Turkish nurses' concerns about home health care in Turkey

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KEY WORDS

Home health care, nurses, Turkish health system

ABSTRACT

Objective
The purpose of this study was to explore nurses' concerns regarding the introduction of home health care in Turkey.

Design
The study was a descriptive research design using a self administered questionnaire.

Setting
The setting was a 400 bed general public hospital in Ankara, Turkey.

Subjects
243 staff nurses were invited to participate in the study with 187 nurses returning the self administered questionnaire (response rate 76.95%).

Main outcome measure: The main outcome measure was the level of support by participating nurses for the delivery of home care in the Turkish health system as a way of cost effective health service provision.

Results
The results show that about 60% of the participating nurses supported the introduction of home health services in Turkey.

Conclusions
The results of the study can be used to support the introduction by health policy makers and health professionals of home care as an alternative delivery system in the Turkish health sector.

INTRODUCTION

During the last two decades, health care systems around the world have undergone profound change, driven by a complexity of economic and political factors. One of the outcomes of these changes has been the shift of consumers from traditional inpatient facilities to a range of community-based treatment options (Kim et al 2006; Kisa and Ersoy 2005; Celik et al 2001). Individuals with chronic and acute illnesses are receiving treatment in these alternative settings which may include outpatient surgery facilities, local nursing programs, home health care programs and other facilities that are being developed to meet the health care needs of people in cost-effective ways (Pare et al 2006; Jester and Hicks 2003).

Four trends have been reported as influencing factors for health care provision in general and home health care in particular. These trends are (a) the driving force of economics and the resultant pressure to reduce the enormous cost of health care systems, (b) the movement of health care delivery away from acute care into the community, (c) the rapid growth of 'managed care' systems that manage the provision of health care with the aim of controlling costs, and (d) the increasing share of older people in populations (Kim et al 2006; Hartung 2005; Berkhout et al 2004; Huston and Fox 1998; Cochran and Brennan 1998;).

Home health care is a labour intensive industry that relies on nursing personnel as a major resource in the provision of services. Assuring access to quality home health care services depends on an organisation's ability to retain qualified nursing staff. Predicted severe nursing shortages and an increasing demand for home health care have made the retention of experienced, qualified nursing staff a priority for health care organisations (Ellenbecker 2004).

Home health care and community health nursing are rapidly developing career alternatives for nurses who are moving out of hospital-based roles which have a traditional focus on acute, episodic care (Berkhout et al 2004). As a specialty, home care nursing is defined as a component of comprehensive health care where health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health (Kisa and Ersoy 2005; Ellenbecker 2004). Home health care nursing presents a challenge to nurses who must incorporate new technology, increasing patient acuity, and complex, multidimensional patient needs into their practice.

Patient-oriented care models are increasingly seen as effective in improving the quality of nurses' work (Kim et al 2006; Cho 2005; Kisa and Ersoy 2005; Ellenbecker 2004). Patient oriented care is defined as care that takes the individual patient as the focus by means of systematic and comprehensive nursing care, coordinated by a continuously responsible nursing caregiver.

In the last few years health policymakers in many countries, including Turkey, have passed a number of health care reform plans which aim to increase efficiency, effectiveness, transparency and quality in health care services in order to reduce the costs of health care provision (Teke et al 2004; Tengilimoglu et al 2004; Kisa et al 2002; Kisa 2001). The general strategy includes a shift of focus from hospital to home. Studies indicate that home care can benefit from developments in health care (Boling 2005; Bradley 2003; Estaugh 2001; Congdon and Magilvy 1998; Freeman and Chambers 1997; Dahlberg and Koloroutis 1994). Moreover, home care can take a central role in the process of change in health care systems, particularly in the area of coordination and cooperation within multidisciplinary teams (Branick et al 2002). Home health care is a labour intensive industry that relies on nursing personnel as a major resource in the production of services. Thus, in countries like Turkey, it is important to understand how nurses view home health care. The purpose of this study was to explore nurses' concerns regarding the introduction and suitability of home health care in Turkey.

