

## Experience of Home Health Care Nursing in Alexandria Governorate: Recipients' Perspective

Ola Mostafa Abdel-Fattah, Assistant Lecturer  
*Community Health Nursing, Faculty of Nursing, Alexandria University*

Hanan Hosni El-Sherbini, Professor  
*Community Health Nursing, Faculty of Nursing, Alexandria University*

Hend Hassan Mitwally, Professor  
*Community Health Nursing, Faculty of Nursing, Alexandria University*

### **Abstract**

*Home health care is a unique field of nursing practice that requires a synthesis of community health nursing principles with the theory and practice of medical/surgical, geriatric, mental health, and other nursing specialties. The patient experience is now globally recognized as an independent dimension of healthcare quality. A proper, clear, and precise understanding of the patient experience will benefit the healthcare industry and society in multiple aspects. **Objective of the study:** Explore recipients' experience with home health care nursing in Alexandria Governorate and shed light on their implications for improving this service. **Settings:** Recipients' homes. **Subjects:** twenty recipients of home health care. **Tools:** recipients of home health care nursing unstructured interview schedule. **Results:** The emerged raw qualitative data were clustered into six categorical schemes: (1) Ways of getting a home health care provider, (2) Criteria for selecting the home health care nurse, (3) Common problems facing the recipients of home health care, (4) Necessity of combating unprofessional providers, (5) Positive and negative experiences of receiving care at home versus at hospital, (6) Recipients' implications to enhance the received care. **Conclusion:** The participants' experiences with home health care nursing yielded both positive and negative aspects. Positive experiences included: (1) Decreases the chance of infection more than in hospital. (2) Enhancing patient's psychological well-being. (3) Home care providers had better bedside manners and technical skills. (4) Maximizes their autonomy and choice. The areas that could potentially be improved include (1) Healthcare providers' technical skills varied greatly. (2) Unprofessional nursing performance at home. **Recommendations:** Expand the scope of home health care services and improve the quality of care. Developing national standards in providing home health care nursing services. Educational programs are a must to improve their technical skills.*

**Keywords:** Recipients' experience, home health care nursing.

### **Introduction**

Home health care nursing services play a critical role in achieving current international health care policy goals. The 2030 Agenda slogan 'Leave no-one behind' means that governments trying to achieve Sustainable Development Goal No.3 (SDG3) must develop home and palliative care policies and standards to cover forty million persons who require this care globally. Those millions have persistent need to enhance care coordination among providers to extend care beyond the four walls of the physician's

office to prevent initial hospitalizations as well as beyond the hospital setting to support timely, efficient, effective, and safe transitions that prevent re-hospitalization of post-acute patients. (Visiting Nurse Associations of America, 2013).

Not all patients who are elderly, disabled or chronically ill are in need for receiving home health care; there are main criteria for patients to be eligible to receive such type of care. The home health care nursing should be ordered by a responsible physician for patients who are homebound, had skilled need, willing and able to

participate in their care. These criteria should be assessed frequently to determine the need to continue homecare when circumstances change. (Landers et al., 2016).

Goals of quality home health care nursing for individual are unlimited. Home health care nursing aims to improve and maintain health. This could be done through emphasizes prevention of diseases, timely and accurate diagnosis of diseases, provision of treatments that cure diseases and ease pain or alleviate symptoms, and rehabilitation of physical conditions to restore as much functional ability as possible. This also entails minimizing health problems caused by the treatments themselves and reducing or treating complications that might arise in convalescence.

Furthermore, home health care nursing field consciously maximizes recipients' autonomy and personal choice, since they retain their rights to control their everyday lives and larger destinies and to make choices about how and where they live which promote meaningful lives. (World Health Organization, 2015)

Throughout the world, the patient experience is recognized as an independent dimension of health-care quality, along with clinical effectiveness and patient safety. (Doyle, Lennox, & Bell, 2013).

A proper, clear, and precise understanding of the patient experience will benefit the health-care industry and society in multiple aspects, including but not limited to establishing a tailored and personalized clinical bedside care, providing clear guidance for further research, stimulating consistent and sustainable improvements in medical care quality, and guiding health-care policy. (Oben,2020)

### ***Aims of the Study***

This study aims to explore recipients' experience about home health care nursing

in Alexandria governorate and shed light on their implication to improve this service.

### ***Research Questions***

What is the experience of home health care nursing recipients in Alexandria Governorate?

### ***Materials and Method***

#### ***Materials***

***Design:*** Phenomenological qualitative research design was adopted to conduct this study.

***Settings:*** Homes of the recipients receiving home health care nursing.

***Subjects:*** The target population of this study was twenty recipients of home health care. This group was reached through the nurses who provide the home health care to them.

#### ***Tools:***

In order to collect the necessary data for the study, unstructured interview schedule with home health care nursing recipient was used. This tool was developed by the researchers to identify the recipients' perception about received home health care and to investigate the distinct factors that affect the provided care. It was including the following main aspects:

- Demographic characteristics and health profile
- Ways of getting a home health care provider.
- Criteria for selecting the home health care nurse.
- Common problems facing the recipients of home health care and reasons for changing the nursing personnel.
- Necessity of combating unprofessional personnel who are providing home health care.
- Positive and negative experiences of receiving care at home versus at hospital.
- Recipients' Implications to enhance the received care.

