Article

Nurses' experiences of home care: A qualitative study

Atefeh Shamsi[1], Ahmadreza Yazdannik[2], Nayereh Naseri[3*]

[1]Department of Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Iran
[2]Department of Critical Care Nursing Research Centre, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran
[3]Department of Research Committee, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

Article Info

Article history:
Received: 21 June 2024
Accepted: 5 Oct 2024

Keywords:
Home Care Services, Life experience, Nursing, Qualitative Research

[*]**Corresponding author:**
Department of Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

Email: nnaseri@nm.mui.ac.ir

Abstract

Background: Addressing the challenges of home care is crucial for transforming traditional care models into modern healthcare systems.

Objectives: The current study aimed to explore nurses' experiences of home care challenges.

Methods: The study was designed using a qualitative approach to explore the experiences of twenty-two Iranian nurses across three cities in 2022-2023. Data collection was performed using semi-structured interviews based on exploring the nurses' experiences. Data analysis was conducted using the Lundman and Graneheim content analysis method.

Results: The study revealed five main categories of challenges, including "the need for improved education", "political support", "professional resources", "social acceptance", and "financial models".

Conclusion: It is crucial to establish a foundation of academic programs, comprehensive legislation, political support, and financial models to develop home care services. This study provides worthwhile insights into the challenges nurses face in-home care and highlights the necessity of addressing insufficiencies to improve the quality and accessibility of homecare services.

Implications of this paper in nursing and midwifery preventive care:
- Enhancing nursing education with specialized home care training is essential for delivering effective preventive care and reducing hospitalizations.
- Developing clear policies and overcoming resistance to change can support the expansion of preventive home care services, ensuring legal and ethical protections.
- Building trust in-home care nurses and improving insurance coverage are key to making preventive care more accessible, especially for marginalized populations.

Introduction

The shift from traditional hospital care to home care is a dynamic response to the challenges posed by the increasing elderly population, the prevalence of chronic diseases, and the escalating costs of hospitalization. Home health care not only alleviates financial burdens on families and healthcare systems but also addresses concerns related to overcrowding in medical facilities and reduces the likelihood of hospital-related issues, including infections [1,2]. The comprehensive range of services offered in-home nursing, spanning short-term and long-term care, therapy, dietary guidance, and emotional support, underscores its significance in modern healthcare. Understanding the various dimensions of home care, as perceived directly by stakeholders, reinforces the need for continued political investment in community health improvement [3,4].

A pivotal element in the development of home care services is the role of healthcare providers, particularly nurses. As professional healthcare cores, nurses possess the competence to enhance healthcare quality through the implementation of holistic care plans [5]. This involves organizing patient follow-up services based on cultural beliefs and fostering respectful communication. Nurses play a crucial role in assisting patients in improving their health conditions, adapting to

disabilities, and attaining optimal well-being. However, the transition to home care settings presents unique challenges for nurses, who find themselves operating in an unpredictable medical environment with limited resources [6,7].

The challenges faced by nurses in home care settings are multifaceted. Performing effectively outside the traditional hospital space requires comprehensive assessments tailored to each patient's specific condition, adept management of emergencies outside medical facilities, and the navigation of multiple roles. Nurses are not only caregivers but also educators and advocates, highlighting the diverse and demanding nature of their roles in health frameworks [8-10].

The shift towards home-based care represents a transformation of traditional healthcare structures. It is projected that by 2025, care services worth up to $265 billion for Medicare beneficiaries could transition to homes without compromising quality or accessibility. This transition is closely tied to the quality of care provided and patient satisfaction [11]. To establish effective home care, significant modifications are needed in health foundation structures, policy frameworks, resource and budget allocations, cultural conversations, and the design of quality standards to achieve desired outcomes [12,13]. In countries like Iran and other developing nations, the trend towards home care is in its initial stages, necessitating efforts to overcome obstacles in effectively organizing post-discharge care services for those dealing with long-term health conditions [14,15].

Health reports in Iran indicate a rising average death rate due to a surge in diseases associated with aging and chronic illnesses. Heart disease, cancer, and diabetes alone accounted for more than 63% of deaths in Iran in 2018 [16]. In response to these challenges, regulations were adopted in Iran in 2004 to establish counseling and home help centers. Recognizing and addressing home care challenges is crucial for improving the well-being of individuals and maintaining societal health stability [8,17].

Nurses' perspectives on home care challenges are precious. As frontline healthcare providers, nurses offer insights into the practical realities of home care settings, shedding light on hidden challenges and providing policymakers with crucial information to enhance the quality and effectiveness of home care services [18,19]. For instance, Jones et al. (2021) investigated the impact of the COVID-19 pandemic on home healthcare services, revealing an increased demand for home care services to minimize exposure to healthcare settings. Shortages of protective equipment and workforce constraints were highlighted, emphasizing the need to develop telehealth services to facilitate patient education and self-care [20,21]. McBride et al. (2011) conducted a needs assessment among home healthcare providers, revealing resource constraints and inadequate training [18,21].

