ADVANCEMENT TO HOME BASED NURSING CARE

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Abstract

Background

World population statistics are changing rapidly. As medicine advances, people's life expectancy grows, leading to the emergence of older societies. Older patients are particularly vulnerable to many chronic illnesses. In addition, many older patients choose home care because of their reduced health, comfort, convenience, and familiarity with home care. Therefore, there is a need for professional hospital care for older patients in a holistic and sustainable way, taking into account the experience of both patients and healthcare professionals, that is, squirrel healthcare professionals. The goal was to identify the home care models used around the world, the challenges faced by healthcare professionals in the home environment, and identify potential growth areas for home care in India.

Methodology

This is an Integrative Literature Review based on secondary data. A review was conducted and the survey included home caregivers who lived with the patient at the time of the interview or who lived with a patient who was recently treated.

Result/Findings

Comprehensive and comprehensive patient care using assessment scales and mechanisms established and integrated by social groups and legacy support systems is essential to meeting the needs of society and the psychological diversity of the ageing process. Those who face challenges such as communication and language barriers, challenging work environments, manage customer expectations, preventing burnout, and formal training of care professionals healthcare with an effective balance between practice and theory. The personal care support system is an important basis for supporting longevity that advances in the home care model.

Conclusion

A systematic, standardized, professional and complete home care model that meets the psychological, social and physical care needs of patients to ensure the growth and development of the home care model. It is obligatory. When caring for the elderly, caregivers also need to be aware of the overall developmental needs to promote continuity and stability of care. Therefore, when choosing this type of care, more attention can be paid to the complete social support needs of patients and caregivers in order to provide the patient with the best nursing services.

Key Words

Home Based Nursing Care, Elderly, Caregivers

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Introduction

World population statistics are changing rapidly. As medicine is mor and more advanced, human life expectancy gradually increases, leading to the emergence of an increasingly ageing society. Elderly patients are particularly susceptible to many chronic illnesses, and many elderly patients chooses for home care because they are unfamiliar with health, comfort, convenience, and familiarity with home care. Therefore, specialized medical care in the elderly inpatient ward is necessary, comprehensive and sustainable, but in India it is in the maturity stage.

Finding ways to realize the rights of all age groups and all the segments of society, especially the most exposed, and preparing for an ageing population are essential in achieving the development agenda. Integrated Sustainable Development by 2030, the elderly must be recognised as active contributors to the development of society to achieve holistic, transformative and lasting results.

The ageing of the population to varying degrees has important implications for all countries, with important human development gains such as increased life expectancy, reduced mortality and increased mortality and health. In 2015, the world's population over 60 was 12.3% or 177 million, while the largest population of over 60 (508) lives in the Asia-pacific region. As public health improves in most countries, life expectancy around the world continues to increase, contributing significantly to the increase in the proportion and number of much aged patients worldwide. By 2030, 16.5% of the world's population will be over 60 and grow to 55 between 2015 and 2030.

Gender is an important factor to consider, especially in an aging society, as women tend to live longer on average than men. In 2015, 5 % of the world's population was over 60 and 61% of the population over 80 were women. Common gender norms work and women often outlive their relatives and spouses, forcing women to care for their elderly and sick spouses without pay.

Population ageing has a major impact on almost all sectors of the society. To establish and support progress, policy changes, significant changes in ageing and attitudes towards ageing are important in areas such as product and services, policy makers, health organization, and generation networks.

Old aged people need to invest in taking more and more advantage to access the services such as health, support, transportation and housing. As the world population ages proportionally, information and data on population ageing and changing needs to identify and evaluate supportive programs, establishing structures and raising awareness of necessary changes. Knowledge is essential to identifying and evaluating programs, initiatives and support structures, and raising awareness of needed changes. Therefore, we must enthusiastically collect, evaluate, analyse and use the information we gather about the ageing process and our ageing needs.
People need the help of their near ones at different stages of their life, this could happen due to medical emergencies or old age problems. In these particular cases, the habit of trust is placed in the loved one and those around him. This is due to the essential level of trust, confidence and feeling taken care of.

