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Nursing students' perspectives on the quality of nursing care in-home health care

Elif Donmez[1], Ilknur Dolu[2], Ahu Kurklu[3]

[1]*University of Health Sciences, Hamidiye Nursing Faculty, Department of Oncology Nursing, Istanbul, Turkey*
[2]*Faculty of Health Science, Bartin University, Bartın, Turkey*
[3]*Bahcesehir University, Faculty of Health Sciences, Department of Nursing, Istanbul, Turkey*

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Abstract

This study was aimed to evaluate the perspective of senior nursing students on nursing care in the home healthcare settings based on their experience within the context of public health nursing courses. A qualitative research design. Interviews were conducted with 13 senior nursing students by a using semi-structured interview guide between 22 December 2017 and 15 January 2018. Thematic analysis was used for analyzing the qualitative data. Thematic analysis deduced three themes; (i) security, (ii) personal traits, and (iii) working environment. Our findings addressing problems in-home healthcare settings should be considered to improve the quality of nursing care in-home healthcare settings. This qualitative study revealed how senior nursing students perceived the role of home healthcare nurses based on their theoretical knowledge and experience acquired during the practical training that allowed them to have a chance to observe nurses in their natural working environment. There is very little information about home healthcare nursing services with a knowledgeable and unbiased perspective. Therefore, the findings of this study establish an unbiased basis of information home healthcare nursing services provided by senior nursing students who will soon begin working as a nurse. The findings of this study underscore should be considered by academicians, nurses, other healthcare professionals practicing in this field, and decision-makers.

Keywords: Home care, caregiving, public health nursing, teamwork

Introduction

Home healthcare services have become a health service provision where primary, secondary, and tertiary care is preferred [1]. Nurses play an important role in this health service. The desire to maintain quality of life together with the increasing elderly population increases the need for nursing care provided by nurses with basic and advanced competence [2,3]. However, undergraduate level nursing training is mainly focused on nursing care in hospitals [1,2]. Since nursing students have not encountered these uncertain situations in their undergraduate education, they may have some problems that they cannot foresee when they will work in-home health care services [2].

Home healthcare nurses experience different challenges than nurses practicing at the hospital. As home healthcare nurses generally work alone, they have a lack of opportunity to participate in decision making and lack of relationship with colleagues, doctors, and administrators regarding their work environment [4,5]. The working environment is one of the crucial issues influencing the quality of nursing care [6]. Therefore, nurses must be graduated with enough knowledge specific to home healthcare services to provide nursing care in-home healthcare settings.

In Turkey, nursing education is offered in four years at the university level. The curriculum of each nursing school at the university level was standardized according to the National Core Curriculum for Nurses [7]. A course entitled “Home Healthcare” is likely to be given a separate lecture based on the preference of nursing students and is embedded in the compulsory course which is public health nursing. The public health nursing course is in the fourth year of nursing education and includes theoretical and practical aspects of home healthcare services as a part of the course. At first, nursing students are educated theoretically in the class, and then they are trained practically in the home healthcare settings.

Home healthcare services are provided by the private sector, government, and municipalities in Turkey [8-10]. Patients or their family members can directly apply for home health services and

*__Corresponding Author:__ Elif Dönmez, University of Health Sciences, Nursing Faculty, Department of Oncology Nursing, Istanbul, Turkey
E-mail: ahukurklu@gmail.com

were evaluated if they are eligible for home health care service [11]. State and municipality home healthcare nurses and doctors periodically visit patients at their homes [10,11]. Private-based home healthcare providers only have 24-hour services at home that can pay for their expenses [9].

Experiences acquiring through the practicum period for nursing students are transferred to real-life nursing practice and make a great contribution to quality nursing care [12]. Nursing students have a chance to use their theoretical knowledge of home healthcare within the scope of public health nursing course during the practicum at home healthcare settings, and they have an opportunity to observe patients with their caregivers in their natural environment at home. However, these few weeks of the practicum are quite limited compared to the training period at hospitals [1,2]. Additionally, nursing students do not always consider the practicum period as an important requirement of their nursing education [13]. To increase our understanding regarding the perception of nursing students about experiences acquired in a practicum at home healthcare settings based on the curriculum may be evidence to improve theoretical and practical contents of nursing education. Therefore, this present study aimed to explore the perspectives of senior nursing students practicing at home healthcare settings regarding nursing care based on their theoretical knowledge in an urban area of Turkey.

Materials and Methods

Aims

This study was aimed to evaluate the perspective of senior nursing students on nursing care in-home healthcare settings based on their experience within the context of public health nursing.

