

Home care services in Brazil: a bibliographic review
Assistência domiciliar no Brasil: revisão bibliométrica
Asistencia domiciliaria en Brasil: revisión bibliométrica

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This study aims to analyze the development of scientific production on home care in Brazil, seeking to reflect on the contribution of this modality of assistance in the organization of health services. This is a bibliographic survey conducted in the period from August to December 2015. It was conducted on the databases Medline, SciELO and Lilacs. 72 articles between 1979 and 2015 were included in this study. The study identified the evolution and relevance of home attention as an innovative strategy, as well as the systemic conceptions in health care. Scientific production is found, when it comes to this subject, to have developed extensively in education, research and assistance, focusing on the research groups and enabling the consolidation of work in health.

Descriptors: Home care services; Models organizational; Bibliometrics.

O presente estudo tem como objetivo analisar o desenvolvimento da produção científica sobre a Atenção Domiciliar no Brasil, buscando refletir a contribuição dessa modalidade de assistência na organização dos serviços de saúde. Trata-se de um levantamento bibliométrico realizado no período de agosto a dezembro de 2015. Utilizou-se como bases de dados Medline, SciELO e Lilacs. O total de produções incluídas neste estudo foi de 72 artigos entre 1979 a 2015. O estudo identificou a evolução e relevância da Atenção Domiciliar como estratégia inovadora e, as concepções sistêmicas na atenção à saúde. Observa-se que a produção científica nessa temática tem se desenvolvido de forma ampla no ensino, pesquisa e assistência, com enfoque nos grupos de pesquisa, viabilizando a consolidação do trabalho em saúde.

Descritores: Serviços de assistência domiciliar; Modelos organizacionais; Bibliometria.

El presente estudio tiene como objetivo analizar el desarrollo de la producción científica sobre la Atención Domiciliaria en Brasil, buscando reflexionar sobre la contribución de esta modalidad de asistencia en la organización de los servicios de salud. Se trata de un levantamiento bibliométrico realizado en el periodo de agosto a diciembre de 2015. Se utilizaron como bases de datos Medline, SciELO y Lilacs. El total de producciones incluidas en este estudio fueron 72 artículos entre 1979 a 2015. El estudio identificó la evolución y relevancia de la Atención Domiciliaria como estrategia innovadora y las concepciones sistémicas en la atención a la salud. Se observa que la producción científica en esta temática se ha desarrollado de forma amplia en la enseñanza, investigación y asistencia con enfoque en los grupos de investigación viabilizando la consolidación del trabajo en salud.

Descriptores: Servicios de atención de salud a domicilio; Modelos organizacionales; Bibliometría.

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INTRODUCTION

Home Care (HC) is the set of activities provided in the homes of clinically stable people who require more intense care than that offered in outpatient clinics, but that can be maintained at their own household, by a specific team¹.

HC comprises a range of services conducted at home and destined for the therapeutic support of the patient, ranging from personal care related to everyday activities, among which are intimate hygiene, feeding, bathing, locomotion and clothing, care for medication, applying of bandages, care for skin lesions, dialysis, blood transfusion, chemotherapy and antibiotics and spaces to meet complex needs of the patients and their family, thus promoting the continuity of treatment and recovery^{1,2}.

This assistance modality is deemed to generate alternatives for hospitalization and for the humanization of the care in the household, focusing on the promotion, prevention and rehabilitation of the individual, and also diminishing the high costs of health assistance³.

HC is a strategy for the articulation of the different levels of assistance, and can be accomplished with clients from the hospital, who can continue their treatment at home and have further needs provided for in the primary health care network. In Brazil, HC is regulated by Decree NO. 963, from MAY27 2013, which establishes home hospitalization under the Unified Health System(SUS)¹.