### **Method**

- The Approval of the Ethical Panel of Nursing Research at Alexandria Faculty of Nursing was obtained before conducting the study.
- The tool was revised by a jury composed of five experts in the field of community health nursing for content validity and recommended modifications were done accordingly.
- Qualitative data was collected through unstructured interview for home health care recipients.
- The interview appointments were determined with the recipients in advance, in order to maintain recipients' autonomy and privacy and enhance workflow.
- The interviews were conducted at recipients' homes, or by phone calls (in case of long distance or recipient's rejection of home visit).
- All interviews were recorded after subject's approval; to avoid missing any information.

### **Ethical considerations:**

- Written informed consent was obtained from all subjects included in the study after explanation of the aim of the study and assures them that collected data was used only for the study purpose.
- The recipients were informed that their participation is completely voluntary and that they can withdraw at any time.
- To ensure confidentiality, the recipients' names during the discussions was replaced by appropriate recipient ID.

### **Statistical Analysis**

After completion of data collection, the qualitative data was analyzed through the following process:

- The data was organized for analysis by collecting all transcripts from the audio-record.
- Each interview was transcribed verbatim (word by word) in order to capture the exact words, phrases voiced by the recipients.
- The accuracy of all transcripts was checked against the audio record through proofread (read through for errors).
- Findings together with pertinent quotations was organized according to discussed topics.
- The main categories were formulated. Each category was examined to search for the subtopics; this was followed by clustering the categories into themes. These themes provided the major headings for the results.
- A list of the main themes and subthemes was generated (words and phrases that capture recipients' opinions as well as experiences 'statements').

### **Results**

The emerged raw qualitative data can be clustered under the following categorical schemes:

#### **1. Recipients' demographic characteristics and health profile.**

**Table (I)** represents recipients' demographic characteristics, comorbidities, and duration of receiving care at home. Less than two thirds were female, and less than half aged between 61 and 70 years old. Only one recipient reported living alone. Half of them were seeking home care due to either non-communicable diseases (Hypertension,

Diabetes Mellitus, or obesity) or severe acute (COVID- respiratory syndrome coronavirus 2 19), while two fifth of them were due to aging diseases or have immunity diseases (e.g., systemic lupus), and one tenth of them reported accidents / injuries as a main cause of seeking home health care nursing. The duration of received care for more than half of recipients ranged from one weak to less than six months, and for less than one third was ranged from one year to less than five years. The majority received care from licensed nurses and one fifth of them rely on sitters.

**Table1: distribution of the study subjects according to their demographic characteristics and health profile:**

Characteristics	Number of recipients (N=20)	Percent
<b>Sex</b>		
Male	8	40
Female	12	60
<b>Age</b>		
>60	3	15
61 -70	9	45
<71	8	40
<b>Living status</b>		
Alone	1	5
With their families	19	95
<b>Seeking home health care</b>		
NCDs (HTN, DM, obesity)	5	25
COVID-19	5	25
Aging	4	20
Immunity diseases	4	20
Injuries	2	10
<b>Duration of receiving home care</b>		
1 weak < 6 months	11	55
6 months <1 year	1	5
1 year < 5 years	6	30
> 5 years	2	10
<b>Qualification of care provider</b>		
Licensed nurse	16	80
Sitters	4	20

## **2. Ways of getting a home health care provider.**

- Private hospitals were revealed by the majority of recipients as a main source of getting a home health care provider.
  - ممرضة في مستشفى خاصة كانت مع اختي لما تعبت .
  - رئيس قسم التمريض المنزلي في مستشفى خاصة .
  - الممرضة اللي جت لنا البيت هي نفس الممرضة اللي كانت معنا في المستشفى لمدة 3 اسابيع ، سالناها اذا كان ممكن تيجي البيت فوافقنا .
- Some recipients expressed the nursing relatives and neighborhood as another source to have a home health care provider.
  - كلمت جارتنا .. هي خريجة مدرسة تمريض .
  - المعارف من التمريض والدكاترة نتيجة اللف الكثير على المستشفيات .
- Additionally, they mentioned that the nursing homes offer needed home health care providers to them.
  - فيه كذا دار مسنين قالولي عليها عشان ماما وفعلا رحنا واحدة منهم ومليت زي استمارة كده وبعثولي الممرضة .
- From recipients' responses, social media and mobile applications (e.g. Facebook, WhatsApp) are also represent a common source for those patients who doesn't need specialized home health nursing care.
  - جليسة من Facebook وجروبات WhatsApp في حالة ان الحالة مش محتاجة ادوية او حقن .

- **Min**  
ority of recipients reported that this service is available in pharmacies either by calling a hotline for this service in major pharmacies, or by going directly to the pharmacy and getting the provider's business card from there.

- فيه صيدلية كبيرة عاملة زي خط ساخن خاص بالخدمة دي بتتصلي تحجز بالاسم والعنوان والحالة المرضية، وتحدد مواصفات الممرضة اللي انتي محتاجها وبعدين بيتواصلوا معاكي ويبعثوها لك .

