

## THE NURSE'S ROLE IN HOME CARE: ITS IMPLICATIONS FOR THE TRAINING PROCESS<sup>1</sup>

Kênia Lara Silva\*  
 Roseni Rosângela de Sena\*\*  
 Paloma Moraes Silva\*\*\*  
 Caroline Gomes de Souza\*\*\*\*  
 Ana Carolina Silva Martins\*\*\*\*\*

### ABSTRACT

This study aims to describe the various types of professional home care service as well as to analyse their insertion and their effect on the nurses' training. It is a descriptive exploratory research with a qualitative approach carried out in different home care services. The coordinators of the home care service programme were interviewed and the cases of patients assisted at home were studied. The results indicated that home care has specific needs and characteristics that ought to be addressed by the formative nursing training: how to approach the family in their life context, how to include the patients in the construction and implementation of home therapeutic projects and the use of new health care methods and resources, such as management of the chronic cases and palliative care.

**Keywords:** Home Nursing. Nursing. Human Resources Formation.

### INTRODUCTION

There has been renewed appreciation of home health care over the last few years, which may partly be considered a response to present day demands resulting from the change in demographic and epidemiological profile of the Brazilian and world population<sup>(1-2)</sup>. In Brazil, the records of home care service experiences in the production of health care date back to the beginning of the 1990s, following the world trend of investment in this type of care<sup>(3)</sup>.

The use of the home as a space for care is in line with the logic of cost rationalization obtained by de-hospitalization, especially in situations of chronic care, simultaneously innovating forms of care with emphasis on the user and his/her family, in an endeavor to overcome the crisis in the hospital centric model of care<sup>(1, 3-4)</sup>.

The Home Care (HC) services are organized in different modalities, characterized by the diversity of activities that meet the users' specific needs, whether they are permanent or

temporary<sup>(5)</sup>. From this perspective, they are subdivided into acute care, and chronic or long term modalities, and may be characterized as intermittent or intensive care<sup>(6)</sup>.

Nursing is included in the diverse home care services with different degrees of participation and possibilities of action<sup>(6-7)</sup>, and with an outstanding role in this care<sup>(8)</sup>. This inclusion is associated with the ability of nursing performing different activities (management, supervision, procedures, identification of situations of risk or vulnerability, dialogical articulation with the family, etc.).

With a possibility of care, HC demands the mobilization of specific competences, such as skills connected with interpersonal relationship in order to work with patients, families and multiprofessional teams, in addition to technical and scientific knowledge. Nevertheless, in the education of nursing professionals, there are frailties for working in the home, since the biomedical teaching model prevails, with care centered on disease and not on the subject, with teaching focused on the hospital environment predominating<sup>(9)</sup>.

<sup>1</sup>Research Financially supported by Foundation for Research Support of the State of Minas Gerais.

\*Nurse. PhD in Nursing. Professor of Applied Nursing Department at Federal University of Minas Gerais - UFMG. E-mail: kenialara17@gmail.com.br

\*\*Nurse. PhD in Nursing. Professor of Materno-infantil Nursing and public Health Department at UFMG. E-mail: palomamoraes@ymail.com

\*\*\*Nurse. Master's Student in Nursing at UFMG. E-mail: rosenisena@uol.com.br

\*\*\*\*Nurse. Master's Student in Nursing at UFMG. E-mail: caroline.g.souza@gmail.com

\*\*\*\*\*Nurse of Risoleta Tolentino Neves Hospital. E-mail: anacarolinasilvamartins@yahoo.com.br

We perceived the urgency of including new approaches that train the professional for providing humanized care that takes into consideration the day to day life of families in the spaces where they are inserted, their customs and culture; sensitivity and efficacy in the various situations that arise in the context of the home.

The preparation of nurses for the development of home care is a challenge to all higher learning/education or technical schools of nursing<sup>(10)</sup>. It is presumed that for this scenario, in addition to providing care, there is the need for educating a new work team that will be faced with the challenge of dealing with persons in their family context, which will demand profound knowledge of and skills in human relations, in addition to ethical preparation to decide about distinct and unpredictable situations that may present themselves. Thus, in the home, the nurse plays the role of facilitator of the care process, including education in health and management of the case of the user and his/her family members<sup>(11)</sup>.

As stated, we recognize that the home environment presents particularities that must be considered during the process of educating nursing professionals. Nevertheless, this education has hardly bet on the questions relative to home care, its perspectives, particularities, and the profile required for a professional to work in this area<sup>(12)</sup>.

