HOME VISITS AS A STRATEGY FOR HEALTH PROMOTION BY NURSING

Visitas domiciliares como estratégias de promoção da saúde pela enfermagem

Visitas domiciliarias de la enfermería como estrategia para la promoción de la salud

Original Article

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ABSTRACT

Objective: To analyze the domiciliary visit performed by nurses in the Family Health Strategy as an activity to promote health. **Methods:** Exploratory/descriptive study with qualitative approach. The subjects were nine nurses of the Primary Health Units from Health Districts in Maceió-AL. Data was collected through semi-structured interviews in the months from April to August 2012 and were analyzed using content analysis and in light of the theoretical framework of Health Promotion. **Results:** The nurses recognize that the domiciliary visit can be a way to promote the health of individuals, families and community, but, in daily life, action maintains focus on disease, with curative actions of individual character, which do not take into account the social context where the user and his family are inserted. **Conclusion:** It is considered that the use of home visits by nurses in the family health strategy as a health promotion activity is still incipient because, although the nurses recognize the need for change in the model of care, in practice, it is observed that the focus of this action is directed to the biological model.

Descriptors: Domiciliary Visit; Family Health Program; Primary Health Care.

RESUMO

Objetivo: *Analisar a visita domiciliar realizada pelos enfermeiros da Estratégia Saúde da Família como uma atividade de promoção da saúde.* **Métodos:** *Estudo exploratório/descritivo, com abordagem qualitativa. Teve como sujeitos nove enfermeiras das Unidades Básicas de Saúde de Distritos Sanitários, em Maceió-AL. Os dados foram colhidos através de uma entrevista semiestruturada, nos meses de abril a agosto de 2012, e analisados por meio da análise de conteúdo e à luz do referencial teórico da Promoção da Saúde.* **Resultados:** *As enfermeiras reconhecem que a visita domiciliar pode ser uma forma de promover a saúde de indivíduos, famílias e comunidade, mas, no cotidiano, a ação continua focando na doença, com ações curativas, de caráter individual, que não leva em consideração o contexto social no qual o usuário e sua família estão inseridos.* **Conclusão:** *Considera-se que ainda é incipiente a utilização da visita domiciliar pelas enfermeiras da Estratégia Saúde da Família como uma atividade de promoção da saúde, pois, apesar de reconhecerem a necessidade de reversão do modelo assistencial, na prática, observa-se que o foco das visitas ainda está voltado para o modelo biologicista.*

Descritores*: Visita Domiciliar; Programa Saúde da Família; Atenção Primária a Saúde.*

RESUMEN

Objetivo: *Analizar la visita domiciliaria realizada por enfermeros de la Estrategia Salud de la Familia como una actividad para la promoción de la salud.* **Métodos:** *Estudio exploratorio/descriptivo con abordaje cualitativo. Los sujetos fueron nueve enfermeras de las Unidades Básicas de Salud de Distritos Sanitarios en Maceió-AL. Los datos fueron recogidos a través de una entrevista semi-estructurada en los meses de abril a agosto de 2012 y analizados por medio del análisis de contenido y a la luz del referencial teórico de Promoción de la Salud.* **Resultados:** *Las enfermeras reconocen que la visita domiciliaria puede ser una forma de promover la salud de los individuos, familias y comunidad pero, en el cotidiano, la acción*

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sigue con foco en la enfermedad, con acciones curativas, de carácter individual que no considera el contexto social en el cual el usuario y su familia están inseridos. **Conclusión:** *Se considera que aún es incipiente la utilización de la visita domiciliaria por parte de las enfermeras de la Estrategia Salud de la Familia como una actividad de promoción de la salud pues, a pesar de reconocieren la necesidad de reversión del modelo asistencial, en la práctica se observa que el foco de las visitas aún está dirigido para el modelo biologicista.*

Descriptores*: Visita Domiciliaria; Programa de Salud Familiar; Atención Primaria de Salud.*

INTRODUCTION

The implementation of the *Sistema* Único *de Saúde – SUS* (Unified Health System) in Brazil in the 90's represented an important change in the historically consolidated standard of health care services in the country. This process led to the adoption of a series of governmental measures aimed at strengthening basic health care, which is defined by the Ministry of Health (MH) as "a set of individual or collective actions performed in primary health care systems aiming at health promotion, disease prevention, treatment and rehabilitation"[1].

