

Original Article

## Home Visit Experiences of Students Within the Scope of Public Health Nursing Course: A Qualitative Study

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### Abstract

**Aim:** The aim of this study is to identify the experiences of student nurses who made home visits for the first time within the scope of public health nursing course.

**Methods:** The descriptive phenomenological approach design, a qualitative model, was used in the study. The sample of study consisted of 15 fourth-year nursing students. The interview guide prepared by the researchers consists of 6 questions related to the students' experiences regarding home visits. The interviews were conducted in classroom, lasted for about 40 minutes, and recorded on the tape recorder. All the records obtained during the interviews were transcribed verbatim and analyzed consecutively. The participants' answers were read separately and repeatedly by both researchers and encodings were made and themes were created.

**Results:** The data obtained from the interviews were collected under five themes: "home visit practice concern", "professional role", "difficulties encountered during home visit practice", "dealing with the difficulties encountered in home visit practice", and "difference between theory and field practice".

**Conclusions:** Nursing students were initially found to be reluctant and anxious about performing a home visit. Furthermore, the lack of professional home visits in Turkey has reduced the motivations of students in their practices.

**Keywords:** Home visit, public health nursing, student, qualitative study

### Introduction

Home visits, as a key means of maintaining primary healthcare services, are considered as planned and targeted activities to promote the health of individuals and prevent diseases to protect health as well as other health problems (Hitchcock et al., 2003; Smith & Maurer 2000). The purpose of home visits is to increase the health level of the individual, family and society, to evaluate them in their real environment in accordance with the holistic approach, to identify their problems, to determine the priorities realistically with the participation of the individual, family or society and to seek for solutions and apply them (Bahar & Ersin 2016; Erci 2009; Karakaya & Kocoglu, 2016). Home visits are an important part of public health nursing practices. Several studies have revealed

that successful home visits have significant effects on healthcare costs as well as improving health outcomes. In these studies, home visits have been found to be effective in the growth and development of newborns and reduce pregnancy complications and maternal and infant mortalities (Edraki et al., 2015; Olds et al., 2014). In the study by Wheeler and McNelis (2014), they stated that home visit and home care reduced the length of hospital stay and contributed significantly to the costs of healthcare services. In their study, Ozkan and Ozdemir (2016) reported that regular home visits by student nurses positively affected the health of families, especially children and women. However, it is known that although home visits have been carried out periodically in the delivery of health services in Turkey, home visit-based healthcare services cannot be met in routine practices nowadays. Again, it is not possible to

speak of home visit-based health monitoring in primary healthcare services in Turkey (Kuru Alici & Emiroglu, 2019).

Nursing education in Turkey has been organized in a similar way to the European Union. The theoretical and applied times cover 4600 hours. The duration of the applied education is planned to be half of the total education time (Regulation on Determining the Minimum Education Conditions of Medicine, Nursing, Midwifery, Dentistry, Veterinary, Pharmacy and Architecture Education Programs, 2008). Four Nursing Undergraduate Education programs (School of Health, School of Nursing, Faculty of Health Sciences, Faculty of Nursing) are provided in Turkey. There are daytime and evening nursing education in the Department of Nursing, Faculty of Health Sciences at the university where the study was conducted. Daytime education courses start at 8:15 a.m. and finish at 16:45. Evening education courses start at 17:00 and end at 22:45. However, fourth-year nursing students in both daytime and evening education do their field - clinical practices between 8:00 - 16:00 at the clinic and on the field for 1.5 days. Course of public health nursing takes place in the last year and the final semester of the four-year undergraduate program. In addition, the 'Public Health Nursing Applied Course' is a mandatory course with 1.5 days (12 hours) of practice and 6 hours of theory per week, which is opened during the spring semester. The first-, second-, and third-year nursing students practice mostly in hospitals but do not practice in family health centers where primary health care services are provided and do not experience home visits. In public health nursing course of the fourth year, students are expected to make home visits based on the theoretical knowledge given in the course and follow-ups in this direction in accordance with the field practices within the scope of primary healthcare services. The practice generally covers the 14 weeks and a student is expected to follow up the society, family, and the individuals within this period. While it is quite important to identify the student's field and home visit experiences, it is also thought that an effective field practice in nursing education can help improve the teaching strategy. In the theoretical course of public health nursing, the researchers realized that fourth-year students were overly concerned when they started field practices, asked too many questions about the practice, and were reluctant to start doing it. Therefore, the aim of this study is to define the

home visit experiences of students within the scope of public health nursing course.