- جبت رقمها من الصيدلية ، بيبقوا سايبين كروت بأرقام تليفوناتهم .

### **3. Criteria for selecting the home health care nurse.**

Nearly all recipients agreed on that proper communication techniques, adequate clinical experience, skilled performance, proper knowledge, adhering to professional ethical principles are indispensable criteria for the home health nurse.

- **On**  
a daily basis, nurses must communicate with their patients, patients' family members, and the larger medical team. They must be able to listen to and understand the concerns of their patients; this is essential for evaluating conditions and creating treatment plans.

- مهارات تواصل كويسة ، تعامل صح ، طريقة كلام مناسبة .

- عشان المريض كان متأزم نفسيا من المرض ورفض اي تدخلات طبية .. كان محتاج حد صبور وباله طويل.

- لازم يتابع على طول مع الطبيب ما يعملش حاجة من دماغه.

- **Clin**  
**ical experiences are important throughout a nurse's**

**career because they provide a roadmap to patient care decisions.** Clinical experience is the main criteria for selecting the home health nurse. The selected nurse should provide effective, efficient and safe patient care as hygienic environment and infection control measures. Also, the nurse should be alert to any change related to the patient's condition.

- الخبرة بتفرق جدا ... لو عنده خبرة في المجال ده هيبقى ممتاز في كل نواحي الخدمة غير واحد اول مرة يقدم النوع ده من الخدمة.

- المهارات العملية الجيدة لأنها السبب في اننا طلبناها اصلا ، باقي الحاجات مهمة بس لو موجودة من غير مهارة عملية همشيها ومش هتبقى باقي الحاجات دي مهمة بالنسبة لي.

- النظافة و التعقيم.

- المتابعة الجيدة لكل المستجدات في حالة المريض .

- **Nur**  
ses must be detail-oriented, as many of the situations they handle can be a matter of life or death. Nurses must be precise in ensuring that patients are given the correct treatments, in the right dosages and at the right times.

- اهم حاجة الالتزام بالمواعيد عشان جرعات المضاد الحيوي.

- لازم يكون فاهم جدا في الادوية و ايه اللي ممكن يتعارض مع بعضه.

- الممرض لازم يكون مركز مع ادق التفاصيل لان العيان مش حقل تجارب.

- **An**  
**understanding of the professional, ethical, and legal requirements of the licensed nurse such as patient's privacy**

### and confidentiality of his condition.

- خصوصية المريض وما تتقلش تفاصيل عن المريض.

- The nurse should be honest while providing care either alone with patient or in front of the family members.

- الرحمة والضمير اساس كل حاجة .. لو شاطر جدا وما عندهوش ضمير او رحمة يبقى كأنه ما عندهوش حاجة .

- الالتزام بالمهنية و اخلاقيات المهنة ولازم يراعي ربنا في المريض .

- لازم يكون عنده أمانة في وجود اهل المريض او غيابهم لانها اغلب الوقت بتكون لوحدها مع المريض بحكم انشغال الابناء .. فهي بتعامل ربنا مش بتعامل المريض.

#### 4. Common problems facing the recipients of home health care and reasons for changing the nursing personnel:

##### I.Unprofessional nursing practice:

- Most recipients referred the reasons of change the home health care provider to unprofessional nursing practice regarding infection control measures, patient turning and moving technique, and inability to act in emergency situations.

- عدم الاهتمام بالتعقيم والنظافة .
- التسبب في قرح الفراش اكثر حاجة بتضايقني وعدم الاهتمام بالتقليب والغيار.
- عدم القدرة على التصرف في الطوارئ وده بيكون نابع من قلة الخبرة.

- Patient safety is one of basic requirement of nursing profession, some recipients mentioned that

health care providers can cause physical harm to the patient during unnecessary usage of mobile and social media or smoking beside the patient.

- الاستخدام المتواصل للموبايل والنت وبالتالي عدم متابعة حالة المريض بدقة.

- بعض التمريض بييجي يدخن جنب المريض ، والمريض في غيبوبة مش قادر حتى يقول له اطفى السيجارة .

##### II.Ethical problems:

The majority of recipients in this study believed that nursing ethical considerations is a must during providing the care, its absence is robust reason to change the nurse immediately.

- قلة الضمير والرحمة لو انعدموا هيحصل كل المشاكل الثانية من اهمال و اخطاء طبية وسرقات وكل حاجة.

- عدم الالتزام بالمواعيد .

- انتهاك خصوصية المنزل والتجول فيه .

- السرقات ودي بتحصل كتير جدا.

- الاستهلاك المبالغ فيه للادوات.

##### III.Communication problems:

Nearly all recipients complained from inappropriate communication pattern although the communication is the base for all nurse- patient therapeutic relationships.

- مفيش تواصل مع الدكتور للتبليغ باخر التطورات.

- سوء المعاملة و اسلوب الكلام الجاف.

##### IV.Financial problems:

The financial burden of the service was the most reported problem by the recipients, and in a lot of times it led

to rely on unprofessional personnel instead of licensed nurses.