It is noteworthy that previous studies have often focused on the challenges from the general perspectives of health providers, with limited consideration of the experiences of home care nurses. The growing body of research on home care has not fully addressed the unique challenges faced by nurses in home care settings, especially in developing countries like Iran. Understanding these challenges is essential for improving home care services and policies. Research findings can guide policymakers in developing more effective regulations and support systems for home care services. On the other hand, understanding the unique challenges of home care can help develop targeted training programs for nurses entering this field. More research is also needed to highlight areas where additional resources or support are required, enabling more efficient allocation of healthcare resources. The specific attention and support required for home care nursing, particularly in the context of the growing aging population's preference for home-based care, are essential for delivering high-quality care. The unique insights provided by home care nurses are critical for shaping more effective and supportive policies that meet the evolving needs of healthcare delivery in home settings. This study aimed to explore nurses' experiences of home care challenges in Iran.

Methods

The study conducted was a descriptive qualitative study that involved collecting data through semi-structured interviews with experienced nurses in different academic and practical positions who were involved in providing home care services in 2022-2023. Participants were selected purposively. Twenty-two nurses with at least two

years of experience in home care were included in the study to ensure a comprehensive understanding of the concept of home care (Table 1).

Table1: Demographic characteristics of participants

Participants	Educational level	Marital Status	Gender	Age	Work Experience	Job Positioning	Home care Experience
1	BS	Married	Male	41	23	Manager	6
2	MS	Single	Female	44	14	Nursing Staff	3
3	MS	Single	Female	45	17	Nursing Staff	4
4	BS	Married	Male	43	16	Nursing Staff	5
5	BS	Married	Female	42	18	Nursing Staff	3
6	BS	Married	Male	40	14	Nursing Staff	4
7	BS	Married	Male	45	17	Manager	7
8	BS	Married	Male	45	20	Manager	7
9	MS	Married	Female	42	12	Nursing Staff	3
10	PhD	Married	Female	41	14	College teacher	4
11	PhD	Married	Female	43	18	College teacher	5
12	BS	Single	Female	30	6	Nursing Staff	2
13	MS	Married	Female	40	12	Nursing Staff	3
14	MS	Single	Female	38	15	Nursing Staff	2
15	MS	Married	Female	44	13	Nursing Staff	3
16	BS	Single	Male	45	15	Manager	4
17	BS	Married	Female	30	9	Nursing Staff	2
18	BS	Married	Female	32	10	Nursing Staff	2
19	MS	Single	Male	30	9	Nursing Staff	2
20	MS	Married	Female	35	12	Nursing Staff	2
21	BS	Married	Female	43	16	Nursing Staff	5
22	BS	Married	Male	30	7	Nursing Staff	2

The participants have explained the study aims and they declared their willingness to share their experiences. The study was conducted in three Iranian cities (Tehran, Isfahan, and Yazd) to ensure maximum diversity of participants with varying viewpoints from different geographical locations, ages, and genders. Prioritizing nurses to explore home care experiences provided a deeper understanding of the specific challenges to their roles in this care model. The interviews were conducted to identify barriers to home care problems in Iran. The data collection was completed until data saturation was achieved over three months (December 2022 to March 2023) by a minimum of two weekly interviews, and no new information was obtained from subsequent interviews. The study analysis was performed based on conventional content analysis methods according to the Graneheim and Lundman method [22,23].

The qualitative data was obtained by conducting semi-structured interviews via phone and WhatsApp, focusing on the home care experience of the corresponding author, who possesses the necessary expertise in qualitative research and home care services. Potential participants were recruited through purposive sampling by collaborating with home care agencies across three Iranian cities. Following the first phone call to each participant, the interview time was scheduled at a convenient time according to the participant's preferences. Interviews were conducted via phone and WhatsApp for the member-checking process to confirm participants' information. This approach ensured flexibility and accessibility while adhering to COVID-19 safety protocols. The interview guide explored various

aspects of the home care experience, with an average interview length of 45-60 minutes. All interviews were audio-recorded with participant permission. The questions were organized on the nurse's home care experiences. The general question was asked at first, including “What is your perception of home care nursing in Iran? Explain about it.” The probing questions were designed according to the participant's responses, including “What are the key opportunities that home care nursing offers in the Iranian healthcare system?” “Can you share positive outcomes related to home care nursing?” “What do home care nurses face the main obstacles and challenges?” “How do these challenges affect the quality of care provided?” “What suggestions do you have for improving the home care nursing system?” “Are there any specific policies or practices you believe need attention?” “Is there anything else you want to add or share regarding home care nursing?” These interview questions assisted in gathering comprehensive qualitative data on the home care experiences. It was noted that while traditional nonverbal cues like posture and gestures were limited in virtual interviews, attentiveness to vocal cues like tone and emphasis was crucial. Participants' facial expressions and eye contact, as visible on the screen during WhatsApp video calls, were also considered when interpreting their responses.

