

Prepared by  
Shadia Abdullah Yousuf  
Nursing Department  
Kind Abdulaziz University

# Home visits

# Objectives

- Identify the purpose of home visits
- Determine the skills used for home visits
- Describe the positive and negative aspects of home visits
- Define the stages of home visits
- Describe useful actions when intervening on family home visits

- Did your family members influence your health level?
- How different do you think your life would be if you had grown up with vegetarian parents?

# Home visits

Definition: a purposeful interaction in a home directed at promoting & maintaining health of individuals & family

- It may include: supporting a family during a member's death
- A major distinction of a home visit is that the health professional goes to the client's place

# Purposes of home visits

- Give more accurate assessment of the family structure, the natural or home environment and behaviour in that environment
- Provide opportunities to identify both barriers and supports for reaching family health promotion goals

# If the home visit is to be a valuable and effective intervention, **careful and systematic planning must occur**

# Advantages of health visits

- Health setting provides more opportunity for individualized care
- Most people prefer to be care for at home
- Information collection and understanding life-style values are easier in families' own environment
- Environmental factor impinging on health such as housing condition and finances may be observed more readily

# Advantages of health visits

- Participation of family members is facilitated
- Individuals and family members may be more receptive to learning because they are less anxious in the environment
- Care to ill family member in home reduce overall costs by shorten the length of hospitalization and prevent hospitalization
- A family focus is facilitated
- Convenience for the client, client control of the setting

# Disadvantages of home visits

- Travel time is costly
- Less efficient for nurse that are working with groups
- Distraction such as TV and noisy children may be difficult to control
- Nurses' safety can be a issue
- The previsit preparation, travel to and from the home
- Time spend with one client
- The nurse's skills, personality may not be compatible with home visits



## Home visits

# Skills used during home visits

- Effective communication skills
- Observation, listening, questioning skills
- Assessment of home environment condition
- Assessment of family members behaviour, body language and nonverbal cues

# Communication

Means transferring meaning and enhancing understanding

- It provides a two-way flow of information
  - ❖ professional and clients
  - ❖ professional and professional on planning decisions are made
- The community nurse play both receiver and sender role
- Parts of communication process are: message, sender, receiver, encoding, channel, decoding and feedback loop

# Communication barriers:

## a. Selective perception:

own perception, experience, interests, values, motivations and expectations

## b. Language barriers:

people interpret meaning of words differently depending their age, education, cultural background

**c. Filtering information:**

manipulation of information by the sender to influence the receiver's response

**d. Emotional influence:**

how a person feels at the time a message is send or received influences its meaning

## Core communication skill

**a. Sending skills:** clarity and effective of message send is influenced by

- Nurse's self-awareness
- Nurse's awareness of the receivers

Two main channels used to send message:

- verbal
- nonverbal (facial expression, body movement, gestures, eye contact etc)

- Keep the message honest and uncomplicated
- Use a few words as possible
- Ask for reactions

## **b. Receiving skills**

- Active listening or reflective listening

## **c. Interpersonal skills**

- Showing respect
- Empathizing
- Developing trust

# Guidelines for initial contact with the family:

- Introduce yourself
- Spend the first few minutes to acquainted
- Use acute observation skills
- Be sensitive to verbal and nonverbal cues
- Be adaptable and flexible
- Use sixth senses
- Be aware of your own personality

- Be aware that most clients are not acutely ill
- Become acquainted with all family members
- Encourage each person to speak
- Be accepting and listen carefully
- Help the family focus on issues
- Review important points and emphasize family strength
- Plan with family for next visit



## Personal safety on the home visit

- Neighborhood, travel and personal safety
- Arriving at the home
- Friction between family members
- Family members under the influence of drug or alcohol
- The presence of strangers



# Principles of nurse-client relationship with family

- Dose not have to personally meet all members of the household
- Concern about the health of each member and about each person's contribution to the functioning of the family
- Should take the time to introduce herself to each person present and address each by name
- Define the actual and potential problems via assessment

# Process of home visits

There are 5 phases:

1. Initiation phase
2. Previsit phase
3. In-home phase
4. Termination phase
5. Post-visit phase

# Initiation phase

- A referral
- First contact between the nurse the family
- Provides the foundation for an effective therapeutic relationship
- The activity includes: clarify source of referral for visit

- Clarify purpose for home visit
- Share information on reason and purpose of home visit with family

# Previsit phase

Several components of this phase include

1. Family should be contacted by telephone prior to the home visit
2. Family should be informed
3. A brief summery of the nurse's given information
4. Should be scheduled
5. Should be arranged
6. The telephone call can determinate the time, place and purpose for the visit
7. The nurse needs to explore the reasons for the refusalar there may be a lack of information

# In-home phase

The actual visit of the home

- Nurses need to examine personal fears and objective threats
- Some agencies may provide escorts for nurses or have them visit in pairs
- The nurse needs to be aware that families may feel that they are being checked up on and their privacy is being impinged
- The family may not be able to control interruptions during visit

# In-home phase

At this phase the nurse

- Provides personal identification and professional affiliation
- Establish rapport and relationship
- Implement nursing process



# Termination phase

- It is the phase when the purpose of the visit has been accomplished the nurse reviews with the family what has occurred and been accomplished
- It provides a basis for planning any further home visits

# Postvisit phase

- This phase is documentation of the visit and services provided
- Plan for next visit

## Review questions

- What agencies in your community provide home visits?
- What safety issues or concerns would a nurse conducting a home visit to Al Nuzla and Gowaiza need to be aware of ?

# References

- Stanhope, M. & Lancaster, J. 2002 Foundations of community health nursing: community-oriented practice. Mosby: St. Louis
- Allender, A. & Spradley, B. 2005 Community health nursing: promoting & protecting the public's health. Lippincott: Philadelphia