Although promising, HC presents challenges, such as: family overload, financial costs of the implantation of services, and the adaptation of families to house care⁴. Another challenging factor is related to workers. They need to have an exact understanding of the different and singular space in which they are developing their work⁵, and that involves economic, social and affective aspects of the family; available resources; the social support network; as well as hygiene and safety conditions of the house and any other environment related to the activities of the patients and their families^{5,6}.

The aim of this study is to analyze the development of scientific production about

HC in Brazil, seeking to reflect the contribution of this modality of assistance in the organization of health services.

METHOD

Descriptive bibliographic study. Data collection was held in from August to December, 2015. This study was based on articles from the databases: Medline, SciELO and Lilacs. Medline is an American database made by the National Library of Medicine, including international biomedical and medical literature, by the National Library of Medicine; the SciELO (Scientific Electronic Library Online) is an electronic library of Brazilian scientific journals that provides free access to complete articles in electronic format.

The Lilacs-Latin American and Caribbean Literature on Health Sciences - is a bibliographical index of literature regarding Health Sciences, published in the Latin American and Caribbean countries. It includes other types of scientific and technical literature, such as theses, monographs, books and book chapters, works presented in congresses or conferences, reports, government publications and regional international organizations.

Advanced search strategies were used to conduct the search in the databases, using the following descriptors from the DeCS (Descriptors for Health Sciences database): "Home assistance", associated with the terms: "Organization and administration", "nursing", "Hospital/ambulatory" and "public health policies". These same terms were used in the different databases searched.

The selection criteria for the articles included: original articles, literature review, experience reports, reflection articles, theoretical essays available in full, considering only works published in Portuguese, Spanish or English. Were excluded: editorials, articles without abstracts or with incomplete texts, comments, previous notes, isolated interviews and studies without a well-defined methodological design, as well as presentations or event schedules.

The contribution of the material was given through the division of databases between four researchers, two of whom were responsible for researching the Medline database, while the others, were each responsible for one of the other databases. The publications were selected primarily by reading the abstracts, and were later analyzed in full.

A table was developed to be the data collection instrument containing the following variables: title, descriptors used in each study, author(s), professional performance, institution they were linked to, name of the journal, type of article, publication year, language, type of study, method, population, and art expression.

One of the difficulties encountered was the access to full articles, since the abstracts made available on the bases, most of the time, did not contemplate some of the variables analyzed. To circumvent this situation and not exclude publications without a full text, an effort was made to access at least the abstract of the articles. It is worth noting that not all publications have summaries in the Medline database.

For data storage, the 2007 Microsoft Excel was used, in which the variables were distributed and simple and relative frequencies were calculated, according to descriptive statistic.

RESULTS

From the reading and analysis of the abstracts, 897 publications were found in Medline, 295 in Lilacs and 197 in SciELO, to a total of 1389 publications. 1322 publications were excluded, for not meeting the inclusion criteria proposed by the study, for not corresponding to the object of the study, or because they were repeated along the bases.

72 articles were included, according to the distribution shown in Table 1.

As for the keywords, variations related to work processes focusing on assistance, services and home care were observed. Most articles found were original works from quantitative researches (Table 1).

Regarding the themes developed in the articles, there was a great deal of variety regarding HC modalities and concepts, followed by nursing care, teaching and current tendencies, standardizations and types of planning. These aspects are registered in Table 1.

Most publications originated from the state of Minas Gerais, followed by São Paulo, Rio Grande do Sul and Paraná. It was found that South and Southeast regions concentrate 83.33% of all production (Table 1). 66.67% had as their main academic affiliation the universities and 55.56% of this production was derived from research groups registered at the National Council for Scientific and Technological Development (CNPQ). It was found that 16.67% of the surveys were conducted by researchers linked to public and private health services.

The researchers' educational level indicates that 76.18% are nurses, 54.24% of whom are doctors, 20.17% masters, 17.47% graduates and 7.12% graduates. 10.12% of the authors were physicians and 13.30% were authors from other professions.

