetti²

SUMMARY

The study addresses the importance of the nurse's presence in home visits to cancer patients, aiming to offer extra-hospital care to patients who have already been hospitalized, showing how much this professional ends up being a member of this family.

Thus, a bibliographic survey was conducted, comprising qualitative, descriptive, and exploratory research. The greatest challenge was ensuring that clients achieve a better quality of life and that professionals understand the extent to which assistance involves the integration and continuity of the proposed and performed actions.

Keywords: Nurse; Home Visit; Cancer Patients.

ABSTRACT

This study addresses the importance of nurses' presence during home visits to cancer patients, aiming to provide out-of-hospital care to patients who have already been hospitalized, demonstrating how these professionals become part of the family. Therefore, a literature review was conducted, using qualitative, descriptive, and exploratory research. The greatest challenge is ensuring these patients seek a better quality of life and ensuring that these professionals understand the extent to which care is provided by the integration and continuity of the proposed and performed actions.

Keywords: Nurse; Home Visit; CancerPatients.

1 INTRODUCTION

The choice of theme was constructed throughout my academic trajectory, where I saw interest awaken in issues related to nursing home visits to people with neoplasms.

Murard and Katz (1996) describe cancer as a tumor that infiltrates through the normal tissue barriers to adjacent structures, and then spreads metastatically to distant organs and tissues.

In the last decade, great technological advances have allowed the awakening of new knowledge and provided a new perspective on molecular biology. Carcinogenesis was seen in three stages: initiation, promotion and progression. (MENDONÇA AND TEIXEIRA, 1998)

Neoplastic diseases consume a considerable amount of Brazil's resources annually and in the world and thus expenses arise with public and private health care. In addition

¹ Juliana de Andrade Cordeiro (Nurse – Luiza de Marilac College/ RJ – IBPEX Family Health Program).

² Rosiane Guetter Mello Zibetti (Pharmacist, PhD in Biochemistry from UFPR and Professor at IBPEX).



of presenting a high social and ethical cost to the individual, who often lose their social rights, becoming subject to family abandonment, incapacitated from the point of view of work, where your citizenship may be denied, making it difficult for you to attempt and achieve it psychosocial.

Considering that primary care comprises a set of actions of an individual or collective nature and the Unified Health System (SUS), addresses universality as principles, comprehensiveness and equity, aiming for assistance to involve the family and home care, led me to envision the possibility of studying the importance of carrying out the visit home care for cancer patients.

In this sense, it is interesting to work with the concept of quality of life, which means the a person's perception of their position in life in relation to the goals they have set for themselves herself, (LOYOLA, 1998)

In step, we could say that quality means essence, perfection in building something desirable, and of course, the intensity of achieving the objective.

Home visits will fulfill the role of offering extra-hospital care to clients who already were hospitalized, helping them improve their individual and collective capabilities.

Based on these considerations, I formulated the following guiding question: what is the importance of nurse in carrying out the home visit?

With this, I established the following objectives: to identify the home visit as a device for nursing care; describe the consequences of home visits aimed at establishing the well-being of the cancer patient and his/her family.

This study aims to contribute to the reflection of nursing professionals regarding the care provided to the user in the post-hospital discharge period through home visits. The study will seek to show the importance that psychosocial rehabilitation has in the subject's life and how much nursing is a partner during this process, taking into account that rehabilitation is done with the user and not for the user. (SARACENO, 1999)

Another opportunity that will arise from this study will be the work of a team multidisciplinary, where it is clear that the nurse alone is not capable of solving all the problems incidents that arise at home.

However, I hope that this study can stimulate professionals interested in the area of oncology, mainly linked to home visits.

2 DEVELOPMENT

Home health care has been recognized as a great strategy for work in the community, allowing more effective interaction with the team, since enables better coexistence with the experienced reality.

Home care allows the nurse to discuss with the patient and other family members, the best care strategy adapting to the reality experienced.

According to Mattos (1995, p. 35), *“home visits are a set of health actions aimed at educational and assistance services, carried out at the client’s home.”*

It is through them that one can observe the environmental and physical conditions in which the user and your family meet.

The nurse plays a fundamental role in the family health strategy, as in addition to to act in health programming and assistance, it is also his responsibility to monitor and supervision of work, as well as the training and ongoing education of technicians nursing and community health agents. The Ministry of Health defines responsibilities specific to the family health strategy nurse, according to ordinance no. 648 March 2006, (Annex I)

“...provide comprehensive assistance (health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance) to individuals and families in family health unit and when indicated or necessary, at home and/or in other community spaces, at every stage of human development;

..., carry out nursing consultations, request additional tests and prescribe medications according to protocols;

plan, manage, coordinate and evaluate the actions developed by community agents health; supervise, coordinate and carry out ongoing education activities for agents community health and nursing staff,”

For the execution stage, the nurse must always present an approach informal/professional cultivating courtesy, maintaining clear language, listening to what the family and the user have to say, avoiding taking notes during the home visit, as this can inhibit the interviewee or even make it difficult to observe the environment. Thus, the nurse which works in the family health strategy, will be working on the construction of the principle of equity proposed by the Unified Health System (SUS).