The data analysis was performed using the Graneheim and Lundman method, which involves several stages: first, transcribing interviews verbatim and reading through the texts to achieve immersion. Next, the authors identified meaning units related to the study's aim and condensed them without losing the core meaning. These condensed meaning units were then coded, allowing the authors to systematically organize the data. Codes were compared based on similarities and differences and sorted into categories and subcategories, which were continuously refined and discussed among the researchers to ensure accuracy and consistency. Finally, the authors interpreted the underlying meaning of the categories to construct themes that encapsulate the essence of the participants' experiences [22,23]. The researchers adhered to Guba and Lincoln's criteria to ensure the trustworthiness of the qualitative study [24]. Regular discussions among the research team with multiple qualitative researchers were considered to ensure that findings were consistent with participants' quotes in the analysis to reveal participants' lived experiences and perspectives..

Results

The study involved 22 participants, comprising nurses with varying educational backgrounds, marital statuses, and work experiences. Participants included 10 males and 12 females aged between 30 and 45 years. Their work experience in healthcare ranged from 2 to 23 years with home care experience varying from 2 to 7 years. A total of 25 interviews were conducted, including 3 repeated interviews for clarification, with no cases of unwillingness to participate. The interviews generated 150 initial codes, which were organized into 5 main categories and 13 subcategories.

The research findings demonstrated five categories of "educational deficiencies", "political deficiencies", "sociocultural barriers", "professional obstacles", and "economic problems” (Table 2).

Table 2: Subcategories and categories of the Home Care Nurses' Experiences)

Main category	Subcategory	Initial subcategory
Educational deficiencies	The need to train academic experts related to knowledge gaps	No training on home care skills
		Unprepared for complex wound care.
		Unsure about home medication management
		Didn't know about community support options
		Lack of educated and competent personnel
	The Need to Develop Guidelines related to Inconsistency of Care	Varied wound dressing techniques
		Confusion over pain medication
		Inconsistent communication with doctors
		Disagreements on bathing procedures
		Unclear documentation expectations
		Lack of clear and detailed plan
Political deficiencies	Resistance to change in traditional structures	Difficulty in altering established structures
		Reluctance to adopt new practices
		Stakeholders unwilling to change existing protocols
		Dependence on outdated systems and procedures
	The need to develop infrastructure legislation in legal, ethical, regulatory aspects	Lack of clear legal guidelines for home care practices
		Challenges in addressing ethical issues in patient care
		Absence of comprehensive regulations governing home care
		Difficulties in ensuring compliance with existing laws and regulations
	Allocation of manpower	lack of available nurses for home care
		Frequent departure of home care nurses from their positions
		Uneven allocation of nurses across patient populations
		Difficulty attracting qualified personnel to home care positions
Sociocultural barriers	Lack of acceptance and trust in home healthcare	Patients doubting the effectiveness of home care
		Resistance from families towards home care
		General negative views about home care quality
		Challenges in communication between nurses and patients
		Withholding information by patients due to a lack of trust in the home care system
	Cultural and geographical diversity	Difficulties in communication due to language differences
		Impact of religious beliefs on home care practice
		Difficulties navigating unfamiliar cultural settings for care
		Challenges based on rural vs. urban geographical location
Professional obstacles	Power and safety deficiencies	Tension between respecting patient choices and ensuring their safety
		Worries about potential abuse or neglect in the home environment
		Feelings of vulnerability by nurses working alone in patients' homes
		Insufficient authority to making decisions
	Ambiguous roles	Unclear role of nurses due to overlapping responsibilities with family members
		Assigned tasks not aligning with nurses' training or expertise
		Unsure about specific tasks expected to be performed in the home setting
		Unsure of how to navigate differences within patient families
	Ambiguity in the provision of a care plan	Confusion when doctors' instructions conflict with care plans
		Care plans lack clearly defined goals for patient improvement
		Nurses receive contradictory instructions from different

		members of the healthcare team
		Care plans have deficiencies for adjustments based on changing patient needs
	Influence by unqualified people	Family members attempt to make decisions beyond their expertise in patient care
		Employers pressure to prioritize cheap tasks instead of providing quality care
		The presence of unqualified individuals in in-home care services
		Influence of Outside the healthcare system people on patient care
Economic problems	Imbalance between costs and earnings	Limited budget in scope of home care services.
		Extra work without compensation
		lack of comprehensive benefits for home care nurses
		Lack of wage growth for home care nurses.
	Inadequate insurance coverage	Insufficient insurance policies covering home care services.
		Lack of adequate health insurance
		Insufficient payment for expenses
		Difficulty obtaining essential equipment due to insurance restrictions
		Struggle to afford medications because of inadequate coverage
		Feeling uninsured for potential legal issues arising during home care visits

Educational deficiencies

A) The need to train academic experts related to knowledge gaps

Knowledge and skills are essential prerequisites to work in-home care services.

