

Nursing care towards the home care user

Cuidados do enfermeiro ao usuário nas modalidades de atenção domiciliar

Cuidados de Enfermería para usuarios en términos de cuidado del hogar

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ABSTRACT

Objective: The study's goal has been to gain further understanding about the scientific production, published over the period from 2004 to 2015, by considering the care provided by nurses towards the user of the *Sistema Único de Saúde (SUS)* [Unified Health System] in the modalities of home care. **Methods:** It is an integrative review that was performed online through the *Biblioteca Virtual em Saúde (BVS)* [Virtual Health Library], in the database of the *Literatura Latino-Americana em Ciências de Saúde (LILACS)* [Latin American Literature in Health Sciences], the Medical Literature Analysis and Retrieval System Online (MEDLINE) and the *Banco de dados da Enfermagem (BDENF)* [Nursing Database]. **Results:** The sample was comprised by 38 both complete and free scientific articles. It was observed that the nurses who work in the home service are able to participate and contribute to the development of actions aiming to promote, prevent and recover the users' health. **Conclusion:** It is concluded that new studies are necessary, since there is a movement to stimulate the organization of health care structural arrangements, which need to be developed and adapted to meet the current needs of the home care service.

Descriptors: Patient, nursing, nursing care, health care, home care, home inpatient.

RESUMO

Objetivo: Conhecer a produção científica publicada no período de 2004 a 2015, a respeito dos cuidados do enfermeiro ao usuário do Sistema Único de Saúde (SUS) nas modalidades de atenção domiciliar. **Método:** Revisão integrativa realizada via *on-line* na Biblioteca Virtual em Saúde (BVS), nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical

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Literature Analysis and Retrieval System Online (MEDLINE) e Banco de Dados em Enfermagem (BDENF). **Resultados e discussão:** A amostra constituiu-se de 38 artigos científicos completos e gratuitos. Observa-se que o enfermeiro atuante no serviço domiciliar é capaz de participar e contribuir no desenvolvimento de ações de promoção, prevenção e recuperação da saúde dos usuários. **Conclusão:** Conclui-se que novos estudos são necessários, pois existe um movimento tendente a estimular a organização de arranjos estruturais de atenção à saúde, que necessitam de aprofundamento e adaptação para atender às atuais necessidades da modalidade de atendimento domiciliar.

Descritores: Paciente, Enfermagem, Cuidados de Enfermagem, Assistência à saúde, Assistência domiciliar, Internação domiciliar.

RESUMEN

Objetivo: El objetivo es conocer la literatura científica publicada desde 2004 hasta 2015, sobre el cuidado de enfermeras para el usuario del Sistema Único de Salud en las modalidades de atención a domicilio.

Método: Revisión integrada llevada a cabo en línea a través de la Biblioteca Virtual en Salud en la base de datos de América Latina y el Caribe Ciencias de la Salud, Análisis de la literatura médica y recuperación del sistema en línea, la base de datos de enfermería. **Resultados y discusión:** La muestra estuvo constituida por 38 artículos completos y libres. Se observa que la enfermera que trabaja en el servicio a domicilio es capaz de participar y contribuir en el desarrollo de la promoción, prevención y recuperación de la salud de los usuarios. **Conclusión:** Se concluye que más estudios son necesarios porque hay un movimiento busca promover la organización de los arreglos estructurales del cuidado de la salud, que necesitan un mayor desarrollo y adaptación para satisfacer las necesidades de modo de cuidado en el hogar de hoy.

Descriptor: Paciente, Enfermería, Cuidados de Enfermería, Cuidado de la salud, Cuidado del hogar, Hospitalización domiciliaria.

INTRODUCTION

Care is a complex, multidimensional theme that has aroused interest in several areas of knowledge, because, somehow, it can be understood that at some point, they exercise care. It is understood that health care practices in the contemporary world, in order to provide a better quality of life for the population, require innovative approaches to care and the search for new spaces and care modalities, including the home of the user.

The health practices developed in the home make it possible to recognize this space as a beneficial and possible environment for care.¹ Corroborating this idea authors² affirm that these practices can be constituted by actions of prevention, promotion, rehabilitation of users' health, in their own residence, in search of better health and life conditions for the user/family.