## Method

**Study design:** The descriptive phenomenological approach pattern, a qualitative model, was used in the study.

**The population and sample of the study:** The population of the study was composed of fourth-year students (n=150) who studied in the spring semester of 10.02.2019-11.03.2020 in the Nursing Department of a university's Faculty of Health Sciences and took a "Public Health Nursing Practice Course". Criterion sampling method of purposive sampling method was used in the study. 15 students who regularly made home visits in public health nursing course, did not disrupt the practice, and agreed to participate in the study were included.

**Data collection tools :** The data were collected by using introductory information form as well as a semi-structured interview form which is prepared in line with the literature and consists of open-ended questions.

**Introductory information form** consists of gender and age questions.

**Semi-structured interview form** consists of six questions prepared to determine the experiences for students' home visits.

**Data analysis:** During the interview, the researcher asked the interview questions to the students as a moderator, one of the lecturers recorded the interview uninterruptedly, and the other received short notes about the responses. The focus group interviews were held in two groups (Group 1 = 7; Group 2 = 8) for about an hour and a half as a single session. It was paid attention to give approximately 15 minutes for each participant to adequately express themselves and the questions were asked systematically to them. In the content analysis of the data, the researchers reviewed the notes after the focus group interview and evaluated important data. Tape recordings were converted to a text and the content of tape and the observer notes were checked.

Data encodings were done at three levels.

1) Each sentence of the text formed with the expressions of the participants is encoded according to the subject of research and the significance of explanations. 2) The researchers

compared and classified various codes according to their similarities and differences.

3) Four themes specific to the topic of study were created from the classifications.

Direct quotations from the statements of the participants were made while interpreting the findings in order to strengthen the validity of the study results.

**Ethical considerations :** Approval was obtained from Ahi Evran University Ethics Commission (2020-09/65) in order to conduct the study. Written and verbal consents were obtained by explaining the purpose and the method of the study to the students who participated in the study based on voluntariness and willingness.

## Results

It was found that 11 of the students participating in the study were female and 4 were male. The age range of the students was 21-25. The data obtained from the interviews were collected under five themes: "home visit practice concern", "professional role", "difficulties encountered in home visit practice", "dealing with the difficulties encountered in home visit practice", and "difference between theory and field practice".

**Home visit practice concern:** Almost all the students stated that they were concerned on their first home visit. Some of the topics brought up by the students were the thought of violating the privacy of families and individuals, the idea of going to home of a family they do not know, and the idea that these families wouldn't welcome them.

One of the students expressed her anxiety as follows;

*"I was excited and stressed. Because how will the elderly individual and his / her family treat us? Will he be bored with us and our questions?"* (Interviewer 8). Another student expressed her anxiety with following statements; *"I was uneasy and nervous. I had so many questions about this visit in my mind all the time. My anxiety has increased as I think of the difficulties I might experience during the visit."* (Interviewer 4). One of the students attributed her anxiety to the sense of trust on both sides and stated as follows. *"I was so concerned about the visit we're going to make for the first time. Naturally, there is no sense of trust in the individual*

*who accepts us to his / her home, and we do not know whether he / she will harm us"* (interviewer 1).

The anxiety of fear of failure, and the thought of making mistakes in the home visit were expressed by another student as *"I was afraid of doing something or saying wrong, hurting people. Even though I repeated several times what I have to say and ask in home visit, I got astonished when we get there. I thought I wouldn't be able to do nursing practices."* (Interviewer 13).

**Professional role :** Among the professional roles considered to be most performed by student nurses in focus group interviews, educator, practitioner, and counselor roles are mostly encountered. Some of the students expressed these professional roles as follows.

*"We planned initiatives for the problems we identified in the individual and tried to implement these plans as much as we can. We provided training to the individual about her disease (breast cancer), we provided training on cancer screenings, we provided training about breast self-examination"*(Interviewer 4), *" I helped the patient psycho-socially and by informing about her illness. I gave information about which units to contact when necessary* (Interviewer 6), *"I think that we become more useful in terms of showing the corrects to a patient and making them learned, by determining the wrongs of informing the patient* (Interviewer 7), *"We provided training on insulin administration. Additionally, we had a brochure showing the insulin areas, hung it in a place where the patient could see at his/her house, and explained the topic again. We collaborated with the dietitian* (Interviewer 15).