Design

This qualitative descriptive study was carried out between 18 June and 13 July 2018 with the senior year nursing students at a foundation university in Istanbul. The students attended a 14-weeks internship program in three different home healthcare centers of Istanbul Metropolitan Municipality one day per week. Istanbul, which is the largest city in Turkey, has a population of almost 15 million. Home healthcare services provided by the municipalities include nursing care, doctor examination, physical therapy, social service, psychological counseling, patient transport, and house cleaning services [8].

Sample/participants

In this study, purposeful sampling was used [14] to recruit senior nursing students. The eligibility criteria for senior nursing students were as follows: participating at least three-fourth of the theoretical public health nursing course and practical training in-home healthcare setting, being able to graduate in the semester that this study was conducted by passing each theoretical and practical exam of public health nursing course. The sample selection was voluntary. It is advised that 10-15 participants in the qualitative studies are sufficient to deduce the meanings of the participants [15,16]. The eligible 34 students were invited to attend the present study. Of them, 13 students providing informed consent recruited based on these predictions.

Data collection

Data were collected by using face-to-face interviews in line with the semi-structured interview guide developed based on literature knowledge, covering the subject to be examined. The interview guide comprised of the following questions: Could you tell us about your one day in the beginning to the end as an intern at home healthcare settings? What is your opinion about home healthcare nursing services when you consider your theoretical knowledge? What suggestions do you think you can have to improve the quality of home health care? What shortcomings would you think to address if you worked in home healthcare settings? Furthermore, probing questions were asked to improve the clarifications of the interviews.

The interviews were held in a quiet meeting room of the university at the end of the 14-week internship, between 22 December 2017 and 15 January 2018, to ensure that the students had the most experience in living memory regarding home health care practices. Each interview lasted an average of 40 minutes and all interviews were audio-recorded. The interviews were conducted by the first and third authors together.

Validity and reliability

The first and third authors conducted interviews together and then the first and second authors simultaneously transcribed verbatim interviews and coded the transcribed interviews independently. All authors discussed the analysis process to achieve a plausible and coherent description and interpretation of the study phenomenon until themes were finalized. Also, a brief report of findings was provided to students to become ensure appropriate reflecting of their experiences and perspectives. Additionally, a brief report of the study findings was given to a qualitative researcher for external auditing [17]. The researchers were aware that the role of the first and third authors as an instructor might influence the senior nursing students during the interviews as an interviewer.

Thus, as a matter of reflexivity, the interviews were conducted after the whole exam grades were published, and the interviewers endeavored to be conscientious of their behaviors during the interviews.

Data analysis

The interviews were audio-recorded and transcribed verbatim immediately after data collection. Data collection and analysis were simultaneously conducted, and the data were analyzed independently by the first and the second authors using the thematic analysis method [18]. Thematic analysis is a method that is frequently used in qualitative studies to define, analyze, report themes, and interpret the collected data in many ways. The thematic method consists of six analysis stages: identifying and correlating collected data, generating initial codes, researching themes, reviewing themes, identifying, and naming themes, and reporting [18]. The R package was used as computer-assisted qualitative data analysis software for generating initial codes through open coding [19] and managing the codes. Identifying and naming themes continued through holding discussions and reaching agreements with the research team. The consolidated criteria for reporting qualitative research (COREQ) guideline was

used for reporting this study [20].

Ethical considerations

Permission was obtained from Medipol University Ethics Committee (No: 61) to conduct the study. Participants were informed about the research and verbal consent was obtained before the interview. Students were assured of the confidentiality of their identities and voice recordings. Nicknames determined by the participants were used in the direct quotations in the findings. Participation was made voluntarily; the students were informed about the sensitive points that may arise from the relationship between students and instructors.

Results

All the students who participated in the study were senior year nursing students. Of the total of 13 students' mean age was 21.53 ± .77, nine were female, and four were male. As a result of the analysis, three main themes were identified regarding the participants' perspective on home healthcare nursing practices: (1) security, (2) personal trait, and (3) working environment.

Theme 1: Security

Participants stated many important factors that could adversely affect nurses' and interns' safety in-home care services. Some of the participants stated that the transfer vehicle used to go to houses for home health care services was risky in terms of accident risk. According to these students, the main reason for the safety risk was the driver's fast driving.

"… we almost had an accident, our driver was using a little bit "crazy", he hit the bump so fast and I even hit my head to the top of the vehicle. …, I've got in the vehicle for 2-3 times with that driver, all that times he was driving the same way, I also worked with different drivers and they never had such things…" (Interviewee 3)

Nearly half of the respondents stated that healthcare staff from the neighborhood or home environment where the patient's home was experiencing security problems or was likely to experience. Only one participant defined the bad weather or road conditions as a security risk.

