

Perception and Knowledge of Health Care Professionals toward Home Health Care in Riyadh

Alia Almoajel, PhD

Department of Community Health Sciences, College of Applied Medical Sciences, King Saud University.
almoajela@gmail.com; Office: +966118050219; Fax: +96614358522

Abstract: Objective: This study aimed to investigate the knowledge and perception of health care professional toward home health care and identifying difficulties which home health care members face during their practice. **Method:** Cross-sectional study used to assess the knowledge and opinions of health care providers and home health care team and barriers hinder home health care team by using a self – administered questionnaire. **Setting and Participants:** a random sample of health care providers in governmental hospitals and self-operative hospitals in Riyadh (N= 61) and the other sample is Home Health care team members (N=74) of four hospitals in Riyadh City, Kingdom of Saudi Arabia. **Main Outcome Measures:** knowledge on home health care services, awareness of health educators, difficulties hinder home health care members. **Results:** the majority of home health care members stated they had a good and excellent knowledge about the services (28.4% and 59 %, respectively) and others health care professionals (95.1%) were aware of HHC services. (62.2%) of HHC members stated that health educator was not included in their team and the main difficulties were the lack of understanding of patient and his family regarding treatment and others medical instructions, and patients' home were inappropriate to provide the services (48, 64.9%). **Conclusions:** health care professionals training in home health care services concepts and skills is needed as well as patients' educations about the importance of that services to increase their acceptance.

[Alia Almoajel. **Perception and Knowledge of Health Care Professionals toward Home Health Care in Riyadh.** *Life Sci J* 2016;13(5):106-112]. ISSN: 1097-8135 (Print) / ISSN: 2372-613X (Online).
<http://www.lifesciencesite.com>. 11. doi:[10.7537/marslsj13051611](https://doi.org/10.7537/marslsj13051611).

Keywords: *Home Health Care (HHC), Health educator*

1. Introduction

Home health care (HHC) services aim to help individuals to improve their function and live with greater independence and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions (Ellenbecker, Samia, Cushman, & Alster, 2008). The elderly population in Saudi Arabia aged 60 or more is predicted to increase from 1.6 million in 2015 to be 10 million by the end of 2050 and people aged 80 or more is expected to reach 1.6 million by the same year (Hussain I. Abusaaq, n.d.), most of these population will need someone to depend on for their health care (Griffin, 2009; World Health Organization, 2015). Furthermore, health care expenditures are expected to increase in Saudi Arabia due to illness burden which will be resulted from this change in demographic structure while home health care proved to have great potential for misuse or financial abuse therefore, policymakers should make the necessary changes to adapt the change in population structure (Hussain I. Abusaaq, n.d.; Murkofsky & Alston, 2009; Hughes, 1985).

HHC philosophy is maintaining patients in the least complex environment by being at their homes consequently, it has cost and social advantages, it is expected that such services will receive a great attention and expansion in the future. The services provided are physical, occupational, social, case

management, patient education, nutrition counseling, and drugs administration (Williams, 2005; Centers for Disease Control and Prevention, 2015a; The Alliance for Home health quality and innovation, 2014).

On the other hand, the health educator specialist plays an important role in the integration of medical team, quality of service provided to the patient and HHC services as a whole. The Health education is essential to the patient treatment plan. It focuses on teaching the patient and the public how to get and stay well. In addition, the effectiveness of this specialty concentrated in counseling, enhances patients' environment, teaching skills, behavior modification, patients, families, and team education (Society of Public Health Education, 2013; Nyswander, 2015).

In Saudi Arabia, an HHC Program was developed at King Faisal Specialized Hospital and Research Center in 1991 for patients with terminal cancer (Gray & Ezzat, 1997). In 2008, the program was established by the Saudi Ministry of Health, the main goal of this program is to provide a continued comprehensive follow-up health care for patients in their own home throughout a trained medical team to assure the accessible, dignified home health service for patients who are in need of this service, it also facilitates the follow-up of the patients and their family to restore their well-being in a way that preserves their dignity. HHC services are provided

according to the international quality standards and within the framework of Islamic values and traditions of the society (Saudi Ministry of Health, 2011).