The 72 publications analyzed had been published along a period of 36 years (1979 to 2015), as shown in Table 2. There was a gradual growth in the number of publications from 2004 on. There were year-to-year variations, leading to an increase in publication number in five-year periods, firstly between 2004 and 2009 and then between 2010 and 2015.

Table 1. House care bibliographic indexes– Uberaba, MG, Brazil/2016.

Variables	n = 72	%
Database		
Medline	35	48.61
Scielo	23	31.94
Lilacs	14	19.44
Key words		
House care	30	41.67
House-care Services	17	23.61
Household health care	13	18.05
Domiciliary Care	8	11.11
Household assistance	2	2.78
Hospital services for domiciliary care	2	2.78
Types of study		
Original article	52	72.22
Experience report	8	11.11
Revision article	8	11.11
Reflection	2	2.78
Essay	2	2.78
Methodological approach		
Quantitative Studies	32	44.44
Qualitative Studies	18	25.00
Qualitative/quantitative Studies	8	11.11
Instrument validation	2	2.78
Bibliographical review	8	11.11
Reflection	4	5.56
Theme		
Home care service modalities	13	18.05
Nursing home care	10	13.89
Home care trends	9	12.50
Education (teaching)	8	11.11
Home care concepts	8	11.11
Home care planning	8	11.11
Evaluation of home-care services	3	4.17
Technologies	2	2.78
Home care in health	3	4.17
Sizing of nursing personnel	4	5.56
Household assistance in supplementary health	2	2.78
Experiences of the SUS home care	2	2.78
State		
Minas Gerais	15	20.83
São Paulo	14	19.45
Paraná	11	15.28
Rio Grande do Sul	10	13.89
Rio de Janeiro	6	8.34
Santa Catarina	4	5.56
Brasilia	5	6.95
Ceará	3	4.17
Bahia	1	1.39
Río Grande do Norte	1	1.39
Goiás	1	1.39
Paraíba	1	1.39
Research setting		
Universities	48	66.67
Public Health Services	8	11.11
Private Health Services	4	5.56
Universities and Services	7	9.73
Unidentified	5	6.95

Table 2. Distribution of the number of articles published annually by journal, in the period from 1979 to 2015 – Uberaba/MG 2016.

JOURNAL	1979	1983	1994	1996	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total
Revista da Escola de Enfermagem da USP	1	1					2		1			1		1	1	1	1	1	1		12
Acta Paulista de Enfermagem											1	1			2		1		1	1	7
Revista Brasileira de Enfermagem			1			1		1		1						1	1				6
REME - Revista Mineira de Enfermagem													1	1					3		5
Revista de Pesquisa: Pesquisa Cuidado é Fundamental															2			1	1		4
Rev Latino Americana de Enfermagem				1					1			1					1				4
Texto & Contexto Enfermagem											1		1				1		1		4
Cogitare Enfermagem					1							2									3
Revista Ciência & Saúde Coletiva										1		1				1	1				4
Revista Gaúcha de Enfermagem											1						1	1			3
Revista da Rede de Enfermagem do Nordeste - Rev Rene.													2								2
Ciência, Cuidado e Saúde														1	1						2
Online Brazilian Journal of Nursing												1			1						2
Revista Saúde e Sociedade											1							1			2
Cadernos de Saúde Pública													1					1			2
Revista de Saúde Pública										1					1						2
Revista Paulista de Enfermagem									1		1										2
Revista Enfermagem UERJ												1									1
Escola Anna Nery Revista de Enfermagem												1									1
Revista Epidemiologia e Serviços de Saúde										1											1
Jornal de Pediatria																1					1
Revista Panamericana de Salud Pública													1								1
Revista Brasileira de Geriatria e Gerontologia																			1		1
TOTAL	1	1	1	1	1	1	2	1	3	4	5	9	6	3	8	4	7	5	8	1	72

As for the qualification "Qualis Capes", a set of procedures used to stratify the intellectual production of the graduate programs in Brazil according to their quality, 49.30% of the articles produced were classified as A2; 23.94% as B1; 19.72% as B2; 5.64% as A1 and 1.49% as B3 in nursing.

