



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## NURSING PRACTICE IN HOME CARE: AN OVERVIEW

Srikakolapu Vishalakshmi and T. Sobhasri

Department of Social Work, Andhra University, Visakhapatnam 530 003

### ABSTRACT

Home care nursing is a nursing specialty in which nurses provide multidimensional home care services to patients of all ages. Home care nursing is a cost efficient way to deliver quality care in the convenience of the client's home. Home care nurses create care plans to achieve goals based on the client's diagnosis. These plans can include preventive, therapeutic, and rehabilitative actions. Home care nurses also supervise certified nursing assistants. The professional nursing organization for home health nurses is providing these services to the required people by arranging home care nurses. Home care nursing is intended for clients that are well enough to be discharged home, but still require skilled nursing personnel to assess, initiate and oversee nursing interventions. The main aim of this paper is to analyse the earlier literature on homecare nursing with reference to various articles, papers and books of different authors. In this regard, after analyzing 48 articles, it was found that nursing practice in Home care nursing is complex, employing a multitude of actions by using three technologies: soft; soft-hard especially; and hard. Challenges related to the home-care training process are reported in the literature. Nurses use knowledge from their experience and scientific recommendations in conjunction with their reflections on the practice. Home nursing practice is fundamental and widespread. Relational and educational actions stand out as necessary even in technical care, with a predominant need for home-care training.

**Keywords:** Home care, nursing, practices.

### Introduction

Home care nursing is a type of health care that favors the actualization of new forms of care production and interdisciplinary practice, and it is in expansion in Brazil and worldwide (Silva, et al., 2010)<sup>1</sup>. It is an alternative to hospitalization that decreases both the demand for it and length-of-stay. As a consequence, it reduces the costs and complication risks related to the hospital environment (Feuerwerker and Merhy, 2008)<sup>2</sup>. More -over, the home has been recognized as a favorable environment for innovative and unique care, with the potential to offer care centered on users' demands and needs.

It is necessary to consider that Home care nursing is a healthcare intervention that requires qualified professionals, because it is known that this type of care demands the use of specific competencies, mainly linked to interpersonal relationships, in order to work with users, family members, and multi-professional teams. It also demands autonomy, responsibility, and technical and scientific knowledge that are inherent to the field. Thus, it is understood that home care work

has a multitude of actions and specific complexities that demand professional experience and the search for home practice qualification (Silva, et al., 2014)<sup>3</sup>

Studies reveal that the nurses' focus when administering Home care nursing is in both managing services and in direct care (Furåker, 2012)<sup>4</sup>. Another important factor is that these professionals perform a crucial role, both in coordinating health plans at homes and in the links they establish with users and family members (Silva, et al., 2015)<sup>5</sup>. Furthermore, this central role is even more evident when it is observed that it brings together families and multi-professional teams because, in general, nurses must train family caregivers, supervise nursing technicians and identify the need for other professionals. Thus, for home-care practice, nurses must present both basic and advanced abilities. Competencies for this practice need to be investigated, disseminated, and systematized.

However, there is strong evidence that Brazilian nursing training does not include the requirements for home care work, because there is a prevalence of curative training, centered on diseases and not on subjects, with a predominance of hospital-focused actions (Andrade, et al., 2013)<sup>6</sup>. It can be noticed that nursing under -graduate education today has little space for concepts, individualities, and the necessary profile for home care.

Considering this gap in the learning process, in general, it is worth noting that home-care knowledge results, above all, from experience, learned from various daily home care situations. Thus, this process is somewhat unpredictable, because professionals may not have previously experienced this type of care during their undergraduate nursing learning process. In this investigation the authors believe that the acquisition of competencies resulting from handling unpredictable events is a rich specific feature of nursing practice at home. With these considerations in mind, the investigator asked, how is nursing practice in home-care services established. Thus, the objective of this study is to analyze scientific production on nursing practice in home care with the following method and methodology.