This fact makes it possible to understand that the care provided at the household level needs to conceive the family in its social space, involving the user in an integral and individualized way. Among the possible care actions to be developed, with the user and his/her family, in the extra-mural space, in other words, outside the hospital setting, are the modalities of home care, such as the home visit, home inpatient, and home care service, which, with their different purposes and levels of complexity, need to be integrated, interrelated and articulated to health care networks in order to provide quality care.^{3,4}

Given this perspective, from practices in unconventional spaces such as the home, there is a need for a differentiated look at the needs of the user, family, and community, in a comprehensiveness with the environment in which they live and that influences their health as a whole. Home Care (HC) under the *Sistema Único de Saúde (SUS)* [Unified Health System] is supported by the Federal Ordinance No. 963, dated May 27th, 2013, which describes it as a new modality of health care, replacing or complementing the existing ones, characterized by a set of actions to promote health, prevention, and treatment of diseases and rehabilitation provided at home, with a guarantee of continuity of care and integrated to the networks of health attention.⁵

The HC when made with the user and family can also be understood as a broad component of health care, where the services provided to the user and the family at home are capable of promoting, maintaining, or even restoring health or effects of illness. This type of care, which is becoming more consolidated in our country, is also considered as an example of innovation in the ways of caring for the individual at home.^{6,3}

The use of this modality is justified because the user, when being withdrawn from his/her conventional space of familiarity and inserted into the hospital environment, although technically and operationally adequate, end up experiencing a daily environment that is foreign to his daily and habitual living, good results for its therapeutic recovery. Therefore, the HC can be understood as a type of care modality that provides, in addition to a therapeutic treatment, stimulates the autonomy of the user, awakening and developing their functional abilities in their own environment, i.e., in the home context.⁷

The advantages of the HC are the ease of developing actions aimed at integrating and rehabilitating the user in their usual and familiar space, reducing the risks of infection, reducing costs with hospitalizations and re-hospitalizations, favoring beds turnover in hospitals, besides helping to improve the health conditions of the user.^{8,3}

Given the benefits of the HC, we must not forget the contribution of health professionals so that this process of care can be developed effectively and effectively. Among the professionals of the health team, nursing represents the largest contingent of workers involved in home care.³ The participation of nurses with the members of the multiprofessional team in educational processes contributes significantly to the improvement and technical-scientific development of home care, in the scope of training, preparation, and qualification of professionals working in the home environment.

The wide range of nurses' actions in the HC actions are easily observed. The nurse acquires a fundamental and indispensable representation, with the user and the family, since it needs to respond to the needs pointed out, not only in order to fulfill its practical work activities, but also to welcome, support, dialogue, and being together with this family.

This modality of nursing care demonstrates that home care requires from this professional knowledge, skills, and attitudes peculiar to the purpose of identifying the specifics of the environment, and from it to plan, organize, execute

and coordinate care actions in an effective and effective way for the benefit of the user and their families.

Hence, it is understood that the HC is a modality of humanized and innovative attention, which aims to modify the fragmented logic of health professionals' performance. Therefore, from the moment the professional goes to the user's home, the need to understand this space is increased, seeking to establish relationships of trust and mutual help between professionals, the user, and his/her family. It is up to the individuals involved to conceive their relationships based on respect, ethics, singularity, allowing the construction of new knowledge and practices of health care.

Given the aforesaid, we have as a guiding question: What is the the scientific production, published over the period from 2004 to 2015, with regards to the care provided by nurses towards the user of the SUS in the modalities of home care?

In order to answer this question, the study's purpose was to know the scientific production, published over the period from 2004 to 2015, by considering the care provided by nurses towards the user of the SUS in the modalities of home care.

METHODS

It is a descriptive-exploratory research with both quantitative and qualitative approach, which was carried out by the integrative review method. This research method seeks to gather, organize and synthesize the results of research on a given topic in a systematic way, deepening the knowledge about it, using evidence-based investigations, addressing here researches about nursing care to the user of the SUS in the modalities of home care.

With the purpose of knowing the scientific production on the subject under study, an online search was done in the *Biblioteca Virtual em Saúde (BVS)* [Virtual Health Library] of articles related to the theme. The following descriptors of health science were used: health, home care, nursing and home inpatient. As a search strategy, the research was conducted in the electronic databases of the BVS, the *Literatura Latino-Americana em Ciências de Saúde (LILACS)* [Latin American Literature in Health Sciences], the Medical Literature Analysis and Retrieval System Online (MEDLINE) and the *Banco de dados da Enfermagem (BDENF)* [Nursing Database]. The inclusion criteria were articles published in Portuguese, English, and Spanish, between 2004 and 2015, studies with free and complete electronic availability.