Therefore, the aim of this study was to describe the home care services in Belo Horizonte and analyze the role of nursing in this scenario of activities, discussing the implications for the education of nurses.

## METHOD

This deals with the results of a research with a qualitative approach, using the dialectic approach of theoretical-methodological reference.

Data collection was performed in two stages. In the first, 41 health institutions, which made home care services available in the municipality of Belo Horizonte, in the State of Minas Gerais, were mapped. By intentional inclusion due to the possibility of extensively exploring the existent services, and achieve diversity within the

different care modalities (hospitalization, care, assistance etc), and in the complexity of the patients cared for, an in-depth analysis was made of 13 public e private Home Care Services (HCS), identified in the text as AD1 to AD13.

In this study, we present the findings of the second stage of the study. In this stage, we proceeded with interviews held with ten coordinators of the home care services, on questions relative to the organizational and logistic aspects of these services, and composition and work of the teams. In addition, interviews were held with nine nurses from the teams that performed care in the homes. In 3 services the coordinators did not participate in the interview because they considered that the professionals in the AD team would be more apt to answer the question. In this case there was no harm done to the general understanding of the study, because in the subsequent stages of the research the data on organizational aspects were obtained, which would be in the interview with the nurses. The interview scripts were focused on the organization of the service, with questions about the criteria of admission, logic of care and work flow and dynamics.

The data were treated by thematic content analysis<sup>(13)</sup> operationalized by ordering and classification of the data (reading re-reading the material, identification and groups of central ideas, making it possible to establish thematic categories). At the stage of final analysis of the study, the empirical and theoretical aspects were articulated into a movement that allowed the home care services and insertion of nurses in these services to be described and to discuss the implications for the education of nurses.

The research project was approved by the Research Ethics Committee of the Federal University of Minas Gerais, Process ETIC 0555/07. The participants in the study were informed of the objectives and purposes of the research and signed the Term of Free and Informed Consent.

## RESULTS AND DISCUSSION

The results are presented in two categories: The day to day events in home care and its demand for education and New ways and technologies for organization of care in the home

and education of the nurse. We demonstrated the results with literal excerpts from the interview which convey the most significant themes revealed in the content analysis.

### **The day to day events of home care and its demand on education of the nurse**

The findings allowed one to understand that in the studied HCS, in addition to the nurse providing direct care, he/she also assumes organization of the nursing team's work process and training of the home caregiver, a job as reference in the preparation and management of the users' therapeutic project, and takes responsibility for mobilizing other professionals for care.

The care plan is made by me for all the patients. This also forms part of our management contract; I cannot leave the patient without a plan for the care to be provided. So this tie with the caregiver begins with the plan of care to be provided, which is taught to the family, and it continues throughout the treatment, in addition to the relationships with the caregivers.(Nurse Service AD3)

The nurse was presented as a central figure in the process of care production in home care, either by intermediating with other professionals, or by the tie constructed with the family and users<sup>(14)</sup>. It is important to emphasize this protagonism advocated for nurses in the difference HCS, occupying the place of care plan management, especially as regards the logistics of services and mobilization of other professionals involved in the care, as well as in providing the necessary resources for the care. Thus, the management of care and assistance is a fundamental skill to be developed in the process of educating the nurse.

With regard to the management of therapeutic projects, the nurses revealed their clinical reasoning skills and reinforced the autonomy of their work. In the position of therapeutic project managers, nursing professionals are driven to use light and light hard technologies, configuring a process of work whose purpose is the prevention of complications and re-hospitalizations.

So one has to give instructions the whole time, we take care with regard to the patient's heal, but it also involves how to react in certain situations, who to turn to, and how to do it.(Nurse Service AD3)

It has to be more open, with greater confidence/trust and as much complicity as possible {the relationship with the caregiver}. It is very clear that is the caregiver is not a partner, there is very little that one does in the home that will be effective, not so [...] so the partnership with the caregiver is simply fundamental.(Nurse Service AD5)

In the different services some actions are almost exclusively the responsibility of the nurses, such as training the caregivers, supervising the nursing technicians, and identifying the demands of other health professions when defining the care plan, while the patient is still in hospital, or on the first home visit, followed by discussion with the group.