Statement of the problem: In Saudi Arabia especially in Riyadh, not all the hospitals implement the home health care program as a service. Also, these hospitals have not involved a professional health educator specialist in their team, even when they provide health education as a service through periodic visits which will eliminate the right of the patient to receive comprehensive care. The objectives of this study are; to determine the knowledge of healthcare provider toward HHC services, to examine the awareness of home health care team of health educator, and to determine the barriers facing home health care providers in Riyadh.

2. Material and Methods

This study is descriptive Cross-sectional using a self-reporting questionnaire which was developed by the researchers through modifying another international instruments for the same purpose, which are Health care professionals' knowledge on home health care in Al-Khobar and Al-Dammam (Al-Hazmi & Al-Kurashi, 2005), and 2007 National Home Health Aide Survey Questionnaire (Centers for Disease Control and Prevention, 2015b). In this study, researcher collected two different samples. The first is a random sample of health care providers in governmental hospitals and self-operative hospitals in Riyadh (N= 61). The other sample is Home Healthcare team members (N=74) of the following hospitals in Riyadh City, Kingdom of Saudi Arabia; King Faisal Specialist Hospital and Research Center (KFSH-RS), King Fahad Medical City (KFMC), King Abdulaziz Medical City (KAMC), King Saud Medical City (KSMC) and King Salman Hospital (KSH).

The data collected from home health care members by four-part questionnaire; demographic characteristics of the sample, the knowledge and perception, awareness about health educator, and barriers while the data collected from other health care professionals by two- part questionnaire; demographic characteristics of the sample, and the knowledge and perception.

The validity of the instruments was measured through experts' opinions from different sectors. The researcher used SPSS to analyze the data by calculating frequencies. Ethical approval for the study was given by IRB and ethics committee of the college

of Applied Medical Sciences at King Saud University, Riyadh, Saudi Arabia.

3. Results

Demographics: the demographic distribution of the sample (Table 1) showed that the total number of the study sample was (135); of those (74, 54.8%) were HHC members, (61, 45.2 %) were others health care professionals, (52, 38.5%) were nurses, and (42, 31.1%) were specialists. One third and near to two third of HHC members and other health care professionals had 1 to 5 years' experience, respectively.

Knowledge and perception: the majority of HHC members stated they had a good and excellent knowledge about the services (21 and 44, 28.4% and 59%, respectively) and others health care professionals (58, 95.1%) were aware of HHC services from them (13, 21.3%) thought they had an excellent knowledge. The HHC members obtained their knowledge from their working experiences in their hospitals (59, 79.7%), co-workers (21, 28.4%), medical journals and their undergraduate study (19, 25.7%) as well as, others health care professionals obtained their knowledge their working experiences in their hospitals (43, 74.1 %), newspapers and magazines (18, 31%), and their undergraduate study (12, 20.6%). Both HHC members and others health care professionals believed that patients should be assessed against specific criteria to be accepted for HHC services (61 and 37, 82.4% and 60.6%, respectively. (Table 2).

Awareness about health educator: among the HHC members (46, 62.2%) stated that health educator was not included in their team and the main persons who in charge of health educators' duties were nurses and social workers (40 and 39, 86.9% and 84.7%, respectively). HHC members thought the main deities of health educator are; raise the level of patient's family awareness and educate patient to be able to follow up his condition (58 and 46, 78.4% and 62.2%, respectively). (Table 3)

Barriers: table 4 summarizes the results of Likert scale questions about difficulties that HHC members faced. The main difficulties were the lack of understanding of patient and his family regarding treatment and others medical instructions, and patients' home were inappropriate to provide the services (48, 64.9%) followed by lack of patients' adherence to medication (45, 60.8%).

Table 1: Demographic distribution of the sample.