Participant number12 stated:

"The introduction of home care should start with educated and competent personnel – nurses with college degrees – and enable them to organize the best possible service for their customers."

Nurses should gain advanced skills and knowledge to provide high-quality home care services.

B) The need to develop guidelines related to Inconsistency of Care

Guidelines are essential to organize effective programs for in-home care.

Participant number 15 stated:

"A clear and detailed plan is necessary for the proper set up of home care. Existing programs are not sufficient and may lead to shortcomings."

It seems clear and comprehensive guidelines as reliable sources are essential for in-home care services. **Political deficiencies**

A) Resistance to change in traditional structures

Resistance to change in traditional routines is an obstacle to in-home care, and the participant acknowledged the importance of change resistance.

Participant number1 stated:

"Doctors may prefer to keep patients hospitalized unless they are terminally ill or if the patient complains about treatment procedures."

B) The need to develop infrastructure legislation in legal, ethical, and regulatory aspects

The development of legislation for home care infrastructure is a critical component.

Participant number1 mentioned that:

"Legal and ethical ambiguities should be addressed before implementing any program. Awareness of violations is necessary to avoid negative social impacts."

The determined home care legal system is a critical component that provides a framework to protect both patient's and health providers' rights.

C) Allocation of manpower

The provision of effective home care services depends on accessible human resources.

Participant number17 emphasized:

"The significance of this was highlighted in a study where the lack of staff was identified as a major issue, leading to nurse burnout and demotivation."

Effective execution of plans requires the allocation of human resources. Without this resource, operational projects cannot be implemented successfully.

Sociocultural barriers

A) Lack of acceptance and trust in-home care nurses

A significant concern of women participants was the lack of acceptance and trust in women as home care providers in Iranian society.

Participant number 4 mentioned:

"Society does not have the right image of a woman coming into the home for health services and this goes against cultural norms. Gender perspective in nursing should be reevaluated as it goes against the true essence of nursing and is not advantageous to the profession."

Home healthcare providers faced the challenge of gaining the trust of the general public which originated from a lack of competence among some unexperienced nurses.

Participant number1 stated:

"Many people still prefer to go to the hospital even for simple problems. This is due to the poor reputation that unprofessional and unskilled nurses have given to society."

B) Cultural and geographical diversity

Home care centers needed cultural revision to deliver services according to fairness principles to low-income families or marginalized patients.

Participant number11 noted:

"Sometimes, low-income families or marginalized areas may not receive the skilled care they need from home care centers due to cost-cutting measures taken by home care managers. This can negatively affect the patients when non-professional caregivers are substituted instead of doctors or nurses".

Professional obstacles

A) Power and safety deficiencies

Verbal abuse of home care nurses could hurt their safety.

Participant number3 stated:

"Entering an unfamiliar house is a challenging task for a nurse. In such situations, I prefer to visit a house that I am familiar with and certain that nursing care is required. Unless the center ensures my safety, I cannot risk entering people's homes. It is crucial to verify them as clients before servicing."

The statements suggest that it would be essential to confirm nurses' security.

B) Ambiguous roles

Nursing care in a home environment is completely different with unique challenges that highlight the adaption to unfamiliar conditions.

Participant number 6 stated:

"An instance of this is when relatives contact a nurse to administer a shot to an elderly individual at home. However, upon the nurse's arrival, the family members make additional requests. It is essential to establish beforehand the necessary steps to take, the required materials, the duration of the task, and the compensation to avoid confusion about what needs to be done."

It is essential to establish distinct tasks to assist the nurses in performing according to the determined structure and prevent ambiguity.

C) Ambiguity in the provision of a care plan

Home care nurses face patients with different medical conditions, unique requirements, and various family preferences. The standard care plan is essential to work in complex medical conditions.

Participant number5 stated:

"Nurses use a specified care plan to provide professional care based on the patient's medical history and avoid substandard care. This reduces additional prescriptions, unclear reports, and incomplete patient services."

D) Influence by unqualified people

Having untrained individuals in-home care leads to decrease in the professional image of nurses as caring experts.

Participant number1 mentioned that:

"Sending a physiotherapist instead of a nurse for specialized nursing care raises doubts about nursing professionals' competence and diminishes their professional recognition."