Home health care

Home care is an important player in the health care arena because of its potential for cost savings. Home care is a combination of several different kinds of

services (for example, catheter care, administration of injections, medication reminders, oxygen therapy, nutritional evaluation and other health and lifestyle information, advice and support) that can be vital to patients (Cho 2005; Hoye et al 1997; Freeman and Chambers 1997). Since the 1990s, home based health care has been one of the most rapidly growing areas in the health care sector in the United States of America and other western countries (Kisa and Ersoy 2005; Madigan 1997). Market forces and the development of government policies to control cost increases in the health sector have driven this development.

In Turkey, home health care services cover a broad range and can include pharmacy services, skilled professional and paraprofessional services, custodial care, and medical equipment delivered to and maintained in the home (Kisa and Ersoy 2005). In order to be covered by health insurance, most services must be ordered by a physician and must be medically necessary to maintain or improve the person's health.

Home care serves a number of functions for acute, continuing, preventive and palliative care; each of these functions necessitates a different provider mix, level of care and need for health management in the home (Kisa and Ersoy 2005; Bradley 2003; Congdon and Magilvy 1998). For example:

- Acute care: facilitates early discharge or prevents admission to hospital or other costly facilities.
- Continuing care or long term care: allows individuals to remain in their current environment in the community as long as possible.
- Preventive care: prevents occurrence of injuries, illnesses, chronic conditions and their resulting disabilities.
- Palliative care: offers total care to a person and supports caregiver(s) to improve the person's quality of life.

Home care services are generally defined in terms of two broad categories: health services and home support services. Health services are those ordered on the patient's behalf by a physician and comprise medical, nursing and rehabilitation services. These can include infusion therapy, monitored chemotherapy, physical therapy, occupational therapy, social work and counselling. Home support services are designed to complement health services and include personal care, meal preparation, housekeeping, transportation, and other assistance with activities of daily living (Kisa and Ersoy 2005; Bradley 2003).

Health services delivery in Turkey

The Turkish health care system is financed by taxes, insurance premiums and out-of-pocket payments which are a combination of national health insurance and private health insurance. The health insurance cover provided by social security is comprehensive. The private sector is small but growing rapidly and complements rather than competes with the state system. The country has three main social security organisations which are public institutions: the Government Employees Retirement Fund (GERF) which provides pensions for civil servants, the Social Insurance Organisation (SIO) for blue-collar workers and Bag-Kur for people who are self-employed. These are also the public providers of the health care system (Kisa and Ersoy 2005).

Health services in Turkey are for the most part nationally funded and are delivered mainly at public facilities. These include hospitals and clinics run by the Ministry of Health (MoH), by other government agencies, or by the universities. There are also private hospitals and clinics, but as these are expensive, only people who are wealthy generally access them. The present fragmented landscape of providers is a difficult setting in which to coordinate and deliver health services (Kisa et al 2002; Kisa 2001).

The nationalised health care system in Turkey does not provide extensive care for older people or people who have a disability or who are terminally ill. Family caregivers usually meet these needs. Home care services are provided by private companies, but are limited in terms of quantity, are expensive, and are not covered by government health insurance. The government health care system has no home health care program or hospice program. For example,

many of the pain-relieving drugs used for terminally ill patients require special prescriptions and this limits their use in home care. Additionally, health professionals are not organised or trained to provide home health care (Kisa and Ersoy 2005).

Consequently, home health care services are limited to small private enterprises and are financed by private insurance and out-of-pocket payments. These services often amount to home visits by physicians and nurses through agreements with private hospitals. Home health services are generally limited to the larger cities like Istanbul and Ankara. Services mostly focus on maternal and child health or basic issues such as medications, injections and blood pressure measurement.

METHODOLOGY

To gain insight into the concerns of nurses about the provision of home health care in Turkey, a self-administered questionnaire was distributed to 243 staff nurses at a public hospital in Turkey. The total number of respondents was 187 (response rate = 76.95%). Questions regarding home health care were taken from Hoye et al (1997). Questions were translated into Turkish and were pilot tested for clarity with a group of 15 nurses. Modifications that were felt to be necessary were incorporated in the final version of the questionnaire. The questionnaire had a total of 28 questions and was divided into two parts. The first eight questions addressed the demographic characteristics of the respondents and the remaining 20 questions were related to the provision of home health care.