Among the journals classified as A2, stand out the journals: of the *Revista da Escola de Enfermagem da USP*, with 12 (16.67%) publications; *Revista Acta Paulista de Enfermagem*, with 7 (9.73%) articles; *Revista Brasileira de Enfermagem* with 6 (8.34%) publications and *Revista Texto & Contexto - Enfermagem* with 4 (5.56%) publications.

The *Revista Latino-Americana de Enfermagem*, classified at the highest level as an A1 publication, was the journal in which 4 (5.56%) of the studies were published. Among the journals classified as Qualis B1, stand out the *Revista Gaúcha de Enfermagem*, with 3 (4.17%) publications and among the B2 journals, *Revista Mineira de Enfermagem*, with 5 (6.95%) articles. Among the interdisciplinary journals, the *Revista Ciência e Saúde Coletiva* stands out, with 4 (5.56%) publications.

DISCUSSION

During the period considered – 36 years – the number of publications remained low in the decades of 1980 and 1990. From 2000 on, there was a significant increase in production from 2004 to 2013. This indicates that the theme is being developed because of the implementation of laws under the SUS that contemplate it.

Publications peaked in 2007, and that may be a result of Law no. 10,424, from April 15, 2002, that Regulated HC in SUS by adding a chapter to Law no. 8,080, from September 19, 1990, which assured that home care patients would have a better quality of life and a maintenance of the family link and that it would solve the problem of lack of hospital beds in the public health network⁷. This law was supplemented by Decree MS/GM no. 2,529, from October 16, 2006, which established new criteria for home care hospitalization⁸.

In October 2011, Decree no. 2,527 was published, presenting significant advances in the field of HC within the SUS, and representing a milestone and a compromise that home care was a priority¹. It was later replaced by Decree no. 963 from 2013, which redefined home care in SUS⁶. These laws have allowed for the expansion of HC in Brazil and the consequent development of studies on the subject can be perceived.

As for the inclusion of HC as a research topic, it can be noted that universities and research groups have developed studies related to the theme. These researches focus on controlled/compensated health problems, locomotion to primary health care units made difficult and impossible, and the needs of lower intensity need for care, encompassing situations of social weakness and vulnerability, and aiming at aiding and supporting the activities of daily-life⁹.

Regarding the themes developed in the studies, three home care modalities stand out: home care, domiciliary attention and domiciliary hospitalization¹⁰. These modalities have specific purposes, objectives and activities, and researches have indicated that they are complementary to one another¹¹. According to these studies, domiciliary attention involves protecting the health of individuals in order to promote, maintain and restore the health of the citizens¹².

In one of the studies, domiciliary attention was understood as the execution of the working process by a multidisciplinary team in daily visits, and the permanence of a nursing professional may be necessary in pre-established periods, to offer direct assistance to the patient¹³. This modality is similar to that of home hospitalization, which is a more intensive practices targeted at caring for patients with complex clinical conditions, who are dependent on technological resources, who need advanced care, or even those in the end of the treatment for diseases that demanded hospitalization^{14,15}.

Studies conducted on Home Nursing Care include analyses of technical procedures

at home, established interpersonal relationships and health education processes. Researches highlight actions focused on maintaining or recovering health, aiming at improving the physical and psychic wellbeing of the patient, as well as their independence in everyday life activities. Among the specificities of home care, studies reveal the possibility of maintaining the patient at home, a space with their identity and security is, promoting self-care and diminishing the number of hospitalizations¹⁴⁻¹⁷.

Concerning home assistance nursing education, it was found that its objective is the formation of professionals for the elaboration of planning, coordination and activity evaluation, aiming to constitute a continuous process in the actions related to the patient and the family¹⁸⁻²⁰.