This may be ideal, but friends and family are often unable to care for someone who is sick. This could be due to their profession, the time it takes to provide that assistance, or simply logistical issues Needless to say, this care imposes a burden on the service provider, both physically and mentally, and most importantly, requires trust and dependence.

The home care concept (hereinafter referred to as HCG) better manages patients and patients requiring bedside care, be it after surgery or as part of ongoing medical or geriatric problems without we can do it. Supportive health professionals, home care providers (hereinafter referred to as CG), are trained in all aspects of the care they need. CG uses medical and non-medical devices

such as oxygen bombs, nebulizers, bowls, urological glasses to help patients monitor prescriptions, maintain hygiene and personal care, change clothes, and exercise at will. Etc. These CGs can be considered as daily activities of the patient and a companion to these activities. They also often provide comfort by talking and ensuring that the patient is not afraid of the environment.

Global Scenario

Families in Western Europe makes home carers the first choice for patients. Relying on laptops is a natural fit for dealing with the nuances of life in these difficult times, as families and children leave home in the same city after adulthood. Particular situation. As the need for care and detail increases due to the recognition of medical conditions and unique diagnostic and treatment methods, seeking care and support from family and friends becomes a burden on patients, and payment for CG services is more comfortable.

The South East Asia is facing a major overcrowding problem, and, after reaching a certain level of accreditation, the region has turned to vocational training rather than formal education. Thus area is the ideal choice as the number of trained caregivers increases. For countries wishing to invite such specialists. The ability to satisfy both the internal and the external demands by providing them the supply base at the same time makes it as there unique feature.

Countries such as Canada, United States, Japan and Australia can be considered strong in the field of HCG and the systems developed there. The aforementioned family systems support the need for corporate governance, but these countries face serious problems with family governance populations. And the average population of this country, and therefore these countries, has to rely on the corporate governance of different countries. Disruptions in supply and demand are inconsistent for these countries, where there are ways to accept the challenge, while there are strict regulations and licensing standards to protect patients and administrators.

“The global home healthcare market is projected to grow at a compound annual growth rate of 9.8%, from $ 220.76 billion in 2016 to $ 3 6. 9 billion in 2022. The Indian market is expected to grow at 0%, but will grow at an even faster rate of over 9%. % In 2018, the market size was $. 6 billion. For 8.3% of the $ 250 billion healthcare industry compared to countries such as the United States where home care accounts, the home care model is in its infancy and contributes only 2% of the country's total spending.” Is not ... However, this means that the growth rate driven by several key factors is much higher in India.

Indian Scenario

In India, the elderly population is growing faster than the total population, with the age group expected to rise from 8% of the population in 2015 to over 19% by 2050. The combination of growth and morbidity Steadily chronic increase is a major factor contributing to the growing importance and need for a comprehensive and organized home care system. The need for home care after surgery is also driven by increasing accessibility and awareness factors. High levels of stress and a lack of work-life balance are other reasons for the growing need for home care. As nuclear families have become increasingly dominant, informal support systems previously provided by large, close-knit families and closely interwoven communities have collapsed, the responsibility to care for others has collapsed. Increased rates of loneliness, senile depression and cognitive decline.

The elderly population in India is growing faster than the total population, with the age group expected to rise from 8% of the population in 2015 to over 19% by 2050. The combination of growth and morbidity Steadily chronic increase is a major factor contributing to the growing importance and need for a comprehensive and organized home care system. The need for home care after surgery is also driven by increasing accessibility and awareness factors. High levels of stress

and a lack of work-life balance are other reasons for the growing need for home care. As nuclear families have become increasingly dominant, informal support systems previously provided by large, close-knit families and closely interwoven communities have collapsed, the responsibility to care for others has collapsed. Increased rates of loneliness, senile depression and cognitive decline

In India, the sector is now mostly informal and low-structured, but the number of structured companies involved in the family care sector has increased significantly. These companies are not limited to HCG, but also provide support services that make patients' lives easier. And the people around them.

