HOME CARE: Changes and Concerns

By Laura Giovannoli
It is a reality in the home care arena that, due to changing health care regulations and reimbursement protocols, patients are being discharged quicker and sicker. According to the National Hospital Discharge Survey, “During 1980-2004, the average length of a hospital stay declined significantly: 5.4 days for those age 65-74 years, 5.7 days for those age 75-84 years, and 5.8 days for those aged > 85 years.” (US Department of Health & Human Services, 2006). These numbers demonstrate the reduction in the time a geriatric patient is hospitalized and given time to convalesce. Prior to this, lengths of stays were reported to be from 10 to 12 days according to the same source.

Now many geriatric patients with chronic debilitating diseases are sent home to live independently even though their capacity to perform activities of daily living may be greatly diminished. A spouse, adult children, or other family members traditionally provide assistance upon discharge. The spouses and children of these geriatric patients are often seniors themselves who have their own health concerns, live in another state, or are just not available. In these cases, visiting nurses are often called on to manage home care services either by private pay or through Medicare, a state-subsidized program, or gratis by a home health care agency.

Home care nurses work to help geriatric patients maintain their independence and ability to live in their homes. Many of these patients have chronic conditions and develop long-term relationships with their nurses, who may be the only people besides MDs that these patients see. These home care nurses provide more than ICD code procedures and coordination of services. They also fill a gap in ways that mean as much to healing as dispensing medications does though they are not billable. The simple act of therapeutic touch while listening means so much to patients. So does the help that home care agencies provide when they assist patients with personal needs such as picking up meds from the pharmacy, making sure they have needed food, or spreading salt on an icy walkway in winter to prevent falls. This holistic approach of providing patient care in the home extends beyond conventional boundaries or job descriptions.

It is also a reality that home care agencies need to change the way they operate due to health care regulations and reimbursement protocols. Nurses are being challenged to care for more patients with fewer resources in less time. Providing a high level of care over a long period of time for the chronic geriatric patient whose condition may deteriorate can cause nurses to feel emotional, physical, and psychological exhaustion: a phenomenon known as compassion fatigue.

The term, compassion fatigue, was first used in the nursing context by Carla Joinson in 1992. Many studies have been performed that examine the causes of compassion fatigue, particularly in hospital and hospice nurses. But there have been few on home care nurses. High patient caseloads, increased patient acuity, long work hours, and frequent exposure to loss have been cited as contributing factors. If we are find effective coping strategies, we must first identify the causes of compassion fatigue among home care nurses. This was the goal of a quantitative study done last spring as part of a master’s degree in nursing.

The study sought to confirm or deny the existence of compassion fatigue and describe the way that home care nurses coped with these feelings. The participants completed a 30-question Professional Quality of Life Scale, Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009) demographic survey. Stamm (2009) reports that the Professional Quality of Life Scale (ProQOL) is the most commonly used measure of the positive and negative effects of working people who have experienced extremely stressful events. Developed by Charles Figley in the late 1980s, it was originally called the Compassion Fatigue Self Test. Collaboration between Figley and Stamm began in 1988. In the late 1990s, Stamm took over work on the test and renamed it the Professional Quality of Life Scale. The Concise ProQOL Manual, which was published in 2009, includes a history of the tool, methods of administration, test-scoring protocols, and method of test interpretation, along with a separate demographic survey to assess compassion fatigue coping techniques and strategies.

On August 22, 2011, the National Association for Home Care & Hospice published an article on the current study in its daily e-newsletter NAHC Report. The article included an online link that allowed readers to access the Professional Quality of Life Scale Survey and a demographic survey. The demographic survey used the following parameters to identify those who filled in the survey: over 18 years of age, current RN nursing license, currently working in home care for a minimum of six months, and caring for chronic geriatric, long-term patients.

It is difficult to determine the exact number of recipients. NAHC Report is sent to some 6,000 agencies daily. It reaches CEOs, who typically pass it along to MDs, RNs, LPNs, and nonclinical personnel. The survey was also sent to the Forum of State Associations, and each state association then circulated it
to their members. From this total population, 435 participants started the survey, and 361 succeeded in completing it.

Participants in this study revealed both the upside and the downside of home care. Their responses showed that home care nurses did experience compassion fatigue when caring for long-term geriatric nurses. The nurses also experienced high levels of compassion satisfaction, believed they could make a difference through their work, and had positive thoughts about the patients they helped.

Austin, Goble, Leier, and Bryne (2009) stated that “while compassion fatigue manifests itself in the nurses’ interactions with patients, colleagues, and their families, its roots stretch far and wide through a health care system that has been cut, reorganized, and re-conceptualized over the past two decades.” This study reinforces those findings with home care RNs reporting feelings of compassion fatigue due to caseloads that seems endless and the feeling of being bogged down by the system. As the health care system focuses on increased productivity and cost cutting, administrators should not forget that the primary goal of the RN is to provide quality health care.

Home care agencies should give their nurses ample time to provide quality health care that will lower costs by reducing re-hospitalizations. Negative feelings of compassion fatigue and burnout will have an adverse effect on RNs, leading to less productivity and a potential decrease in quality of service. Administrators may note higher turnover rates due to these adverse effects, resulting in the increased costs associated with the hiring and training of replacement nurses. Thus far, this has not been a significant problem in home care, according to the survey, where 45 percent of RNs reported working in home care for over 16 years. But if the trend toward heavier caseloads and more paperwork continues, will home care continue working in home care, will they be able to do it with the same high level of compassion satisfaction?

Implications for home care include addressing the sources of the burnout and compassion fatigue, while continuing to promote and enhance compassion satisfaction within this group of dedicated health care professionals. Healthy coping mechanisms should be identified and promoted in the workplace. Providing opportunities to socialize with co-workers, use humor, exercise, and self-reflect may assist in relieving burnout and compassion fatigue. Home care administrators should also foster a positive work environment that will reduce stress among nurses and help them maintain the sense of compassion satisfaction.

In line with this goal, there are several recommendations for future research. A first research question could be, “Why do 42 percent of home care nurses report working 40 to 75 hours per week?” Investigating what percentage of this time is spent providing care versus paperwork — charting and mandatory governmental forms — and the effect on RNs would be worth studying. Are RN compassion satisfaction and the quality of patient care decreasing as working hours increase? Is the focus on increasing productivity actually decreasing productivity as RNs feel increasingly overwhelmed? Are more regulations and requirements going to increase compassion fatigue and burnout among home care nurses and decrease their longevity in the field?

As home care grows and hospital stays shorten, we must identify ways to maintain the high quality of care. Providing a work environment where home care nurses have high levels of compassion satisfaction, low levels of compassion fatigue, and less burnout is crucial.

References


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