



How is Quality in Homecare Services Created? A Qualitative Study of Health Professional Perspectives

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Abstract

Nursing services in home healthcare are becoming increasingly important as the number of patients requiring long-term care and post-inpatient care increases. The standard of nursing care delivered at home is crucial for the well-being of both patients and their families. This study investigates how health professionals perceive the creation of quality nursing services in home healthcare. Methodology: This study uses a qualitative approach with an in-depth interview method. Ten health professionals, including nurses, doctors, and home health care managers, were selected as participants through purposive sampling. The data were analyzed using thematic analysis methods to identify relevant themes and subthemes. Results: The results show that the quality of nursing services at home is created through several key factors: competency and training of nurses, effective communication between health teams, involvement of families in care, availability of resources, and clear management and policy support. Nurse competence and training are considered the most crucial factors affecting service quality. In addition, good communication between healthcare professionals and patients' families is also regarded as essential to creating a holistic and patient-centered service. Conclusions: The quality of nursing services in home health care depends on various factors, including nurse competency, effective communication, and family involvement. Managerial support and supportive policies are also essential to ensure that nurses can deliver optimal care. This research provides valuable insight for developing training programs and policies to enhance the quality of home nursing services

Introduction

The quality of nursing services is critical to the global healthcare system. It includes various elements related to how care is delivered to patients and the outcomes of those nursing interventions. A determinant of nursing quality services is the competence and education of nurses (Schüttengruber *et al.*, 2024). Adequate education and training are

essential to guarantee that nurses possess the necessary knowledge and skills to deliver high-quality care (Gjocaj *et al.*, 2024). Continuing education also helps nurses stay updated with best practices and innovations in nursing. The caliber of nursing care is vital to the global healthcare system (Spring *et al.*, 2024). Improving quality requires a comprehensive approach that includes education,

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communication, resources, and management support. By facing the challenges and leveraging global initiatives, we can continue to raise the standard of nursing care to provide better care to patients worldwide (Rosa *et al.*, 2022). Home nursing services are growing more and more critical as the number of elderly populations and individuals with chronic diseases that require long-term care increases (Rusaanes *et al.*, 2024). Home care allows patients to receive care in a more comfortable and familiar environment, which can improve their quality of life. However, home care also faces unique challenges that differ from care in hospitals or other healthcare facilities (Yaxley *et al.*, 2024). Through increased education in palliative care, nurse leadership in research, participation in policy processes, the development of cross-sectoral partnerships with the field of care, and growing recognition and presence of palliative care nurses in various parts of the world, the role of nurses has become increasingly crucial in providing quality palliative care globally, especially for minority, marginalized, and other at-risk groups (Alhassan *et al.*, 2020).

Ensuring high-quality nursing services in home healthcare cannot be overstated. While many efforts are made to improve the quality of nursing services globally, several significant issues must be addressed to achieve optimal care (Aase *et al.*, 2021). Self-care practices and continuous professional development are crucial for maintaining nurses' well-being and ensuring the sustained delivery of high-quality care to elderly patients (Alruwaili *et al.*, 2024). One of the main problems in home health care is the shortage of trained nursing personnel. Many nurses lack specialized training in home care, which is different from care in hospitals or other health facilities (Barasteh *et al.*, 2021). This results in the treatment provided being less than optimal and not following the specific needs of patients at home (Fathollahi-Fard *et al.*, 2020). The absence of standard operational procedures for home care makes the quality of nursing services vary. Nurses often must rely on personal experience and general knowledge without specific guidance tailored to the home care environment (Suprpto *et al.*, 2024). Home health care is usually done with limited resources and adequate medical equipment. Nurses may

not easily access the medical equipment needed to perform specific procedures or provide proper care (Rubenstrunk *et al.*, 2024). Effective communication among the nurse, patient, and patient's family is paramount in care. However, miscommunications often result in misunderstandings and mistakes in treatment (Verhagen *et al.*, 2024).

Additionally, a lack of communication between home nurses, doctors, or other healthcare facilities can hinder the coordination of necessary care. Nurses who work at home often feel that they lack support from management or health institutions (White *et al.*, 2021). They may feel isolated and not receive adequate guidance or supervision, which is essential to ensure good quality care (Yang *et al.*, 2024). Quality of care refers to the degree to which healthcare services provided to individuals and populations contribute to achieving desired health outcomes and align with contemporary professional knowledge (Lachman *et al.*, 2020).