The creation of the *Programa Saúde da Família – PSF* (Family Health Program) is a milestone in the incorporation of the primary health care strategy into the Brazilian health care policy. Created in 1994 and initially aimed at expanding health care coverage to areas at higher social risk, the PSF has slowly become one of the main issues on the country's political agenda. Since 1999, the MH has considered it as a strategy for structuring municipal health care systems in order to reorganize the care model and establish a new dynamics in the organization of services incorporating the principles of SUS[2].

The PSF recommends a multi-professional family health care team that should define the coverage area, describe the clientele, register and follow up the population. It is currently defined as *Estratégia Saúde da Família – ESF* (Family Health Strategy), which should know the families of its territory, identify health-related problems and existing risk situations in the community, develop a program of activities to fight factors determining the health-disease process and provide comprehensive care for families under its responsibility[2].

The Decree 648/2006 describes the working process of family health care teams, guiding them for the "extended family care, achieved through the understanding of the family structure and functionality in order to suggest interventions that can influence the health-disease processes of individuals, families and the community itself"[3].

The home visits (HV) are one of the main guidelines of this strategy because they give a chance to enter the family environment and know the reality better, and enable the provision of care for users who cannot go to the Basic Healthcare Unit (BHU). The HV is a fundamental strategy in primary health care because it allows the development of actions aiming at health promotion[4].

Home care covers simple and more complex activities directed to the individual and family members. Thus, according to what is recommended by the ESF, the HV should hinge on current challenges for the implementation of this strategy, focusing on the family within its sociocultural context, and aiming at developing activities of education, prevention, health promotion and recovery[5].

Within this context, the *Política Nacional de Promoção de Saúde – PNPS* (National Policy for Health Promotion) was developed in order to complement and strengthen the ESF[6]. Since it recommends the development of extramural practices, the HV[7] is taken as one of its strategies to promote health and improve people's quality of life. In addition to this, the "PNPS highlights the importance of promoting health by acting on factors determining and/or conditioning diseases and health harms, fostering the adoption of non-violent lifestyles and the development of a culture of peace"[8].

The implementation of the PNPS consists of an inclusive and dialogical policy for several areas of the sanitation sector that constitute networks of commitment and responsibility for the quality of life of the population, so that everybody can participate in life protection and care[6]. It also redirects health care facilities actions focused on basic health care through the training and mobilization of professionals so they can promote health during HV, group activities and individual consultations[9].

Given the matters above, the interest in conducting this study arose from the need to implement actions aimed at health promotion since it has been verified – from empirical experiences in Alagoas – that nurses provide nursing care focusing mainly on curative actions during home visits. This experience led to reflections and concerns about the health care practices performed that resulted in the following question: does the nurse who works in the ESF use the HV as a health promotion activity?

The care for families and the community is the main objective of the HV, considering family and community as entities that influence the sickening process of individuals who are ruled by the relationships established in the contexts they are inserted[10]. Understanding the life context of health care facilities users and their family relationships should

consider the impact on professionals' practices, enabling new conceptual demarcations and, therefore, the planning of actions taking into account the lifestyle and resources families have[10].

Given that, it can be said that the HV constitutes an important instrument for nursing practice in collective health, mainly in the ESF[11]. Considered a health science, nursing is known for its commitment to social problems and the art of caring for the health; it sees the human beings from a holistic view, taking into account their feelings, family, culture and the environment where they are inserted[12,13].

Thus, this current study aims at assessing the use of the home visit by the nurse of the *Estratégia Saúde da Familia* as a health promotion activity.

METHODS

This is an exploratory/descriptive qualitative study[14] conducted with nurses of BHU of the 6th and 7th Sanitation Districts of the city of Maceió, state of Alagoas. This municipality has a total of seven Sanitation Districts. These districts were chosen because they are places where the supervised practical activities of the Nursing Course of the Federal University of Alagoas (*Universidade Federal de Alagoas – UFAL*) take place. The 6th district has a total of five BHU, comprising 10 family health care teams; the 7th district has six BHU with 17 family health care teams, totaling 27 nurses who could participate in the study.