The overall approach to health and wellness adopted by these companies is a starting point for changing the country's view of health care. A company (hereinafter referred to as an agency or agency) operates in an organized sector and trains and hires employees for the various services it offers. They also employ more comprehensively trained people to oversee their work and oversee primary care providers.

Home Health Nursing

This is the provision of professional care by a registered nurse in the patient's place of residence. The difference between home care and home care is considered a professional license. While officially registered professional care is required, nursing home care is not and often involves unqualified caregivers, commonly used terms are being replaced.

In California, United States, forms of home care include home support services as well as long-term care services and supports. In Korea, a country in Far East Asia, there is some form of home care.

1. Home hospital care where the doctor selects the patient during hospitalization. Patients often have a particular illness or disease or condition. For example, postoperative patients or people with chronic illness. Nurses who specialize in this type of care have a master's degree and care for patients and elderly mothers and new-borns.
2. Customize home health services. This type of care gives new direction to people who requires and provides nursing and medical care such as understanding and education, care management services, and home support through visitation. at home often. Includes home care services that do not require special education or qualifications.
3. Long-term home care. Patient care is modelled on the patient's daily activities and lifestyle, takes into account health concerns, and does not require special nursing education requirements.

Literature Review

Name	**Application of home health nursing abroad: A literature review**
Authors	Carol Hall Ellenbecker; Linda Samia; Kristine; Margaret J. Cushman Alster
Years	2015
Study Location	Tianjin, China
Sampling Techniques	NA

Salient Features	Many home care studies have been conducted on Chinese residents suffering from various conditions such as high blood pressure and dementia. Management of these patients includes specific treatments, medications (types of drugs, dosages) and regular checkups. However, the state of home care in China is still far from optimal, and there is a long way to go for domestic healthcare providers to meet the standards of their international peers. their. At the time of the investigation, a complete system of standards had not yet been formed. Chinese family nurses have no specialized training and do not pass rigorous exams. Over the next few years, improved living standards and growing nursing professions will help meet the diverse care needs of many. The overseas home care model has specific overseas uses. Future research will need to address the question of how best to apply the home care model to a variety of illnesses, which is essential for standardizing home care systems.

Name	**Caring for and keeping the elderly in their homes**
Authors	Fei-Cheng Cai, Hai-Fang Xi
Years	2015
Study Location	Milwaukee, USA
Sampling Techniques	NA
Salient Features	The technology used to support this diverse range of care in the United States has implemented options depending on the type of professional and non- professional on the type of elderly in their place of residence. Coordinated efforts have been made between healthcare professionals and other services to effectively monitor changes in health over time through better and better use of technology. This provides an viable path to other societies such as China and India facing growing health needs and limited resources for elderly care. The ageing of the population and the increasing chronic health of the older patients who are burdening healthcare and increasing the need and interest in providing an wide range of services in the United States. However , not all caregivers have the resources to provide all the care they need. Therefore, there is a need for coordinated efforts among healthcare professionals, such as software, health monitoring devices, and telemedicine. These ideas provide a possible avenue for other societies, such as China and India, which are facing increasing health needs and limited resources to care for the elderly year old.

Name	**Lack of focus on nutrition and documentation in nursing homes, home care- and home nursing: the self-perceived views of the primary care workforce**
Authors	Hong Tao, Susan McRoy
Years	2019
Study Location	China
Sampling Techniques	• Transcribed focus group interviews were analysed using a qualitative content analysis approach. • This not only allows local coordinators to meet inclusion criteria, but also studies the best information that means that staff you provide to also choose. The selection criteria corresponded to nursing homes and the nursing/home workforce, with the largest variations in the following: • The two focus groups contained a combination of criteria that were included to honestly reflect clinical reality and improve discussions.
Salient Features	Results:- 1. Lack of consistent and systematic communication affecting nutritional care practices. 2. Empirical knowledge of key labor forces affecting daily clinial decisions. 3. Differences in attitudes towards nutritional care are quality of care. 4. Differences in organizational culture affect quality care. 5. Lack of clear responsibility for nutritional care and nutritional affects the way daily care is delivered. 6. Clinic leadership and lack of priorities obscure nutritional support.