"Some parts of Istanbul are very bad neighborhoods. I mean the troubled neighborhood and the neighborhood where problematic people live. In one of the houses we went there have been an armed injury" (I 9).

"… It is not certain where will we go to, the weather condition and therefore it is difficult…" (I 13).

Most of the participants stated that security risks arising from the patients or their relatives were realized or could occur. These risks included verbal abuse or attempted violence.

"*… the approach to us, the way of talking with us, I would give you an example they may say "what are you doing, pull yourself together, be careful, you can't lift my foot like that" with high voice by shouting. This was what we encountered…"* (I 9).

Most of the participants reported that during the home visits, the nurse entering the house alone could create a risk. Also, they emphasized that female nurses are more likely to be faced with security risks than men nurses. According to the statement of only one participant, the pre-evaluation of the family in terms of security before the home visit of the healthcare staff was a factor reducing the security risk concern.

"Something like that, I feel safe as a man, it may be a problem for a female friend of mine to go there" (I 2).

"I have overcome this problem, when I talked to the staff, they said, "a lot of people come to the house and evaluate it before we come here, and after we have decided, we are going to give treatment or care" (I 10).

Theme 2: Personal traits

According to almost all participants, personal traits of home healthcare nurses, patients, and their caregivers could lead to inadequate nursing care, lack of communication, and some health risks. The majority of participants stated that some healthcare staff did not adequately assess the patients' health care needs and did not keep accurate records.

"The fact which attracted my attention was that they were marking "good" for the good houses and "good" for also the bad houses. They show that the house is good for care in the reports. I asked why they did it this, "the state can't deal with all of these" was their answer." (I 6).

Some of the participants mentioned that there was positive communication between homecare staff and patients while the other majority stated that the communication established between nurses and patients was not effective.

"They just practice to the patient and leave the house, nothing else. They say "Hello" while entering the house and say "goodbye" when leaving, they do not have any communication with the patient except these" (I 6).

According to the statements of the participants, medical wastes were sometimes removed inappropriately.

"For example, we used the gloves, we used the needle tips, we finished them, we collected them all and gave them to the patient's caregiver, by saying "Watch out, there's a needle in it" we were placing the waste in the trash can" (I 9).

Some of the participants mentioned that the home environment was dirty and the bad smell inside the house. According to these participants, living alone and old age were frequently reasons for poor hygiene conditions.

"The houses where families live are cleaner. But if there were sick or old people living alone, it was bad, they couldn't clean it, it smelled so bad they didn't even clean some houses and places. The garbage was in the middle, even the house where we entered did not have electricity, there was a lamp like a gas lamp. There was also a house under the entrance, so it was very difficult in those circumstances" (I 7).

According to the statements of the participants, usage of visiting bags and medical instruments and not washing hands were the most important factors that could cause infection.

"... Some nurses were careful where to put their bags, first, they had something, cloth .., disposable .., laying it out before putting the bag. Some nurses didn't pay any attention to it, put the bag in the chair, wherever they found" (I 4).

All participants expressed some problems arising from caregivers. Among these, caregivers' lack of information, unwillingness to take responsibility, and tendency to leave the responsibility to healthcare staff were primarily prominent. Besides, the participants said that the caregivers did not participate in the care and that some of them prevented the care provided by the home healthcare staff. Again, according to the participants' statements, some caregivers were not caring enough and neglecting the patient.

"For example, we went to a house, where the residents of the house we're sitting in the room where they watched TV, they showed us a room, and when we entered there, a bedridden girl lay. It was like on the sofa bed but underneath, so she was dormant, was like being thrown into a room" (I10).

Theme 3: Working environment

The working environment of home healthcare nurses included patients related factors and organizational factors. Most of the participants stated that the low-income level of the patients, the fact that the house was on the upper floors, and the location of the place as hard to reach and living alone were the factors affecting the home health service negatively.

"... When it snowed and when the ground was covered with snow, they couldn't go when it was difficult to reach [home care team], so they eliminated some patients" (I 5).

"... It's very difficult for the nurse, and there is an elevator in some places, so I know we go up to the 10th floor in the apartments, really…" (I 13).

"... was very bad as I said, you know there was no one with him, he was living alone… has no one with him. Every time I went, he was all alone and he had no child, or what can I say, a caretaker… he had no one as a child or a relative. He lived alone and the home environment was very bad" (I 8).

