Continuity of care at home: the nurse’s role

Susana Cardoso Duarte

2012
Home care in 21st century

- Increase in home care: a challenge?
- Person Uniqueness
- The family: evolution, social and economical constraints
- Curves of epidemiological and demographic transition
As populations age, an increasing number of older people with functional limitations need support with their activities of daily living.

In all European countries, most care (in terms of hours) is provided informally at home (mostly by women).

Susana Cardoso Duarte
Home Health Care (WHO, 2010)

provision of comprehensive services, including health and social services by formal and informal caregivers in the home

includes physical, psychosocial and spiritual care
<table>
<thead>
<tr>
<th><strong>For patients</strong></th>
<th><strong>For the family</strong></th>
</tr>
</thead>
</table>
| - it enables them to be cared for in a familiar environment, as well as allowing them to participate in and contribute to family life and make them part of their families and community.  
- HBC reduces the cost of caring for patients away from the family. | - it helps to holds the families together with the objective of caring for the patient.  
- It helps the family to accept the patient's condition thus making it easier for care and support.  
- It reduces costs of care as well as enabling the family to attend to other tasks as they care for the patient |
Home Health Care: The caregiver

- Suddenly informal caregiver!!

- USA: 23.5 MILLION ADULTS informal caregivers:
  Weekly 20.3h of unpaid work
  (Levine 2001)
Home Health Care: The caregiver

- Loss of promotion at work
- Loss of financial resources
- Anxiety and depression
- Uncertainty and frustration
- Extreme tiredness
- Living with the disease
- Loss of emotional support from friends

Syndrome of the caregiver
Challenge

How to ensure the continuity of care at home?

Main purpose

Understand the nature and the process of the construction of continuity of care at home

Susana Cardoso Duarte
Home: the Challenge

The Actors
- Patients and families
- Nurses
- Others

A place of care
- Nurse Patient/family relationship
- Isolated Place
- Ideal place to care and be cared
- Power and Conflict
- Incertitude of place, time and focus

Home: A Challenge to continuity of care

Susana Cardoso Duarte
Continuity of care: The nurse’s role

The strategies
Rebuilding the Role

- Role Agreement
  - Perceiving the need for care
  - Interpreting and confirming the need for care
  - Acknowledging the nurse's role

The patient
The family
The nurse

Critical Praxis

- Knowledge
  - Reflection in Action
  - Decision Making
  - Teamwork
  - Deontological and Ethics skills
  - Behavioral skills

- Practice without Network
  - Strategic Competencies
  - Autonomy
  - Dealing with Grief

Meeting the other

- Empathy
- Compassion
- Trust/Confidence
- Proximity
- Affective sharing
- Congruency
- Simplicity
- Creativity and Spontaneity

MEDIATOR
Person-Person-Family
Family-Health Resources / Community
EMOTIONAL SUPPORT
Person, Family
SCIENTIFIC-TECHNICAL SUPPORT
Person, Family

Susana Cardoso Duarte
The result

Caring

Patient as a part of an Extended Family
  - Theory of Family
  - Family as a System tending to Entropy

Who is the Family
  - Respect the Family Dynamics
  - Encourage Strength of the Family
  - Supporting the Caregiver

Family as a System tending to Entropy
  - Recognizing the Family as Essential to Well-Being
  - Respecting the Uniqueness of the Family

Affective care
  - Caring in a Recognized Space
  - Enriching Human Care
  - Understanding the Family difficulties
  - Respect the Family Organization

Partnership: the family, the patient, the nurse

Enhancing the care of the Family
  - Sharing
  - Family as a resource and focus of care

Including the Family in Care Team
  - Share Meanings
  - Share Care
  - Choosing the person as a Source of Knowledge
  - Empowering for the Independence
  - Take care of Caregiver

Recognizing the Family as Essential to Well-Being

Respecting the Uniqueness of the Family

Susana Cardoso Duarte
Building a Partnership of Care

Stages

- Preliminary Stage: first Contact, complementary Communication, Identification of Needs
- Introduction Stage: Information-Action Cycle, Conciliating Roles, Critical praxis, The meeting, Intentionality of the Relation
- Establishment Stage: Therapeutic Agreement, Nurse as Facilitator and Support, Sharing the Meaning of Care, Safety of the Caregiver, Participative caregiver, Dialectic Relationship of Power
- Convalescence Stage: Cycle of Transition, Independency of the Person / Family
- Discharge

Intervention

Back to Introduction Stage

Susana Cardoso Duarte
The Answer

Home Care: A Challenge to the Continuity of Care

The Actors
Home as a Place to care

Rebuilding role

Merging the role
Critical Praxis
The Meeting

Partnership of Care: The Family and the Nurse

The person as part of an enlarged family
Enhancing the Family way of care
Including the Family in Care Team

Continuity: A Movement of Co-Construction Family/Patient-Nurse

Susana Cardoso Duarte
Nurse and Family partnership in care

A movement to build up continuity of care in partnership (the nurse becomes the family’s partner in care)
Nurse and Family partnership in care

Conclusions

Being a partner in care

Teaches, worries, cares with scientific skills and is accountable, always respecting the family

The link: between family and health services, between family and other health professionals

Family and the nurse build together their role near the client

Being aware: Health advantages

Sustained well-being (client and family)

Makes the whole profession more socially accountable

Keeps the individual where he wants to be: at home.
Continuity in Home based Care:

Co-Construction Family, Patient, Nurse

When you’re weary
Feeling small
When tears are in your eyes
I will dry them all
I’m on your side
When times get rough
And friends just can’t be found
Like a bridge over troubled water
I will lay me down

Simon & Garfunkel, 1969

Susana Cardoso Duarte