When using the patient descriptor, 184,424 articles were found in the MEDLINE database. In LILACS, 24,371 articles were identified and in the BDENF, 1,623 articles were identified. Refining them with the nursing care descriptor, 8,056 articles of MEDLINE, 1,189 articles of LILACS and 738 articles of BDENF were obtained. In addition to the descriptor, health care was collected 3,604 articles from MEDLINE, 576 from LILACS and 397 from BDENF. Inserting these descriptors, home care was obtained 2,433 articles in MEDLINE, 164 articles in LILACS and 104 in BDENF. Conclusively, by adding to these descriptors the home inpatient descriptor, then 111 articles were identified in the MEDLINE database, 11 articles in LILACS, and 07 articles in the BDENF, totaling 129 articles.

After careful reading of the summaries of the 129 articles selected, 91 articles were excluded because they did not contemplate or only contemplate part of the subject under study, or were present in more than one database, resulting in a total of 38 articles to be read in their entirety.

Aiming to organize the data from the investigations, an instrument was elaborated contemplating the following items: article, publication year, database, journal, country, title, objectives, and conclusions summary. These data were described, making use of the absolute frequency (n) and respective percentage (%).

Concerning the ethical aspects, the authors of the articles selected in the BVS were observed and respected. The Copyright Law was respected, with due references being made, both in direct and indirect transcription.

RESULTS AND DISCUSSION

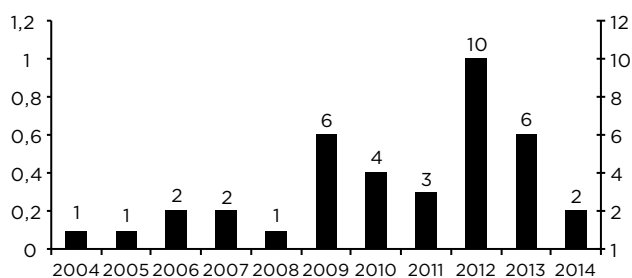
In the selected studies, in relation to publication in the databases, it was found that 27 articles (71.05%) were published in MEDLINE, 7 (18.43%) in LILACS and only 4 (10.52%) in the BDENF. This higher incidence in MEDLINE does not mean, however, that all are of foreign origin since currently national articles are included in international databases.

Considering the journals in which the articles were published, there were found the following: 4 (10.54%) in the *Acta Paulista*, 3 (7.89%) in the *Escola de Enfermagem Anna Nery*, 3 (7.89%) in the *Cogitare*, 3 (7.89%) in the *Rev Gaúcha de Enferm*, 2 (5.26%) in the *Escola de Enfermagem USP*, 2 (5.26%) *Saúde e Sociedade*, 2 (5.26%) *Rev Enf UERJ*, 2 (5.26) *Online Brazil Jornal of Nursing*, 2 (5.26%) *Home Health Nurse*, and just 1 (39.49%) present in the following 15 journals, *Enfermagem do Nordeste - RENE*, *Revista Brasileira de Enfermagem*, *Texto e Contexto*, *Revista Latino Americana*, *Ensaio e Ciência*, *Enfermería Global*, *Revista Mineira de Enfermagem - REME*, *Ciência Cuidado e Saúde*, *Revista de Saúde Pública*, *O mundo da saúde*, *Klin Padiatri*, *Enfermagem em foco*, and *Psico Revista São Paulo*, *Arch Padiatr Adoles Med*, *International Psychogeriatr ICS*.

The countries of origin were, as follows: 33 (86.84%) articles published in Brazil, 3 (7.90%) in the United States of America, and only 1 (2.63%) articles in Germany and 1 (2.63%) in Israel.

In relation to the articles' publication years, between 2004 and 2014, the data identified presented the following distribution, as shown in Figure 1.

Figure 1 - Distribution of the studies according to the publication year



Source: Research data from this study.

Regarding the articles' titles, it was observed that 14 (36.84%) addressed questions regarding the role of nurses in the household 12 (31.58%) corresponded to more general issues of home care and home inpatient, and 12 (31.58%) talked about care in the home environment.

Regarding the objectives in the articles, it is worth noting that 16 (42.10%) articles aim to discuss the experiences in the home care modalities, 4 (10.52%) seek to identify difficulties and/or potentialities in home care, 5 (13.15%) sought to identify the production/bibliography about home care, 10 (26.34%) aimed to know the role of professionals in home care, 2 (5.26%) sought to evidence the experience of caregivers in care and only 1 (2.63%) sought to demonstrate the experience of home care in teaching practice.

