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Contents of Care and Perception of Home Hospice Nurses Who Work at Visiting Medical Treatment Hospitals

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Abstract

Goal: The aim of this study was to examine the perception of nurses who worked at the clinic which proposed home hospice and contents of care to better understand home hospice and enhance home care. **Methods:** Six nurses who worked at the clinic where proposed visiting medical treatment participated voluntarily. They received one interview for approximately one hour, in which they narrated their perception of home hospice and content of nursing care. The narrative was recorded by an IC recorder and analyzed as contents analysis. This study was approved by the Ethical Board at St. Mary's College. **Results:** About the content of nursing care, some categories were selected such as "Understanding a patient as a living person," "Examining if a patient and caregiver live at ease," or "Caring for a caregiver accepting a loved one's death and care given at death." Nurses perceived the <Environment of home hospice> theme as "*Time and space for listening carefully*," the <Care> theme as "Feeling of responsibility and attractiveness of work," the <Introduction and continuation> theme as the "Economics and manpower to continue home hospice," the <Relation between a hospital and a clinic> as a "*Required connection between hospitals and home hospice clinics.*" **Conclusion:** Visiting medical treatment nurses understand a patient and a family as living people based on intimate relationships, support them as the disease progresses, and connect to a visiting nurse station. They perceived that "patients can enjoy freedom; the nurses had responsibility and strong relationships. They felt the economic or man-power needs to continue and the requirement of a connection between hospitals and home hospice clinics.

Keywords

Home Hospice, Visiting Nurse, Perception, Contents of Care

1. Introduction

Recently the elderly population is increasing and the number of aging people is expected to continue to increase. Many people hope to die in their own home [1], however, not many are able to do so [2] [3].

Family caregivers experience some difficulties. Family caregivers of advanced cancer patients feel distressed along with sadness, sorrow and exhaustion, or anxiety and depression [4]. Family caregivers at home hospice had moderate-to-severe anxiety or similar symptoms [5], and they experienced crisis, such as patient signs and symptoms, emotional distress, and burdens [6]. Also, Reblin, *et al.* [7] showed that caregivers had moderate levels of depression. These researches suggest the need for support for a patient and a family caregiver in home hospice. Visiting nurse is a very important role. However, there are few studies about the care or perception of home visiting nurses. Thus the present study examined the content of nursing and perception for home hospice patients with nurses who worked at a clinic which propose visiting medical care.

2. Methods

2.1. Participants

The participants were six nurses. The inclusion criteria were followings; they worked at clinics which proposed visiting medical treatment, they accompanied a physician and visiting medical treatments, apart from the daily visiting nurse station, their nursing experience was over five years. The exclusion criteria was that the nurse who might feel burden to talk in the interview was excluded.

2.2. Procedure

The researchers recruited nurses who worked at one of four home hospice clinics where visiting medical treatments were proposed and the nurses agreed with participation.

The research interviewers visited clinics, explained about the research again, and received informed consent after agreement for participation. There were three interviewers and all had counseling certification.

The interview lasted approximately 60 minutes and was only completed once. The questions were; “How do you care for a patient and a family member when you visit their home as a nurse with a physician?” and “How do you perceive home hospice? Each nurses’ narrative was recorded by an IC recorder after getting their permission. This study was approved by the ethical boards of St. Mary’s College (June, 2017).

2.3. Analysis

For the narrative data, we employed "qualitative analysis" by Funashima [8] based on the work of Berelson [9]. In narratives, we separated sentences into each shortest sentence without losing meanings, which is called as code. The similar codes were integrated into subcategories. Then similar subcategories were integrated into one category. Categories are separated into some themes. To maintain reliability, the categorization and coding were validated independently by researchers. Inconsistencies were discussed and negotiated until agreement was reached.

3. Results

3.1. Contents of Care in Home Hospice

We selected categories from narratives about importance, changes, and hopes. We show the subcategory as < > and category as " ". A "clinic" means a "clinic which proposed visiting medical treatment".

About the contents of care by a nurse, we chose six categories (Table 1). The category "1) **Understanding a patient as a living person**" included subcategories such as <Nurses can see a patient's life when visiting>. "2) **Making an atmosphere where a patient and family talk to staff easily**" included subcategories like <The attitude that nurses do not have hurry> <Nurses create relationships in which a patient and caregiver can consult on anything>. The category "3) **Examining if a patient and caregiver live at ease**" included subcategories like <Nurses help caregivers feel safe about getting in touch for help>. "4) **Support for caregivers to continue care at home**" included subcategories like <Perception of subtle changes of a patient's disease> or <Decrease a caregivers' burden of care and anxiety>. The category "5) **Sharing information and cooperation with other professions**" included subcategories like <Nurses shared information and cooperated>. The category "6) **Caring for a caregiver to accept a loved one's death and care at death**" included subcategories like <Nurses raised awareness for a loved one's death>.