Untrained caregivers do not have essential skills and knowledge which leads to the decline of the nursing professional image.

Economic problems

A) Imbalance between costs and earnings

The financial realities of home care nursing can be challenging. The nurses express a disconnect between the demanding nature of their work and the level of compensation they receive.

Participant number 10 stated:

"The workload in-home care is intense, yet the compensation doesn't reflect the complexity of care we provide compared to hospital settings."

This sentiment highlights the potential for an earning imbalance within the home care nursing field.

B) Inadequate insurance coverage

Inadequate insurance coverage is one of the major challenges in-home care that leads to insufficient individuals' access to medical care.

Participant number7 pointed out:

"In-home care services are expensive, leading to neglected patients with chronic conditions. This is due to improper home care insurance coverage."

Insurance deficiencies prevent individuals from being able to afford home medical care.

Discussion

The study explored nurses' experiences of home care to investigate challenges to improve

deficiencies in this regard. The findings demonstrated five categories of educational deficiencies, political deficiencies, sociocultural barriers, professional obstacles, and economic problems as main obstacles in nurses' home care services.

Improving the educational infrastructure in nursing schools plays a vital role in enabling academic professionals to pursue careers in-home care. The study highlighted the lack of training and proficiency among home care staff, leading to substandard care delivery. To enhance the quality of home care, a holistic approach is necessary, encompassing education before and after obtaining a nursing license. This would involve improving the educational infrastructure in nursing schools and providing ongoing education for practicing nurses [25,26]. Benner (2015) mentioned nursing education strategies to improve home healthcare services. It reported that nursing schools can strengthen their educational infrastructure by incorporating home care into their curricula. This can include adding courses or modules that focus on the unique skills and knowledge required for home care, such as patient education, and medication management [27]. Gore et al (2019) highlighted the benefits and challenges of incorporating a geriatric home care simulation into nursing education [28]. It is inferred that to improve the quality of home care provided by nurses, a comprehensive approach is needed by improving the educational infrastructure in nursing schools, developing valid guidelines, and providing ongoing education for practicing nurses [29,30].

The study findings demonstrated political deficiencies in-home care are the gaps or weaknesses in the policies and practices that affect the provision and quality of home care. Resistance to change in traditional structures of the health system is one of the important issues in home care. The study participants mentioned physicians who may resist referring patients to home care. Mathews & Linski (2016) investigated the resistance to organizational change. They proposed an alternative, more critical approach instead of contrasting approaches which shows how both power and resistance are discursively constructed and contested in organizational change processes [30,31].

The need to develop infrastructure legislation in legal, regulatory, and insurance aspects was the other issue in political obstacles that refers to the lack of inadequacy of laws, and regulations that govern the delivery and quality of home care. Allocation of budget and manpower is an essential issue related to the distribution and availability of financial and human resources for home care [32]. On the other hand, the shortage and inadequacy of home care staff, and competition for services with lower costs to attract more consumers lead to the preference to apply low-level health professionals with cheap salaries. Home care agencies may choose to offer services at a reduced price to gain more clients or maintain a competitive edge that is a danger to patients' safety and is opposite to their rights and privacy [33]. In other studies, the various dimensions of political issues were considered. Tamers et al. (2020) emphasized that home care workers require federal labor protections that will hold states accountable for the health and well-being of this essential workforce [34]. Landers et al (2016) recommend identifying the challenges and opportunities for home-based care in terms of quality, safety, accessibility, affordability, and sustainability. The regulatory framework should support accreditation, certification, licensure, and oversight of home-based care providers [9,35]. It is inferred that the facilitation of multilateral policies can accelerate the development of home care.

Cultural dimensions including Iranian society beliefs affect the acceptance and utilization of home care. According to the results, female nurses expressed worries about women entering patients' homes as healthcare providers, as this is viewed negatively in Iranian society. This can result in a threat to the security and safety of home care staff who may encounter risks like lack of respect while visiting homes. However, cultural stigmas pose a threat to patients. These problems can lead to a deficiency of confidence and approval of in-home healthcare providers, causing negative consequences for both patients and providers. Home healthcare providers need to recognize and address the obstacles that may hinder patient acceptance and trust in their interactions. They can achieve this by acquiring cultural proficiency by understanding their

patients' cultural heritage, principles, convictions, and customs [36,37].