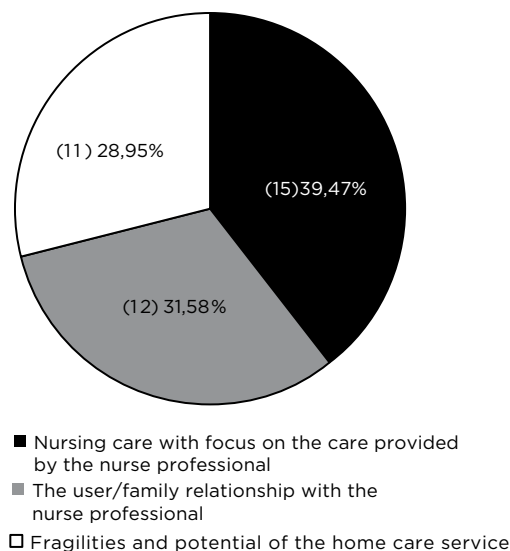
The objectives show that there is a diversity of aspects being studied about home care. However, it is noticed that there is predominance in what refers to the experiences in the home care modalities. Moreover, they demonstrate that there is coherence between the research objectives and the titles, since the titles allude to the objectives of the works studied.

The articles were categorized and classified as follows: 26 articles (68.43%) qualitative studies, 7 (18.42%) quantitative studies and 5 (13.15%) both qualitative and quantitative studies. The predominance of qualitative studies ratifies the preference of this approach by the studies of the nursing researchers.

After quantitatively evaluating the data of the work under study, it was decided to analyze and discuss, more carefully, the content of the final considerations listed in the 38 articles of

the study, highlighting the aspects of greater relevance. Thus, following the content analysis,¹⁰ the final considerations were organized, analyzed and grouped by similarity or difference of content, obtaining three categories: The nursing care in home care; The user/family relationship with the nurse; and, Fragilities and potential of the home care service according to Figure 2 and discussed below.

Figure 2 - Distribution of the studies according to the categories



Source: Research data from this study.

The nursing care in home care

Table 1 - Grouping of category 1 articles - The nursing care in home care, article's number, publication year, authors and aspects of major relevance in the final considerations

Article's number	Year	Authors	Aspects of major relevance in the final considerations
11	2004	Fabricio SCC, Wehbe G, Nassur FB, Andrade JI	The coordination of the entire sector is under the nurses' responsibility, who are also responsible for capturing and including the client in the program. The HC when carried out with responsibility, competence and supervision, can bring many benefits to the client and his family. It is realizing assistance based on the reality of each individual providing individualized and humanized care.
12	2010	Gomes IM, Kalinowski LC, Lacerda MR, Ferreira RM	Nurses are responsible for planning, managing, coordinating, executing and evaluating care; it is possible to provide means of articulation among health services, relying mainly on the policies and sensitivity of the managers.
13	2011	Machado ALG, Silva MJ, Freitas CHA	The HC is growing and, once performed with responsibility and competence, brings many benefits to people and their families.
14	2014	Sassa AH, Gaiva MAM, Higarashi IH, Marcon SS	Nursing actions in the home context involve the evaluation of the child, guidelines, demonstrations, clarifications, referrals and encouragement for the accompaniment of childcare and with specialists, as well as an approach that facilitated family empowerment and gradual autonomy to care.
15	2011	Kebian LVA, Acioli S	It is worth noting that the nurse performs home visits to families who need more attention to health. This fact shows that the nurses return to their practice for health intervention, from the investigation of the needs affected.
16	2014	Ribeiro AL, Almeida CSL, Reticena KO, Maia MRG, Sales CA	Home-based follow-up, developed by a nursing team, allows interventions with the essence of palliative care, helping the patient's physical needs, with orientations, performing procedures that require a differentiated attention to the families followed, which were facilitated by the creation of links with the themselves.