- الاسعار زيادة جدا عن احتمال اي حد ،، ومع تغيير التمريض الاسعار بتتغير. لنفس الحاجة .. مفيش اسعار ثابتة ولا حد يحدد سعر كل حاجة .. كل واحد يجي يقولي مش اقل من 1000 جنيه في الشيفت لو مش عايزة بلاش هاتي اي حد ثاني وده هيجليني ادور على حد غير متخصص ياخذ مبالغ اقل.

#### V. Institutional problems:

Most of settings that provide home health care services are not accountable about any legal, ethical professional misconduct. They consider such harms as individualized issue that they aren't held any accountability about.

- عدم وجود متابعة ولا رقابة لاداء التمريض .
- عدم وجود جهة مسؤولة في حال ارتكاب اي اخطاء طبية.

#### 5. Necessity of combating unprofessional personnel who are providing home health care

- In regard to the combating unprofessional personnel, almost all of the respondents stressed on its necessity as it can cause a lot of physical, psychological and ethical problems. Moreover, there is no legal support in case of malpractice.

- ضروري جدا محاربة الفئات الغير متخصصة .. لان دلوقتي فيه مكاتب التمريض ومكاتب توظيف بتشغل اي حد يروح لها من غير اي خبرة ممكن يدوهم دورة اسعافات اولية لمدة شهرين وبعدين يحطوا ارقامهم في الصيدليات والجوامع.
- لازم نحاربهم لانهم ممكن يعملوا مشاكل كتير جدا واخطاء طبية واكيد هيسببوا مشاكل كتير للمريض.

- على حسب نوع الخدمة المطلوبة ونوع العناية .. لو حاجة تخصصية اوي ما ينفعش اجازف طبعا بس لو الحاجات العادية ممكن اجيب جليسة عادي .

- لازم نحاربهم عشان يبقى فيه مكان اقدر ارجع اشككي له لو حصل غلط .. هشتكي ازاي وانا اللي جايها .

- الفئات دي موجودة وهفضل موجودة لانها اخص من التمريض ومش كل الناس هتقدر تستمر على المبالغ اللي بيطلبها التمريض.

- في المطلق مش لازم نستعين بغير متخصصين اذا كان المتخصص بيعمل اخطاء احيانا ما بالك بالغير متخصصين.

- لازم طبعا ... مش كل الناس بتفهم في كل حاجة .. كل واحد يخليه في تخصصه واللي يفهمه احسن.

- المريض بيبقى في وضع حساس مش ناقص اي اخطاء او تقصير.

#### 6. Positive and negative experiences of receiving care at home versus at hospital.

There are three major factors emerged from the study that determined the recipients' positive and negative experiences of receiving care at home versus at hospital. These were patient related factors, family related factors, health care provider related factors.

#### I. Patient related factors:

- Some of recipients in the present study stressed that receiving care at home decreases the chance of infection more than in hospital.

- التمريض المنزلي افضل عشان المستشفى فيها عدوى وكورونا والتمريض بيتشغل مع كذا حد فممكن ما تراعيش اجراءات منع العدوى فتعمل مشكلة والمريض اصلا قليل المناعة.

- التمريض في المستشفى كان مهمل والخدمة مش جيدة وده عرض المريض للعدوى.

- Oth  
ers pointed to its privilege in enhancing patient's psychological well-being.

- التمرريض في البيت افضل للمريض  
عشان بيكون في بيته متعود على حاجته  
ومكانه ووسط اهله.

- في المستشفى المريض كأنه  
محبوس في السريره وده بيأثر على حالته  
النفسية .

- التمرريض في البيت مهتم جدا بيقدم  
خدمة متواصلة وممكن يعمل معا انشطة  
متنوعة يطلعه في الجينة وكده وده بيغير  
جدا من نفسية المريض.

- On  
hand, many recipients added that the quality of care at home is much better than in hospital.

- الفرق في الاهتمام .. لما بابا طلع  
جبت له تمرريض في البيت يكون تحت  
عيني .. نظافة واهتمام والتقليب المستمر  
ومواعيد الادوية.

- الممرضة بتبقى مركزة مع مريض  
واحد بس مش مستعجلة ومش وراها  
حاجة.

- On  
other hand, some of them experienced unprofessional nursing performance at home.

- في المستشفى احسن .. حسيت انهم  
مهنيين اكثر، عارفين طبيعة الشغل  
والحالة والمطلوب وبيجوا في المعاد  
يدوني الدوا المطوب ، لكن في البيت  
سيء جدا طلبت منها تغير على جرح  
القيصري وتديني مضاد حيوي في  
الكانيولا ، الكانيولا باظت وجرعة  
المضاد ضاعت وقالتي المهم انك اخدتي  
ولو حاجة بسيطة من الجرعة فحسيت  
انها مش فاهمة .

## II.Family related factors:

- Many families find that receiving care at home maximizes their autonomy and choice.

- التمرريض في البيت بيبقى عندي  
فرصة متاحة اني اطلب الحاجة اللي انا  
شايفها مناسبة للمريض وتعمل بالراحة  
من غير سرعة او تشتيت.