A five-point Likert scale was used in the design of the questions; and the multiple choice responses for each question ranged from 'completely disagree' (1 point) to 'completely agree' (5 points). Results were evaluated statistically using SPSS for Windows, Version 12. A limitation of the study is that generalisability of the results may be affected by the fact that all participants worked at the same hospital.

RESULTS

As can be seen in table 1, over half the respondents (56.6 %) were less than 35 years old; 67.9 % (n=127); were married (mean age = 34.13 years, SD = ±8.69); and 60.4 % (n=113) had been working as a nurse less than twelve years (mean = 11.94 years, SD = ± 8.63 years). The majority of respondents worked in inpatient clinics (74.3 %, n=139) and were vocational school graduates (38.5%, n=72); 52.9% worked in surgical medicine nursing areas (n=99); with 47.1 % (n=88) working in internal medicine nursing.

Summary of findings

Tables 2 and 3 show the participants' concerns about home care overall, by type of specialty, type of education, and years of work experience. Only significant results are given below.

Table 1: Demographic characteristics of participating nurses

	n	%
Age		
20-24 years old	15	8.0
25-29 years old	58	31.0
30-34 years old	33	17.6
35-39 years old	36	19.3
40-44 years old	14	7.5
45 + years old or more	31	16.6
Marital Status		
Married	127	67.9
Single	46	24.6
Divorced	11	5.9
Separated	3	1.6
Type of specialty		
Internal Medicine Nursing	88	47.1
Surgical Medicine Nursing	99	52.9
Years worked as a nurse		
1-5 years	57	30.5
6-10 years	42	22.5
11-15 years	37	19.8
16-20 years	20	10.7
21+ years or more	31	16.6
Education		
Associate BS Degree	46	24.6
BS Degree	69	36.9
Vocational School	72	38.5
Type of facility		
Outpatient	48	25.7
Inpatient	139	74.3

The participants' completed questionnaires were gathered into two groups. Internal medicine nurses formed the first group, with surgical medicine nurses comprising the second group. The two groups' questionnaire responses were compared and the following results were obtained:

- *'Home care serves to keep the elderly independent'*: internal medicine nurses agreed more strongly with this statement (mean = 3.78, SD = ±0.88) than did surgical medicine nurses (mean = 3.53, SD = ± 1.09). This difference was significant (t = 1.74, p < 0.10).
- *'Home care allows a maximum amount of freedom for the individual'*: internal medicine nurses agreed more strongly with this statement (mean = 3.87, SD = ±0.90) than did surgical medicine nurses (mean = 3.61, SD = ± 1.03). This difference was significant (t = 1.86, p < 0.10).
- *'There is little fraud and abuse associated with home care'*: surgical medicine nurses (mean = 3.48, SD = ± 1.28) agreed more strongly with this statement than did internal medicine nurses (mean = 3.48, SD = ± 1.28). This difference was significant (t = -1.91, p < 0.10).
- *'Home care is less expensive than other forms of care'*: surgical medicine nurses (mean = 3.78, SD = ± 1.03) agreed more strongly with this statement than did internal medicine nurses (mean = 3.78, SD = ± 1.03). This difference was significant (t = -2.15, p < 0.05).
- *'Home care is the preferred form of care even for individuals who are terminally ill'*: internal medicine nurses agreed more strongly with this statement (mean = 4.09, SD = ±0.69) than did surgical medicine nurses (mean = 3.84, SD = ± 0.98). This difference was significant (t = 2.04, p < 0.05).

The education levels of participants were separated into two groups. The first group comprised college graduates (Bachelor of Science and Associate Bachelor of Science degrees) and the second group comprised vocational school graduates. The two groups' questionnaire responses were compared and the following results were obtained.