Developing specialized training programs for home-working nurses, which include the abilities and knowledge required to deliver quality care in a home environment (Sabetsarvestani *et al.*, 2022). Implementing standard operating procedures for home care to ensure consistency and quality of service (Biswas *et al.*, 2024). Providing resources and equipment increases home nurses' access to adequate medical resources and equipment (McGarry *et al.*, 2020). Improve communication and use effective technology and systems to ensure good coordination between nurses, patients, patients' families, and other health professionals (ElKefi & Asan, 2021). Management support provides strong management support, including supervision and guidance, for home-based nurses. *Workload management*, establishing a reasonable work schedule, and providing emotional support to reduce the stress and fatigue of nurses. Nurses have voiced worries that their core professional values related to patient care are being compromised to meet financial objectives (Harvey *et al.*, 2020). Professional development provides access to advanced training and ongoing professional development opportunities. Addressing all the optimizing factors outlined in this review to

enhance effectiveness (Mlambo *et al.*, 2021). Subsequent research endeavors should evaluate the significance of ongoing professional development for patients, nurses, and the broader organization (King *et al.*, 2021). A holistic approach *considers the patient's social and economic factors* in the planning and implementation of home care to ensure that all patient needs are met holistically. Nurses utilized their assessments to incorporate family caregivers into the care plan, ensure their safety during home visits, and direct patients to valuable resources (Irani *et al.*, 2020). Nurses utilize their assessment to integrate family caregivers into care plans, keep themselves safe while making home visits, and direct patients to helpful resources (Riffin *et al.*, 2020).

The novelty of research on the quality of nursing services in home healthcare as viewed by healthcare professionals: *A health professional perspective approach*, this study offers in-depth insights from the perspective of health professionals, such as nurses, doctors, and home healthcare managers. *Focus on home care*: while many studies on the quality of nursing care focus on hospital settings or other health facilities, this research explicitly highlights home health care. *Identify critical factors unique to home care*; this study identifies essential factors specific to home care contexts, such as family involvement, resource limitations, and the need for more intense communication between caregivers, patients, and families. *Practical implications for training and policy*: The study's findings provide a basis for developing more specific training programs for home-working nurses and policies that support nursing practice in the home setting. *Emphasizing communication and collaboration*, this study highlights the importance of effective communication and cooperation between the various parties involved in home care, including nurses, patients, families, and other healthcare professionals. By combining all these elements, the novelty of this research lies in its holistic and contextual approach to improving the quality of nursing services in home health care. The research offers new and relevant perspectives from healthcare professionals. It provides a practical basis for better training, policy, and collaboration, all of which contribute to

improving the quality and effectiveness of home care. There is a requirement for Enhanced comprehension of the factors affecting quality enhancement in home settings in health care, and how to reduce hazards to patient safety.

In the home care context, the quality of nursing services is very important, especially with the increasing number of patients who need long-term and post-hospitalization care. However, various challenges affect the quality of nursing services at home. Some key problems found include a lack of specific competencies and training for nurses in home care settings. Additionally, the lack of effective communication between nurses, patients, patients' families, and other healthcare teams often leads to miscommunication that can lead to errors in care. Another factor that plays a role is the lack of supporting resources, such as the availability of adequate medical equipment and the lack of specific standard operating procedures (SOPs) for home care. *Solution*: Several efforts have been made to improve the quality of nursing services at home. First, improving the competence of nurses through training and further education is often a proposed solution. Continuing education helps nurses update their knowledge and skills to provide better care. Second, improved communication between health teams, families, and patients is also highlighted as one way to ensure more coordinated and holistic care.

In addition, developing stronger policies and managerial support can help create a more supportive work environment for nurses, ultimately improving the quality of service. *Key Obstacles*. While there are proposed solutions, several key obstacles continue to be challenges in creating quality nursing services at home. One of the main obstacles is the lack of nursing personnel who are specially trained for home care. Many nurses lack training to handle unique situations at home, which differ from hospital environments. In addition, limited resources such as medical equipment and access to health technology are the main obstacles to providing optimal care at home. Ineffective communication remains a significant obstacle, resulting in poor care coordination and potential errors in care delivery.