Article's number	Year	Authors	Aspects of major relevance in the final considerations
17	2007	Schutz V, Leite JL, Figueiredo NMA	Everything has to be done in a way that is always involving these nursing professionals in educational, training and behavioral activities, because that is where the greatest problems of performance occur.
18	2012	Silva, KL, Sena RR, Silva PM, Braga PP, Souza CG	The nurse plays a fundamental role in health education and in the development of skills that guarantee the adherence of the therapeutic proposal.
19	2013	Paul IM, Beiler JS, Schaefer EW, Hollenbeak S, Alleman N, Sturgis SA, Yu SM, Camacho FT, Weisman CS	The home care was effective in controlling blood pressure.
20	2010	Silva DC, Santos JLG, Guerra ST, Barrios SG, Prochnow AG	The nurse's role in this care modality includes a process that starts even when the patient is hospitalized, passes through the patient's transfer to his home and the maintenance of his home. The work of the nurse goes beyond the organization of nursing care, as it also includes the articulation with the support services and with other professionals of the multiprofessional health team. caregivers reported that it is possible to determine the nurse's identity through her ability to communicate with the team and with the assisted family itself, as well as their particular way of caring and teaching care, and it also empowers them to autonomy of the home caregiver.
21	2007	Persegona KR, Teixeira RC, Lacerda MR, Mantovani MF, Zagonel IPS	It is salutary that experience is inherent to the performance of the procedures, being clinical judgment, observation, insight, intuition and sensitivity are relevant aspects, since they determine the conduct of actions in order to aim the patient's well-being, physical and emotional integrity.
22	2009	Martins JJ, Nascimento ERP, Erdmann AL, Candemil MC, Belaver GM	The goal should always be to encompass not only the cure of diseases, but their prevention, directing actions that come to rescue complete physical, mental, social and spiritual well-being.
23	2009	Favero L, Lacerda MR, Mazza VA, Hermann AP	Home care is expressed in order to guarantee autonomy and greater professional visibility, which must be able to attend the family/client/caregiver trinomial in an ethical, empathic and sensitive way, in addition to being a priority for the quality of life of those involved.
24	2012	Colandrea M, Murphy-Gustavson J	The nursing consultation at home as an effective and efficient alternative.
25	2013	Pires MRGM, Duarte EC, Göttems, LBD, Figueiredo NVF, Spagnol CA	The HC identified in this research subsidize the team's decision-making about the priorities and the best way to meet the health needs of those who need home care in the health territory, subsidizing the management of extended care in the Health Care Network of the SUS.

Source: Research data from this study.

In the studies^{11,12,13,14,15,16,17,18,19,20,21,22,23,24,25} the researchers have sought to delineate the care provided by the nurse in the Home Care (HC). This is considered a practice on the rise, and once developed with responsibility and competence provides innumerable benefits to the user, his family, and the population.

In this context, authors report on the various care developed by this professional, involving actions to plan, organize, coordinate and monitor home care, teach care, be creative, flexible and able to adapt to different environments and individuals.^{11,12,13,14}

Nursing care when performed at home works as an effective and efficient alternative for paying a differentiated attention to the user and the family, and their health interventions, exercised based on the reality experienced by the user and the family.^{15,16} Among the nurse's behaviors in the HC, the researchers identify educational actions as one of the possibilities to provide the user with the gradual autonomy of the care.^{17,18,14} Thus, it is evident that the educational practices

developed by this professional in the home environment, constitute a care tool, able to contribute to the adherence of the therapeutic proposal, and help in improving the health conditions of the user.

On the other hand, other studies^{11,19} suggest that the nurse is often recognized only by technical procedures, such as collection of laboratory tests, control of hypertension, dressings, care of probes and ostomies. Contrary to this idea, in a University Hospital from the *Rio Grande do Sul* State, Brazil, affirming that the nurse's behavior begins even when the patient is hospitalized, as the care practices are maintained during and after the patient is transferred to his or her home.²⁰

Therefore, it is understood that the nurse's work at home is much more complex, and involves other activities of extreme relevance, which do not correspond only to technical procedures. In this sense, authors^{21,22} emphasize that home care is directed not only to the cure of diseases but also to actions that will restore the improvement of the living conditions

of the individual as a whole. These considerations reinforce the concept that the actions developed by the nurse in the HC are to enable care strategies to guide the professionals involved in conducting their activities in a humane manner, using appropriate techniques, and their behavior based on ethics, sensitivity, in the integrality, in the humanization, in the technical-scientific knowledge, in the ability of dialogue with its team and the user/familiar/caregiver trinomial, guaranteeing an effective and effective assistance.^{11,23,24}

In this sense, researches point out that the care developed at home by the nurse, arise as a necessary response so that the privileged space of life (being in his residence) is maintained. And thus, make it possible for the user and family to experience

a new approach to care, allied to knowledge and technology, having their practices directed to the reality of each user, guaranteeing an individualized and unique care.^{12,20,25}

Based on the aforementioned, it can be inferred that nurses are one of the most responsible professionals in the care performance in the modalities of home care acting with the user, families, and communities. It is up to the professional nurse to plan and develop health practices in an attempt to meet the needs of the population. Moreover, it is necessary to develop the critical analysis and the creativity ability, for innovation of new practices, with the purpose of attending the advances of the knowledge enabling new interactive relational technologies of care to the user and family in the home care