- *'Medical care can be safely delivered at home'*: college graduate nurses agreed more strongly with this statement (mean = 3.16, SD = ±0.85) than did vocational school graduate nurses (mean = 2.78, SD = ±1.02). This difference was significant (t = 2.75, p < 0.05).
- *'Home care represents the best traditions in Turkish health care'*: college graduate nurses agreed more strongly with this statement (mean = 3.42, SD = ±1.04) than did vocational school graduate nurses (mean = 2.75, SD = ± 1.11). This difference was significant (t = 4.18, p < 0.05).
- *'Home care keeps families together'*: college graduate nurses agreed more strongly with this statement (mean = 3.70, SD = ±0.94) than did vocational school graduate nurses (mean = 3.29, SD = ± 0.95). This difference was significant (t = 2.85, p < 0.05).
- *'Home care serves to keep the elderly independent'*: college graduate nurses agreed more strongly with this statement (mean = 3.83, SD = ± 0.91) than did vocational school graduate nurses (mean = 3.35, SD = ±1.08). This difference was significant (t =3.24, p < 0.05).
- *'Home care prevents or postpones institutionalisation'*: college graduate nurses agreed more strongly with this statement (mean = 3.87, SD = ±0.90) than did vocational school graduate nurses (mean = 3.19, SD = ± 1.12). This difference was significant (t = 4.52, p < 0.05).
- *'Home care is safe'*: college graduate nurses agreed more strongly with this statement (mean = 3.62, SD = ±1.03) than did vocational school graduate nurses (mean = 3.29, SD = ± 1.12). This difference was significant (t = 2.07, p < 0.05).
- *'Home care allows a maximum amount of freedom for the individual'*: college graduate nurses agreed more strongly with this statement (mean = 3.83, SD = ±0.88) than did vocational

school graduate nurses (mean = 3.57, SD = ± 1.09). This difference was significant (t = 1.78, p < 0.10).

- *'Home care is personalised care'*: college graduate nurses agreed more strongly with this statement (mean =4.06, SD = ±0.77) than did vocational school graduate nurses (mean = 3.58, SD = ±1.03). This difference was significant (t = 3.61, p < 0.05).
- *'Home care involves the individual and family in the care that is delivered'*: college graduate nurses agreed more strongly with this statement (mean = 3.91, SD = ± 0.92) than did vocational school graduate nurses (mean = 3.56, SD = ± 1.01). This difference was significant (t = 2.42, p < 0.05).
- *'Home care reduces stress'*: college graduate nurses agreed more strongly with this statement (mean = 3.82, SD = ± 0.94) than did vocational school graduate nurses (mean = 3.17, SD = ± 1.13). This difference was significant (t = 4.25, p < 0.05).
- *'Home care is the most effective form of health care'*: college graduate nurses agreed more strongly with this statement (mean = 3.72, SD = ± 0.91) than did vocational school graduate nurses (mean = 3.28, SD = ± 1.14). This difference was significant (t =2.92, p < 0.05).