So they {the nurses} go to the person's house to fill out the family's record chart, elements of identification of the family reference, where the home is, how this home is made up, all the characterization of the place where the person lives. After this the question of health arises: Whether the person has any disease or is undergoing treatment, whether the person is on a diet, whether he/she receives medication from SUS.(Coordinator Service AD8)

Analysis of the data allowed one to identify that the nursing profession assumes a protagonism in the performance of home care, which is not modeled on the work of traditional health institutions, marked action centered on techniques and procedures and dependent on medical decisions. Knowing how to perform a technique is a primordial condition for the nurse's work in AD. However, in the home, the nurse as well as the other professionals in the team, work with autonomy as regard decisions about conducting the therapeutic process, re-defining the roles of professionals, the division and hierarchical structure of power in the health team<sup>(7)</sup>.

The home space enables the reflection of the relations among health workers, users and families, in a more horizontalized condition. In this sense, it is worth pointing out the need for the inclusion of themes in education, which involve the family approach and centrality of users as definers of the organization of actions in the home

I think the great, really important thing in this work, lies in the aspects of the family, it is to get to the family. Explain, guide, making the family's

role clear, seeing that it is not impossible, that caring for this patient is not as complex as she imagined it to be. (Nurse Service AD3)

Among the aspects that configure the new work mode of nursing in home care, the shared production of a plan of care is fundamental, seeing that one of the presuppositions of this care modality is that the caregiver or user are co-responsible for the care. The family assumes a responsibility associated with the care and also becomes the focus of care by the team<sup>(5,9)</sup>. This makes it important, within the scope of his/her education, to include skills in the nurse's "tool box" enabling him/her to insert the patient and his/her family in the decision making process of the actions to be developed in the home.

The results of the study indicated that the inclusion of users and families in the definition of therapeutic projects is permeated with conflicts, especially with reference to sharing responsibilities with the nursing professionals. In the home follow up of cases, situations of tension were experienced, in which the nursing professionals expected the patient and the family to carry out the care plan. In general, there is a tendency to transfer the responsibility for carrying out techniques and procedure to the caregivers and families, and the decisions to remain centered in the team. Especially the nursing workers see themselves in this dilemma: mediate sharing by transferring actions, which in the hospital environment, would be under their responsibility.

We also have problems, but when we have a firmer position, not of policing or laying down the law, we are able to make a good pair {with the caregiver}. And there are situations in which there must be intervention, and we always do this with the Health Center. (Nurse Service AD 2)

Thus, the need was demonstrated, in professional education, for working on combination of the clinic with tools that enable a family and social approach.

The results also allowed one to learn that home care makes it possible to unveil conflicts and family situations not revealed in other care modalities.

Because nursing professionals are present in the home for long periods of time, they come across situations of vulnerability, abandonment

and neglect of care, in the face of which they are obliged to act by implication.

[...] the difficulty is indeed... when it is related to mental disease, alcohol, drugs. Very complicated because the patient, the patient doesn't want to undergo treatment in, the psychiatric problem, one is unable to get him to adhere to psychiatric treatment... one definitely doesn't succeed. (Nurse Service AD10)

[...] didn't actually attack, he {the caregiver} threatened to attack, made threats of violence[...]. So, our attitude was to guide her, you know - anything, we left the telephone numbers of all the team professionals, so that if anything happened that made her feel threatened, she did not need to make him do anything, consummate up to the act of hitting but if there was any threat, she should contact (us). (Nurse Service AD 2)

Under this condition, the professionals related the need to mobilize technologies and tools other than those traditionally brought into play in institutionalized work, especially in the context of vulnerability, since the presence of the team in the home on a day to day basis is also inserted in scenarios of tensions and contradictions experienced by the families.

In addition, the findings revealed the challenges posed to the nurse's work in home care with implications for the process of education. Among these challenges, understanding of the home in the context of social vulnerability is mentioned, in which a space of privation and worn out affective ties is represented. Offering professional care in this scenario implies dealing with exposure to the tensions and contradictions of family relations. Thus, the need was demonstrated, in professional education, for working on combination of the clinic with tools that enable a family approach.

The complex scenario of the home is crossed by different variables, among which are the sociocultural environment; economic condition; the intersubjectivities present in the family relations; the meaning of disease in the family medium, etc.<sup>(14)</sup> In this context, differently from other health institutions, even technical-scientific knowledge is questioned, which explains the demand on professionals who work in the home for a wide range of knowledge, including knowledge in the fields of social sciences, culture and ethics. Another study also discussed

the importance of the knowledge of social sciences, which complement and guide care in the day to day practice of nursing in primary health care and in home visits<sup>(15)</sup>, and this finding may be extended to other modalities of home care.