## Method

An integrative review of the literature was chosen. This is a research method frequently employed in evidence-based practice. Its aim is to gather and synthesize results in order to formulate a comprehensive explanation for a specific phenomenon. Therefore, conclusions are established by critical assessment of various methodological approaches (Souza MT, Silva MD, Carvalho R. 2015).<sup>7</sup>

This integrative review was conducted following these stages: creation of a guiding question; definition of databases and inclusion and exclusion criteria for studies/samples or searches in the literature; a definition of the information to be extracted from the studies selected; assessment of studies included in the integrative review; interpretation of results; and, lastly, presentation of review/synthesis of knowledge.

In this purpose the articles published in English, Spanish, and Portuguese were included, with no limitations as to publishing dates, when presenting abstracts and information on nursing practice in home care.

At initial search, more than 1000 publications were found. By reading titles and abstracts, it was possible to exclude duplicates from different databases, studies that did not meet inclusion criteria or the proposed theme. Of those, 63 articles were chosen for full reading. Thirty-five were fully available and 28 had to be searched using the Bibliographic Commutation system. Of these, 22 were selected, and five were rejected for not presenting serial number, year, or volume. One article with a repeated name was found and discarded. Thus, of the 57 articles read in full, 48 answered the guiding question, so they were the final sample in this review.

In order to validate the selection of publications for analysis, articles in the fourth phase were assessed by two reviewers from the team comprising four researchers. With their expertise in the area, they independently selected articles based on inclusion and exclusion criteria and guided by the research question. Each reviewer recorded their assessment and reason for inclusion or exclusion of articles in an instrument that contained their titles, abstracts, and databases.

In the next phase results were compared and disagreements were resolved through consensus between reviewers or with the inclusion of a third reviewer, when necessary. Among the 57 publications assessed in this stage, 48 were selected by both reviewers and included and four were not selected by either reviewer, being automatically excluded. There was a total of five disagreements (8.7%) among reviewers and, after reassessment, these articles were excluded for not addressing home care directly. This process to validate the selection of final samples allowed the inclusion of studies that were consistent, that contributed to reaching the objective and to the exclusion of others that did not meet the requirements.

In the research's phase, publications were analyzed and data interpreted in an organized way and synthesized by creating a synoptic chart containing the following items: identification, authors, year and journals where the publications were published, location (country/city), objectives, methodological design, main results, and description of nursing practice in HM.

Study quality was assessed based on the levels of evidence (LoE), (Stetler CB, Brunell M, Giuliano KK, Morsi D, Prince L, New-ell-Stokes V. 1998)<sup>8</sup> classification. Publications were grouped as follows: level I - evidence obtained from results of meta-analysis of controlled clinical trials and with randomization; level II - evidence obtained from experimental design studies; level III - evidence obtained from quasi-experimental researchers; level IV - evidence obtained from descriptive studies or with qualitative approach; level V - evidence obtained from case reports or experience reports; level VI - evidence based on specialist opinions or based on standards or legislation. This classification made it possible to identify the profile of studies on the investigated theme. Hence, research observed the ethical aspects of research, respecting authors of the ideas, concepts, and definitions presented in the articles included in the review.

## Results

Regarding types of studies included, level of evidence IV was present in 86% of the selected sample (18 qualitative studies, 18 literature reviews, and one experience report), level V in 8% (three reflection studies and one experience report), level of evidence I in 4% (two randomized studies), and level VI in 2% (standards guide).

When analyzing studies, it was found that nursing practice in home care is complex and has a variety of actions that enabled the construction of two thematic categories: "nursing actions in home care" and "necessary knowledge for nursing practice in home care."

### Nursing actions in Home care nursing

Analysis of the articles shows that nurses have a central role in home care. The relevance of their practice is in the fact that they are considered clinical specialists (Doyle C, Buckley S. 2012)<sup>9</sup>, (Brinkkemper T, Klinkenberg M, Deliens L, Eliel M, Rietjens JA, Zuurmond WW, et al. 2015)<sup>10</sup>, coordinators of care, and case managers, responsible for offering various care practices to patients and also for performing important leadership roles. In this regard, nurses have been portrayed in the literature as crucial professionals in the construction of this type of care. (Stajduhar KI, Funk L, Roberts D, McLeod B, Cloutier-Fisher D, Wilkinson C, et al. 2011)<sup>11</sup>