Variables	Home health care members N= 74		Health care practitioners N= 61		Total N=135	
	N	%	N	%	N	%
Gander						
Male	30	40.5	16	26.2	46	34.1
Female	43	59.5	45	73.8	88	65.2
Job title						
Doctor	5	6.8	15	24.6	20	14.8
Nurse	34	46	18	29.5	52	38.5
Specialist	16	21.5	26	42.6	42	31.1
Interpreter	9	9	0	0	9	6.6
other	10	10	2	3.2	12	8.8
Educational degree						
Secondary	1	1.4	0	0	1	0.7
Diploma	21	28.4	4	6.6	25	18.5
Bachelor	42	56.8	44	72.1	86	63.7
Master	6	8	2	3.2	8	5.9
Doctorate	2	2.7	10	16.4	12	8.8
Other	2	2.7	1	1.6	3	2.2
Years of experience						
1-5 years	25	33.7	40	65.6	65	48.2
6-10 years	19	25.6	8	13.1	27	20
11-15 years	8	10.8	5	8.2	13	9.6
16-20 years	11	14.8	2	3.3	13	9.6
21-25 years	4	5.4	1	1.6	5	3.7
26 and above	7	9.5	5	8.2	12	8.8

Table 2: The sample distribution according to their Knowledge and perception about home health care services.

	Home health care members (N= 74)		Health care practitioners (N= 61)	
	N	%	N	%
Did you hear about HHC services?				
Yes	-	-	58	95.1
No	-	-	3	4.9
How much you know about HHC services?				
Limited	9	12.6	25	43.1
Good	21	28.4	20	34.4
Excellent	44	59	13	21.3
Information resources about HHC services:				
From undergraduate study	19	25.7	12	20.6
Through working in the hospital	59	79.7	43	74.1
Co-worker	21	28.4	6	10.3
Newspapers and magazines	10	13.5	18	31
Medical seminars and forums	20	27	5	8.6
Though patients	14	18.9	6	10.3
Books	7	9.4	2	3.4
Medical journals	19	25.7	2	3.4
Other	6	8.1	2	3.4

In your view, how are patients classified in order to be in HHC services?				
On patients' demand	3	4.1	5	8.1
On their family demand	1	1.4	7	11.5
Depending on specialist doctor	8	10.8	2	3.3
Depending on specific criteria to accept patient on the service	61	82.4	37	60.6
I don't know	1	1.4	10	16.3
Is the health educator important in HHC services?				
Yes	68	91.9	43	70.5
No	6	8.1	15	29.5
I don't know	0	0	3	4.9
If your answer yes, what is the degree of importance?				
Less important	1	1.5	7	16.2
Important	18	26.5	9	20.9
Very important	49	72	27	62.7

Table 3: Home health care members' awareness about health educator.

	Home health care members N= 74	
	N	%
Is the health educator one of the HHC team members?		
Yes	22	29.7
No	46	62.2
Don't know	6	8.1
If your answer No, who is in charge of health educator duties?		
Nurse	40	86.9
Dietitian	14	30.4
Physiotherapist	11	23.9
Occupational therapist	13	28.3
Respiratory therapist	17	36.9
Laboratory specialist	1	2.1
Psychologist	3	6.5
Social worker	39	84.7
Physician	3	6.5
In general, what is the reason behind the absence of health educator among home health care team?		
lack of health educators in the hospital	30	40.5
the ignorance of health educator role	8	10.8
There is someone who takes the place of health educator	19	25.7
The current conditions do not require the presence of health educator	2	2.7
Others	15	20.2
What are the health educator duties?		
Raise the level of patient's family awareness	58	78.4
Put a treatment plan that is suitable for patient's condition	22	29.7
Help the patient to adopt with their health condition	33	44.6
Assess the patient's health needs	32	43.2
Help patient to follow up their condition by educating them	46	62.2

Table 4: Barriers hinder the home health care members.

Barriers	Home health care members (N= 74)					
	Agree		Neutral		Disagree	
	N	%	N	%	N	%
The non-acceptance of the patient or his family to allow the medical staff to enter the house and practice their work is one of the difficulties that we faced in the home healthcare visits.	39	52.7	15	20.3	20	27
The non-acceptance of the patient or his family to inspect and treat is one of the difficulties that we faced in the home healthcare visits.	36	48.6	17	22.9	21	28.4
Lack of understanding of the patient or his family treatment instructions by medical staff is one of the difficulties that we faced in the home healthcare visits.	48	64.9	13	17.6	13	17.6
Lack of understanding of the patient or his family to medical instructions that are provided to him by medical team is one of the difficulties that we faced in the home healthcare visits.	48	64.9	17	22.9	9	12.2
Lack of commitment to the patient to take his medication and treatments as prescribed to him is one of the difficulties that we faced in the home healthcare visits.	45	60.8	18	24.3	11	14.9
We have previously faced other difficulties during my work in the home healthcare service.	38	51.3	23	31.1	13	17.6
It is difficult to contact the patient or his family in HHC.	26	35.1	19	25.7	29	39.2
Inappropriate of Patient's home to receive home medical services and one treatment is one of the difficulties that we faced.	48	64.9	18	24.3	8	10.8

