

Home Health Care Services: An Overview of Patients Receiving Care

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Keywords

Home health care, Patients, Nurses, Caregivers, Care providers.

Introduction

“Home-based care” refers to the spectrum of services provided in the home to support patients, including care giving and personal care services, skilled services (such as nursing), home-based primary care, hospital-at-home, and even hospice when it is provided at home. “Home healthcare services are an extension of hospital services into the patient’s house. The services include nursing care, professional care giving to chronically ill and bedridden patients of which substantial numbers are bedridden, immobile or suffer from chronic illnesses like dementia, cancer, etc. However, the home care services range from basic support on activities of daily activities like dressing, grooming, ambulation, preparing meals to complex nursing services like feeding through naso-gastric tube, catheter change, injection and tracheotomy. The goals of home health care services are to help individuals to improve function and live with greater independence; to promote the patient’s optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions. As the number of older beneficiaries with multiple chronic conditions continues to rise, providing care in the most effective and efficient setting have become even more critical. Therefore the patient preference and satisfaction are increasingly becoming key measures of performance.

Objectives

The study focused on the importance and need of caring patients at home by care providers. This study further analyzed benefits and adverse effects of home health care.

Research Methodology

The researcher conducted three focused group discussions with the patients, caregivers and nursing staff (30 in number). The data generation for this research work was done with the help of following techniques: In-depth interviews, Focused group discussions, Observation, case studies and Schedules. Apart from in-depth interviews, narratives were recorded and noted to have a more comprehensive, clear and contextualized version of events and experiences according to the viewpoint of respondents.

Results and Discussion

Overall it was analysed that home health care environment differs from hospitals and other institutional environments where nurses work. Home health care nurses work alone in the field with support resources available from their central office or home care agency. The specialized home care included a standard nursing protocol by advanced practice nurses to provide direct physical care, information/education, ongoing psychosocial support, and management of surgical complications. Particularly among patients with multiple limitations on ADLs (activities of daily living), care giving is crucial. Without caregivers in the home, health care at home is simply impossible for those with functional limitations. Moreover, caregivers are taught to provide direct care to the home patients.

One of the nurses who were taking care of the patient in home care

settings asserted that “recently she took care of the patient who was living alone and unfortunately she had bed sores all over the body and even her hairs were filled with lice. As she started taking care of her by treating her wounds, bathing her properly from head to toe, with the love and affection the lady who has lost hope of living regained her life and fortunately she is absolutely fine now”.

Another care giver asserted that “she started her day at 7 am by putting eye drops in the eyes of patient; she also assisted the patient with toileting, bathing and checking her vitals. She also provided constant support in getting her in and out of the bed, takes her for small walks and assist her with exercise etc. The patient too felt more confident than before. On the other hand, the caregiver felt financially stable and derives a sense of satisfaction from her work”. While most of them were satisfied and contented with their work but few of them showed dissatisfaction and overburden. As she asserted that “sometimes one feels restless in the morning as one is not able to sleep at night”

While most of the patients were happy with the services of their care providers, few narratives are as under:

“If I am not there at home, they still take care of my mother”

“My mother was severely ill and bed-ridden; caregiver has helped her to walk again”

“Because of my caregiver, I am able to balance my personal life and my father's care. My caregiver is like my family”

Few of them complained about the financial stress they have to bear while caring for their patients and misbehavior of their care providers.

The output of the study would help the health practitioners to know the benefits and adverse effects of home health care that is the patients who do not show clinical signs of improvement may nonetheless receive quality care that results in a decelerated decline or increased quality of life.

Thus an implicit goal of home health care is to facilitate a supported decline. The demand for at-home healthcare delivery is growing. At the same time, quality post-operative care in familiar surroundings has been observed to enable faster patient recovery. Overall, the specialized home care intervention was found to have increased survival among patients. For the policymakers, the study would suggest the necessary policies that can be implemented for

The family caregivers and patients helping them reduce their physical and economic burdens, which negatively affect their quality of life. Moreover, some policies can also be generated for providing a safe and secure environment to the care providers.