The study inclusion criteria were: nurses who work in the ESF of the BHU of the 6th and 7th Sanitation Districts of Maceió and who agree to participate in the study. The exclusion criteria were: nurses who were off work due to some kind of leave/vacation or who refused to participate in the study. Thus, nine nurses participated in the study, with the sample being determined by the saturation of data used in qualitative research, which occurs when information related to the studied phenomenon becomes repetitive and contains no new ideas or concepts[15].

Data were collected using a semi-structured interview script[16] containing the following variables: identification of interviewees (age, length of professional experience in the ESF and area of expertise) and questions related to the object of study itself.

The interviews were recorded[17], and data were registered, transcribed and analyzed according to the content analysis technique[18], giving rise to several meanings and originating three categories: 1) "the HV as an instrument for health promotion"; 2) "in practice, the biomedical model prevails" and 3) "the HV is a way to the reorientation of the care model and the implementation of health promotion". These strategies were analyzed according to what is recommended by the PNPS in terms of using the home visit as a health promotion strategy.

This paper was submitted to the Research Ethics Committee of the UFAL, being approved by the protocol No. 017812/2011-04. In order to ensure anonymity of interviewees, names of flowers were used for the participants.

RESULTS AND DISCUSSION

First, data on the identification of the interviewees will be presented followed by the categories the popped up in the study.

Data on the identification of interviewees

The interviewees were between 33 and 47 years old and the period since graduated ranged from 10 to 19 years. Regarding the length of professional experience in the ESF, it could be observed that it ranges from 8 to 18 years. With regard to the professional qualification, it was verified that all individuals have a major in Public Health.

The HV as an instrument for health promotion

Nursing is one of health-related professions whose core and specificity is the human care for individuals, families or the community, developing activities for health promotion, disease prevention, health rehabilitation and recovery[19].

The ESF establishes the HV as an instrument used by the family health care teams for the insertion and knowledge of the life context of the population and also for the establishing bonds between professionals and users. It also aims at meeting different health needs, caring about the existing infrastructure of the community and families' health care[20].

There was the following comment about the HV:

> *"Home visiting is understanding the family environment and thereafter trying to change it, because it is by knowing reality that you will suggest what the patient can do to improve the condition." (Tulip)*

Thus, the home visit can be defined as an instrument in the set of nursing techniques, procedures and knowledge within collective health used for intervening in the family health-disease process. Regarding the area of expertise, it constitutes one of nursing activities in a wide-ranging approach with the aim to extend health care actions to the population in a social context[21].

However, the HV is part of the activities performed by the nurses of the ESF, enabling them to know the social context and identify the health needs of the assisted families,

facilitating a better approximation to the determinants of the health-disease process. This is due to the fact that it should be "used in order to subsidize the intervention in the health-disease process of individuals or in the planning of actions aimed at health promotion to groups"[22]. This understanding can be observed in the following speeches:

> *"The HV is important because we get to know the patient's reality, which advice we can give and the ones we know they're going to take." (Tulip)*

> *"When we go to their house, we have a closer look at his reality; so we identify the conditions better." (Hortensia)*

According to the PNPS, the nurse exerts the "practice of the extended family care by knowing the structure and functionality of families in order to suggest interventions that can influence the health-disease processes of individuals, families and the community itself"[6]. This orientation supports the affirmation that the HV is the instrument of ESF that best facilitates actions and interventions in the individual-family-community triad[23].

Thus, it can be said that the HV facilitates the development of health promotion practices. In this sense, the Ottawa Charter states that health promotion is the process of enabling people to increase control over, and to improve, their health; it is, therefore, related to individual and collective wellbeing[24].

The main health promotion strategies are directed to actions by the State (healthy public policies), the community, the individuals (development of personal skills), the health care system (reorientation of the health care system) and the intersectoral partnerships[25].

The PNPS characterizes health promotion as an instrument for the strengthening of health policies because it reinforces the integration the health care sector must have with other government sectors, the private sector and the society in order to ensure commitment and responsibility concerning the quality of life of the population so that everybody can participate in the protection of life and rescue of citizenship[9].