The user/family relationship with the nurse

Table 2 - Grouping of category 2 articles - The user/family relationship with the nurse, article's number, publication year, authors and aspects of major relevance in the final considerations

Article's number	Year	Authors	Aspects of major relevance in the final considerations
26	2008	Schwonke CRGB, Silva JRS, Casalinho ALD, Santos MCS, Vieira FP	We believe that this contact at the user's home is able to assist in the humanization of care, but it is of paramount importance the empathic interest that the professional develops in this context, so based on the reality in which it is inserted, to plan and apply correct strategies, to care to be achieved in a harmonious and real way for all involved.
27	2009	Drulla AG, Alexandre AMC, Rubel FI, Mazza VA	The results indicated a more humanized care, allowing the construction of bonds. For this, it is necessary to know how to listen, so that trust can be established between professional and user, especially since this practice is developed in the family home space. In this way, the visit allows to know the reality, to exchange information of the relatives and thus to subsidize the construction of the intervention project closer to the families.
28	2012	Garcia RP, Denardin-Budó MLD, Oliveira SG, Beuter M, Perlini MOG	The ways of caring are configured in a wide variety of ways, reflecting the cultural aspects of each family, the need of health professionals, especially nurses who are in close contact with caregivers and patients, and are attentive to practices that contextualize the knowledge and vivencias populares.com. Thus, it becomes possible to approach the care sectors, which can help in the production of bonds, establish relationships of trust, so that they favor the exchange of knowledge and still prevent home care lonely and distressing for caregivers.
29	2012	Oliveira SG, Quintana AM, Denardin-Budó ML, Moraes NA, Lüdtke MF, Cassel PA	The team seems to be present to support not only the patient, but also the caregiver who is insecure about their responsibility, and anguish when faced with human finitude. Nonetheless, there were identified unfavorable points in this relationship as the use of scientific terms by health professionals, resulting in a communication that is not effective and welcoming.
30	2013	Ayalon L, Halevy-Levin S, Ben-Yizhak Z, Friedman G	An indication of the lack of clarity about family care roles stems from the realization that family members were often seen as uncommitted and careless, but at times they were criticized for being overly involved in patient care.
31	2010	Thumé E, Facchini LA, Tomasi E, Vieira LAS	The family has a prominent role in the viability of the HC, however, observed changes in family structure increase the probability that future generations will need additional care that the family will not be able to provide.
32	2013	Rodriguez MIF	Choosing to be treated at home does not only depend on either the will of the patient or the medical staff, a whole structure is necessary for a truly adequate and humanized care, when the staff goes away the family is the one who takes care of the loved one as referred to, the family needs be oriented to the type of care that will be performed, the characteristics of the disease before it is delegated the function of caring. It is up to the health team to evaluate this, because without it, the family can accept home care only because it feels responsible for the loved one and not because it is really prepared to receive it and the care assignments.

Article's number	Year	Authors	Aspects of major relevance in the final considerations
33	2009	Brondani CM, Beuter M	Nurses must respect the potential of each person to take care of, individualize the needs of education and continually reinforce essential care to meet the demands of the patient.
34	2009	Silva JRS, Heck RM, Schwartz E, Schwonke CRGB	Guidance as part of the health education process as important points of care performed by the Nurse, because it allowed them to have a predictability in relation to what could happen. In this aspect they pointed out that the contact with the nurse was an experience that extended beyond the home hospitalization.
35	2012	Gago EA, Lopes MJ	The nurses mobilize the various resources through the knowledge they acquire in the community context and in the individual context of each cared person.
36	2012	Gomes IM, Kalinowski LC, Lacerda MR, Ferreira RM	It is believed that this field of work, due to its peculiarities, requires a modified profile of the nurse, besides requiring more studies, updates and reflections, to increase the knowledge of this area. It is believed that subjects, families and professionals can be considered complex units and that when articulating and organizing form a system that should be understood in the relationship that maintains the environment and time.
37	2012	Przenyczka RA, Lacerda MR, Maftum MA	Major conflicts occur at home and further studies are needed to identify diverse and equally relevant situations.

Source: Research data from this study.

The relationship between the nurse with the users and their relatives represents a complex care of constant interactions, where it is necessary, in order to identify their needs, to recognize the context in which they are inserted. It is understood that care practices based on the real needs of the user and family, integrated and appropriate to the environment in which it is inserted facilitates the interactions and allows for greater adherence and participation to the therapeutics.