4. Discussions

In all over the world, ministries of health are doing their best to expand their services to reach every individual in their community which require establishing new service that can enhance population health, improving quality of health care, forming integrated medical team, reducing hospital overload, reducing costs, raising patient's satisfaction and involving patients' family. HHC services are one of these services that promoting, maintaining, and restoring health.

Based on the results, Health care professionals have a good knowledge about HHC services, (95%) heard about the services, (74.1%) of them and (79.7%) of health care providers in HHC team get their

knowledge about HHC services through their work in their hospitals. This finding is supported by the previous study done in Al- Dammam Saudi Arabia, (65%) Health care workers' source of information on HHC services was hospital work (Al-Hazmi & Al-Kurashi, 2005) while only (25.7% and 20.6%, respectively) from both groups referred to their undergraduate studies as a source of information. It is clear that knowledge of HHC services was not given much consideration in their education and training.

The findings of this study revealed that, (62.2%) HHC members answered that their teams not including a Health Educator (HE). And the reasons of this absent were: (40.5%) is Lack of HE in the hospital, (25.7%) is there is someone who takes the

place of HE, (10.8%) is the ignorance of HE role, (2.7%) is that the patient's condition doesn't require the presence of HE while, (91.9%) are believed that HE has an important role in HHC. and that proved by a study done in Saudi Arabia (Al-Modeer, Hassaniien, & Jabloun, 2013).

Half of the home health care members agree that non-acceptance of patients and their families to inspect and treat and (54.9%) of them agree that non-acceptance of patients and their families to allow the medical staff to enter the house and practice their work are some of the difficulties that faced in the service. Which can be overcome these barriers by the involvement of families as partners in acute and post-acute care benefits patients, a realignment of the health care team to more effectively engage patients and families could result in improved home health care processes and outcomes (Rosati, 2009). Further difficulties that HHC team faced are: Lack of understanding of the patient or his family to medications instructions that are provided to him by medical team is (64.9%), inappropriate of Patient's home to receive home medical services and treatment is (64.9%), lack of commitment to the patient to take his medication and treatments as prescribed to him is (60.8%), difficulties to contact with the patient or his family (35.1%). These findings were approved by previous studies (Lemelin et al., 2007; Loganathan, Ng, Tan, & Low, 2015). These difficulties can be solved or controlled by health education and health communication strategies to ensure that the patient accepts the treatment, can understand the instructions, and give a commitment to it. Also involve the family in the therapy plan which increases the effectiveness of it and enhances the sense of responsibilities (Aging et al., 2015).

The study limitation is regarding hospitals permission Letters to conduct the study, there was a delay of some hospitals' response, various hospital systems and the loss of letters, therefore, this research has done in four months (second semester of the school year 1435-1436H/ 2015) in King Saud University, Riyadh, Saudi Arabia. So, the time wasn't enough.

Conclusion

Based on the results of the present study the following can be concluded; most of the HHC providers get their knowledge about HHC through working in the hospital and by experience, there is a need to establish a training program for HCP before they start in HHC services that enhance their knowledge and teach them the necessary skills and include HHC knowledge in all health care professionals' undergraduate studies, furthermore providing training, workshops, forums on the topic.

In the other hand, even that HHC services provide a Health education service to the patients and their families, but unfortunately not offered by a professional health educator. All the results ensure the importance of the health education and health educator. Therefore, hospitals managers need to be aware of the importance of health educator roles by educational programs or awareness campaigns.

Home health care members face many barriers, most of the related to patients' acceptance and perception which enforces the need for appropriate education of patients and their families.

Declaration of conflicting interests

None declared

Source of funding

The author extend her appreciation to the Research Center, College of Applied Medical Sciences and the Deanship of Scientific Research at King Saud University for funding this research.