The primary objective of this study is to

explore how the quality of nursing services in home healthcare is created from the perspectives of health professionals, including nurses, doctors, and homecare service managers. Specifically, the study aims to identify key factors influencing the delivery of high-quality nursing care in home care settings. Understand the roles of nurse competence, communication, family involvement, and resource availability in shaping service quality. Examine organizational and managerial aspects that support or hinder optimal care at home. Provide insights for policy and training development aimed at enhancing the effectiveness and safety of home nursing services.

Method

This study uses a qualitative approach with an in-depth interview method. The design of this study aims to understand the perspectives of health professionals related to how the quality of nursing services at home is formed. Qualitative design allows in-depth exploration of participants' experiences, perceptions, and insights on factors affecting home health care quality. The research was conducted between June and December 2024 in Makassar City, Indonesia.

Participants were recruited through communication with the head of the homecare public health service in Makassar City, who agreed to their participation. Information about this study is disseminated to prospective participants through the head of the health center. In addition, one participant was recruited by contacting the community homecare nursing unit at the health center. Eligible participants must be registered nurses or licensed practice nurses with at least one year's experience in home health care. A total of 15 health professionals, including nurses, doctors, and home health care managers, were selected as participants. Participants were selected through a purposive sampling method based on the criteria that they were individuals with at least one year of experience working in home health services. The participants were selected by involving the local health authorities, namely the Head of the Makassar City Health Office, and home health service units under the agency's auspices.

Data collection was intentionally conducted in collaboration with government officials, particularly those from the Makassar City Health Office, along with community members and diverse organizations in Makassar City. Makassar City was chosen as the study location due to its sizable and expanding population and its diverse range of commercial, financial, educational, governmental, and other activities. This presents substantial opportunities for the implementation and acceptance of innovative services. Informants were selected using the purposive technique, which involves choosing informants based on their relevance to a specific purpose. In qualitative research, the number of informants is determined during the data collection process and typically concludes when information saturation is achieved, as outlined. The critical informant method is described, wherein researchers with prior knowledge can identify significant individuals to serve as informants. The primary factor in choosing informants is their capacity to offer pertinent information and data concerning the research topic. In this study, the informants included 15 community members who were both recipients of services and providers of services, such as public health nurses. They will offer an account or description of the quality of care and patient safety in home health care.

The sources of data encompass both primary and secondary sources. Primary data was collected via detailed interviews with key informants possessing expertise, including the Head of the Health Office and the head of the Health Center. The researchers gather this data to offer a more comprehensive and detailed description based on the observed conditions, which are subsequently analyzed. The data underwent descriptive analysis to better understand the optimal practices in home health services. Semi-structured interview protocols were developed and used to direct the interviews, informed by the author's literature review and professional expertise. The interview guide underwent a pilot test in a single interview (with data not included in the study) and was subsequently modified based on the feedback received from these interviews. The author conducted the interviews individually,

Table 1. Presents the Interview Guide, Outlining Themes and Essential Questions

Theme	Key Questions
Opening questions	What is your current education level and position? What other healthcare units have you worked with? How long have you been working in home healthcare? What are the characteristics of the patients you care for now, and how many patients do you visit during a shift?
Quality of care	If I say good/bad quality of care in home healthcare, what are What are your immediate thoughts? What do you think about the quality of care in your unit? Are there situations or cases in which you think negligence more easily happens? What do you think is the reason for carelessness or low quality of care in your unit?
What influences the quality of care	What do you think is essential for the quality of care in home healthcare? What contributes to experiences of high-quality care in home healthcare? What needs to be changed for the quality to improve?

typically in a separate room at the participant's workplace, unless the interviewee's workplace was far from the designated location. Interviews usually range from 20 to 50 minutes, with an average of approximately 27.8 minutes. They are audio-recorded and transcribed verbatim immediately following each interview.

