# Implications of Routine Nurses Home Visit on the Health Recovery, Well-Being and Patients Quality of Life

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## ABSTRACT

*Innovative approaches to health care delivery in developing countries are paramount to effective control, prevention and management of health related issues. Health systems interventions, in particular the response to duty of nurses and other health workers, have to move away from business-as-usual. Thus, for public health systems in Africa to improve, the health workforce needs to be dynamic in their service delivery in the manner of better performance to achieve three core strategic objectives: coverage, motivation and competence. Coverage strategies promote numeric adequacy, appropriate skill mixes and outreach to vulnerable populations. Motivation strategies focus on adequate remuneration, a positive work environment, opportunities for career development and supportive health systems. Competencies are advanced through educating for appropriate attitudes and skills, creating conditions for continuous learning, and cultivating leadership, entrepreneurship and innovation. All these efforts should be oriented toward building efficient health delivery system capable of improving the quality of life of patients. In view of this context, this study examines the implications of routine nurses home visit on the health recovery, well-being, and patients quality of life.*
***Keywords:*** *Nurses, Home, Health, Patients, Recovery, Quality of Life,Well-Being.*

## INTRODUCTION

People with health issues in present contemporary society more often than not appreciate the routine home visit made by nurses in the delivery of health services to them in the comfort of their homes beyond the hospital environment. This measure of service delivery facilitates patient's quick recovery; enhances positive psychological well-being and improves quality of life. Thus, as experience in Nigeria, routine visit made by nurses to homes of patients is yielding positive influences of health service delivery. This routine home visit is congruent with their situation(s) such that it allows patients to gain sense of worth and appreciation of the fact that their life is valuable (Daley, 1993). These visits are characterised by developing new knowledge and skills (Brown, 1995) which when put into practical use foster patient's personal development, self-actualisation and improved quality of life. Thus, nurses that render this service often acts as lead professional for those with long-term conditions and this makes up a significant proportion of the caseload (for example, cancer, respiratory conditions, metabolic disorders). They also manage


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acute short-term conditions to prevent admission (for example, wound care, intravenous antibiotics) (Lowson K., Lowson P. and Duffy, 2007). This implies that routine nurses home visit on patients is geared towards helping them 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 (Shaughnessy, Hittle and Crisler, 2002). However, compared to the hospitalized patient, the home health care patient often has a greater role in determining how and even when certain interventions will be implemented. For example, in a hospital, nurses, physicians, and pharmacists may all play a role in ensuring that the patient receives antibiotics at therapeutically appropriate intervals. At home, however, the patient may choose to take the medication at irregular times, despite advice about the importance of a regular medication schedule. Thus, interventions to promote patient safety and quality care must account for the fact that patients will sometimes choose to act in ways that are inconsistent with the relevant evidence, and the clinician's best efforts may not result in desired outcomes (Shaughnessy, Hittle and Crisler, 2002).

Improving patient safety and quality of care by educating and assisting caregivers (families and providers) is an approach tested in several randomized controlled trials. Archbold, Stewart and Miller (1995) pilot tested preparedness, enrichment, and predictability (PREP), a formal nursing intervention designed to prepare family caregivers to provide care. While the study had many limitations, preliminary evidence on the effectiveness of the intervention suggests that families benefit from being informed and prepared. Other researchers have tested interventions to improve nurse providers' knowledge and awareness (McDonald, Pezzin and Feldman, 2005). Intervention studies to educate and inform nurse providers have been conducted in small and large urban and rural home health care settings, with nurses randomly assigned to an intervention group or a control group. The interventions generally provided nurses with additional education, extra resources for patients, and specialized patient information. In all cases the interventions improved nurses' performance, which resulted in better patient outcomes (McDonald, Pezzin and Feldman, 2005). Patients of nurses in these studies showed significant improvement in pain management, quality of life, satisfaction with care, and other variables associated with improved quality of care, including better communication with providers, better medication management, and improved disease symptoms (McDonald, Pezzin and Feldman, 2005).

A number of randomized controlled trials have tested the effectiveness of specific interventions to improve patient safety and quality in disease management (Scott, Setter-Kline and Britton, 2004) urinary incontinence, (Dougherty, Dwyer and Pendergast, 2002). level of ADL functioning, (Feldman, Peng and Murtaugh, 2004) quality of life, general health outcomes, and patient satisfaction (McDonald, Pezzin and Feldman, 2005). Corbett (2003) demonstrates that individualized patient

education in food care for diabetics was effective in improving patients' self-care. Scott, Setter-Kline and Britton (2004) demonstrate an improvement in quality of life in patients with CHF through a program of patient education and mutual goal setting. Dougherty, Dwyer and Pendergast (2002); McDowell, Engberg and Sereika (1999) tested behavioural management interventions to treat urinary incontinence in the elderly and report positive results based on behaviour management interventions of self-monitoring and bladder training. Mann, Ottenbacher and Fraas (1999) tested the introduction of assistive technology (canes, walkers, and bath benches) and changes made to the home environment (adding ramps, lowering cabinets, and removing throw rugs) with populations of frail elderly. These interventions were successful in slowing functional decline in the study patients.