Thus, it is understood that health promotion represents a promising strategy to fight multiple health problems affecting the populations that can count on the HV as an instrument for the development of healthy behaviors. A substantial progress has been noticed with the creation of the ESF as the basic health care seeks to align health workers, managers and users into a common effort to reach basic health care conditions and know the sociocultural, environmental and economic determinants of the context in which it intends to operate[23].

The ESF and the HV take on a political and care dimension of health promotion that interferes with the supply and demand logic through which the integration of care, the user's satisfaction and the democratization and politicization of knowledge related to the health-disease process act in a concrete way in the organization and production of health care services[26]. In this context, the ESF assumes the home visit as an interaction technology for health care, constituting a fundamental intervention instrument used by health care teams as a way to enter and know the reality of life of the population.

So, life context of users and their family relationships have an impact on the way professionals work, enabling new conceptual demarcations and, consequently, the planning of actions, taking into account the lifestyle and resources families have[26]. The interviewees recognize this bond, as observed in the following speeches:

> *"The visit is a bond. It is you entering someone's house and have this person meet you and then start a new relationship, maybe a friendship. I always say that when I go to someone's house, it is a very personal thing. I go there with an objective and that person may accept me or not." (Rose)*

> *"This activity is really, really important! Because it is during the visits that we get close to the family, in communion with the family. It is a stronger link between the team and the family." (Sunflower)*

When the nurse performs the HV he is contributing to the operationalization of the ESF and, most of all, to the materialization of principles underlying SUS. Concerning the home visit, it is important to highlight its conflicts, its significant capacity to approach families, make a diagnosis, establish therapeutic projects that meet the reality of the communities and their cultural values. It also constitutes a tool for active search, promotion, protection and recovery of health[27]. This can be observed in some examples of the daily work performed by the interviewed nurses:

> *"I have two bedridden patients: a 29-year-old man and a lady who has Alzheimer. So, I mean, the family follows the orientations correctly; so much that the family of the lady with Alzheimer strictly follows all our recommendations; her skin is not even hyperemic because they change their position every three hours." (Daisy)*

> *"It is a demand of the program, even to give some orientation. It's not only to perform a technical procedure; they have to call us to give orientation." (Rose)*

Thus, the HV aims to provide educative and care support at home, assessing the socioeconomic conditions of individuals and family members in order to develop a specific care plan for each case[28].

The HV performed by nurses should be aimed at promoting health education and raising individuals' awareness of health aspects in the context they are inserted[29]. This ESF activity constitutes a rich moment when the nurse provides health care, assists the family and provides educative subsidies so that individuals, families and the community can become independent[29]. This approach can be explained too:

"It would be ideal if you had a chance to develop educative activities with the family. We do it in some cases." (Iris)

"The change we can try is with regard to the education itself, with regard to the trash. The least that can be done is already a change." (Daisy)

Education is, therefore, a tool for the empowerment of the user – who starts to make his own choices with autonomy – because "rather than disseminating information, it tries to enhance people's capacity of analysis and intervention over their own context, their lifestyle and their subjectivity"[30].

In order to promote changes of habits and transformations in the family environment, it is important that professionals, mainly the nurses, valorize actions aimed at health promotion so that the community can have a better quality of life. However, it is observed that nurses' practices are still focused on curative actions.

In practice, the "biomedical model prevails"

It is known that care practices are closer to health care professionals. The care is very important in the process of human development, and it is a human condition[31]. The care is the "interaction between two or more individuals aiming at reducing suffering or reaching wellbeing, always mediated by health skills that are specifically meant for this purpose"[32].

With the ESF, it is believed that the presence of a multidisciplinary team may facilitate the development of more complex care practices due to the interaction between professionals and their skills/experiences. One should regard complex practices like the ones comprehending biological, psychological and social needs of individuals/family/groups, pondering on comprehensiveness, humanization and equity[8].

The HV is a work of investigative interest for nurses; it is like moving towards health promotion in a broaden way, going to the houses in order to meet the family, their individuals and asses them regularly[23]. However, this current study shows that the professional practice is still far from the aspects recommended by the PNPS.