Name	**Study weariness of vocational college students and reform of the teaching mode in Nursing Basic Technology course**
Authors	S.J. Hakonsen, P.U. Pedersen, A. Bygholm, C.N. Thisted, M. Bjerrum
Years	2014
Study Location	Human, China
Sampling Techniques	They were randomly divided into experimental and follow-up surveys of students to investigate study-related distress among 128

	nursing students.
Salient Features	Existence of academic malaise among students of professional institutes of different universities with different majors. It causes severe damage to students. A survey of 128 nursing students was conducted to analyse the situation, behaviour and causes of boredom. The authors investigated the effects of innovative teaching methods, theory related to practice and related learning, education and practice. This shows that the students are happier, more active and spend more time on their learning while taking the course. At the same time, you can improve your skills, and come up with ways to question, think, and explore.

Name	**The relationship between social support and burnout among ICU nurses in Shanghai: A cross-sectional study**
Authors	Zi Zeng, Ting Shuai, LiJaun Yi, Yan Wang, Guo-Min Song
Year	2015
Study Location	Shanghai, China
Sampling Techniques	- cross-sectional study - random cluster sampling - self-reported questionnaires under the direction of trained interviewer.
Silent Features	The main predispositions to burnout include peer support, vacations, job seekers, and supervisor support. There is a central positive relationship between personal success and supervisory support. Conclusion: Supervisor support, age, and work requirements were the main influences on personality dismissal. In addition, supervisory support plays an important role in the event of poor personal results. Further research should focus on work demands related to boss support, co-worker support, free time, and mental diseases.

Life expectancy has steadily increased with advances in medicine. As a result, we are gradually appearing in an old society. Many elderly patients, who tend to have multiple chronic conditions, choose home care because of the comfort, convenience, and convenience of home care. This has led to a need for professional home care among elderly patients, but it is still in the early stages of development in India.

Due to the nature of the care, this is mostly moderate to high dependency and home caregivers live with their patients. Caregivers can live, accompany and support patients and clients, even with less dependent care, which can reduce long-term care responsibilities but is not limited to a specific

period of time. Full-time home care services can also help provide a mental and physical support system for those recovering, recovering or the elderly.

Research Questions;

- What is the range of home health nursing models in India?
- What challenges do we face in nursing home care in India?
- what are the possible growth axes of home- visit nursing in India?

Objectives of the study

- To review on the home care models used around the world.
- To review the challenges India is facing in relation to home nursing.
- To review possible growth areas for home care in India.

Methodology

This is an Integrative Literature Review based on secondary data. An. review was conducted and the survey included home care givers who lived with the patient at the time of the interview or who lived with a patient who was recently treated.

Results

Based on a literature review of nursing home models, home care can help treat older patients with high blood sugar, heart problems such as diabetes, osteoporosis and hypertension, and chronic diseases such as cognitive decline, including: dementia and joint surgery. These patients often need long-term, complete care to meet their needs.

Several problems have been identified, including the inability to fully meet the needs and requirements of patients with different needs in the form of social, emotional, psychological and physical needs. It is clear from the home care model that it applies in particular to elderly patients. With chronic disease. It can be exacerbated by the lack of training and sensitivity of health professionals to effectively manage and deal with the situation, as evidenced by the persistent negative character and surrounding dissatisfaction found in many patients, Delicate situation.

A study conducted (JA Switzer, SJ Rolnick, JM. Jackson, et al 2010) identified the need to improve the skills, knowledge and general range of caregivers in elderly patients

Home care plays an active role in the management of diabetes and plays a valuable role in the palliative, psychological and emotional care of the dying patient. In addition, the ability to meet a wide range of general medical needs and to identify patients at high risk of falls is critical to telehealth professionals.