Nursing practice in home care is influenced both by patient profile and by the logic peculiar to homes. In home care, nurses offer care to a diverse profile, with a predominance of patients under palliative care and the elderly (Katakura N, Yamamoto-Mitani N, Ishigaki K. 2010)<sup>12</sup> being noticed in this review, although analyzed articles have also reported care actions for children and

young individuals with complex needs, as well as mentally challenged persons.( Skott C, Lundgren SM., 2009)<sup>13</sup>

### **Necessary knowledge for nursing practice in home care**

Articles analyzed in this review demonstrate that nurses have to be prepared to practice under the unpredictable conditions (Sawyer PP. Bioterrorism 2003)<sup>14</sup> that are inherent to home care. The home care space requires highly qualified nurses, with various abilities and commitment, who possess a wide range of clinical and care competencies and a high degree of autonomy to conduct their work, performing continuous monitoring of their patients, in chronic or acute conditions, in the family and community spheres, and who employ a balance of curative and preventive actions. In addition, their role in the practice of Home care nursing is based on the recognition of their competence regarding their skills, abilities, aptitudes, and experiences.

However, concerning challenges inherent to the complexity of nursing practice in home care, it was possible to verify that insufficient training or little experience in home care services and lack of ability and knowledge can negatively influence home care. Analysis of the articles also indicated that these professionals work in environments that are completely different from the environments where they were trained (McWilliam CL, Godfrey B, Stewart M, Sangster J, Mitchell J, Cohen I. 2003)<sup>15</sup>.

In the home environment, it was possible to find various types of required skills employed by nurses. An home care -ex -pert nurse is capable of interacting with patients and families using technical and scientific, sociocultural, ethical and aesthetic knowledge, and also intuitive knowledge in a unique way, being capable of feeling and perceiving situations peculiar to Home care nursing and employing them for the common good.

Skills for perceiving issues and interpreting situations in the home can be influenced by prior knowledge, experience, education, cognitive strategies, care philosophies, and individual perceptions. For this assessment, it is necessary to be professional, and to have practical experience, knowledge, personal intuition, and decision-making abilities.

Knowledge for nursing practice in home care can be obtained by peer experience, experience learning, evidence-based practice, and intuition. Because of the singular aspects of home care, nurses use theoretical knowledge in practice, but this knowledge has to be adapted according to reality, which makes flexibility crucial for work. It is also necessary to correlate theory and practice in a continuous process of search and improvement, based on a political stance in home practice.

### **Discussion**

Analysis of the methodological descriptions of the selected studies and their respective levels of evidence reveal that, when it comes to the theme of nursing practice in home care , there is a predominance of qualitative studies, literature reviews, and descriptive studies (86%), which makes it possible to infer that it is not a well-explored theme when developing studies such as meta-analyses and experimental studies. Most research has a low level of evidence, an aspect that demonstrates that nursing still has to advance its clinical research.

In this review, it was possible to verify that actions con -ducted by nurses in the home context are defined by the employment of various technologies. The term “technology,” adopted for the analysis of articles, was divided into: soft technology; soft-hard technology; and hard technology. Soft technologies are those employed to establish relations when workers deal with users, through hearing, establishing bonds, and trust. Soft-hard technology expresses the organization of structured skills through protocols, manuals, flows, and specific knowledge. Hard technologies include equipment, machines, instruments and laboratories, imagery, and drug exams.

Analysis revealed that home visits are soft-hard technologies that require planning, organization, and decision-making. Other actions carried out by nurses in Home care nursing that incorporate soft-hard technologies are: patient care; clinical supervision; and administrative supervision. It is also possible to notice that, in home care, the nursing professional is considered a source of specialized clinical and technical procedure knowledge. Thus, in the home context, handling of wounds, risk management, and pain management stand out in the list of their specific knowledge, among those considered soft-hard technologies unto themselves.

Thus, nursing practice in Home care nursing incorporates these different and complementary types of technologies. They carry out care, educational, and care management actions and qualify attention through technological innovation, prioritizing the use of soft and soft-hard technologies. Moreover, the nurses' ability to reflect during their home care practice, which is permeated by listening, support, and knowledge-centered interpersonal relationships, varied skills, experiences and responsibilities contributes for their practice to be considered central to the development of complex action in home care.