Data collection relied on insights and information shared by both the public and service providers, particularly individuals with expertise in the healthcare sector. This involved engaging multiple informants categorized as service implementers and service recipients. Data acquisition methods included interviews, observations, and documentation about health services in the field. Initially, the interview is comprehensively reviewed to understand its contents. Subsequently, segments with standalone significance are singled out and further condensed. Following that, the process involves abstracting the meaning of the identified segments and subsequently encoding the units of meaning. Lastly, the interpretation involves categorizing the more profound significance and transitioning the details from the manifest content to the latent text. This process stage establishes a framework for organizing and categorizing the data. To ensure the reliability of the analysis, the authors convene in the third and fourth stages to conduct a thorough review of the codes, sub-themes, and initial themes. They also engage in discussions to discuss and reconcile any discrepancies, aiming to reach a consensus on the analysis results. The authors

proceeded by choosing quotes that offer a representative depiction of the material. The analysis process encompasses several sequential steps. *Data reduction*: This phase involves the researcher selecting pertinent information and streamlining, abstracting, and converting raw data from the research record into a more streamlined format. *Data presentation*: In this step, a research report is crafted from the gathered data to ensure clarity and ease of understanding. Subsequently, the data is further analyzed to fulfill the research objectives; *conclusion*, at this stage, the researcher provides a summary of the analysis results derived from the research discussion, *Verification*, following data triangulation (utilizing interviews, observations, and documentation), the verification phase enables the researcher to validate the accuracy of the research findings through empirical methods and scientific testing, as outlined in the mentioned approach.

Result and Discussion

The primary discovery indicates that all service units are delivering high-quality care overall. Nonetheless, participants emphasized several factors they believed could impact the level of care significantly and were essential in preventing the potential for deficiencies or substandard care. The analysis yielded four categories, which are detailed below.

This study involved 15 health workers, including nurses, doctors, and homecare service managers with at least one year of

Table 2. Overview of Main Categories and Subcategories

A workplace with sufficient expertise	Communication, the flow of information, and collaborative efforts	Continuity and coordination of care	Resources
Skills and expertise, training, and educational programs	Taking into account the specific needs of each patient, effective communication among staff, information sharing and updates, and interdisciplinary teamwork	Consistency in providing care, task organization, and the work environment	Staffing composition, scheduling, and reporting incidents of adverse events

work experience in home health services. Data was collected through in-depth interviews with a semi-structured approach. Based on the thematic analysis, four main themes were obtained that shaped the quality of nursing services in homecare according to the participants' perspective: workforce competence, communication and collaboration, continuity of care, and availability of resources. Most participants stated that the competence of nurses is the main factor in ensuring the quality of nursing services at home. The competencies in question include clinical knowledge, technical skills, attitudes, and decision-making skills. Participants emphasized that replacing skilled nurses with less experienced staff or assistants without specialized training increases the risk of errors and reduces the effectiveness of services.

"Affection alone is not enough. We need specific competencies to handle complex medical devices and patient needs" (Participant 7)

Continuous training and professional development are vital to improve confidence, work efficiency, and service safety. All participants highlighted the importance of effective communication as the foundation of quality nursing services. This includes communication between health workers, with patients, and patients' families. Open and unhurried communication is considered to build trust and prevent misunderstandings.

"We should not assume the needs of patients. We have to listen directly and establish active communication," (Participant 6).

Efficiently using electronic documentation is also important for maintaining continuity of care and legal accountability. Continuity of care is disrupted by high staff turnover and division of tasks that do not consider competence. This makes some high-skilled nurses perform administrative or non-clinical tasks.

"Experienced nurses are often asked to accompany patients to classes or cook, even though an assistant can do it" (Participant 5)

Too frequent staff changes also hinder the therapeutic relationship between patients and nurses and increase patient safety risks. Limited manpower and available time, especially at night and weekends, hinder optimal care delivery. Tight time has led to nurses having to choose priorities, often at the expense of in-depth interaction with patients.

"We often don't have time to sit down with patients for a while, even though it's important for observation and building relationships," (Participant 2)

Part-time and contract staff are considered to weaken the continuity of care because they tend to be less familiar with the patient's history and less emotionally engaged.