With the increase in the number of elderly people, osteoporosis patients has been increased from the last few years. According to an American study, only 3 % of patients at high risk of fractures received the treatment they needed, were insufficiently treated and patients with co-morbidities received less treatment. This highlights necessary health concerns in the proper treatment and care of elderly patients with osteoporosis. Studies of community and home nurses caring for elderly patients with dementia have shown that it is often impossible to determine the onset and progression of dementia in a timely manner. The development of dementia and other cognitive disorders has

serious effects not only on psychological well-being but also on physiological health, thus affecting the quality of life. Effective care is a particularly important element of care for patients with cognitive impairment but no evidence of dementia, in order to prevent or preferably delay the onset of dementia.

A qualitative study of the care of elderly patients with disabilities in California (KG Kietzman, SP Wallace, EM Durazo, et al. 2012) found that providing home care options for families and these patients was very important. However, the difficulties persist. For example, long-term care activities are complex and complex, and ADL's additional support needs, such as cooking, changing clothes, dressing and bathing, which many low-income elderly patients require., are not resolved or only partially resolved. In addition, during the care process, the patient also performs certain assistance activities in addition to the professional caregiver.

Nurses and home health professionals need intensive observation using sensitive scales and established instruments for measurement and other medical advice and interventions. A qualitative Norwegian study conducted (ER Gjevjon, TI Romoren, BO Kjos, R. Hellesoet as of 2013) found that the home care framework creates a dilemma from the point of view of the home caregiver as a patient in long-term care and with an illness. found that. Chronicity must be inclusive, holistic and continuous. However, to provide the necessary amount of care, health care professionals and nurses may worry about fatigue from lack of proper support, training, and thorough understanding of the area of care this squirrel. So, balancing the needs of the nurse and the patient is essential to the success of home care. The home care model requires that a different medical team be replaced for each patient every three months. Nurses and patients are familiar and may be reluctant to make this change for nurses and patients after both have adopted a particular routine of care. However, the pursuit of long-term care poses problems such as the likelihood that the purpose of the referral cannot be identified and that potential health problems cannot be identified. The caregiver's routine is to promote frequent referrals. Patients undergoing reassessment therefore require constant vigilance and good management.

Patient care includes specific models of care, general medical guidelines, and routine examinations. However, India does not have a relatively comprehensive and standardized system. This model of support is still relatively rare across the country. Most caregivers do not have the appropriate vocational training or are not rigorously assessed for their knowledge and skills. The care needs of individual patients will be met largely by a better standard of living and the needs of nurses and professional caregivers.

Models of nursing homes in other countries are very important in facilitating the development of a firm foundation. You can draw inspiration from the explorers in this structured field of care. Here, the optimal implementation of a home care model for multiple illnesses is essential for single patient consistency. Efficient and powerful home care model.

Experience of bedside care services providers and recipients on-ground

1. Hospital staff and patient party should understand that changing sleep patterns can be difficult, so clients stays up late while patients and nursing staff go to sleep early.

- The purchase of food by the patient party is a gesture of goodwill and gratitude for the nursing staff attention and behaviour towards the frustrated elderly.
  We would like to express our gratitude for the meaningful understanding and knowledge of the life of caregivers prior to their employment.

Many times acknowledged and grateful for the caregiver's diligence and compassion towards the patient.
Show decency and gratitude for the nursing staff contribution and support.

Challenges faced by bedside caregiver providers and recipients on-ground

The following challenges as experienced by the caregivers were identified.