The formation of health care professionals to work on home assistance has been introduced and discussed through concepts of home health assistance, the teaching of home care, care for the caregivers who provide home assistance, professional interaction, and care for the family. The intention of the training process is the construction of a new profile capable of restructuring and improving knowledge for the preparation of health care professionals who are skilled to carry on this practice^{5,18,20}.

The concepts of home assistance in research studies relate directly to an increase in life expectancy, associated with chronic-degenerative diseases that do not require hospitalization but demand assistance, both among public and private patients. HC emerged with the objective of humanizing the care offered for patients after hospitalization, in addition to promoting an increase in the number of beds available in hospital services, reducing costs, and favoring a faster improvement of the patient. The financial issue involved can be seen to be an important factor in the growth of this type of assistance throughout the world^{21,22}.

It is worth pointing out that one of the premises of home care is the stimulus and maintenance of the patient's autonomy, highlighting that health actions are conducted by multiprofessional teams,

starting from an examination of the reality in which the patient/family is inserted, as well as their potential and limitations, aiming at the autonomy and independence of the patient²¹.

Regarding the main home care trends, proposals for formulating public health and social welfare policies, both in management and in the assistance practices of health services, should be highlighted^{21,22}. These studies indicate house assistance as a way of optimizing hospital bed occupation and ambulatory care, aiming at reducing costs and providing humanized and integral assistance. The research found studies that indicated home assistance as a way to promote education in health and as a field for research and teaching^{11,23,24}.

Among the trends addressed in the studies analyzed, HC as supplementary health is considered in the context of health insurance companies and the introduction of new health care technologies, which are understood as a way to diminish the high operational costs that result from the hospital-focused models which are predominant in the production of this type of health care^{11,24,25}.

Supplementary service operators have developed procedures for assessing the eligibility of patients in the discussion of the therapeutic project, the conduction of the work processes, and in the beneficiary's discharge. However, the lack of standardized rules means that HC ends up as a benefit offered as each insurance company sees fit²⁶⁻²⁸.

Regarding the development of HC technologies, studies indicate both the technology related to work contexts, such as protocols, shifts, manuals, processes involving planning, implementation and evaluation for the management of assistance and health services, aiming to intervene in the context of professional practice, and to improve its quality. In this type of technology, material and human resources are used, in a dialogue between the subjects of these processes. It should be emphasized that this technology also incorporates the training of workers involved in home care, as well as in

the preparing of professional training courses^{8,14,20-24,29}.

Equipment-related technology stands out in productions that receive contributions from the equipment industry as regards to the interaction of health and bioengineering areas, leading to the creation of alternatives to the real needs of HC users^{30,31}.

A study was conducted about the time spent by the multiprofessional team in home care, to offer theoretical subsidies for the proper distribution of health care professionals who work in this type of care³². The listed activities in the study are the most prevalent in the service.

About the distribution of personnel for HC, the studies concentrate on the nursing staff. The COFEN Resolution No. 267/2001³³ regulates nursing home care activities and the sizing of the team. In turn, the COFEN Resolution No. 293/2004 establishes the framework of nursing professionals in health institutions and similar places, and is still a challenge for the management of assistance in HC³⁴.

A study that analyzed the time spent in HC pointed out the complexity of this model of attention when it comes to properly distributing the professionals and infrastructure needed to meet the specificities of the service³⁵.

CONCLUSION

This study demonstrated that evolutions on the relevance of HC are innovative and reflective strategies about systemic health care concepts.

The scientific production on the subject has been extensively developed in education, research and assistance. That has been noticed in the university, focusing on research groups and in the production of knowledge, making it possible to consolidate the work in health.

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CONTRIBUTIONS

Jurema Ribeiro Luiz Gonçalves took part in the guiding of the work and in the review of the manuscript. **Kênia Lara Silva** and **Amanda Ribeiro Gonçalves** participated in the collection, analysis of the data and discussion. **Divanice Contim** participated in the consolidation of the results and discussion.

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