**Difficulties encountered in home visit practice :** One of the difficulties encountered by students during their home visit was that they were outside the clinic. The students expressed this process as follows.

*"At first we didn't know what to do. It was our first out-clinic practice and home visit. In other words, we thought what the families need and what we can do and*

*whether we can be useful” (Interviewer 9).*

Another student said:

*“I didn't know what to do because it was a practice area that I was going to do for the first time. Frankly, I did not have much idea of this practice since we were always in the hospital in practices and mainly dealt with disease related cases” (Interviewer 14).*

Other difficulties encountered by students during the home visit process were the inability to communicate about grief and loss, the remote homes to be visited, the data collection process being constantly interrupted and issues of the male nurses' acceptance by the family. Some of the students stated the difficulties they encountered during the home visit practice as follows;

*“I knew that families especially women didn't want male nurses” (Interviewer 12).*

*“The visited person asked us not to ask him any question due to the losses he suffered” (Interviewer 4).*

*“I had trouble finding the house as well as the transportation problem” (Interviewer 2).*

*He added: “the fact that the patient was constantly talking and not giving us enough opportunity to talk and grumbled of every procedure we did, challenged us.”*

*The home was also very crowded, messy, and noisy” (interviewer 11).*

**Dealing with the difficulties encountered in the home visit practice :** It was observed that motivating aspects of home visit such as giving training, focusing on research, and focusing on the individual are also particularly important to deal with the difficulties encountered by students during the home visit practice. As a matter of fact, the students stated their processes of dealing with the difficulties encountered in the home visit practice as follows.

*“I thought that the trainings we would provide might be beneficial to his / her health” (Interviewer 5).*

*“We consulted our teacher about the problems we had. We made a list of what we can do and called our patient. We read*

*articles on the Internet to increase our knowledge. We had group meetings” (Interviewer 9).*

*“When we went to the family's home and talked to them, we found that the individual needed us. I thought, what can I do and how can I be useful?” (Interviewer 10).*

**Difference between theory and field practice:** In focus group interviews, the fact that students' theoretical knowledge is not applied in field practice (in Family Health Centers) emerged as a theory-practice gap.

*“While most of nurses do not make home visits, I have questioned a lot why we as students do it. It is a psychologically and physically back-breaking process, I feel so tired, and I am sure my friends feel the same” (Interviewer 5).*

*“Home visits are absolutely necessary. There are families in such different difficult situations. Maybe their lives will change with a little touch. But only we do it. Nurses at the family health center do not do this practice” (Interviewer 14).*

## Discussion

In the study including the experiences of the fourth-year nursing students about home visit practices in the field within the scope of public health nursing course; the experiences of the students about home visits consisted of the themes of "home visit practice concern", "professional role", "difficulties encountered in home visit practice", "dealing with the difficulties encountered in home visit practice" and "the difference between theory and field practice".

The fourth-year nursing students clearly stated that their initial home visit and field experience were very worrying for them. Similarly, in the study conducted by Karakaya and Kocoglu (2016) with midwives, they stated that when their midwives faced any new situation during their home visits, their anxiety levels increased. Additionally, most of the student midwives (78.2%) stated that they were so excited before making their first home visit. In a quantitative study on home visits, most of the students stated “I was prejudiced, afraid, discouraged, and shy” before home visit. Just a few of the students (21.1%) stated feeling positive emotions (Kalanlar, 2018). In a clinical study, the direct effect of stress perceived by students on clinical

performance was confirmed (Ye et al., 2018). The fact that nursing students made their home visits within the scope of "public health nursing course" only in their last year during their four-year education might have increased their anxiety. In this context, it is thought that the students' concerns should be eliminated before the home visit, they should be given adequate counseling about the home visits and they should be prepared for the practice of home visit psychologically.