- Oth  
ers mentioned effective communication with health care provider as other advantages of receiving care at home.

- في البيت بسأل براحتي كل الاسئلة  
اللي انا عايزها عن حالة المريض ويتم  
الاجابة عليها بوضوح و هدوء، لكن في  
المستشفى لما عملت العملية فين وفين لما  
حد بيرد علينا.

- Some  
of them referred its advantage in patient's follow up and taking corrective actions as needed.

- لما احس انها بتتعامل معاه غلط  
بوقفها لكن في المستشفى ما نعرفش  
حاجة عنها بتعمل ايه معاه.

## III.Health care provider related factors:

The majority of the recipients believe that home health care also has its benefits for nurses as well as for recipients and their families; as the health care provider needs less time, less effort to provide the care beside its great financial profits.

- التمرريض المنزلي افضل ، لان  
الممرض بيبقى مرتاح نفسيا وجسمانيا ما  
بيفقاش فيه تشتيت او ازعاج له زي اللي  
موجود في المستشفى.

- الممرض نفسه ده يعتبر ميزة بالنسبة له :  
وقت خدمة قليل ، مش بنفس مجهود  
المستشفى وعائد مادي أكبر.

- Whi  
le others emphasized that the



advantage of receiving care in the hospital lies in those all working nursing personnel are licensed nurses on the contrary of those providing care at home, they are not all licensed nurses.

- في المستشفى يبقى متأكد ان كل اللي شغال تمريض لكن في البيت مش بالضرورة كلهم تمريض ، ساعات شهادات اخرى واخذين تدريب 3 شهور اسعافات اولية من جهات غير معروفة وغير معتمدة .

## 7. Recipients' implications to enhance the received care:

The majority of respondents highlighted the importance of affiliation of all home health care agencies to the ministry of health and population, presence of home health care standards for nursing practice, training programs and workshops for nurses; to improve the quality of received care.

- محاربة الفئات الغير متخصصة ، متابعة وزارة الصحة عشان يبقى في رقابة و سعر محدد لكل خدمة .
- ممكن مثلا نخلي فيه قسم في المستشفيات خاص بالخدمة المنزلية عشان يبقى الممرضات مدربين اكثر من كده .
- وزارة الصحة لازم تأمن المريض والتمريض ويكون فيه رقابة على مكاتب التمريض الغير مرخصة .
- الفئات الغير متخصصة بعضهم بيكونوا متطوعين ، دول ممكن وزارة الصحة تاخداهم تتابع تدريبهم وتقن عملهم وتديهم رخصة بحيث يبقى شغلهم مضمون في نفس الوقت ما يبقاش غالي زي التمريض لان بصراحة موضوع التكلفة ده بقى زيادة جدا .
- يعملوا application للتمريض المنزلي تابع لوزارة الصحة يكون مقنن و مدعم .
- هيئة رقابية تبع المستشفى وتابع للتأمين الصحي ووزارة الصحة تقيم التمريض وتتابع الشكاوي .

- الرعاية المنزلية يحب ان تنتشر بشكل اكبر تبع الية منظمة مدروسة من وزارة الصحة بحيث تكون خدمة مراقبة ومدعمة ، وفيها ميزة كمان فتح مجال اوسع لشغل التمريض بدل ما يكون محصور في المستشفيات فقط .

- نعمل مركز متخصص للحالات المنزلية .. لازم المركز ده يكون مجهز على اعلى مستوى واهم حاجة يكون بيعتمد على التكنولوجيا ومتابعة المريض عن بعد عن طريق لبس زي ساعة رقمية تقدر توضح العلامات الحيوية وحالة المريض للناس اللي بتابع الحالة في المركز عشان يبقى فيه زي رقابة ومتابعة اضافية على التمريض اللي شغال في البيت ، وملاحظة كمان ان التمريض سعره عالي جدا جدا مش كل الطبقات تقدر تستفيد من الخدمة دي .

- انشاء مستشفى مركزية للرعاية المنزلية فيها تمريض متدرب وخريج كلية عشان بجد شغل التمريض مهم جدا حتى لو الدكتور شاطر لازم وراه تمريض شاطر يتابع ، ودلوقتي بالتمريض المنزلي بقى مهم جدا وخاصة في وجود الكورونا وعدوى المستشفيات .

- لازم يكون فيه معايير للي بيشتغل .. مش اي تمريض ينفع يشتغل في البيت لازم ابقى عارف مؤهلاته وخبراته وانه اشتغل بالطريقة دي قبل كده وعارف يتعامل بالامكانيات المتاحة ، ومش اي اسعار تتطلب لازم تسعيرة محددة ، ولازم كمان حاجات تامن التمريض اللي داخل بيوت غريبة ما يعرفهاش .

- التدريب الدوري لآخر المستجدات وبالذات موضوع كورونا ده .. كل شوية حاجات جديدة بتظهر وادوية فلانم يبقا عارف الجديد ومتدرب عليه .