"In the HV of patients enrolled in hypertension and diabetes programs, we give medicines for them to keep at home [...]." (Gardenia)

"The visit model is as follows: we give preference to more difficult patients: bedridden patients, severe hypertensive people, individuals with decompensated diabetes." (Iris)

It is understood that the nursing practice in ESF has been directed by actions that have been pre-established by the MH in an uncritical and fragmented way[33]. Thus, conducting practices elaborated outside the user's context and need without understanding their meanings becomes worrisome[23]. What has been observed in this study is that the nurses end up following everything that is required by the MH instead of having it as a guiding element for their actions. They act in such a way that they stop taking into account the environment where the user and his family are inserted.

"We have a certain number of visits." (Daisy)

"We have to perform 8 visits per week. It's 32 visits in a month." (Hortensia)

Corroborating with these findings, a study[23] showed that the HV is watered down in the ESF according to what is established by the MH. Although the home visit is not the only way to favor health promotion, health care professionals must use it as: a detection action; an evaluation of the health-disease process; a form of to meet and articulate; a form of expression and concern about the internal and external environment of the family – things that are not happening in practice.

In order to conduct an HV, it is essential to plan it through the development of a systematized script, always focusing on the quality of life of the individual and his family[34]. During the visits, the nurses may identify health needs and develop care plans to improve the quality of life of families registered in their territory[35].

Although the focus may be on the treatment, another point that should be highlighted in this study is the fact that the nurses extend care activities developed in the BHU to the HV, mainly in cases where the user has limited mobility or chronic disease.

"[...] Wound dressing in patients, because here, at the unit, we have a problem: there is no wound dressing room. So, all wounds are dressed at home, mainly for the bedridden patients, ok? Drug administration; checking blood pressure and glucose; sometimes we remove stitches from patients who can't come to the unit; consultations for people with hypertension and diabetes who can't come to the unit, we do this follow up." (Calla Lily)

It is possible to notice a mechanistic and biologic approach during the HV focused on certain pathologies, when, in fact, the actions should be aimed at health promotion associated with the life context of the population

from the area where the visit takes place. In accordance with this analysis, a study[10] about the HV in the ESF reported that there was a prevalence of biologic aspects in the approach of the health-disease process of families, focusing on standardized aspects for each situation, like hypertension, diabetes mellitus and follow-up of bedridden patients.

This difficulty to perform health promotion activities may be a reflection of structural barriers as the lack of human resources and materials to provide the population with a satisfactory service[23].

> *"We face many difficulties to conduct the HV. And it's all about transportation. Most of the times the professionals use their own vehicle to travel around, and mainly in the places where they live, which are difficult to access." (Sunflower)*

Besides the difficulties reported by the interviewees, it stands to reason that working with health promotion is something difficult in the Brazilian reality, especially within a fresh health care model like the ESF. It is a health policy strategy that has been specially inserted in areas with remarkable social inequalities and poor access to health care services[23].

In order to intervene properly and establish a systematized action for each family, the nurse needs to know the affective, economic, political and the family movements; how the relationships occur inside the home; who controls the family[23]. This is highlighted in the following speech:

> *"Because when you visit a home, sometimes, you can intervene; sometimes you can't...intervene, like: you may arrive in the house and find a mess. You have to give some orientation. Sometimes, it's not possible to give orientation at that moment, because he can close the door to the visit and say: 'I don't want to receive you' and he won't receive you. But during the visit, you check and see what you're going to do there and then you slowly address the issue so he can understand." (Gardenia)*

Promoting health at home brings new and old implications for the nursing practice for being characterized by actions of greater magnitude that must take place during the visit and that have not a predefined schedule. However, nurses face problems that are out of their reach since they are related to the State social needs[23]. These concerns are proven in the following speeches:

> *"We, sometimes, get to someone's house at 11:00 in the morning and this person has not had any meals yet. During the visit, we meet many drunk people, smokers, drug users. How can someone without hygiene, food, basic conditions, be healthy?" (Gardenia)*

> *"Families who have no access to piped water...It's a cold, stark and raw reality...People who have nothing to eat, people who don't have where to take a shower." (Daisy)*

However, the HV should enable the visitor to recognize, in every street and home he visits, the real needs and possible solutions the community covered by the ESF offers. Nurses should work as "human radars" in order to capture what is concrete and subjective where the population lives and what is eligible for interventions[23].

In order to conduct HV focusing on health rather than the disease, nurses should plan their visits based on the problem contexts of each family, and the visit should be targeted to all the people living in the same house[23].