In this sense, studies point out that nurses, because they are seen as the professionals who most interact with the user and family, need to understand the reality lived in the context where they live, in order to plan, organize and execute actions that account for the health demand of this group.^{26,27,28} When inserted in this context, in other words, in the reality of the home, it is evident the importance of identifying those responsible for care during their absence, planning and guiding the actions that the latter needs to develop, since there are situations in which activities are not punctuated or oriented with clarity, allowing an individual to develop assignments and assume responsibilities that he or she may not be prepared to perform.^{29,30} Considering this, it is pointed out that there are numerous ways of caring at home, and different people involved in this process.

Bearing this in mind, authors highlight the need of the nurse, be able to identify the weaknesses and potentialities of the user and family/caregiver, guide them when necessary and evaluate the quality of health practices that are being performed by all present in this space.^{31,32} So, the relationships

between the professionals and the family become significant, because a relative can be the caregiver.

The family caregiver role corresponds to an active participation in the care of the user at home, since it corresponds to a direct responsibility with the health conditions of this user. Nonetheless, to perform family caregiving actions, he needs to be encouraged and assisted so that he can develop them. Among the methods, nurses can use to help the caregiver are individualized educational practices, teachings of procedures, respecting and stimulating the potential of each.^{32,33,34}

Regarding the nurse's relationship with the user and family in the home environment, authors affirm that in the home environment, as well as in the relations with the user and family, there may be conflicts, which require the nurse to have a modified profile, where he is able to create strategies to apply their technical-scientific knowledge, their ability to dialogue and empathy, in order to strengthen the bonds of trust, guaranteeing an individualized, singular and humanized care.^{34,35,36,37} It is considered that it is up to the professional nurse, to develop actions that rescue the user's ability to exercise their autonomy, and consequently, that is able to take care of themselves, so that home care is not seen as a lonely, distressing process and difficult for the members involved.

It is believed that in order to be successful, the nursing home care needs to conceive the family in its social space, and to have its actions based on a differentiated, innovative, relational and interactive attention.

Fragilities and potential of the home care service

Table 3 - Grouping of category 3 articles - Fragilities and potential of the home care service, article's number, publication year, authors and aspects of major relevance in the final considerations

Article's number	Year	Authors	Aspects of major relevance in the final considerations
38	2012	Lionello CDL, Duro CLM, Silva AM, Witt RR	The home visit in the Family Health Strategy is still related to the control of the patient's adherence to the prescriptions of the health team, which reduces the biomedical dimension of health care necessitating adequacy in order to meet the logic of reorientation of the the health care advocated by this model of health care.
39	2012	Hüning BM, Reimann M, Beerenberg U, Stein A, Schmidt A, Felderhoff-Müser U	To conclude, a family-centered care program with coordinated follow-up increases parental satisfaction, reduces the length of the hospital stay and is therefore profitable.
40	2012	Markley J, Sabharwal K, Wang Z, Bigbee C, Whitmire L	The harlingen referral region, an area defined by the darmouth atlas as zip codes in south Texas, reduced 30-day hospital readmission rates and associated costs through its participation in the centers for medicare and medicaid services care transitions project.
41	2013	Brito MJM, Andrade AM, Caçador BS, Freitas LFC, Penna CMM	The HC reveals its importance in the health scene by providing new ways of producing care and intervention in different points of the Health Care Network and, especially, by transforming the home into a space of care. Hence, the HC participates in the structuring of the Health Care Network and provides new modalities of intervention that may contribute to overcoming a health care model, even if hegemonic. It is necessary to rethink and propose strategies to overcome existing gaps so that the HC can present significant advances in the construction of services and practices closer to completeness.
42	2006	Giacomozzi CM, Lacerda MR	It is considered that home health care has been implemented, but with difficulties on the part of professionals, due to the structure offered for their work, as well as their professional training, while, on several occasions, paradoxes are observed in the speeches presented.
43	2006	Lacerda MR, Giacomozzi CM, Oliniski SR, Truppel TC	It is considered that health professionals know these modalities, because they will probably be faced with them, even if they are not acting directly in the health HC. It is also considered that this knowledge is important so that the assistance given is given in an appropriate and correct manner, considering the inherent specificities.
44	2010	Costa B, Inoue L, Kohiyama VY, Paiano M, Waidman MAP	Assistance through home visits contributes to the recovery of the dignity of the human being and are facilitating instruments in the development of psychosocial rehabilitation strategies.
45	2005	Rodrigues MR, Almeida RT	Some recommendations are presented aiming at improving the quality of assistance. These recommendations consist of the provision of the following support items: creation of an information center on the HC, use of support technology, psychological support, and support in the home setting.
46	2013	Carvalhais M, Sousa L	The data suggest that the main obstacle in delivering quality nursing care is shortage of resources and disorganization, translated as lack of time, disorder and frustration. The quality of care would be promoted through more material and a multiprofessional team that would also support informal caregivers.
47	2011	Barbosa SF, Melleiro MM, Sportello EF, Ronchin DMR, Mira VL	It is fundamental that nursing must be oriented on the aspects of nursing records and that the institution's forms enable its execution, not in the sense of mechanizing the assistance, but rather by using a resource in order to optimize the care provided.
48	2009	Valente S, Teixeira MB	Despite being permeated by a nursing care reflects humanity, meaning a unique and unique experience, it was also a difficult, exhausting experience, representing situations that generate health problems by being a worker.