## Discussion

Home health care services (HHC) are emerging in Egypt to meet increased healthcare needs among the homebound population, but there is a lack of research examining the efficiency and effectiveness of this new care model. This study aimed to explore care recipients' experience with (HHC) and their implication for improvement in Alexandria governorate.

Although relatively uncommon in health care research, qualitative research is now receiving recognition and is increasingly used in health care research with social and cultural dimensions. Qualitative research seeks to determine the meaning of a phenomenon through description. It aims to develop concepts that aid in the understanding of natural phenomena with emphasis on the meaning, experiences, and views of the participants. (Al-Busaidi, 2008).

The results of the present study declared that non-communicable diseases (DM, HTN, obesity), respiratory problems, aging and its associated conditions (Alzheimer, dementia), immunity diseases and injuries are the most common cases who seeking home health care nursing continuously.

These findings are closely matched with the CDC report about long term care users in USA 2016, which illustrated that the large proportion of current home care patients have chronic diseases, followed by respiratory ailments, injuries, aging, arthritis and osteoporosis.

Since home health care services is not licensed from MOHP or provided under the health insurance system in Egypt, the current study highlights the different sources of getting a home health care provider, as private hospitals, nursing relatives and neighborhood, nursing homes, social media and pharmacies.

This is lagging behind other health care systems. In USA, home health services provided by the Medicare-certified home health care agencies. Those agencies accept all referred eligible patients with Medicare. (Centers for Medicare & Medicaid Services (2013). On other hand, home healthcare services are provided for eligible patients by the Ministry of Health and Prevention (MOHAP) for free to UAE citizens under the service name 'Home mobile healthcare'. The service provides high-quality services to the aged and people of determination who do not

have access to health services. It serves to enhance their sense of safety and support in a family-like environment while maintaining their dignity and privacy. This service also reduces the burden on hospitals and the complications of chronic diseases by following up on patients at their homes.

This study highlighted the basic required criteria of home health nurse. The majority of recipients reported that interpersonal communication skills, clinical knowledge and clinical problem-solving abilities, understanding of and ability to work within an interdisciplinary team, understanding of the professional, ethical and legal requirements, understanding of risk management, safety and quality improvement principles are all criteria for hiring home health nurse.

This comes in line with American nurses' association standards of professional performance for home health nursing (ANA, 2014). Since The home health nurse should attains knowledge and competence that reflect current nursing practice, integrates evidence and research findings into practice to provide evidence-based practice. Additionally, home health nurse should communicate effectively in a variety of formats in all areas of practice, and collaborates with patients, families, caregivers, interprofessional healthcare teams, and others in the conduct of nursing practice.

Moreover, home health nurse should use appropriate resources to plan and provide nursing services that are effective, ethically approved and financially reasonable.

As well, practices in safe environment, contributes to quality nursing care. Home health care agencies require policies and procedures that focus on safety assessment, risk identification, and situation management. Home health care providers are most susceptible to verbal abuse and aggression, threats, and sexual harassment. Home care safety can be divided into three

responsibilities: providers' responsibility to protect their own safety, agency responsibility to train workers and provide safety practices in the workplace, and patient and family responsibility to promote home care team member safety. (Marrelli & Rennell, 2020).

The current study stressed on the common drawbacks that force the recipients to change the home health nurse. It has been classified as unprofessional nursing practice, ethical problems, communication problems, financial problems, and institutional problems.

In the current study, the majority of recipients referred to the reasons of changing the home health care provider to unprofessional nursing practice regarding basic nursing competencies. This was justified in Berland, Holm, Gundersen, & Bentsen (2012); that nurse seemed to be particularly burdened in the home-care sector, especially when they felt they could not handle a situation. They seemed to fall short of their ideal of being a good nurse. According to Higuchi, Christensen & Terpstra (2002), a significant change is needed in nursing practice to address the increased responsibility of nurses to deal with complex clinical situations with limited support.

The majority of recipients in this study believed that nursing ethical considerations is a must during providing the care, its absence is robust reason to change the nurse immediately.

Additionally, this study stressed that effective, continuous interaction and communication are critical determinants in patients' satisfaction which play a pivotal role in ensuring that patients feel valued and cared for. The allocation of sufficient time for talking and listening to patients and providing information is a prerequisite for patient satisfaction, as it ensures that patients are less stressed and more engaged and well adjusted (Koç, Sağlam, & Şenol, 2011). In a study for

Abdel Maqsood, Oweis & Hansa (2012) indicated that patients were more satisfied with having respectful communication whereas they were less satisfied with the professional information provided by the nurses about their disease, health status, investigations, and prognosis of their condition. In a meta-analysis conducted by Özsoy, Özgür & Durmaz (2007), patients reported that they expected favor, attention, understanding, kindness and helpfulness from individuals providing care services. In Karaca & Durna (2019), the results also indicate that the nurses' communication style is to treat patients respectfully and be friendly towards them.

This study revealed that the financial burden of the service is the most reported problem by the recipients, and in most of times it is led to rely on unprofessional personnel instead of licensed nurses

Accountability has become a major issue in health care. Accountability entails the procedures and processes by which one party justifies and takes responsibility for its activities. This study clarifies that most of settings that provide home health care services are not accountable about any legal, ethical professional misconduct. They consider such harms as individualized issue that they aren't held any accountability about.