Some of the participants stated that the visiting bag was convenient and easy to carry while others stated that the bag was insufficient and heavy for the materials. Only one participant stated that while the home care visit, sometimes experienced a lack of medical supplies in the bag.

"In the hospital, you know that a patient has a bed, the materials we use are in a separate place, in the cupboard, in different drawers. When you go to home care, you go with one small bag and you don't know where to put it… I think it's convenient for transport, but some materials didn't fit" (I 1).

"We put the bag in the back of the car, supplying stuff every morning. But when there were missing materials, we had to make the relatives buy the necessary materials … " (I 10).

Some of the participants stated that the workload of home healthcare was less than that of the hospital because, there was no night shift, and home healthcare nurses earned more than nurses practicing at the hospital. On the other hand, other participants stated that home healthcare nurses had difficult working conditions. Only one participant stated that home healthcare nurses should be an experienced nurse.

"Because it wasn't really a heavy job at all. Not too tiring, I did an internship in intensive care in the second year, there is a huge difference between working conditions there and working conditions in-home care" (I 4).

"So, being a home care nurse is financially good, for a nurse, she has a much better financial income than working in a hospital" (I 6).

*"Working hours were convenient because we were going at 9 (a.m.), There was no shift, there was a weekend, there were public holidays, it was advantageous in that way" (*I 13).

"I do not want to [work in-home care], they are working in very severe conditions. 14-15-16-18 patients are visited daily. The clinic where I work is a very intensive clinic, for example, the number of patients per nurse is 3-4 times more interested in patients. But you're in a rush in-home care, even though I'm just observing, I'm too tired" (I 2).

"I don't intend to work in-home care for the time being. Because it requires experience. I think something that can be done with experience. Because many situations require the nurse to make decisions alone" (I 7).

All participants stated that to provide better quality home health care, changes such as an inadequate number of healthcare staff, and the need for training, supervision, increasing the time allocated to the patient were necessary.

"... I think they [administrators] need to evaluate nurses, in terms of performance" (I 7).

"... I think that the number of home care nurses and centers can be increased, and a procedure can be followed accordingly. I think that increasing the number of nurses and decreasing the number of patients, the less the number of patients, the higher quality care can be given" (I9).

Discussion

This study aimed to explore the perspective of senior nursing students on nursing care in the home healthcare setting in Turkey. At the end of the study, the views of nursing students about home healthcare were revealed three themes: security, personal trait, and working environment.

The results of this study suggested that nurses had difficulties managing security risk at patients' homes and it was addressed the necessity of the solution of security risks. Although nurses in-home healthcare have many professional gains, the field they work in is physically and emotionally difficult. Nurses generally work alone at home without the support of their colleagues and the institution they are affiliated with [21]. One of the greatest challenges to

providing treatment and care in the patients' home is secure when the homecare staff is alone [22]. The concept of security in-home health care requires different approaches and solutions. Although security services in this area have not been taken into consideration yet, they will become very important in the future. Security was the primary problem expressed by nursing students in this study. Unsafe driving of the transfer vehicle, not being able to take security measures at home, the home care staff entering the houses alone, and verbal or physical violence from the patient or relatives in the home were included in this scope. Similarly, in some studies, working alone at home, abuse and violence by patients and their relatives, exposure to ethnic discrimination by family and relatives, and the threat of physical violence have been identified as security risks [21,22]. According to the study by Gershon et al. (2009), 59% of nurses working in-home care were exposed to verbal harassment, 24% to physical violence, 16% to threat of physical harm, 10% to theft or car damage, and 3% were subjected to real physical attack. On the other hand, the students stated that they did not perceive a negative situation related to security [23].

During the home visits, students' opinions about the care providing by nurses were related to the insufficiency of the quality of care and the factors affecting this. They mainly emphasized that personal traits of home healthcare nurses, as well as patients and their caregivers, led to the insufficiency of the quality of care, lack of communication, and some health risks i.e. infection. It was pointed out by students that negatively affecting the quality of care is lack of communication and not evaluating the patient by the nurse in a holistic way. These observed unprofessional behaviors were previously reported in the home healthcare settings [5,24]. However, the lack of professionalism of nurses has sometimes encountered an issue in all healthcare settings to be coped with and to be considered by the organizations [25,26].