The HV as one of the ways for the reorientation of the care model and implementation of health promotion.

The crisis in the Brazilian health care system is present in daily life and is observed through widely known facts, like: frequent lines of patients at health care facilities; lack of hospital beds; lack of material, financial and human resources to maintain the health services, and the resurgence of transmissible diseases[36].

The root of this crisis is in the current care model, constituted by the medical care practice based on the flexnerian paradigm and the negative concept of the disease. The current health care model consists of hospital care services focused on medical consultations with a biologicist view of the health-disease process, focusing on curative actions[7].

The social construction of a new health care system implies a process that requires changes in the conception of the health-disease process, i.e., the sanitary paradigm. In this sense, the negative conception of health-disease should be changed for a positive conception. The sanitary paradigm would change from a flexnerian model to the social production of heath, and the sanitary practice would no more focus on medical care, but on health surveillance[37].

In order to overcome the current care model – responsible for the inefficiency of the sector – the MH established the ESF as the main response to the crisis of the health care model[7]. Thus, the ESF is an organization model aimed at restructuring basic health care in SUS. Its theoretical bases prioritize health promotion, what does not ignore clinical care, appraising health actions embedded in the broad concept of health[38]. The nurses interviewed in this current investigation recognize this process of change, as observed in the following speeches:

> *"When this program was implemented, at that time it was considered a program and it ended up as a care model." (Rose)*

"The program is here to change this, there was so much of outpatient care, clinic and now it's about being close to the community where you work." (Tulip)

In the ESF, the care is focused on the family, which is understood and perceived from its social and physical environment. This enables family health care teams to understand better the health-disease process and the need for interventions beyond curative practices, providing care for families and improving the quality of life of Brazilians[7]. Thus, although the nurses' practice is focused on the disease, they understand that the HV can help changing the current care model:

"It is a program in which we have to be closer to the family." (Daisy)

One of the activities of the ESF is the HV, which provides the professional with the chance to enter the family space in order to identify its demands and capacities[39]. The home visit gives a broad view of the real life conditions of the family and provides the interaction between social and family environments through the observation of the daily life, making such experiences very constructive[40].

In order to play their role in health protection and promotion, the nurses need to know the peculiar health problems and the factors that affect the community where they work[35].

There were some difficulties in the development of this research: some nurses were absent from the health care units – some refused to participate, one alleged she never participates in activities of education institutions/ universities and others who said they could not participate in the research because they had no time available.

FINAL CONSIDERATIONS

The HV is one of the instruments that enable the ESF nurse to know the factors conditioning and determining the health-disease process, as well as to establish measures for health promotion. It is through the visit that the health care professional can assess socio-environmental and living conditions of the individual and his family and conduct an active search, the planning and performance of proper care measures focused on health promotion.

The results found in this study showed that the use of the HV by ESF nurses as health promotion activity is still in the beginning. They recognize the need to change the care model and see the visit as an important instrument for such change; however, in practice, they are still focused on a biologicist model, performing curative actions that do not take into account the social context where the user and his family are inserted.

Since health promotion is the current strategy of action and articulation that enables the active participation of several social partners and individuals involved in the health care field, it stands to reason that there is a need to perform studies on the use of the home visit as a health promotion activity from the user's point of view.

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REFERENCES

1. Ministério da Saúde (BR). Manual para a organização da atenção básica. Brasília: Ministério da Saúde; 1998.

2. Escorel S, Giovanella L, Mendonça MHM, Sena MCM. O Programa Saúde da Família e a construção de um novo modelo para a atenção básica no Brasil. Rev. Panam. Salud. Publica [periódico na internet] 2007 [acesso em 2012 Jul 20]; 21(2). Disponível em: http://dx.doi.org/10.1590/S1020-49892007000200011

3. Brasil. Portaria n. 648/GM, de 28 de março de 2006. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agentes Comunitários de Saúde (PACS). Diário Oficial da União; 2006 Mar 28.