It is worth pointing out that irrespective of the form or modalities of organization of health care, a theme such as ethics in relations and sharing responsibilities between the home care team, caregivers and users with recognition of the importance of the family in the definition of the relations that are established in the home, are elements of innovation in home care, and must be incorporated into the nurse's education.

### **New forms and technologies for the organization of home care and education of the nurse**

The findings of the study allowed us to show that home care operates with devices that contribute to new forms of health care organization. In the field of organizing the work processes, we point out as results shown in the study, the modality for management with telemonitoring technology and palliative home care in chronic cases.

The management of chronic cases was revealed in the study, linked to private institutions. This form of care organization was presented in analysis of the data, with intense investment in home care services. It refers to a form of care organization in which there is planning, implementation, coordination, monitoring and evaluation of options for services by a health professional who takes responsibility for conducting a case.

The management of diseases is a structured process of approach to the chronic patient, who is still able to walk, speaks clearly, the independent chronic patient who goes to the nucleus (of health promotion) undergoes a formal evaluation of his clinical status, we stratify, we have two large protocols in the mean time, which are cardiovascular and diabetes, therefore, at what point is the severity of his/her situation ...Here we make the agreements of goals, changes, this is followed up over the course of time, has a care plan, he has a formal activity of training for self-care and a formal cognitive activity, which is the lecture for information. Here we follow up periodically, depending on the severity, and have a patient who is followed up on a monthly basis,

have a patient who is followed up annually. From this we evaluate the results which are the cost of use.(Coordinator of nursing service AD1)

Management allows one to organize care for certain population groups in conditions of risk for chronic pathologies, by means of continuous programming of health promotion interventions and prevention of complications, including supervision of the patient at different points of care<sup>(16)</sup>.

In the studied HCS it was found that the teams used scores for the classification of users by means of functional capacity criteria, and above all, history of expenses with hospital services, in order to define the inclusion of users in follow-up at home.

[...] I go through the beds and identify which patient has a short hospitalization, fewer than four days; this patient has a short hospitalization and it is not justifiable for him to go home.(Coordinator Service AD 1)

It is the nurse's responsibility, after receiving the request for admission of the user, or the patient himself promotes the captation in the hospitalization units, to proceed with the classification according to the score adopted in the service.

Furthermore, in the private services the professionals related telemonitoring as a strategy in the HCS. The professionals presented this tool as a technological innovation that could be activated to guarantee longitudinal follow up of clinically stable patients inserted in the chronic care modalities, among them the management of cases.

It is performed from the care plan, the patient is followed-up. There is an important part of the service, which is telemonitoring that is locally performed today, and according to follow-up of the local coordinator....(Coordinator of nursing service AD1)

By telephone contact, it is possible to provide users and families inserted in different modalities of home care with information, when they demand punctual guidance with regard to the handling of medications, probes, catheters of dressings and in acute situations, replacing the demand for first aid with telephone contact. In the latter case, following the telephone contact, the patient's clinical situation is submitted to risk

analysis by a nurse who, supported by protocols, indicates follow-up by means of referral to prehospital care, to home care or by making an appointment for a visit by/to the doctors in situations not characterized as urgent.

When analyzing the new forms of care organization present in the home care services, one recognizes the importance of the technology of management of clinical cases in view of the new Brazilian epidemiologic and demographic profile, with a high load of care caused by chronic diseases. Nevertheless, one still sees an educational process with focus on the spontaneous demands and preparation for work under acute conditions. Thus, there appears to be few elements in nursing education that prepare them for the longitudinality of care.

We visualize that nursing education has not been configured as preparatory for innovation in the use of technologies such as telemonitoring and management of cases that begin to compose the tool box of nursing in home care. This affirmation arises from the understanding that new technologies and forms of care organization occupy and "optional" place in the nursing curricula, and still do not constitute objects of teaching in the quantity and quality necessary for their incorporation into day to day work.

Another modality of investment in services studied was Palliative Care, linked to private and public institutions, and essentially characterized by the care of patients in terminal situations, the majority of whom are oncological users at advanced stages of the disease.

[...] so one has increasingly sought this dignified death at home. We go to the end when it is necessary, giving the family special support, with inclusive availability, sometimes we go outside of working hours, in order to provide the death certificate, and sometimes these families are so grateful that they even donate the material they had, they donate to the PAD itself to donate to another person who needs it. (Nurse service AD5)

The results revealed that in this modality, the nurse and the nursing team express their knowledge and mastery of the classical procedures in health institutions, such as the administration of medications and evaluation of the health status, with a great deal of propriety.

