SCOPE OF HOME BASED NURSING CARE: A QUALITATIVE STUDY

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INTRODUCTION

- Global demographics are fast changing. As medical science advances, the lifespan on average of humans is gradually rising, the result of which is an emergent older society. Elderly patients are particularly prone to many chronic illnesses, and many aging patients opt to be recipients of home care for their deteriorating health, for the comfort, convenience and familiarity of care within one's own home. Thus, professional healthcare in aging patients' residence is required, in a holistic, sustainable manner, but is in a nascent stage of maturity in India.
- In an aging population, gender is an important consideration to make, particularly as women tend to outlive men on average. Women make up 54 percent of the population aged 60 years or over and 61 percent of those aged 80 years or over in 2015, globally. With the prevalent gender norms in play, and that women usually outlive their significant others and spouses, they end up providing the larger chunk of unpaid care for elderly and unwell partners, often left without reciprocation of similar support in the aftermath.
- ***Home Health Nursing --*** It is the provision of professionally trained care by nurses who are licensed and registered in the setting of a patient's place of residence. The difference between home health nursing and home nursing is considered to be in the licensing of professionals. While the former entails care by registered professional personnel, home nursing need not entail so, often involving non-professional caregivers, although the terms are often used interchangeably.

GLOBAL SCENARIO

- Countries like Canada, United States of America, Japan and Australia can be regarded as stalwarts in the field of HCG and systems developed therein. The abovementioned family systems aid the demand the CG's but these countries faced a real problem with the population of CG's and the mean population of the country, hence forcing such nations to resort to allowing CG's from different countries. The demand and supply conflux is a miss match for these countries for which the resort to allowing immigrants in their countries to provide CG services. On one side the demand-supply conundrum exists but on the other there are intense regulations and licensing norms in order to protect the patients and CG's alike.
- The South East Asia region faces a real problem of overpopulation which has led a massive population size to move towards skill based training as opposed to formal education after a certain level of certification, the increase in the number of trained CG's make this region an ideal choice for countries looking at inviting such professionals. Unique feature of these economies is that they have a supply base to cater to internal demand while also catering to foreign external demand.
- The worldwide market for home health care is expected to rise at a compounded annual growth rate of 8.8 percent from 220.76 billion dollars in 2016 to 364.69 billion dollars by the year 2022. In the Asia- Pacific region alone, between 2016 and 2024, it is projected to grow at an even faster rate of above 9% while the Indian market is projected to grow 40% in market size from 4.46 billion dollars in 2018 by the year 2020. When compared to countries like United States where home healthcare makes up 8.3 per cent of a 280 billion dollar healthcare industry, the adoption of the home health care model is still in its early stages, with it contributing to a mere 2 per cent of the total spend of the nation. This however means the growth rate, driven by a number of important factors, is much higher in India

INDIAN SCENARIO

- In India, the population of the elderly has a faster growth rate than the population overall, with the percentage of the age group projected to go from 8 percent of population in 2015 to making up over 19 per cent by the year 2050.
- This fast growth rate, increasing need of organised home care can be attributed to-
  - a steadily rising incidence of chronic diseases.
  - increasing awareness
  - affordability factors.
  - High stress levels and the missing balance between professional and personal life.
  - nuclear families as a framework and crumbling informal system of support offered by joint families
  - Reducing levels of stigma associated with all aspects of the model
- Children are unable to devote meaningful attention and time to the care of the older members in the household, forcing the elderly into unwitting and unwilling social isolation and loneliness, increasing the incidence of geriatric depression and cognitive decline.
- India is unique with increasing number of caregivers and increasing client reliance on such services.
- In India, currently this sector is widely informal and lacks structure, however there has been a significant increase in the number of structured businesses entering the field of Home Health Care

INTRODUCTION

- With advancement in medicine, the average lifespan is steadily rising. Consequentially we have the emergence of a gradually older society. Prone to suffering from a number of chronic diseases, many aging patients are opting to be recipients of home-based care, for the comfort, convenience and familiarity of care within one's own home. This is bringing about the need of professional care in elderly patients' homes, but is as yet in a nascent stage of development in India.
- Given the nature of caregiving, it is in most cases of medium to high dependency care, home based caregivers reside with the patient. Even in some cases of low dependency care where the caregiving responsibilities may be of reduced intensity but are not limited to a certain timeframe of the day, caregivers live with, accompany and assist patients and care-recipients. Full time residential caregiving also serves to provided convalescing, recovering or the elderly with an emotional and physical support system.
- A study is required to review the concept of home health nursing in northern and southern part of India and have understanding how it works in reality.

METHODOLOGY

- Qualitative study based on the secondary data provided by the organisation. Ten interviews were from Bangalore, Karnataka.
- Telephonic interviews conducted with the caregivers who were either living with patient at the time of interview or had lived with patient in the recent (less than 2 years) and consented for the interview.

Research Questions:

- What is the scope of the home health nursing model in India and the existing problems?
- What is the caregivers experience and extent of support extended?
- What are potential areas of development for home nursing in India?

Objectives of the study:

- To review the home nursing models used globally
- To study caregivers' experiences and challenges faced in the domestic setting
- To identify potential areas of development for home nursing in India

RESULTS

EXPERIENCES OF CAREGIVERS ON-GROUND

1. Accommodation and understanding from the client that altered sleeping patterns can be difficult, so client would stay up late with the patient and caregiver would sleep earlier.
2. Purchase of take-out food by the patients' children as a gesture of goodwill and appreciation of the caregivers' care and conduct with a grouchy elderly parent
3. Patients' children providing words of encouragement often supporting the caregivers
4. Providing a sympathetic and understanding ear to the caregiver especially with complaining parents
5. Notable knowledge and understanding of the caregivers' life prior to the job and expressing appreciation for the same
6. Repeated acknowledgement and appreciation for the caregivers hard work and empathy towards the parent
7. Generosity in the form of gifts, cash, food and other subtle gestures
8. Calling the caregiver back after having left the service months before, in fond remembrance and acknowledgement of their high value addition and capabilities
9. Expressing dependence and appreciation for the contributions and support of the caregiver

CHALLENGES OF CAREGIVERS ON-GROUND

1. Communication and Language barriers
2. Interpersonal challenges
3. Hygiene
4. Work environment
5. Food
6. Physical Limitations of BCG
7. Client expectations
8. Punctuality
9. BCG Leave Requests

POTENTIAL AREAS OF DEVELOPMENT

- Formalised support structure
- Need for holistic and well-rounded care for patients
- Support system and social group for elderly
- Support system for caregiver
- Formal training for caregiver
- Use of well-establish scales and grading mechanisms (Activities of Daily Living or Physical Self-Maintenance Scale, Instrumental Activities of Daily Living, Geriatric Depression Scale)
- Advancement of gerontology and geriatrics as a speciality
- Nutritional support and focus

CONCLUSION

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- A systematic, standardized, specialized and comprehensive healthcare at home nursing model is needed to meet the psychological, social and physical health care requirements of patients to ensure the home care model sees strong and sustained growth and development.
- When carrying out care for the elderly, the caregivers and their holistic development needs must also be considered, to facilitate provision of continuous and stable care by them.
- Therefore, when opting for care of this type, more consideration to the comprehensive social support needs may be given, for both patients and caregivers, such that the best nursing services are provided for patients.

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THANK YOU!