4. Mendes AO, Oliveira FA. Visitas domiciliares pela equipe de saúde da família: reflexões para um olhar ampliado do profissional. Rev. Bras. Med. Fam. e Com. [periódico na internet] 2007 [acesso em 2012 Jul 20]; 2(8). Disponível em: www.rbmfc.org.br/index.php/rbmfc/article/download/64/55

5. Gaíva MAM, Siqueira VCA. Visita Domiciliária pelos profissionais da Estratégia Saúde da Família. Cienc Cuid Saúde [periódico na internet] 2011 [acesso em 2013 Abr 01]; 10(4). Disponível em: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/18313/pdf

6. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde. 2ª ed.. Brasília; 2007. (Série Pactos pela Saúde 2006, v. 7)

7. Ministério da Saúde (BR). Saúde da Família: uma estratégia para a organização do modelo assistencial. Brasília; 1998.

8. Fertonani HP, Pires D. Concepção de saúde de usuários da Estratégia Saúde da Família e o novo modelo

assistencial. [periódico na internet] 2010 [acesso em 2013 Mai 18]; 1(2). Disponível em: http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/14/15

9. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde. 3ª ed. Brasília: Ministério da Saúde; 2010.

10. Sakata KN, Almeida MCP, Alvarenga AM, Craco PF, Pereira MJB. Concepções da equipe de saúde da família sobre as visitas domiciliares. Rev Bras Enferm [periódico na internet]. 2007 [acesso em 2012 Jul 22]; 60(6). Disponível em: http://www.scielo.br/pdf/reben/v60n6/07.pdf.

11. Santos EM, Kirschbaum DIR. A trajetória histórica da visita domiciliária no Brasil: uma revisão bibliográfica. Revista Eletrônica de Enfermagem [periódico na internet]. 2008 [acesso em 2012 Jul 22]; 10(1). Disponível em: http://www.fen.ufg.br/revista/v10/n1/v10n1a20.htm.

12. Kebian LVA, Acioli S. Visita domiciliar: espaço de práticas de cuidado do enfermeiro e do agente comunitário de saúde. Rev Enferm UERJ [periódico na internet] 2011. [acesso em 2013 Mai 02]; 19(3). Disponível em: http://www.facenf.uerj.br/v19n3/v19n3a11.pdf

13. Ramos CS, Heck RM, Ceolin T. Perfil do enfermeiro atuante na Estratégia Saúde da Família. Cienc. Cuid. Saúde [periódico na internet]. 2009 [acesso em 2012 Jul 22]; 8(supl.). Disponível em: periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/.../5535.

14. Turato ER. Tratado da metodologia da pesquisa clínico-qualitativa: construção teórico-epistemológica, discussão comparada e ampliação nas áreas da saúde e humanas. 4ª ed. Petrópolis: Vozes; 2010.

15. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. Cad Saúde Pública [periódico na internet]. 2011 [acesso em 2013 Mai 20]; 27(2). Disponível em: http://www.scielo.br/scielo.php?pid=S0102-311X2011000200020&script=sci_arttext

16. Matheus MCC, Fustinoni SM. Pesquisa qualitativa em enfermagem. São Paulo: Livraria Médica Paulista; 2006.

17. Teixeira E. Trilhas para pesquisa em saúde e Enfermagem. 11ª ed. São Paulo: Martinari; 2008.

18. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: HUCITEC; 2010.

19. Mitre SM, Andrade EIG, Cotta RMM. Avanços e desafios do acolhimento na operacionalização e qualificação do Sistema Único de Saúde na Atenção Primária: um resgate da produção bibliográfica do Brasil. Ciênc Saúde Coletiva [periódico na internet]. 2012 [acesso em 2013 Mai 02]; 17(8). Disponível em: http://www.scielo.br/pdf/csc/v17n8/18.pdf

20. Lanzoni GMM, Meirelles BHS. A rede de relações e interações da equipe de saúde na atenção básica e implicações para a enfermagem. Acta Paul. Enferm [periódico na internet]. 2012 [acesso em 2013 Mai 02]; 25(3). Disponível em: http://www.scielo.br/pdf/ape/v25n3/v25n3a23.pdf

21. Gofin J, Gofin R. Atención primaria orientada a la comunidad: un modelo de salud pública en la atención primaria. Rev Panam Salud Publica [periódico na internet]. 2007 [acesso em 2013 Mai 01]; 21(2-3). Disponível em: http://www.scielosp.org/pdf/rpsp/v21n2-3/12.pdf

22. Takahashi RF, Oliveira MAC. A visita domiciliária no contexto da saúde da família. In: Brasil IDS. Manual de enfermagem. Brasília: Ministério da Saúde; 2001. p. 43-6.