3.2. Perception for Home Hospice

The nurse's narratives were categorized into 11 groups of about four themes (Table 2).

About the theme [Environment of home hospice], there are three categories. The category "7) **Time and space for listening carefully**" included subcategories like <The environment provides space for listening one to one>. The Category "8) **Enjoyment of freedom in home**" included subcategories like <A patient can do various things freely>. The category "9) **Appearance of hope to live**" included subcategories like <A patient or a family thinks about longer life>.

About the theme [Care of nurses], there are four categories. The category "10) **Feeling of responsibility and attractiveness of work**" included subcategories like <Nurses feel strong responsibility>. The category "11) **Thinking of a pa-**

tient and a family completely and intimate relationships" included subcategories like <Nurses have intimate relationships to a patient or a family>. The category "12) **Focus on mental care in home hospice**" included subcategories like <Nurses tried to propose mental care because mental or psychological care are uncommon in home hospice>. The category "13) **Adjustment of relationships between a visiting nurse station and a clinic**" included subcategories like <A clinic nurse adjusts to opinions of visiting nurses>.

About the theme [Introduction to home hospice and continuation], there are two categories. The category "14) **Hopes for home hospice by a patient and caregiver for introduction**" included <A patient hoped to go back to the home>. The category "15) **Economics and man-power to continue home care**" included subcategories like <Caregiver needs to work out>.

About the theme [Relationships between a hospital and a clinic], there are two categories. The category "16) **The different opinions of observation among a family, a hospital and a clinic**" included subcategories like <The way of thinking of observation is different among families>. The category "17) **Requirement of connection between hospitals and home hospice clinic**" included subcategories like <Smooth transition from a hospital and a home hospice clinic is greatly required.

Table 1. Contents of care by a nurse.

Subcategories	Categories
• Nurses visit a usual client. • Nurses know a patient as a living person. • Nurses can see a patient's life when visiting.	**1) Understanding a patient as a living person**
• The attitude that nurses do not have hurry. • Nurses understand characteristics of a patient and caregiver. • Nurses call out to caregivers. • Nurses make opportunities for a caregiver to talk to a physician. • Nurses create relationships in which a patient and caregiver can consult on anything. • Nurses try to know the feelings of patients and caregivers.	**2) Making an atmosphere where a patient and family talk to staff easily**
• Nurses make reliable relationships. • Nurses help caregivers feel safe about getting in touch for help. • Nurses use communication skills well.	**3) Examining if a patient and caregiver live at ease**
• Perception of subtle changes of patient's disease. • Decrease acaregivers' burden of care and anxiety. • Strengthen support for a family recognizing a caregiver' ties. • Nurses need the ability to express things to other professions.	4) **Support for caregivers to continue care at home**
• Nurses shared information and cooperated. • Nurses adjust for visiting nurses and visiting medical treatment.	**5) Sharing information and cooperation with other professions**
• Nurses raised awareness for a loved one's death. • A Nurses importance at the last moment. • Nurses care for patients' physical symptoms. • Nurses palliate when a caregiver is tired. • Nurses review the support system. • Nurses offer support for observation of caregivers to be without regret.	**6) Caring for a caregiver to accept a loved one's death and care at death**

Table 2. Perception for home hospice by a visiting medical treatment nurse.