## Conclusion

Studies selected for this review demonstrated that nursing actions in home care go beyond clinical and administrative supervision and care mediated by relational, educational, and technical procedures, requiring different technologies to be used in the home context. Nurses perform crucial roles in home care, both in coordinating care plans at home and in the bonds they establish with users, families, and caregivers.

It is worth noting that these characteristics can also be present in health work in other contexts. However, there is the additional fact that home care is a non-traditional health care space, in which professionals perform care in homes, i.e., the patients' domain. Furthermore, such care goes beyond a variety of practices and technologies. It is unique, especially when it comes to the central role of users and families in structuring and managing therapeutic roles. Thus, analysis of the articles made it possible to learn that the role of nurses in homes has unique features and, as consequence, work process is influenced by the profile of the individual patient and by the logic that organizes their homes. It was also possible to learn that insufficient training or little experience with home care and lack of preparation and knowledge can influence home care, generating challenges for practicing nursing, which can be alleviated by strengthening initiatives for professional training.

## References

1. Silva KL, Sena RR, Seixas CT, Feuerwerker LCM, Merhy EE. Home care as change of the technical-assistance model. 2015 Mar 14;44(1):166-76.
2. Feuerwerker LCM, Merhy EE. A contribuição da atenção domiciliar para a configuração de redes substitutivas de saúde: desinstitucionalização e transformação de práticas. Rev Panam Salud Publica. 2008;24(3):180-8.
3. Silva LK, Sena RR, Silva PM, Souza CG, Martins ACS. The nurse's role in home care: its implications for the training process. Cienc Cuid Saude. 2014[cited 2015 Apr 26];13(3):503-10.
4. Furåker C. Registered Nurses' Views on Competencies in Home Care. Home Health Care Manag Pract . 2012;24(5):221-7
5. Silva KL, Sena RR, Silva PM, Braga PP, Souza CG. Supplementary home health care services and the inclusion of nursing in Belo Horizonte / Minas Gerais (Brazil). Acta Paul Enferm. 2015 Jun 02; 25(3):408-14
6. Andrade AM, Brito MJM, Von Randow RM, Montenegro LC, Silva KL. Singularidades do trabalho na atenção do-miciliar: imprimindo uma nova lógica em saúde. R. Pesq; Cuid Fundam. 2015 Jul 08;5(1):83-93.
7. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? how to do it? 2015 Jan 06; 8Pt1:102-6.

8. Stetler CB, Brunell M, Giuliano KK, Morsi D, Prince L, New-ell-Stokes V. Evidence-based practice and the role of nursing leadership. *J Nurs Adm.* 1998; 28(7-8):45-53.
9. Doyle C, Buckley S. An account of nursing a child with complex needs in the home. *Nurs Child Young People.* 2015 Jun 10; 24(5):19-22.
10. Brinkkemper T, Klinkenberg M, Deliens L, Eliel M, Rietjens JA, Zuurmond WW, et al. Palliative sedation at home in the Netherlands: a nationwide survey among nurse. *J Adv Nurs* 2015;67(8):1719-28
11. Stajduhar KI, Funk L, Roberts D, McLeod B, Cloutier-Fisher D, Wilkinson C, et al. Home care nurses' decisions about the need for and amount of service at the end of life. *J Adv Nurs.* 2011[cited 2015 Jun 10];67(2):276-86.
12. Katakura N, Yamamoto-Mitani N, Ishigaki K. Home-visit nurses' attitudes for providing effective assistance to clients with schizophrenia. *Int J Ment Health Nurs.* 2010;19(2):102-9.
13. Skott C, Lundgren SM. Complexity and contradiction: home care in a multicultural area. *Nurs Inq.* 2009;16(3):223-31.
14. Sawyer PP. Bioterrorism: are we prepared? *Home Healthc Nurse.* 2003; 21(4):220-3.
15. McWilliam CL, Godfrey B, Stewart M, Sangster J, Mitchell J, Cohen I. Evolving the delivery of acute care services in the home. *Home Health Care Serv Q.* 2003;22(1):55-74.