23. Silva ROL. A visita domiciliar como ação para promoção da saúde da família: um estudo crítico sobre as ações do enfermeiro [tese]. Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2009.

24. Ministério da Saúde (BR), Secretaria de Política de Saúde. Projeto promoção de saúde: Carta de Ottawa. Brasília: Ministério da Saúde; 2001.

25. Carvalho AFS, Dias EC. Promoção da saúde no local de trabalho: revisão sistemática da literatura. Rev Bras Promoç Saúde [periódico na internet]. 2012 [acesso em 2013 Mai 01] 25(1). Disponível em: http://www.unifor.br/images/pdfs/rbps/artigo16_2012.1.pdf

26. Albuquerque ABB, Magalhães BML. Visita domiciliar no âmbito da Estratégia Saúde da Família: percepções de usuários no Município de Fortaleza, Ceará, Brasil. Cad Saúde Pública [periódico na internet]. 2009 [acesso em 2012 Out 15]; 25(5). Disponível em: http://www.scielo.br/pdf/csp/v25n5/17.pdf.

27. Mano MAM. Casa de família: uma reflexão poética sobre a visita domiciliar e a produção de conhecimento. Revista APS [periódico na internet]. 2009 [acesso em

2012 Out 15]; 12(4). Disponível em: http://www.seer.ufjf.br/index.php/aps/article/viewArticle/660

28. Kawamoto EE, Santos MCM, Mattos T. M. Enfermagem comunitária. São Paulo: E.P.U; 1995.

29. Faria RHF. O enfermeiro e a visita domiciliar na estratégia de saúde da família. [monografia]. Guarapari: Faculdades Integradas de Jacarepaguá; 2009.

30. Campos GWS, Guerrero AVP. Manual de práticas de atenção básica: saúde ampliada e compartilhada. São Paulo: HUCITEC; 2008.

31. Waldow VR. Cuidar: expressão humanizadora da enfermagem. Rio de Janeiro: Vozes; 2006.

32. Ayres JRC. Cuidado: trabalho e interação nas práticas de saúde. Rio de Janeiro: CEPESC; UERJ/IMS; 2009.

33. Silva VG. A prática do enfermeiro na estratégia saúde da família no município de Vitória ES [dissertação]. Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2007.

34. Sossai LCF, Pinto IC. A visita domiciliária do enfermeiro: fragilidades x potencialidades. Cienc Cuid Saude [periódico na internet]. 2010 [acesso em 2012 Out 17]; 9(3). Disponível em: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/6856/6633

35. Vorpagel MGB, Bonelli WR. Sistematização da Assistência de Enfermagem em Programa de Saúde da Família (PSF): construção de um plano assistencial a partir do diagnóstico comunitário. Saúde Coletiva [periódico na internet]. 2011 [acesso em 2012 Out 17]; 08 (52). Disponível em: http://redalyc.uaemex.mx/src/inicio/ArtPdfRed.jsp?iCve=84219781004

36. Polignano MV. Histórias das políticas de saúde no Brasil: uma pequena revisão. In: Cury GE. Cadernos do internato rural. Minas Gerais: Departamento de Medicina Preventiva e Social/Faculdade de Medicina da Universidade Federal de Minas Gerais; 2000.

37. Mendes EV. Uma agenda para a saúde. 2ª ed. São Paulo: Hucitec;1999.

38. Andrade LOM. A estratégia saúde da família. In: Medicina ambulatorial condutas de atenção primária baseadas em evidências. 3ª ed. Porto Alegre: Artmed; 2004.

39. Ministério da Saúde (BR). Programa Saúde da Família. Brasília: Ministério da Saúde; 2005.

40. Nery AA, Carvalho CGR, Santos FPA, Nascimento MS, Rodrigues VP. Saúde da família: visão dos usuários. Rev Enferm UERJ [peripodico na internet]. 2011 [acesso em 2013 Mai 03]; 19(3). Disponível em: http://www.facenf.uerj.br/v19n3/v19n3a10.pdf

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