Table 2: Nurses' concerns about home care and its applicability

	Completely disagree		Disagree		Not sure		Agree		Completely agree		Overall	
	n	%	n	%	n	%	n	%	n	%	Mean	SD
Medical care can be safely delivered at home	13	7	33	17.7	87	46.8	45	24.2	8	4.3	3.01	0.94
Home care represents the best traditions in Turkish health care	15	8.1	43	23.1	39	21	75	40.3	14	7.5	3.16	1.11
Home care keeps families together	5	2.7	23	12.6	44	24	88	48.1	23	12.6	3.55	0.96
Home care serves to keep the elderly independent	8	4.3	19	10.3	31	16.8	98	53.3	28	15.2	3.65	1
Home care prevents or postpones institutionalisation	8	4.3	25	13.4	28	15.1	96	51.6	29	15.6	3.61	1.04
Home care promotes healing	13	7	19	10.2	48	25.8	71	38.2	35	18.8	3.52	1.12
Home care is safe	10	5.4	23	12.4	48	25.8	75	40.3	30	16.1	3.49	1.07
Home care allows a maximum amount of freedom for the individual	2	1.1	24	13	34	18.5	85	46.2	39	21.2	3.73	0.97
Home care is personalised care	3	1.6	12	6.5	35	18.8	91	48.9	45	24.2	3.88	0.91
Home care involves the individual and family in the care that is delivered	7	3.8	12	6.5	34	18.3	95	51.1	38	20.4	3.78	0.97
Home care reduces stress	10	5.4	22	11.8	36	19.4	89	47.8	29	15.6	3.56	1.06
Home care is the most effective form of health care	8	4.3	20	10.8	50	26.9	78	41.9	30	16.1	3.55	1.02
Home care is the most efficient form of health care	13	7	32	17.2	36	19.4	79	42.5	26	14	3.39	1.14
Home care is given by special people	13	7	14	7.5	24	12.9	92	49.5	43	23.1	3.74	1.11
Home care is the only way to reach some people	4	2.2	19	10.2	46	24.7	85	45.7	32	17.2	3.66	0.95
There is little fraud and abuse associated with home care	14	7.5	47	25.1	28	15	61	32.6	37	19.8	3.32	1.25
Home care improves the quality of life	3	1.6	22	12.1	35	19.2	91	50	31	17	3.69	0.95
Home care is less expensive than other forms of care	6	3.3	22	12	49	26.6	66	35.9	41	22.3	3.62	1.06
Home care extends life	18	9.7	22	11.8	42	22.6	80	43	24	12.9	3.38	1.15
Home care is the preferred form of care even for individuals who are terminally ill	0	0	15	8.2	27	14.7	93	50.5	49	26.6	3.96	0.86

Table 3: Nurses' concerns about home care and its applicability, by type of speciality and position

	1		2		3		4		5		6	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Medical care can be safely delivered at home	3.02	0.95	3	0.93	2.78	1.02	3.16	0.85	3.08	0.88	2.91	1.01
Home care represents the best traditions in Turkish health care	3.08	1.07	3.23	1.15	2.75	1.11	3.42	1.04	3.28	1.06	2.99	1.18
Home care keeps families together	3.65	0.92	3.46	0.98	3.29	0.95	3.7	0.94	3.58	0.93	3.51	1
Home care serves to keep the elderly independent	3.78	0.88	3.53	1.09	3.35	1.08	3.83	0.91	3.7	0.99	3.57	1.02
Home care prevents or postpones institutionalisation	3.69	1.03	3.54	1.05	3.19	1.12	3.87	0.9	3.58	1.1	3.65	0.94
Home care promotes healing	3.41	1.22	3.61	1.03	3.36	1.21	3.61	1.05	3.5	1.1	3.54	1.16
Home care Is safe	3.45	1.13	3.54	1.02	3.29	1.12	3.62	1.03	3.54	1.06	3.42	1.09
Home care allows a maximum amount of freedom for the individual	3.87	0.9	3.61	1.03	3.57	1.1	3.83	0.88	3.69	0.96	3.8	0.99
Home care is personalised care	3.9	0.9	3.86	0.91	3.58	1.03	4.06	0.77	3.94	0.89	3.78	0.93
Home care involves the individual and family in the care that is delivered	3.82	0.82	3.74	1.09	3.56	1.01	3.91	0.92	3.79	0.89	3.77	1.08
Home care reduces stress	3.6	1.07	3.54	1.05	3.17	1.13	3.82	0.94	3.65	0.97	3.43	1.17
Home care is the most effective form of health care	3.59	0.93	3.52	1.1	3.28	1.14	3.72	0.91	3.54	0.96	3.55	1.12
Home care is the most efficient form of health care	3.46	1.08	3.33	1.19	3.06	1.24	3.61	1.01	3.51	1.06	3.22	1.23
Home care is given by special people	3.72	1.09	3.76	1.13	3.47	1.28	3.91	0.96	3.86	0.96	3.57	1.29
Home care is the only way to reach some people	3.63	0.88	3.68	1.02	3.44	1.11	3.79	0.81	3.68	0.98	3.62	0.92
There is little fraud and abuse associated with home care	3.14	1.21	3.48	1.28	3.01	1.28	3.51	1.2	3.22	1.26	3.47	1.24
Home care improves the quality of life	3.65	0.92	3.72	0.98	3.33	1.1	3.91	0.77	3.74	0.9	3.6	1.02
Home care is less expensive than other forms of care	3.44	1.07	3.78	1.03	3.37	1.02	3.78	1.06	3.58	1.05	3.68	1.09
Home care extends life	3.45	1.12	3.31	1.17	3.18	1.14	3.5	1.14	3.4	1.15	3.34	1.15
Home care is the preferred form of care, even for individuals who are terminally ill	4.09	0.69	3.84	0.98	3.77	0.93	4.07	0.8	3.99	0.8	3.9	0.95