Sub category	Category
[*Environment of home hospice*]	
・The environment provides space for listening one to one. ・Home hospice allows time and an environment for the family.	**7) Time and Space for listening carefully**
・A patient can do various things freely. ・A Family caregiver can enjoy freedom.	**8) Enjoyment of freedom in home**
・A patient is much better in their home. Hospice is the more comfortable place for death. ・A patient or a family thinks about longer life.	**9) Appearance of hope to live**
[*Care of nurses*]	
・Nurses feel strong responsibility ・Home visiting is interesting for a nurse.	**10) Feeling of responsibility and attractiveness of work**
・Nurses can see a patient's life. ・Nurses correspond to a patient informally. ・Nurses think of a patient and family kindly. ・Nurses see changes in a man, not in a disease. ・Nurses have a hard time and feel sorrow when a patient dies. ・Nurses have intimate relationships to a patient or family. ・Nurses feel a connection to the family. ・Nurses are sad when a patient returns to the hospital.	**11) Thinking of a patient and a family completely and intimate relationships**
・Nurses tried to propose mental care because mental or psychological care are uncommon in home hospice. ・Listening to a patient or caregiver and giving advice decreases anxiety of a patient. ・A nurses' advice to family caregivers is useful.	**12) Focus on mental care in home hospice**
・A clinic nurse adjusts to opinions of visiting nurses. ・Visiting medical treatment nurses follow a patients' understanding of a physicians explanation.	**13) Adjustment of relationships between a visiting nurse station and a clinic**
[*Introduction and continuation*]	
・A patient hoped to go back to the home. ・A family also hopes to go back to the home. ・Home hospice requires relationships until the end. ・Nurses explain changes of state each visit. ・Family caregivers are relaxed since staff can come anytime.	**14) Hopes for home hospice by a patient and a caregiver for introduction**
・Caregiver needs to work out. ・Caregivers have a hard time leaving work places to give care. ・Old caregivers require great physical power.	**15) Economics and man-power to continue home care**
[*Relation between a hospital and a clinic*]	
・The way of thinking of observation is different among families. ・Family members have different opinions of observation. ・Some clinics did not see a patient at midnight.	**16) The different opinions of observation among a family, a hospital, and a clinic.**
・Some hospitals do not permit the family to enter the hospital late. ・Smooth transition from a hospital and a clinic is greatly required.	**17) Requirement of connection between hospitals and home hospice clinic**
・Nurses in a clinic do not know the care at that time. ・Nurses in a clinic support or follow visiting nurses.	

4. Discussion

4.1. Contents of Care of Nurses in Visiting Medical Care

Nurses could understand patients including their lives as a person. They can make intimate relationships between a patient or a family and staff. Relationships at home hospice may be stronger than at general hospitals. It is a beneficial point for home hospice. The category "3) **Examining it a patient and caregiver live at ease**" showed that people were made to feel safe to contact nurses for help at any time. Shalev, *et al.* [10] showed that caregivers in home hospice needed more information, and the nurses in this study tried to communicate with each other. Also, nurses use communication skills well. Oliver, *et al.* [11] showed that hospice nurses appear to use basic validation techniques naturally, and they use higher-level of techniques on complex occasions. Nurses in home hospice may be required to use higher-level communication technique sometimes because the number of visiting nurse is limited.

In the observation categories, nurses tried to make intimate relationships by understanding a patient and caregiver, they supported choices to continue care at home, and supported the acceptance of a loved one's death during the diseases progress. These nursing processes may offer support for family resilience. A patient and family are confronted with the stressful or traumatic event of death, however, they have power to go through recovery; that is resilience. Nurses supported a patient and caregiver in regaining resilience. Previous studies showed that resilience is related to the quality of life (QOL). McDonald *et al.* [12] investigated the quality of life of caregivers and showed the importance of "maintaining resilience". Moreover Yuli, *et al.* [13] showed that the resilience of caregivers of cancer patients contributed QOL to the caregiver's burden.

4.2. Perception of Nurses for Home Hospice by Visiting Medical Treatment

Recently, the places where a patient spends time are various. About the theme [Environment of home hospice], nurses perceived that a patient at home can enjoy their time freely and sometimes hope appears. The number of patients in home hospice is not high, the place may be important to realize a good death [1].

About the theme [Care of nurses], nurses with visiting medical treatments worry about the mental health of a patient and caregiver, a visiting nurse proposes mental care. Kozlov, *et al.* [5] showed that home hospice patients experience moderate-to-severe symptoms of anxiety and depression in the last week of life. Since family caregivers worry about the physical and emotional symptoms at the very end of care, support for this point may be important. Reblin, *et al.* [7] described that communication demonstrating emotional expression between cancer spouse caregivers and nurses during home hospice may have implications for caregiver depression up to a year after a patient's death. That is, expressing emotion promotes a caregiver's mental health. In the future, various kinds of intervention will be needed for mental health, and measurement of its

effects will be also needed for evidence-based practice about home hospice.

Related to the theme [Relation between a hospital and a clinic], the category "16) **The different opinions of observation among a family, a hospital and a clinic"** showed the differences in opinions about places of care or observation. Recently, a patient's intention is important, therefore, advanced care planning also seems to be important [14]. Nurses have an important role of talking to patients. Moreover, moving from a hospital where a patient gets medical treatment to a clinic in home hospice sometimes does not go well. Smoother transitions may be required. Also, teamwork between a visiting medical treatment clinic and a visiting nurse station is required. Limardi, *et al.* [15] showed the importance of healthcare team communication.

There are some economical or man-power problems of care giving that will need to be addressed in the future.

5. Conclusions

Nurses who work as visiting medical treatment providence understand a patient and a family as living people based on intimate relationships. They work apart from visiting nurses. They also felt the economic or man-power problems. We need to make a system which a national level system supports. Moreover, we need to measure the effects of nursing care such as quality of life or satisfaction of a patient or a family caregiver.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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