Nursing students participating in this study drew attention to the lack of infection control. In this context, the students identified deficiencies in medical waste management and control, hand hygiene, and the source of infection. Due to certain factors and difficulties in-home health care, standard infection control practices within the home may not be possible. Because, according to hospital resources, community resources contain unpredictable problems, and fewer resources for maintaining homecare staffs' hygiene are available [27,28]. In-home health care, nurses provide care to patients in an unlikely setting, sometimes with friends, family, or animals. All of this can increase the risk of infection at home and affect nurses even taking simple infection control measures, such as hand hygiene [27]. Nurses practicing in-home health care are guests in the patients' home and therefore have to work with the equipment they carry with themselves or provided by patients [28]. Although handwashing is the most effective preventive measure against infections, the lack of easily accessible taps or lack of available materials during home health care can affect handwashing practices. In this case, hand cleaning can also be done with alcohol wipes [28]. In this study, students stated that there is no standard medical waste management in-home health care and that medical wastes, including cutting tools, can often be disposed of by mixing with domestic wastes. Felemban et al. (2015) also mentioned the obstacles faced by nurses in similarly providing hand hygiene, and it was stated that medical wastes including cutting-piercing instruments were not done properly and that the nurse may have limitations in providing infection control depending on the patient's home environment. On the other hand, in a study conducted by Gershon et al. (2009), it was reported that the majority of nurses (96%) complied with standard precautions when using cutting-tool.

These study findings revealed that the working environment of home healthcare nurses was different from hospital-based healthcare in terms of being affected different nature of home healthcare. Nursing care providing in the home healthcare settings is closely linked to the physical location of the home and social environment. In particular, the difficult access conditions of the patient's home [5,22] and inadequate physical condition of the home, supplies of medical equipment and consumables, and sense of responsibilities of the healthcare staff affect the quality of care [22]. In this study, students stated that the location of the patient's home was difficult, poor socioeconomic status, living alone, and inadequate household hygiene adversely affected the quality of care provided by nurses. Additionally, it was pointed out in our study that limited time allocated to the patient in the home, not intervening inadequate home conditions, and not auditing nursing services were closely related to the quality of nursing care. These factors affecting patient care may be related to consequences of the nursing shortage [5,29], organizational deficiencies [29], and the lack of professionalism [5]. When this framework is evaluated, it is a fundamental necessity that plans to improve the quality of care in home health care include many factors.

Another result emerged from our study findings, there were two different opinions about the visiting bag as an indispensable accessory of home healthcare, it was convenient to carry and sufficient for equipment or vice versa. It is important that the visiting bag, which is stated as the source of infection by the students, does not have enough pockets/space to take infection control measures, and does not prevent the transportation of hand washing and drying products and needle waste box. When choosing a bag, the size, the ability to stand alone when the bag is opened, accessibility of the content, the durability of the material, ease of cleaning, weight, portability, and cost are the elements that should be considered [30].

Some students who participated in this study stated that they found it advantageous for working hours in home health care because they were more ideal, not having night shifts, having more financial income, and not working on public holidays. Others stated that it was more disadvantageous because of the high number of patients, security problems, difficult working conditions, poor hygiene conditions, and high risk of infection in the home. In a study by Dalton et al. (2009), nursing students defined their feelings during the home visit as tense (29%), strange (9%), anxious (5%), uncomfortable (7%), enjoy (7%) and comfortable (7%). Although the students define positive feelings and thoughts about home health care, it is seen that the negative ones are more dominant.

Limitations

This study had some limitations. The sample group consisted of senior nursing students from one foundation university, and home

healthcare centers were provided by the municipality in one urban area of Turkey. Conducting this study only in the home healthcare centers provided by municipalities and with a low sample size may influence the full range of perspectives of senior nursing students regarding home healthcare services. Additionally, senior nursing students' responses may have been affected by the fact that the first and third authors conducting interviews were instructors. To elicit this limitation, all interviews were conducted after giving grades, and the students were informed about the sensitive points that may arise from the relationship between students and instructors before commencing the study.

Conclusion

The findings of this study contributed to our understanding of how senior nursing students who were nurse candidates perceived the role of home healthcare nurses and their challenges confronted while performing their duties. This study provided a basic and independent perspective in terms of including the opinions of nursing senior students who know ready to work as a nurse. Our findings addressing problems in the home healthcare settings should be considered by nurses and other professionals working in this field and decision-making position. Future research is recommended to explore the perceptions of home healthcare nurses and academics regarding how to improve the practicum of nursing students at home healthcare settings for an improved and seamless transition from nursing students to home healthcare nurses.

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Conflict of interests
The authors declare that they have no competing interests.

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Ethical approval
Permission was obtained from Medipol University Ethics Committee (No: 61) to conduct the study.

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