The findings demonstrated the home health nurses face a variety of professional challenges, including a lack of authority and power compared to hospital nurses which can result in safety risks, such as violence or environmental hazards in patients' homes. These challenges can negatively affect the quality and safety of care that home health nurses provide, as well as their job satisfaction and well-being [38]. Another obstacle that home health nurses encountered was the ambiguity of their roles. Role ambiguity has destroyed the balance between different home care nurses' roles including education, advocacy, and caring performance [39]. A clear framework for nurses' duties in the home care environment is necessary to facilitate the professional performance of nurses [9,40]. Furthermore, the participants focused on the interference from unqualified or unprofessional people who have different opinions or agendas about the patient's care, which can negatively impact the quality and safety of care. It is essential to employ qualified nurses who have professional licenses and specialized certificates from reputable sources of in-home care [41]. Landers et al. (2016) emphasized flexible regulatory frameworks, expanded training and education for home health workers, and aligned incentives for value-based care as strategies to improve care quality in-home care services [9].

The financial difficulties are due to the high costs of providing home care services, which was the other finding of the study that mentioned low earnings due to the lack of official tariffs, fixed fees, or reimbursement policies for home care services. On the other hand, inadequate insurance coverage in obtaining adequate insurance coverage for patients was another challenge. It is implied that home care services have complicated and disjointed payment models, with funding coming from various sources such as public programs, private insurance, and personal payments. The expenses associated with home care services were a constant challenge for the public, which can result in disparities and inefficiencies in their delivery and accessibility [42,43] .It is inferred that strengthening the insurance system can enable coverage of many costly medical procedures and help families who face a lack of financial resources to provide home care costs when deciding to use home care services.

The study provided valuable insights into home care experiences but had some limitations. For example, the interviews were conducted remotely during the pandemic, which meant that in-person communication was lacking. This could have influenced participants' responses or perceptions. To address this limitation, the authors used double communication platforms (Phone calls and WhatsApp) to make sure that participants felt comfortable expressing themselves freely. In addition, the researchers provided a summary of the interviews to the participants for data confirmation, a process known as member checking. This helped to clarify and expand on initial responses, leading to a more comprehensive understanding of the participants' experiences. Another limitation was the focus on the nurses' group. Future research could compensate for this by incorporating interviews with patients, families, physicians, and home care administrators.

Conclusion

The study highlighted the critical challenges faced by home care nurses in Iran, strengthening the urgent need for comprehensive reforms to improve the quality and efficiency of home-based healthcare. Key issues identified include the need for enhanced educational programs, increased political support, better professional resources, greater social acceptance, and more sustainable financial models. By focusing on these areas, the traditional care model can be transformed into a modern, efficient, and socially accepted system, ultimately improving the overall effectiveness of home care in Iran.

Ethical Consideration

The Ethics Committee of Isfahan University of Medical Sciences approved the study (IR.MUI.NUREMA.REC.1401.163).

Acknowledgments

This research was supported by the research committee of Isfahan University of Medical Sciences (Grant No. 57797). We hereby thank all the respected nurses who cooperated in conducting this study.

Conflict of interest
The authors declare no conflict of interest

Funding
This study was supported by Isfahan University of Medical Sciences (Grant Number: 57797).

Authors' contributions
ASH and NN were involved in the conception, design, and draft of the manuscript for the study. ASH wrote the first draft of this study, and NN and ARY reviewed it. ASH, NN, and ARY coordinated the study. NN will be responsible for description and data analysis. NN and ARY will review and be involved in data analysis. ASH and NN will be responsible for delivering and implementing the intervention. ASH and NN provided the study design with the coordination of ARY.