**Routine nurses home visit and patient's health recovery**

The visiting nurses help treat chronically ill individuals. They assist in the treatment, safety and recovery of the patient. Routine nurses home visit help to promote and maintain the health of the patient, the family, and the community. They teach patients and their families how to manage their disease or illness. They also record the patient's medical history and symptoms, administer treatment and medications, as well as perform follow-ups. Thus, they work to promote health, prevent disease and help patients cope with illness. They are advocates and health educators for patients, families and communities. When providing direct patient care, they observe, assess and record patient symptoms, reactions and progress.

Therefore, it could be said that routine nurses home visits enhances the provision of periodic services to patients in their homes. After assessing patients' home environments, home-health nurses care for and instruct patients and their families. Home-health nurses care for a broad range of patients, such as those recovering from illnesses and accidents, cancer and childbirth. From physical therapy to skilled nursing, and from remote vital sign monitoring to long-term care at home, routine nurses home visits help keep patients safely in their home by reducing emergency room visits, re-hospitalizations and nursing home placement. Hence, they facilitate the quick recovery of individuals who are ill or injured and require intermittent skilled nursing services or skilled therapy (CMS, Medicare and Home Health Care, 2010).

Depending on the needs of the patient, there can be differences in the average number of visits per patient, length of visit, number of home health disciplines involved in home care, number of alternative services provided, and involvement of the referring physician with the patient's care plan and discharge (Brega, Schlenker, Hijjazi, Neal, Belansky and Talkington, 2002). As reported in the United State of America, in 2008 the average home health patient with a principal diagnosis of diabetes received 84 visits per year, compared to 39 visits for chronic ulcer of skin, or 23 visits for heart failure (CMS, Data Compendium, 2009). No standards have been developed for practice patterns to identify the appropriate number of visits or

length of visit as the number of services some patients require may vastly exceed average. According to Cheh and Schurrer (2010), patients who were in high-need group were the highest users of home health care; had the highest rates of diabetes and pressure ulcers; and required more visits than other patients. They also required more disciplines and receive multiple visits per day (Cheh and Schurrer, 2010). Routine nurses home visits following a hospitalization may promote earlier discharge, as skilled staff in the home may administer the type of recovery services usually performed in the hospital. For post-acute patients, routine nurses home visits is one option among many (Gage, Morely, Spain and Ingber, 2009).

**Routine nurses home visit and patient's well-being**

The health community will only be responsive, efficient and effective in the delivery of qualitative healthcare service to the society if a dynamic and collaborative operational synergy exists among its working health personnel. This implies that in terms of quality healthcare service delivery, nurses are seen as the first point of contact and are expected to offer efficient and diligent services to humanity. Routine nurses home visit is considered a means to ensure patients well-being is improved and preventive health care services rendered particularly to target early detection and prevention of disease in a community setting. Preventive care differs from intervention and treatment because it aims at the specific population groups with various levels of risk for any problem.

Thus, prevention can be delivered at primary, secondary and tertiary care levels. Primary prevention aims to prevent the initial occurrence of a disorder and to protect healthy people from developing a disease or disorder. This may include, among other things, immunisation against infectious diseases and regular screening tests to monitor risk factors for an illness. Secondary prevention seeks to stop or slow down existing diseases and its effects through early detection and appropriate treatment. Tertiary prevention focuses on reducing the occurrence of relapses and the establishment of chronic conditions through, effective rehabilitation and prevention of further physical deterioration with the aim of maximizing quality of life (WHO, 2011). Therefore, routine nurses home visit provides the individual customized attention, ranging from a few hours a day to around-the-clock care 24 hours a day.