Source: Research data from this study.

The practices developed in HC bring countless benefits to the user and family, but difficulties can also be experienced during this process. Therefore, it is necessary to develop strategies that alleviate these fragilities and contribute to compliance with this practice, generating better health conditions for the user.

Studies point out that among the benefits of the HC are the centralization of care in the user and family, optimization of resources, reduction of hospitalization rates, the possibility of developing new methods and approaches to care and reducing health practices with biomedical models.^{38,39,40,41} Furthermore, the same authors show that home-based care allows for the rescue of the dignity of the human being, where with the help of professionals he may be able to exercise his autonomy and the decision-making process by himself.

Observing the reduction of the biomedical practice, it is emphasized that this type of situation can be seen as a potentiality of this type of attention modality. Nevertheless, it also shows that the fragmented, disease-centered attention still remains between the actions directed at the user and the family. This probable fragility can be triggered by the lack of qualification of the professional to act in an extra-wall space, in other words, at home. If this professional fails to understand the complex dimension that involves caring at home, it will hardly address their actions contemplating the human being as a whole.^{42,43,44}

Among the difficulties experienced in the HC, studies consider that the disaggregation between services presents as an obstacle to the accomplishment of a humanized care. They consider that this situation hinders communication between services and professionals, and may negatively affect the quality of care provided to the user and his/her family in the home environment.^{45,46} Corroborating this idea, other authors affirm that there are flaws in the quality of home care actions carried out by professionals. They consider that failures can be caused by the inadequate structure offered to them, as well as by the fragility in professional training, since one can identify contradictions of practice with the discourses expressed by them.^{42,46}

Given this context, studies reinforce the need for reflection and awareness regarding the care given to the user at home.^{45,46,47} The use of support elements acquired through qualification, exchange of knowledge and experiences, and access to information is considered, as this helps to understand the different dimensions involved in this care process.

It can be seen that the HC, when performed with the user and family, can be understood as a broad component of health care, a unique and unique experience, where the services provided to the user and family at home are capable of promoting, or even restore health or ease the effects of illness. Corroborating this idea, authors affirm that the differential in the domiciliary practices happens through the humanization, in the sense of prioritizing the quality of life of the user, while he remains in his residence with his family and friends.

Additionally, this space stands out as a facilitator of autonomy and community activities.^{41,43,48}

Given the aforementioned, it can be understood that, although there are difficulties in the HC, the benefits of its implementation stand out in this situation. It is supported the idea that, when understood in an integrated manner, this form of assistance enables the relational vision of the individual, family, and community and the interrelationships with the distinct elements of the health care network. The care actions performed, based on completeness and at the household framework, allowing to understand the context experienced in space/time, and being able to potentiate strategies that stimulate autonomy, the sense of belonging, co-participation and, consequently, are more likely to succeed.

CONCLUSION

Herein, there were found studies that, in their final considerations, address important questions about the care provided by the nurses in the HC, about the nurses' relationship with the user and the family, as well as the difficulties and potentialities experienced in the HC practices.

It is perceived in the home care a movement tending to stimulate the organization of new structural arrangements of health care with the objective of attending to the needs of the population in a more integrated way, without excluding the importance that the family represents for the user.

This research has allowed to expand the knowledge about the scientific production related to nursing care to the users in the modalities of home care, then having a better information about this matter, while presenting instrumentalization to the health professionals given this new articulated form of work.

Most of the articles included in this research emphasized the importance of conducting new studies and/or continuing with them, so that subsidies capable of making home practice more effective and effective can be created. In this sense, it is recommended to search for further information about this topic, so that there is a collective awareness on the subject, understanding the real importance of discussion about the subject, focusing mainly on the benefits that it may be able to provide for the population's life.

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