Implications of language Barriers

1. BCG-
- Failing to disclose the actual problem and instead requesting a replacement under the guise of another manageable problem
  • Unable to contact and understand supervisor
  • Inquiry just before a long vacation
2. Supervisor-
   Restricted transmission of basic pre-implementation patient information to BCG
   • Language barriers between BCG and supervisors prevent smooth communication
   • Inadequate delivery to customers Information products
   • Unable to provide solution
   • Unanswered client call and BCG
   • BCG exchange request not notified to client

3. Client-
   • Calling from multiple unregistered numbers and complaining that the supervisor is not responding to
   • Gap in patient communication to BCG of the importance of a particular activity

1. Interpersonal challenges:

1. BCG-
   - A 90 years old patient is called “ay”.
   - Speaks loudly.
   - There are no greetings like “Hello” or “Good evenings”.
   - Unable to understand and empathize with patients and clients.

2. Supervisor-
   • Talking to BCG in front of customers
   • Lack of relationship with BCG
   • Unable to minimize actual problems, ask targeted questions or provide BCG solutions

3. Client-
   • Client / patient / family violent behaviour
   • No concerns or concerns about BCG status
   • Physical abuse of painful elderly patients

3. Hygiene:

1. BCG-

• D12: Do not wash hands after travel and before contacting the patient
• Bad body odour due to BCG
• Do not clean the patient's living space
• Do not wash dishes that have been used for long periods of time. hours in hospital room

2. Supervisor-
Do not use disinfectants before contacting the patient.

4. Work environment:
• Luxury room
• Inappropriate sleep arrangements
• Improper use of toilets
o One bucket of water per day for bathing and washing BCG clothes, and healthcare professionals use medical faucets
or No sink outdoor bathroom

6. Physical Limitations of BCG;
• Unable to help the patient with Exercise
• Unable to lift the patient
• Unable to modify / unwilling to modify the patient's sleep pattern

7. Client Experience;
- Preparing of foody items for patient in family absence.
- Wiping patient rooms
  • Cleaning patients' clothing
  • Restocking and cleaning bathrooms after use
  • Cooking your own food

8. Punctuality;
• BCG reaches 99:30, by which time important patient work is completed
• Patients may have to leave home before the van arrives

9. BCG Leave Requests;
- Request an 12-month stay.
- Usually after long-term or urgent service, or if the patient does not like it.

Potential areas of development for home nursing in India

• There is a requirement for complete and proper care for elderly patients.
• There should be support and socialisation Infront of elderly patients so that they can recovered fast.
• Support system for carers.
• There should be proper training of nursing staff.
• Use of scales and mechanisms of efficacy (life expectancy scale or self-protective physical activities, specific activities of daily living, measures of geriatric depression).
• Medical development in Geriatrics.
• The patient party should provide healthy food to the patient.

Conclusion

A structured, standardized, professional and complete home care model that meets the psychological, social and physical care requirements of patients to ensure a home care model for sustainable growth and development. Is required. When caring for the elderly, the need for medical professionals and their overall development should also be taken into account to facilitate their continuous and stable care. Therefore, when choosing this form of care, more attention can be paid to the overall social support needs of the patient and caregiver in order to provide the patient with the best nursing services.

Bibliography

Hakonsen S, Pedersen P, Bygholm A, Thisted C, Bjerrum M. Lack of focus nutrition and documentation in nursing homes, home care- and home nursing: the self-perceived views of the primary care workforce. BMC Health services Research. 2019;19(1).

Ellenbecker CH, Samia L, Cushman MJ, et al. Patient safety and quality in Home health Care. In: Hughes RG, editor. Patient Safety and Quality: An Evidence- Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter13. Available from:https://www.ncbi.nlm.nih.gov/books/NGK2631

E.R. Gjevjon, T.I. Romøren, B.Ø. Kjøs, R. Hellesø. Continuity of care in home health-care practice: two management paradoxes. J NursManag, 21 (2013), pp. 182-190

R. Whittemore, A. Rosenberg, L. Gilmore, M. Withey, A. BreaultImplementation of a diabetes prevention program in public housing communities. Public Health Nurse, 31 (2014), pp. 317-326

J.Cooper, K.A. McCarter. The development of an community and home-based chronic care management program for older adults. Public Health Nurse, 31 (2014), pp.36-43