With today's increased demand for home care workers, finding enough qualified caregivers and nurses to fill the needs is an industry-wide issue. (Garcia, 2006). Paid caregivers (e.g., personal care attendants, private duty attendants, home care aides, direct care workers, and sitters) are defined as nonfamilial individuals who receive payment to assist people directly in daily self-care activities within their homes. This study shed lights on the negative physical, psychological, and social consequences of rely on those non-specialized care givers. This is corresponding to other research that suggest individual serving in these caregiving

positions may not be adequately prepared for all that the position requires of them when caring for an older adult. (Lindquist, Jain & Tam, 2011). This can include supporting proper use and adherence to often-complex medication regimens, scheduling medical appointments and accompanying older adults to them, and nutrition assistance. It was recently found that more than one-third of paid caregivers have inadequate health literacy. This is of great concern, because paid caregivers assume responsibility for the majority of older adults' health needs. When a sample of paid caregivers' abilities to perform tasks related to medication regimens were assessed, 65% made dosing errors that could lead to suboptimal treatment or serious adverse events. (Lindquist, Friesema, Zickuhr, Baker & Wolf, 2012).

This study also explores the recipients' positive and negative experience of receiving care either at home or in hospital. Preferences frequently changed depending on the health condition and the services provided.

There are three major factors emerged from the study that determine the recipients' positive and negative experiences of receiving care at home versus at hospital. These were: (1) patient related factors as reported, home health care decreases the chance of infection, enhancing patient's psychological well-being, quality of care at home is much better than in hospital. Conversely, some of them experienced unprofessional nursing performance at home; so, they preferred to receive care in hospital than at home. (2) family related factors as mentioned, home health care maximizes their autonomy and choice, decrease burden on them, allow effective communication with health care provider and continuous patient's follow up. (3) health care provider related factors as stated home health care nurse needs less time, less effort to provide the care beside its great financial profits.

This is somehow agreed with the results reached by Fried, van Doorn, O'Leary,

Tinetti, & Drickamer (2000); where the patients' belief that home is more comfortable than the hospital was most strongly associated with a preference for home care. Conversely, some of them belief that hospital is more comfortable than home, that people recover faster in the hospital, and that home treatment would be burdensome on friends and family. Generally, the extent that treatment either at the hospital or at home responds to patients' concerns about safety, comfort, and placing a burden on patients' friends and families.

In another study (Rui et al., 2021), some home health care recipients reported positive opinions of HHC; due to less distraction as in hospital, nurses regular home visits, timely detection of any health problems, psychological support and technical skills of nurses were greatly praised by recipients. The majority emphasize the negative points of receiving health care at home; the absence of nurses' follow-up system, poor communication techniques, lack of legal authority and policies that guarantee patient's rights, inconsistent quality of care due to lack of standards of nursing practice, the high cost of HHC services that not covered by health insurance.

In the light of the study findings, the following are some recommendations for policymakers to improve the quality of received home health care nursing in Alexandria governorate. (1) Standardize home health care service behavior. During the process of providing care, HHC providers must strictly abide by relevant laws and regulations, department rules, professional ethics, service norms and guidelines, and technical operation standards to standardize service behaviors. (2) Expand the scope of home health care services. Current home health care services should include diagnosis and treatment services, medical care, nursing care, rehabilitation treatment, pharmacy services and hospice care. (3) Strengthen the training of care providers. Regular training could be organized to improve professional knowledge and skills according to providers' and patients' needs. (4) Increase the use of

information technology. Using telemedicine technology could make HHC more accessible. Innovative home health care service models may optimize workflow by using cloud computing, big data, smart healthcare, mobile internet, and other technology.

### **Conclusion**

The findings of the present study revealed that the participants' experiences with home health care nursing yielded both positive and negative aspects. Positive experiences included: (1) Decreases the chance of infection more than in hospital. (2) Enhancing patient's psychological well-being. (3) Home care providers had better bedside manners and technical skills than did hospital-based providers. (4) Maximizes their autonomy and choice. (5) Effective communication with health care provider as other advantages of receiving care at home. (6) Follow up and taking corrective actions as needed. On other hand, the areas that could potentially be improved include (1) healthcare providers' technical skills varied greatly since not all home health nurses are licensed nurses. (2) unprofessional nursing performance at home. (3) the financial burden on the family to obtain skilled nurse.

### **Recommendations**

In the light of the study findings, the following recommendations are suggested:

- Dissemination of standardized home health care services manual for all health care providers.
- Design and application of home-based services program that is affiliated to MOHP.
- Home health care services should be available for all eligible patients under the new health insurance law in reasonable cost.
- Setting penalties on any illegal source for home health nursing services.
- Conducted regular surveys annually using different methods to enhance the

quality of the home health care nursing services in Alexandria Governorate.

### **limitations:**

- Data collection phase was interrupted and took too long time, due to
  - COVID-19 outbreak and health quarantine.
  - Some of nominated recipients refused the home health visit, and other recipients were inspected to complete the study.
- Some of bit old references have been used because the research topic is novel and there are no many updated references or statistics that can be used to serve this study.