1 = Internal Medicine Nursing Specialities; 2=Surgical Medicine Nursing Specialities; 3 = Vocational School Graduates; 4 = College Graduates; 5=Work Experience ≤ 12 years; 6=Work Experience > 12 years

- *'Home care is the most efficient form of health care'*: college graduate nurses agreed more strongly with this statement (mean =3.61, SD = ± 1.01) than did vocational school graduate nurses (mean = 3.06, SD = ± 1.24). This difference was significant ($t = 3.30$, $p < 0.05$).
- *'Home care is given by special people'*: college graduate nurses agreed more strongly with this statement (mean = 3.91, SD = ± 0.96) than did vocational school graduate nurses (mean = 3.47, SD = ± 1.28). This difference was significant ($t = 2.68$, $p < 0.05$).
- *'Home care is the only way to reach some people'*: college graduate nurses agreed more strongly with this statement (mean = 3.79, SD = ± 0.81) than did vocational school graduate nurses (mean = 3.44, SD = ± 1.11). This difference was significant ($t = 2.44$, $p < 0.05$).
- 'There is little fraud and abuse associated with home care': college graduate nurses agreed

more strongly with this statement (mean = 3.51, SD = ± 1.20) than did vocational school graduate nurses (mean = 3.01, SD = ± 1.28). This difference was significant (t = 2.69, p < 0.05).

- *'Home care improves the quality of life'*: college graduate nurses agreed more strongly with this statement (mean = 3.91, SD = ±0.77) than did vocational school graduate nurses (mean = 3.33, SD = ± 1.10). This difference was significant (t =4.21, p < 0.05).
- *'Home care is less expensive than other forms of care'*: college graduate nurses agreed more strongly with this statement (mean = 3.78, SD = ± 1.06) than did vocational school graduate nurses (mean = 3.37, SD = ± 1.02). This difference was significant (t =2.61, p < 0.05).
- *'Home care extends life'*: college graduate nurses agreed more strongly with this statement (mean = 3.50, SD = ± 1.14) than did vocational school graduate nurses (mean = 3.18, SD = ± 1.14). This difference was significant (t =1.86, p < 0.10).
- *'Home care is the preferred form of care even for individuals who are terminally ill'*: college graduate nurses agreed more strongly with this statement (mean = 4.07, SD = ± 0.80) than did vocational school graduate nurses (mean = 3.77, SD = ± 0.93). This difference was significant (t = 2.30, p < 0.05).

The mean working years of the participants as a nurse were 11.94 years (SD = ± 8.63 years). The participants were divided into two groups. The first group comprised nurses who had worked 12 years or less and the second group comprised nurses who had worked more than twelve years as nurse. The two groups' questionnaire responses were compared and the following results were obtained.