The transition of nursing roles from traditional to modern style has led to increased activities conducted by the nurses by their own decision, thus increasing the level of professional autonomy (Taylan et al., 2012). In the historical process, the roles of public health nurses have also changed to be able to respond effectively to the common health problems of society. Mostly health promoting and preventive services are in the focus of these roles, but are using a number of roles such as caregiver, educator, role model, advocacy, case finder, case management, counselling, and researcher more actively and primarily (Clark, 2008; Erci 2009; Lundy & Janes, 2014). In the study, professional roles which were thought to be most performed by student nurses during the home visit, appeared as educator, practitioner, and counselor roles. In the study by Kalanlar (2018) it was stated that nursing functions, which are thought to be mostly fulfilled in students' home visits, were education, communication, change and care, respectively. Karakaya and Kocoglu (2016) stated in their study that almost all of the students had an increase in their communication, teaching, physical examination, care skills and self-confidence in their next visits after the first visit. In their study, Altay and Oz (2016) stated that the students observed that the nurses working in the family health center mostly used the role of educator and practitioner. It is particularly important for the fourth-year students to be aware of the educator and counselor roles of the nurses and to apply them for improvement of the profession and professionalism. However, it is quite important for nursing to become a more effective and efficient profession in the future and also for the students to fully adopt other roles of the public health nurse in terms of the quality and functionality of the care provided to healthy individuals/patients.

Despite many advantages of home visits, they bear also challenges. Some of these difficulties are due to the diversity of individuals as well as the abundance of problems. Attitudes of individuals,

families and society towards ethnicity, culture, health, healthcare services and healthcare providers may differ (Clark 2008; Lundy & Janes, 2014). In the focus group interviews conducted in this study, the students stated the difficulties they encountered during the home visit as "being outside the clinic, having difficulty in communicating about grief and loss, the remote homes to be visited, and constantly interruption of the data collection process". Similarly in studies, it has been understood that students experience difficulties mostly in situations like finding home addresses in home visit practices, family's nonacceptance of the visit, negative effect of the home environment on teaching, skeptical behaviors of families, and families distrusting to the students (Altay & Oz, 2016; Kalanlar, 2018; Karakaya & Kocoglu, 2016). Another difficulty expressed by male students in the study was that they were not accepted by the family. In the study by Kahraman (2013), it was determined that male nurses who went to the public health home visit internship experienced the issue of nonacceptance to the home more. In a qualitative study, it was determined that male nurses experienced various difficulties in the practice areas due to the sexist approach of the society to the nursing profession (Akman Dombekci et al., 2019). Even though the "Law on the Amendment of the Nursing Act" (Republic of Turkey Official Gazette., 2007)" published in the Official Gazette in January 2007 in Turkey abolished the sex discrimination, it is seen that sex discrimination is being made, albeit partially. The results of the researches confirm this observation. This attitude can be said to be reflections of patriarchal culture.

It was observed that the processes such as giving training on dealing with the difficulties faced by students in the home visit practice, focusing on conducting and reading researches, and focusing on the individual were important. Additionally, the educator role was one of the nursing functions that students thought to have performed at most during home visits. The studies revealed that student nurses and midwives dealt with the difficulties they encountered during home visits by sharing them with the instructor in charge of the course, with their friends and with people close to them. Again, in these studies, the students stated that they coped by improving themselves in the subjects they felt inadequate (Altay & Oz, 2016; Karakaya & Kocoglu, 2016). Another study indicated that the progress of the home visit process and establishing a trust relationship

between families and students reduced the difficulties experienced (Kalanlar, 2018). This situation showed that the communication of instructors with the students and their support levels during the home visit practice are also highly effective in dealing with the difficulties experienced during the home visit process.

The failure to apply home visits by nurses in the family health centers and the deficiencies in the application of the regulation are a major difference between the theory given in nursing education and the field practice expected from the students. As a matter of fact, the students expressed this difference in the focus group interviews. While home visits are carried out within the scope of home care services which are not at the desired level in Turkey, these visits are focused on eliminating the acute health needs of individuals only. Therefore, it is not possible to mention primarily about health monitoring based on home visit practice in primary healthcare services in Turkey (Bahar & Ersin, 2016). However, within the scope of public health nursing course during nursing undergraduate education, home visits are made by students in field practices. The lack of professional home visits in Turkey decreases the motivations of students in the field practices.

**Conclusion:** Both the literature and the results of this study support the need to rethink about the field practices in public health nursing education. It is clear that all the themes expressed by students play a significant role in student's learning and nursing education in general. The result of this study will help us design strategies for learning more effective field practices as educators. Additionally, the results of the study should be considered by nursing education and practice specialists. Thus, issues in practice and areas that need improvement can be identified and new forms of practice can be tried.

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