According to the professionals' reports, in palliative care, the complexity of the cases calls

for diverse professionals for an interdisciplinary action, contemplating the biologic, psychic and social aspects involved in home care.

[...] in palliative care this occurs in a most integrated form, which in truth is with the intention of all the team members, to be resolute and we share a great deal of knowledge. (Team Interview service AD1)

With regard to this modality of palliative home care, it was possible to reveal that the specific needs of the situations experienced in this new modality of care organization, in view of the density and intensity of care, requires that new elements should be included in the educational process. Among these we emphasize broad knowledge of the nurse's clinical approach, in addition to the ability to offer holistic care.

From the cases followed up, it was also possible to learn that the creation of ties is a central element in palliative care, demanding from professionals the use of light technologies in the construction of affectionate relations among the team members, family and person being cared for. At the same time, the density and intensity of care are pointed out by the nurses and other professionals in the teams, as challenges to home care in the palliative care modality, because these professionals are faced with insecurity, fear and their own wear and that of the families in the face of the finality of life.

Here, there is the palliative modality, they are terminal patients. This modality is a very specific one, and it requires very great care, both from the team and the adhesion of the family, it is a difficult modality for the family to adhere to today, because to day the patient dies at home. (Coordinator service AD 2)

It may be affirmed that this condition results, partly from the professional's education in which there is absence of the discipline "palliative care"<sup>(17)</sup>, amplifying the challenge of consolidating this modality of care.

## CONCLUSION

The study allowed the revelation that the home is a dynamic environment in which the complexity surpasses all the modalities of care that constitute demands to be worked on in

professional education. The need is pointed out for discussing the aspects related to care in the education of the nurse, because the challenges to the work of the nurse in home care involve the use of light technologies in health.

In view of the context of the nurse's insertion in the different modalities of home care, with their distinct forms of organization and technologies put to use, one visualizes the need for revision of the processes in the education of nurses.

Nursing professionals use tools during the process of their education, arising from clinical, management, care and psychosocial approaches,

which provide a qualification for home care. However, we showed that when considering the singularities that permeate the day to day events in the home, it becomes necessary to go more deeply into these approaches to improve their action, especially with reference to the centrality of the user and families in the construction and management of therapeutic projects.

Therefore an analysis of the process of education nursing professionals is necessary, investing in the incorporation of technology, without however, losing sight of the essence of education centered on human values.

---

## ATUAÇÃO DO ENFERMEIRO NOS SERVIÇOS DE ATENÇÃO DOMICILIAR:IMPLICAÇÕES PARA O PROCESSO DE FORMAÇÃO

### RESUMO

O objetivo deste estudo é descrever os serviços de atenção domiciliar de Belo Horizonte e analisar o papel da enfermagem nesse cenário de atuação, discutindo as implicações para a formação de enfermeiros. Trata-se de um estudo descritivo-exploratório de abordagem qualitativa realizado em serviços de atenção domiciliar públicos e privados no município de Belo Horizonte/MG. Realizaram-se entrevistas com os coordenadores dos programas e estudos de casos de pacientes assistidos no domicílio. Os resultados indicam, frente às características do trabalho na atenção domiciliar, a inclusão na formação de temáticas que abordam a família em seu contexto de vida, a inclusão dos usuários na construção e na implementação dos projetos terapêuticos domiciliares e o uso de novos recursos e formas para o cuidado tais como o gerenciamento de casos crônicos e os cuidados paliativos.

**Palavras-chave:** Assistência domiciliar. Enfermagem. Formação de Recursos Humanos.

---

## EL PAPEL DEL ENFERMERO EN LOS SERVICIOS DE ATENCIÓN DOMICILIARIA:SUS IMPLICACIONES EN EL PROCESO DE FORMACIÓN

### RESUMEN

El objetivo de este estudio es describir los servicios de atención domiciliar en Belo Horizonte, Brasil e discutir las implicaciones en la formación profesional. Se trata de un estudio descriptivo exploratorio de enfoque cualitativo realizado en servicios de atención domiciliar. Se realizaron entrevistas con los coordinadores de los programas y estudio de casos de pacientes atendidos en el domicilio. Los resultados indican que la atención domiciliar identifica como demandas para la formación de los enfermeros la inclusión de algunos temas tales como: enfoque de la familia en su contexto de vida, inclusión de los usuarios en la construcción e implementación de los proyectos terapéuticos domiciliares y el uso de nuevas formas y recursos para el cuidado, tales como la gestión de casos crónicos y los cuidados paliativos.

