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## Patent Transition to Homecare

Patient Transition to Homecare   
In this qualitative study, Hvakvik and Dale gathered, recorded, and analyzed the perception of nurses who care for older persons undergoing the transition from being completely independent to receiving homecare. As a greater percentage of the global population ages, more and more people are faced with chronic and complex illnesses, so this is an issue that is ripe for examination by the nursing profession. Although this study was undertaken in Norway, the challenges and solutions discussed are quite familiar to the aging Western European and North American population and therefore are more broadly applicable. Two baseline issues are that the elderly prefer to live their own homes by themselves (Burkholt and Naylor, 2005) but the not uncommon situation of reduced self-care capacity requires the balancing of many social, health, and financial aspects to provide life satisfaction (Borg, Hallberg, and Blomqvist, 2006).   
The Hvakvik and Dale study endeavors to examine the patient transition from independence to homecare from the nurses’ point of view (2013). Focus group interviews were conducted with nurses beginning with the question of “ What kind of experience and perceptions do you have regarding care for patients who are in transition to receive professional care in their homes?” (Hvakvik and Dale, 2013). Follow up questions to obtain both positive and negative experiences and for view expansion were pursued. As suggested by the work of Gadamer (1989), recognition of the pre-understandings of the researchers before conducting this research were recognized and kept separate from the evidence supporting the understandings of the focus groups. This ensured the study’s findings would move beyond pre-understandings and examine the results with openness rather than being tied to expectations of what would be found.   
The literature review provided by this study was self-reported as ranging from 2000 to 2012 and revealed a complete lack of studies focused on this particular area (Hvalvik and Dale, 2013). In view of this situation, the areas of focus of related, but differing care situations were noted, such as long-term institutional settings, or transitions between private residences to assisted living facilities or other types of nursing homes. Transitions between different nursing homes or levels of care were also pointed out. Thus, this literature review served the primary purpose of strongly supporting the need for the present study.   
The research design of this study was a phenomenological hermeneutic design with small focus groups. Phenomenological hermeneutics, as guided by Gadamer, is a theory of text interpretation that focuses on first person experience and reflection. In other words, these kinds of studies gather and analyze life world perspective, as described by the participant. The sample size was eleven nurses and divided into two separate groups, one of five and the other of six. The two separate groups each met once for approximately one to one and one-half hours. The participating nurses all had been working in home care for at least a year and were presently working with patients at the time of the study. The discussions were recorded and verbatim transcribed, then reviewed by both researches to place the statements into themes. The themes were used to build primary and secondary interpretations of the statements in relation to the initial research question.   
In particular, Hvakik and Dale found four distinct primary interpretations emerged from their textual review, as follows: “ it is essential to have an understanding of the patients’ transition history, the nurses’ repertoire is challenged by the transition process, care must be adapted to the patients’ life world and the quality of care is challenged by the context” (2013). The understanding of the patients’ route to receiving home care was essential to prepare the nurse for the situation as some patients were highly welcoming of the care while others were highly resistant. The nurses’ approach to the job was challenged as to the range of responsibilities, particularly from the point of view of balancing socialization and physical care. Providing the correct level of decision-making, particularly with patients undergoing cognitive decline, presented a further challenge to the nurses’ responsibility repertoire. The focus group highlighted the need to adapt the care into the patients’ life rather than asking the patients to adapt their life to the care. Finally, the main interpretation was that a number of values had to be balanced, founded on a trusting relationship between the patient as a human being and the nurse as a professional. This balance was often an issue because of differing values and insufficient resources on the part of both the patient and the nurse.   
This study provides qualitative evidence of the many challenges facing nurses who provide home care to elderly patients. Some of the factors that arose as significant included correct timing of the transition of the patient to care, adequate health information for both the patient and the nurse, and good communication between the patient and the nurse. Some limitations of this study include a very small sample size (n= 11) and the relatively short total interview period utilized to gather data which would be expected to limit the scope of the conclusions. Nevertheless, the study does identify four interpretations that highlight areas of potential conflict within the home nurse-patient relationship. In this way, it provides suggested topics of training for nurses being trained in the home care context, as well as potential techniques that could be utilized by nurses now practicing when forging relationships with new patients undergoing the independence to home care transition.

## References

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