References
1. Craftman ÅG, Grundberg Å, Westerbotn M. Experiences of home care assistants providing social care to older people: A context in transition. International Journal of Older People Nursing. 2018;13(4):e12207. https://doi.org/10.1111/opn.12207
2. Wang Q, Fan K, Li P. Effect of the use of home and community care services on the multidimensional health of older adults. International Journal of Environmental Research and Public Health. 2022;19(22):15402. https://doi.org/10.3390/ijerph192215402
3. Desai AD, Durkin LK, Jacob-Files EA, Mangione-Smith R. Caregiver perceptions of hospital to home transitions according to medical complexity: a qualitative study. Academic pediatrics. 2016;16(2):136-44. https://doi.org/10.1016/j.acap.2015.08.003
4. Hoffman SJ, Creatore MI, Klassen A, Lay AM, Fafard P. Building the political case for investing in public health and public health research. Canadian Journal of Public Health. 2019;110(3):270-4. https://doi.org/10.17269/s41997-019-00214-3
5. Andersson H, Lindholm M, Pettersson M, Jonasson L-L. Nurses' competencies in home healthcare: an interview study. BMC Nursing. 2017;16:1-8. https://doi.org/10.1186/s12912-017-0264-9
6. Rusli KDB, Tan AJQ, Ong SF, Speed S, Lau Y, Liaw SY. Home- based nursing care competencies: A scoping review. Journal of Clinical Nursing. 2023; 32(9-10):1723-37. https://doi.org/10.1111/jocn.16169
7. Jarrín OF, Pouladi FA, Madigan EA. International priorities for home care education, research, practice, and management: Qualitative content analysis. Nurse Education Today. 2019;73:83-7. https://doi.org/10.1016/j.nedt.2018.11.020
8. Heydari H, Shahsavari H, Hazini A, Nasrabadi AN. Exploring the barriers of home care services in Iran: A qualitative study. Scientifica. 2016;2016(1):2056470. https://doi.org/10.1155/2016/2056470
9. Landers S, Madigan E, Leff B, Rosati RJ, McCann BA, Hornbake R, et al. The future of home health care: a strategic framework for optimizing value. Home Health Care Management & Practice. 2016;28(4):262-78. https://doi.org/10.1177/1084822316666368
10. Nemati H. The Need to Revise and Change the Content of Home Care in Nursing Education Curriculum. International Journal of Community Based Nursing & Midwifery. 2023;11(3):224-5. https://doi.org/10.30476/IJCBNM.2023.98916.2268
11. Wang J, Ying M, Temkin- Greener H, Shang J, Caprio TV, Li Y. Utilization and functional outcomes among Medicare home health recipients varied across living situations. Journal of the American Geriatrics Society. 2021;69(3):704-10. https://doi.org/10.1111/jgs.16949
12. Bell SA, Krienke L, Brown A, Inloes J, Rettell Z, Wyte-Lake T. Barriers and facilitators to providing home-based care in a pandemic: policy and practice implications. BMC Geriatrics. 2022;22(1):234. https://doi.org/10.1186/s12877-022-02907-w
13. Franzosa E, Gorbenko K, Brody AA, Leff B, Ritchie CS, Kinosian B, et al. "At home, with care": lessons from New York City home based primary care practices managing COVID-19. Journal of the American Geriatrics Society. 2021;69(2):300-6. https://doi.org/10.1111/jgs.16952
14. Mobasseri K, Allahverdipour H, Matlabi H, Kousha A. Experiences regarding Home Care for Older Adults from the Viewpoint of Family, Paid Caregivers, Nurses, and Experts: A Qualitative Study. Health & Social Care in the Community. 2024;2024(1):4591881. https://doi.org/10.1155/2024/4591881
15. Rahimi F, Shakibazadeh E, Ashoorkhani M, Foroughan M. Barriers to home care for older adults from perspectives of Iranian informal caregivers: a qualitative study. BMJ Open. 2022;12(12):e065547. https://doi.org/10.1136/bmjopen-2022-065547
16. Farzad M, MitraMoodi, Sharifi F, Amirabadizadeh H, Amirabadizadeh A, Kazemi T, et al. Prevalence and factors connected with chronic diseases in the elderly residents of Birjand: a community–based study in Birjand, South Khorasan Province, Iran. Journal of Diabetes & Metabolic Disorders. 2021;20:1655-62. https://doi.org/1007/s40200-021-00918-9
17. Bakhtiari A, Takian A, Majdzadeh R, Haghdoost AA. Assessment and prioritization of the WHO "best buys" and other recommended interventions for the prevention and control of non-communicable diseases in Iran. BMC Public Health. 2020;20:1-16. https://doi.org/10.1186/s12889-020-8446-x
18. Fatemi NL, Moonaghi HK, Heydari A. Perceived challenges faced by nurses in home health care setting: A qualitative study. International Journal of Community Based Nursing and Midwifery. 2019;7(2):118. https://doi.org/10.30476/IJCBNM.2019.44883
19. Shahriari M, Nia DH, Kalij F, Hashemi MS. Challenges of home care: a qualitative study. BMC Nursing. 2024;23(1):215. https://doi.org/10.1186/s12912-024-01878-0
20. Jones A, Maclagan LC, Schumacher C, Wang X, Jaakkimainen RL, Guan J, et al. Impact of the COVID-19 pandemic on home care services among community-dwelling adults with dementia. Journal of the American Medical