SENNA (2002) highlights that the home visit strategy, combined with monitoring of families in the areas covered meet the need for intensive support for families,

who often experience crisis situations (sick parents, unemployment, illegal activities and others). These factors may render families unable to provide even minimal support. care for the family member in need.

For OREM (2001), nursing practice in planning and evaluations is divided into four steps. The fourth step refers to: “...*case management: this is the phase to control, direct and verify the execution of the process and evaluate the results.*”

In this way, the nurse is considered to be able to visualize the user as a whole and make the necessary decisions to maintain self-care, aiming at your well-being, when carrying out during the home visit, this professional must have scientific and technological knowledge associated with the ability to observe, communicate and identify the patient's feelings and the family, given the current situation.

From this decision-making process, GOLDIM (2001) states that the patient oncological is in a situation of medium involvement, when the process is shared by the professional and the people involved in the situation, but there is no loss of professional authority.

From this classification, it is clear that the client and/or care can give their opinion about a certain care, however, the nurse who knows the reality, instrumentalized in technical skills, in the mastery of experiences lived throughout your career, will decide what will be the best course of action based on clinical judgment.

Managing care means working the nursing process intelligently, for satisfaction of the user and its implementation must follow three important points used in administration, as discussed by CHIAVENATO (2000) and MARQUES AND HUSTAM (1999) who they are:

“The effectiveness with which nurses and caregivers involved produce care in accordance with customer needs;

Efficiency is achieved when the nurse meets the expectations of clients and caregivers;

Adaptability in maintaining effectiveness, through the flexibility of the process nursing in meeting future expectations of changes in the client's clinical status.”

Given the above, home care management must involve the participation of caregivers, and success depends on the nurse's ability to plan and organize your actions.

Another point, when carrying out a home visit to an oncology patient, the nurse must have knowledge about oncology, pharmacology and techniques for symptom relief and comfort.

DOERNER (1995) says that: *"the objective of nursing in cancerology is to seek promote and ensure the patient's sense of well-being, from a physical point of view, psychological, social and/or spiritual."*

The main role is to teach and guide the client and/or caregiver, ways to seek quality of life, not in the sense of healing, but rather of regaining health and being able to live a satisfactory life in the lifetime that he has.

But what is Quality of Life? What does it mean to have Quality of Life? What is Quality?

What is Life?

"Quality of life is an individual's perception of his or her position in life, in the context of culture and value systems in which he lives and in relation to his goals, expectations, standards and concerns" (VERSION..., 1998, sp).

Health should be seen as a resource for life, not as a goal for living. In this sense, health is a positive concept, which emphasizes social and personal resources, as well as physical capabilities. Thus, health promotion is not the sole responsibility of the sector health, and goes beyond a healthy lifestyle, towards global well-being (BRAZIL..., 2001, p.19).

According to VASCONCELOS (2002) *"well-being is an essential desire for human beings, purpose pursued throughout the history of our species, man always seeking improve your way of life."*

Therefore, having quality of life is related to the way each person builds their world, choosing different ways to live, with the use of creativity being fundamental, their participatory power in matters that concern them, and autonomy in decision-making decisions, always seeking to establish a relationship between the individual and the collective (CHIAVENATO, 2000).

For PATRÍCIO, (1999) life is a network of interactions, where human beings constantly interact with others and with the environment around them. It is a movement that expresses energy, values, beliefs. In the holistic ecological view, life represents a network of interactions, from the most internal of our moving microcosm to the most distant of universe. Life is built throughout its existence through the interactions of different dimensions and standards. Finally, always seeking to value life, the human being properly speaking, in the awareness, in the journey, in the construction of a world in that people can be happier and more fulfilled.



3 - FINAL CONSIDERATIONS

Participating in the care of oncology clients is a very difficult situation due to chronicity of the disease causing consequences such as pain, discomfort, uncertainty about the future, changes in lifestyle habits.

The nurse who works on home visits to cancer patients must bear in mind the role important role that the professional plays in the life of the oncology client and his family of the interdisciplinary team that has the most contact with the client and the family, allowing them to support them in the difficulties caused by the process of becoming ill, causing this professional to keep updated to convey confidence, security and provide this clientele with a better well-being.

Based on the analysis of this study, the nursing professional must develop the systematization of nursing care management during home visits, optimizing the time used, material and personal resources, promoting professional interaction and I meet the needs of the client's clinic.

I share the idea of setting goals, planning the activities developed meeting the needs of this client, always seeking innovation in quality assistance provided to cancer patients.

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