This research found how crucial high-quality nursing services in home health care are, which are essential for improving patient welfare, health system efficiency, and reducing the burden on conventional health facilities. The optimal quality of nursing services in the context of home care has a positive effect on the health and well-being of patients and

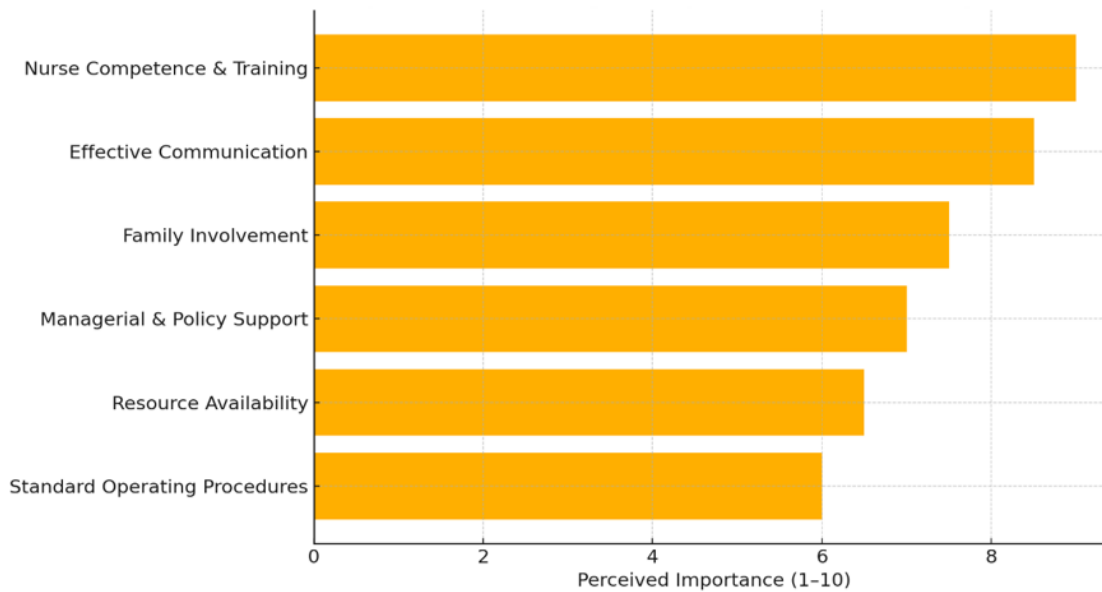


Figure 1. The Following is a Graph That Illustrates the Main Factors that Affect the Quality of Nursing Services at Home Care Based on the Perception of Health Workers

has broad implications for the efficiency of the health system. Quality nursing services at home can increase patient well-being and satisfaction, provide more personalized and holistic care, and reduce the risk of infection and complications. Nursing Effectiveness: By focusing on the patient's specific needs in the home environment, good nursing care can improve clinical outcomes, support faster recovery, and reduce hospital readmission rates. Health System Efficiency: Effective nursing services in the home can reduce the burden on health facilities such as hospitals, optimize the use of health resources, and provide better support for patient families in their role as primary care providers.

The primary discovery from the study is that nurses working in home health care typically perceive the quality and safety of care to be satisfactory. The key recommendation for enhancing quality and safety involves bolstering clinical teams with sufficient expertise. Patient safety risks come when there is a lack of information about the patient or a challenge in the flow of information. Furthermore, the participants suggested that the care organization should be improved to guarantee continuity of care and an excellent working climate. Having adequate resources regarding staff and time is critical in providing safe care. The following are the main findings of the research regarding

the quality of nursing services at home based on health workers' perspective: *Competence and training of nurses*: Nurse competence is considered the most important factor in determining the quality of nursing services at home. Ongoing training and additional educational programs are indispensable to ensure nurses have the necessary skills and knowledge, especially in dealing with medical technology and complex patient needs. *Effective communication* between nurses, patients, families, and other health teams is essential in creating quality nursing services. The smooth flow of information and collaboration between professionals improves care coordination and holistically meets patient needs. *Family involvement in patient care*: The active involvement of families significantly affects the quality of services. Families involved can provide important information about the patient's specific needs and assist in treatment planning, ultimately improving the quality and effectiveness of care. *Managerial and policy support*: Support from management and policies that support nurses in the field is considered crucial. This includes providing adequate resources, good workload management, and emotional and professional support to nurses.