Corresponding Author:

Alia Almoajel, PhD
King Saud University.
Riyadh 112626, P.O.BOX 104293
Saudi Arabia
Office: +966118050219
Fax: +96614358522
E-mail: almoajela@gmail.com

References

1. Aging, F. on, Disability, Independence, A., Policy, B. on H. S., Education, D. on B. and S. S. and, Medicine, I. of, & Council, N. R. (2015). *The Future of Home Health Care: Workshop Summary*. National Academies Press.
2. Al-Hazmi, A. M., & Al-Kurashi, N. Y. (2005). Health care professionals' knowledge on home health care in Al-khobar and Al-dammam. *Journal of Family & Community Medicine*, 12(3), 115–9.
3. Al-Modeer, M. A., Hassaniien, N. S., & Jabloun, C. M. (2013). Profile of morbidity among elderly at home health care service in Southern Saudi Arabia. *Journal of Family & Community Medicine*, 20(1), 53–7.
4. Centers for Disease Control and Prevention. (2015a). FastStats - Home Health Care. Retrieved March 6, 2016, from <http://www.cdc.gov/nchs/fastats/home-health-care.htm>.
5. Centers for Disease Control and Prevention. (2015b). NHHCS - National Home Health Aide Survey. Retrieved March 5, 2016, from <http://www.cdc.gov/nchs/nhas.htm>.

6. Ellenbecker, C. H., Samia, L., Cushman, M. J., & Alster, K. (2008). *Patient Safety and Quality in Home Health Care*. (Hughes RG, Ed.). USA: Agency for Healthcare Research and Quality.
7. Gray, A., & Ezzat, A. (1997). Palliative care for patients with advanced cancer. *Journal of Family & Community Medicine*, 4(2), 41–6.
8. Griffin, D. and G. P. (2009). *Outside the Hospital; The Delivery of Health Cre in Non-Hospital Settings*. the United States of America: Jones and Bartlett.
9. Hughes, T. F. (1985). Financial impact of home health care on the hospital. *American Journal of Hospital Pharmacy*, 42(11), 2526–32.
10. Hussain I. Abusaaq. (n.d.). Population aging in Saudi Arabia. *Saudi Arabian Monetary Agency*. Retrieved from http://www.sama.gov.sa/en-US/EconomicResearch/WorkingPapers/population_aging_in_saudi_arabia.pdf.
11. Lemelin, J., Hogg, W. E., Dahrouge, S., Armstrong, C. D., Martin, C. M., Zhang, W., Viner, G. (2007). Patient, informal caregiver and care provider acceptance of a hospital in the home program in Ontario, Canada. *BMC Health Services Research*, 7, 130.
12. Loganathan, A., Ng, C. J., Tan, M. P., & Low, W. Y. (2015). Barriers faced by healthcare professionals when managing falls in older people in Kuala Lumpur, Malaysia: a qualitative study. *BMJ Open*, 5(11), e008460.
13. Murkofsky, R. L., & Alston, K. (2009). The past, present, and future of skilled home health agency care. *Clinics in Geriatric Medicine*, 25(1), 1–17.
14. Nyswander, D. B. (2015). Public Health Education: Sources, Growth and Operational Philosophy. *International Quarterly of Community Health Education*, 36(1), 5–18.
15. Rosati, R. J. (2009). Home Healthcare Quality. *Journal for Healthcare Quality*, 31(2), 3–4. <http://doi.org/10.1111/j.1945-1474.2009.00012.x>
16. Saudi Ministry of Health. (2011). Home Medical Care Need Mean And Principles. Retrieved June 20, 2016, from <http://www.moh.gov.sa/homemedical/Pages/alfai.html>.
17. Society of Public Health Education. (2013). Affordable Care Act: Opportunities and Challenges for Health Education Specialists. Retrieved March 6, 2016, from <https://www.sophe.org/pdf/ACA-Opportunities-and-Challenges-for-Health-Educators-FINAL.pdf>.
18. The Alliance for Home health quality and innovation. (2014). *The Future of Home Health Care Project*.
19. Williams, S. J. (2005). *Essentials of Health Services* (third). NY, USA: DELMAR CENGAGE learning.
20. World Health Organization. (2015). *The growing need for home health care for the elderly*. Retrieved from http://applications.emro.who.int/dsaf/EMROPU_B_2015_EN_1901.pdf?ua=1.

5/16/2016