- *'Home care represents the best traditions in Turkish health care'*: nurses who had worked twelve years or less agreed more strongly with this statement (mean = 3.28, SD = ± 1.06) than did nurses who had worked more than twelve years (mean = 2.99, SD = ± 1.18). This difference was significant (t = 1.75, p < 0.10).
- *'Home care is the most efficient form of health care'*: nurses who had worked twelve years or less agreed more strongly with this statement (mean = 3.51 , SD = ± 1.06) than did nurses who had worked more than twelve years (mean = 3.22, SD = ± 1.23). This difference was significant (t = 1.73, p < 0.10).
- *'Home care is given by special people'*: nurses who had worked twelve years or less agreed more strongly with this statement (mean = 3.86, SD = ± 0.96) than did nurses who had worked more than twelve years (mean = 3.57 , SD = ± 1.29). This difference was significant (t = 1.75, p < 0.10).

DISCUSSION

Treating patients with acute medical conditions in their homes is an increasingly common model for the delivery of health care in the developed world. The availability of home care has been portrayed as a desirable option. Such a choice has been made possible by the rapid development of scientific knowledge, the enhanced safety and portability of new high-technology equipment and by the improved housing conditions of much of the developed world.

Nurses play a pivotal role in the provision of acute home health care programs and, like their medical colleagues, many have recognised the potential for a new area of specialist practice. The purpose of this study was to explore nurses' concerns regarding the introduction and suitability of home health care in Turkey. Many developed countries deliver home health care for their citizens. Some types of home health care have been provided for the past few years in the larger cities of Turkey by private institutions but these services are not reimbursed by the public insurance schemes. One main reason for this is the traditional feeling by some physicians that patients must be treated at hospitals (Kisa and Ersoy 2005).

As a group, the participating nurses in the study identified the following benefits of home health services; keeping families together; keeping older people independent; preventing institutionalisation; promoting healing; allowing a maximum amount of freedom for the individual; involving the individual and family in the care that is delivered; reducing stress; improving quality of life; and extending life.

Although the participating nurses agreed on the benefits of home health services in general, they were divided on whether these services are suitable for integration into the health system. This is shown by the diversity of responses to questions about home care's safety, effectiveness and expense. Vocational school graduate nurses were generally less supportive of home health care, while college graduate nurses as a group were more supportive. Nurses in surgical medicine areas were more supportive of home health services compared to nurses in internal medicine specialties.

One of the main outcomes of the study was the difference in responses between nurses with a higher level of education and those who were vocational school graduates. Vocational school graduates were generally less supportive of home health care compared to college level nurses. This may be due to a lack of education and understanding about alternative patient care delivery models and their effective use. It is possible that, compared to vocational level nursing education, university level education yields registered nurses who are more informed and understand cost-benefit analysis as well as progressive, alternative patient care delivery models that benefit the community and society, not only in Turkey, but also in other countries.

CONCLUSION

Comprehensive home health care provides a complex array of services and nurse involvement is important in identifying and meeting the needs of patients. Knowledgeable nurses can influence the evolution of home care services to assure that patients receive appropriate acute and long term home care services. Changing demographics, the emphasis on health promotion, health care costs, movement toward community-based care, and expanding technology are factors that will shape the health care system of the future and the educational preparation of nurses. Only highly educated nurses will be adequately prepared to understand and play a central role in addressing the need for patient-sensitive, cost-effective, and outcome-oriented health care.

The nursing education system in Turkey has responsibilities regarding the rapid implementation of home health care to educate nurses and nursing students for this field of practice. As nursing educators strive to prepare new graduates for the future, they are likely to include home health care as an important component of the clinical practicum experience. With careful planning of curricula and activities designed to provide students with not only technological skills but also the ability to think critically, act independently, and apply theoretical frameworks creatively, nursing educators can greatly facilitate effective care to clients in home care and other alternative settings. In addition, nursing educators can educate nurses in the field regarding the introduction and suitability of the home health care system in Turkey.

It is in the best interest of patients that nurses become more proactive as policy advocates for nurse involvement in home care. In the context of integrated health care delivery, the goal is to develop a seamless system within which patients can receive care as they move from hospital to home. Home care offers challenges to current patterns of nursing practice, and meeting those challenges will require nurses who are committed to the home care paradigm. Toward this goal, nurses will need to examine their attitudes and beliefs toward home care and educational institutions will need to question the traditional idea that patients must be treated at hospitals.

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