Directors Association. 2021;22(11):2258-62. e1. https://doi.org/10.1016/j.jamda.2021.08.031
21. McBride SE, Beer JM, Mitzner TL, Rogers WA. Challenges for home health care providers: A needs assessment. Physical & Occupational Therapy in Geriatrics. 2011; 29(1):5-22. https://doi.org/10.3109/02703181.2011.552170
22. Graneheim UH, Lindgren B-M, Lundman B. Methodological challenges in qualitative content analysis: A discussion paper. Nurse Education Today. 2017;56:29-34. https://doi.org/10.1016/j.nedt.2017.06.002
23. Krippendorff K. Content analysis: An introduction to its methodology: Sage publications; 2018.
24. Tappen RM. Advanced nursing research: From theory to practice: Jones & Bartlett Learning; 2022. P.177-192.
25. Organization WH. Health policy and system support to optimize community health worker programmes for HIV, TB and malaria services: an evidence guide. 2020. https://iris.who.int/handle/10665/340078
26. Wilson-Besong M. University-Assisted School: Best Practices for Community Involvement: Wilmington University (Delaware); 2014. https://www.proquest.com/openview/ec6f8a4867b5bf81b663a85ba04c6bf7/1?pqorigsite=gscholar&cbl=18750
27. Benner P. Curricular and pedagogical implications for the Carnegie study, educating nurses: A call for radical transformation. Asian Nursing Research. 2015;9(1):1-6. https://doi.org/10.1016/j.anr.2015.02.001
28. Gore T, Lutz R, Bernard R, Hernandez IF. Home health simulation: Helping students meet the changing healthcare needs. Journal of Nursing Education Practice. 2018;9(1):27-31. https://doi.org/10.5430/jnep.v9n1p27
29. Bjørk IT, Berntsen K, Brynildsen G, Hestetun M. Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. Journal of Clinical Nursing. 2014;23(19-20):2958-67. https://doi.org/10.1111/jocn.12532
30. Mathews B, Linski CM. Shifting the paradigm: reevaluating resistance to organizational change. Journal of Organizational Change Management. 2016;29(6):963-72. https://doi.org/10.1108/JOCM-03-2016-0058
31. Niezen MG, Mathijssen JJ. Reframing professional boundaries in healthcare: a systematic review of facilitators and barriers to task reallocation from the domain of medicine to the nursing domain. Health Policy. 2014;117(2):151-69. https://doi.org/10.1016/j.healthpol.2014.04.016
32. Matsudaira JD. Government regulation and the quality of healthcare: Evidence from minimum staffing legislation for nursing homes. Journal of Human Resources. 2014;49(1):32-72. https://doi.org/10.3368/jhr.49.1.32
33. Larsson J. An information infrastructure design to support home care of warfarin users: problems and possibilities. 2016. https://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-296150
34. Tamers SL, Streit J, Pana Cryan R, Ray T, Syron L, Flynn MA, et al. Envisioning the future of work to safeguard the safety, health, and well being of the workforce: A perspective from the CDC's National Institute for Occupational Safety and Health. American -ournal of Industrial Medicine. 2020; 63(12): 1065-84. https://doi.org/10.1002/ajim.23183
35. Kang SB, Kim H. The relationship between home-visit nursing services and health care utilization among nursing service recommended beneficiaries of the public long-term care insurance. Health Policy and Management. 2014; 24(3): 283-90. https://doi.org/10.4332/KJHPA.2014.24.3.283
36. Eide T, Gullslett MK, Eide H, Dugstad JH, McCormack B, Nilsen ER. Trust-based service innovation of municipal home care: a longitudinal mixed methods study. BMC Health Services Research. 2022; 22(1): 1250. https://doi.org/10.1186/s12913-022-08651-6
37. Elmersjö M, Sundin E. Intra-organisational trust and home care services: A study of the process of implementing trust based practices in municipal eldercare in Sweden. Scandinavian Journal of Public Administration. 2021; 25(2): 3-21. https://doi.org/10.58235/sjpa.v25i2.7108
38. Spronk S, Stoopendaal A, Robben PB. An empirical study of how the Dutch healthcare regulator first formulates the concept of trust and then puts it into practice. BMC Health Services Research. 2019; 19(1): 951. https://doi.org/10.1186/s12913-019-4797-3
39. Freund T, Everett C, Griffiths P, Hudon C, Naccarella L, Laurant M. Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world? International journal of Nursing Studies. 2015; 52(3): 727-43. https://doi.org/10.1016/j.ijnurstu.2014.11.014
40. Tang X, Chen X, Wu B, Ma C, Ge S, Sun H, et al. Where are we and what shall we do next? A qualitative study of the quality of home care in Shanghai, China. Journal of Transcultural Nursing. 2021; 32(3): 276-85. https://doi.org/10.1177/1043659620911965
41. Kieft RA, de Brouwer BB, Francke AL, Delnoij DM. How nurses and their work environment affect patient experiences of the quality of care: a qualitative study. BMC Health Services Research. 2014;14:1-10. https://doi.org/10.1186/1472-6963-14-249
42. Spasova S, Baeten R, Vanhercke B. Challenges in long-term care in Europe. Eurohealth. 2018;24(4):7-12. https://ec.europa.eu/social/main.jsp?langId=en&catId=1135&newsId=9185&furtherNews=yes
43. Song CR, Lee MK, Hwang MS, Yoon YM. The current state of hospital-based home care services in Korea: analysis of data on insurance claims for home care from 2007 to 2012. Journal of Korean Academic Society of Home Health Care Nursing. 2014;21(2):127-38. https://koreascience.kr/ksci/search/article/articleView.ksci?articleBean.atclMgntNo=GJHHBE_2014_v21n2_127