**Palabras clave:** Atención Domiciliar de Salud. Enfermería. Formación de Recursos Humanos.

---

## REFERENCES

1. Silva KL, Sena RR, Seixas CT, Feuerwerker LCM, Merhy EE. Atenção domiciliar como mudança do modelo technoassistencial. Rev saúde pública. 2010 fev.; 44(1):166-76.
2. Lacerda MR, Giacomozzi CM, Oliniski SR, Truppel TC. Atenção à saúde no domicílio: modalidades que fundamentam sua prática. Saúde Soc. 2006 mai-ago; 15(2):88-95.
3. Feuerwerker LM, Merhy EE. A contribuição da atenção domiciliar para a configuração de redes substitutivas de saúde: desinstitucionalização e transformação de práticas. Rev panam salud pública. 2008 set; 24(3):180-88.
4. Kerber NPC, Kirchhof ALC, Vaz MRC. Considerações sobre a atenção domiciliar e suas aproximações com o mundo do trabalho na saúde. Cad saúde pública. 2008 mar; 24(3):485-493.
5. Silva KL, Sena RR, Silva PM, Braga PP, Souza CG. Serviços de atenção domiciliar na saúde suplementar e a inserção da enfermagem em Belo Horizonte/MG. Acta Paul Enferm.[on-line]. 2012 [citado 2013 out 3]; 25(3):408-14. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-21002012000300014](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000300014)
6. Santos NCM. Home care: a enfermagem no desafio do atendimento domiciliar. São Paulo: Iátria; 2005.

7. Alves M, Araújo MT, Santana DM, Vieira VL. Trabalho do enfermeiro em uma empresa de home care de Belo Horizonte. *Invest educ enferm*. 2007 set; 25(2):96-106.
8. Franco TB, Merhy EE, Martins AA. Atenção Domiciliar na Saúde Suplementar. In: Pereira R, Silvestre RM, organizadores. *Desenvolvimento de Sistemas e Serviços de Saúde*. 14a ed. Brasília (DF): OPAS; ANS; 2009. p. 339-362.
9. Andrade AM, Brito MJM, Silva KL, Randow RMV, Montenegro, LC. Singularidades do trabalho na atenção domiciliar: imprimindo uma lógica em saúde. *Rev Pesq Cuid Fundam*. [on-line]. 2013 jan-mar. [citado 2013 out 2]; 5(1):3383-93. Disponível em: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2025/pdf\\_698](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2025/pdf_698)
10. Angerami ELS, Gomes DLS. Home care: configuring the care model and joining different interests/needs in the care sector. *Rev latino-am enfermagem*. 1996 Jul; 4(2): 5-22.
11. Lacerda MR, Gomes IM, Kalinowski LC, Giacomazzi CM. Estratégias para avanços na prática do cuidado domiciliar. *Cogitare enferm*. 2010 out-dez.; 15(4):609-15.
12. Lacerda MR. Cuidado domiciliar: em busca da autonomia do indivíduo e da família - na perspectiva da área pública. *Ciênc saúde colet*. 2010 Aug; 15(5):2621-26.
13. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2009.
14. Franco TB, Merhy EE. Atenção domiciliar na saúde suplementar dispositivo da reestruturação produtiva. *Ciênc saúde colet*. 2008 out.; 13(5):1511-20.
15. Oliveira JMM, Araújo JPC, Lima HCF, Lucena PS, Farias PHS, Menezes RMP. O cuidado de enfermagem na visita domiciliar gerontológica: uma perspectiva humanística. *Cienc cuid saúde*. 2013 jan-mar; 12(1):170-176.
16. Morales-Asencio JM, Gonzalo-Jiménez E, Martin-Santos FJ, Morilla-Herrera JC, Celdrán-Mañas M, Carrasco AM, et al. Effectiveness of a nurse-led case management home care model in Primary Health Care. A quasi-experimental, controlled, multi-centre study. *BMC Health Serv Res*. 2008 Sept. [citado 2013 out 2]; (8): 193. Disponível em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567972/>
17. Floriani CA, Schramm FR. Desafios morais e operacionais da inclusão dos cuidados paliativos na rede de atenção básica. *Cad saúde pública*. 2007 jan-set; 23(9): 2072-80.

---

**Corresponding author: Kênia Lara Silva** – Avenida Alfredo Balena, 190, sala 508. Escola de Enfermagem da UFMG. Belo Horizonte/MG. CEP: 30130-100.

**Submitted: 24/11/2012**

**Accepted: 11/03/2014**