## References

- Abdel Maqsood, A. S., Oweis, A. I., & Hansa, F. S. (2012). Differences between patients' expectations and satisfaction with nursing care in a private hospital in Jordan. *International Journal of Nursing Practice*, 18, 140–146. <https://doi.org/10.1111/j.1440-172X.2012.02008>.
- Al-Busaidi Z. Q. (2008). Qualitative research and its uses in health care. *Sultan Qaboos University medical journal*, 8(1), 11–19. Retrieved at may 2022 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3087733/>
- American Nurses Association. (2014). *Home Health Nursing: Scope and Standards of Practice*. (2nd ed.). Silver Spring, MD: ANA.
- Berland, A., Holm, A. L., Gundersen, D., & Bentsen, B. (2012). Patient safety culture in home care: experiences of home-care nurses. *Journal of nursing management*, 20(6), 794–801. <https://doi.org/10.1111/j.1365-2834.2012.01461.x>
- Doyle, C., Lennox, L., Bell, D. (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness.. doi:10.1136/bmjopen-2012-001570
- Fried, T., van Doorn, C., O'Leary, J., Tinetti, M., & Drickamer, M. (2000). Older Persons' Preferences for Home vs Hospital Care in the Treatment of Acute Illness. *Arch Intern Med*, 160(10),1501–1506. doi:10.1001/archinte.160.10.1501.
- Garcia,T. (2006). Ethics in Home Care. *Home Health Care Management & Practice*, 18(2), 133-137. DOI: 10.1177/1084822305280969
- Higuchi Smith K.A., Christensen A. & Terpstra J. (2002) Challenges in home care practice: a decision-making perspective. *Journal of Community Health Nursing*, 19 (4), 225–236.
- Karaca, A., Durna, Z., (2019). Patient satisfaction with the quality of nursing care. *Nursing Open*, (6), 535–545. <https://doi.org/10.1002/nop2.237>
- Koç, Z., Sağlam, Z., & Şenol, M. (2011). Patient satisfaction with the nursing care in hospital. *Türkiye Klinikleri. Journal of Medical Sciences*, 31(3), 629–640. <https://doi.org/10.5336/medsci.2009-16413>
- Landers, S., Madigan, E., Leff, B., Rosati, R. J., McCann, B. A., Hornbake, R. & Breese, E. (2016). The Future of Home Health Care: A Strategic Framework for Optimizing Value. *Journal of Home health care management & practice*, 28(4), 262–278. doi: 10.1177/1084822316666368.
- Lindquist, A., Jain, N., Tam, K. (2011). Inadequate health literacy among paid caregivers of seniors. *Gen Intern Med Journal*, 26, 474–479.
- Lindquist, L., Friesema, E., Zickuhr, L., Baker, D., & Wolf, M. (2012). Hiring and Screening Practices of Agencies Supplying Paid Caregivers to Older Adults. *JAGS*, 60, 1253–1259. DOI: 10.1111/j.1532-5415.2012.04047.x
- Marrelli, T., & Rennell, N. (2020). *American Nurse Journal*, 15(5), 8-13. Retrieved in April 2022, from: <https://www.myamericannurse.com/home-care-safety/>
- Medicare and Home Health Care. (2013). Centers for Medicare & Medicaid Services (CMS). Retrieved on May, 2022, from: [www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/downloads/hhqihhbenefits.pdf](http://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/downloads/hhqihhbenefits.pdf)
- Ministry of Health and Prevention (MOHAP). United Arab Emirates. Retrieved in April 2022, from: <https://mohap.gov.ae/en/about-us/about-mohap>
- National Center for Health Statistics. (2015-2016). Long-term care providers

and services users in the United States. Retrieved on May 2022, from: <https://stacks.cdc.gov/view/cdc/76253>

- Oben P. (2020). Understanding the Patient Experience: A Conceptual Framework. *Journal of patient experience*, 7(6), 906–910. <https://doi.org/10.1177/2374373520951672>
- Özsoy, S. A., Özgür, G., & Durmaz Akyol, A. (2007). Patient expectation and satisfaction with nursing care in Turkey: A literature review. *International Nursing Review*, 54, 249–255. <https://doi.org/10.1111/j.1466-7657.2006.00534.x>
- Rui, Zhou., Joyce, Cheng., Shuangshuang, Wang., & Nengliang, Y. (2021). Qualitative study of home health care experiences among Chinese homebound adults. *BMC Geriatrics*. 21:309 <https://doi.org/10.1186/s12877-021-02258>
- Visiting Nurse Associations of America (VNAA). (2013). Innovative Models for the Evolving Home Health and Hospice Industry Retrieved on December, 2021, from <http://www.ahhqi.org/images/pdf/cacep-wp1-highlights.pdf>
- World Health Organization. (2015). *The growing need for home health care for the elderly: home health care for the elderly as an integral part of primary health care services*. Retrieved on January, 2022, from: <https://apps.who.int/iris/handle/10665/326801>