Likewise, visiting therapists can cater to the specific recovery needs of a client at home. For example, to practice walking stairs, a therapist can utilize the exact staircase the patient will eventually need to climb. This level of customization is not available in a rehab facility. In addition, the patient benefits psychologically from the comfort of home and has a smoother transition back to a familiar routine and lifestyle. Further, patients recovering at home can benefit from full-time, 24-hour services from a caregiver; the level of care is far more personalized than at an hospital facility and families enjoy peace of mind knowing a trained professional is always at home. For most adults transitioning out of the hospital setting, home care

is the solution that offers the greatest security and happiness for the client and the most peace of mind to his or her family (WHO, 2011). However, the Nigerian health care has suffered several down-falls (Asangansi and Shaguy, 2009). Despite Nigerian's strategic position in Africa, the country is greatly underserved in the health care sphere. Health facilities (health centers, personnel, and medical equipments) are inadequate in this country, especially in rural areas. While various reforms have been put forward by the Nigerian government to address the wide ranging issues in the health care system, they are yet to be implemented at the state and local government area levels (Onwujekwe, Onoka, Uguru, Nnenna, Uzochukwu and Eze, 2010). According to the 2009 communiqué of the Nigerian National Health Conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care.

The communiqué further outlined the lack of clarity of roles and responsibilities among the different levels of government to have compounded the situation (Nigeria National Health Conference, 2009). Observably, in Nigeria, as in other African countries, the challenge is to develop or reinforce mechanisms to detect, verify and respond rapidly and effectively to unexpected outbreaks and epidemics through collaborative efforts. Thus, the provision of routine nurses home visit to needy patients would help health personnel's to strengthen the communicable disease surveillance and response systems through existing surveillance structures in the States and Local Government Areas (LGAs). This would further help in providing support for advocacy; development and implementation of policy and guidelines to deal with the diseases and conditions that represent the greatest health burden to children and adolescents; strengthening of national child health programmes; capacity building for implementation of cost effective interventions that focus on newborn, older children and adolescents and quality of care; increasing access of school aged children and adolescents to relevant information and services; complementary support to child and adolescent health by other areas of work (for example, Malaria, STI and HIV).

**Routine nurses home visit and patient's quality of life**

The contribution of nurses to the health and wellbeing of any community, society or nation is almost incalculable. From its inception, nursing has been a profession which has promoted public health, eased pain and suffering, advocated for the weak and the vulnerable, and educated the community, to achieve a better quality of life. Economic productivity studies demonstrate the vital importance of health to national prosperity. There are profound economic costs to a society if policy and action do not deliver optimum well-being. Evidence suggests that failing to prevent ill health by investing in health promotion and preventive health programmes is costing

nations billions of dollars each year (Productivity Commission, 2006). Across the globe, the contribution and significance of routine nurses home visit to the wellbeing of the human population is recognised by many and demonstrated by the acknowledgement by the World Health Assembly of the importance of nursing to health systems, to the health of the people they serve, and to efforts to achieve the internationally agreed health-related development goals (World Health Assembly, 2006). Risks to mortality, morbidity, and the occurrence of adverse events are all greatly increased when an inadequate number of nurses are available for the delivery of safe, quality care. The evidence shows that there are significant relationships between nursing education levels and patient outcomes; nurse staffing and patient outcomes; nursing workload and patient outcomes; nurses' work environment and patient outcomes; and between the skill mix of nurses providing care and patient outcomes. The provision of nursing care can avoid many adverse patient outcomes, such as urinary tract infections, pressure ulcers, pneumonia, deep vein thrombosis, falls, postoperative wound infections, medication errors, upper gastrointestinal bleeds, sepsis, increased length of stay (indicative of complications), and death.

A huge US study (Marks, 2007) investigating the link between nurse staffing and adverse events in the care of children involved an analysis of 3.65 million paediatric patients in 286 Californian hospitals. This study found a greater number of registered nurse hours was associated with significantly reduced occurrences of postoperative pulmonary complications, postoperative pneumonia, postoperative septicaemia, and urinary tract infections. Most recently, Stone (2007) supports many other studies when he found higher staffing was linked to a lower incidence of bloodstream infections, pneumonia, decubitus ulcers (pressure sores) and urinary tract infections, with increased overtime worked by nurses also a risk factor for the two latter outcomes. Stone uses the example of a postoperative patient in a vulnerable physical and psychological condition where there can be complications associated with their operation and recovery. Even just their presence in hospital puts them at risk of infection. The evidence provided here demonstrates that increased nurse staffing levels can prevent complications which lead to an increased length of stay and additional human and economic costs.

## CONCLUSION

Through routine nurses home visits of patients, nurses are involved in constant observation and assessment. This makes them undertake the interventions they perform when things do not go according to plan that makes the difference to patient outcomes. This enables potential health problems to be identified and acted upon quickly before they become more serious. However, it is the skills, experience and humanity that nurses bring to their clinical role that makes the difference.

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