Resource Limitations: Lack of sufficient medical staff and resources is one of the main barriers to providing quality care services at

home. The increased staff and better access to medical devices will significantly improve care flexibility and patient safety. *The Need for Standardization of Operational Procedures*. The absence of clear standard operating procedures (SOPs) in home care makes the quality of service variable. Standardizing SOPs for home care will increase consistency in service delivery and ensure higher standards of care. Even though they were satisfied with the competence of the staff in the participant unit, they were concerned about the future. The lack of training and overall competence within the care team was a significant factor (Surr *et al.*, 2020). This is mainly related to the pressure of caring for an increasing number of patients living at home with complex needs (Gkioka *et al.*, 2020). They state that a strong team of nurses ensures high-quality care and safety (Sherwood & Barnsteiner, 2013). Healthcare professionals who are not sufficiently skilled contribute to compromised quality of care in home healthcare.

Participants in our study felt that training and education contributed to becoming more confident in care tasks and were concerned that assistants and temporary employees could threaten patient safety (Oldland *et al.*, 2020). Other research has found that nurses in home health care are dissatisfied with utilizing their competencies due to inadequate organization of tasks or staff not having the necessary competencies (Vaismoradi *et al.*, 2020). This concern was that Informal caregivers in another study echoed similar sentiments, expressing the importance of relevant competencies among healthcare professionals in managing the complexity of patient healthcare essentials (Duffy, 2018). The participants emphasized the critical role of communication skills in enhancing the quality of care and patient safety. Effective communication facilitates the smooth exchange of information among patients, family members, healthcare professionals, and healthcare providers (Mistralletti *et al.*, 2020). A core aim of healthcare is to improve patient outcomes, and participants emphasized that this goal is best achieved through effective collaboration among all stakeholders (Laukka *et al.*, 2020). Healthcare professionals, particularly nurses in home healthcare settings, can advocate for patients as long as they are well

informed about their needs and the context in which the patient experiences are (Abbasinia *et al.*, 2020). Understanding patients' needs and delivering tailored treatment is central to person-centered care and essential for quality care. Equally important is the nurse's ability to make accurate, informed decisions directly impacting patient safety and outcomes (Nsiah *et al.*, 2020). Healthcare professionals frequently encounter constraints on time, which can hinder their ability to develop a deep understanding of individual patients and grasp what matters most to each patient, given their specific circumstances (Rong *et al.*, 2024). Shor's visits and stressful work situations can jeopardize safety as patients may find it unsuitable to bring up their concerns and needs. Participants emphasize staff stability and a sense of belonging as critical factors for the quality of care in home healthcare organizations (Kimura *et al.*, 2024). The organization of work and the allocation of tasks among staff daily significantly influence the work environment. The meta-synthesis revealed a notable challenge for healthcare professionals in balancing patients' needs with the organization's efficiency demands (Smith *et al.*, 2024). Research has shown that the conditions under which employees work can significantly impact their performance, and the well-being of health professionals is essential for the quality of care (Miranda *et al.*, 2020). Various organizational elements hinder person-centered care, as noted by nurses who attribute stress at work to a shift towards task-based care, prioritizing medical aspects over the compassionate aspects of caregiving (Pavedahl, 2023). Conversely, patients with more straightforward needs often benefit from brief and task-focused visits, which assure them of ongoing support at home and facilitate a seamless transition into receiving assistance from home health services (Claesson *et al.*, 2020).

Participants identified a lack of continuity in care caused by frequent staff turnover as a significant factor compromising quality and patient safety in home healthcare. This disruption was closely tied to the task assignment system, such as auto-generated to-do lists, which often failed to support consistent patient-provider relationships or consider the

clinical expertise needed for each task (Suten *et al.*, 2022). Participants emphasized enhancing nurses' competencies through training, coaching within assigned teams, peer collaboration, and structured support mechanisms like reward systems, career pathways, and clear policy frameworks to optimize care delivery. A lack of continuity hinders effective patient follow-up and limits nurses' ability to detect early signs of clinical deterioration (Strømme *et al.*, 2020). Participants agreed that high-quality home health care should be defined by "the right help, by the right professional, at the right time and location." Maintaining this standard requires professional awareness of quality indicators and a supportive organizational culture, especially in handling side effect reporting and patient safety concerns (Labrague *et al.*, 2021). Being able to report side effects without being judged is important for participants, as they see that it can improve quality and safety. Efficient follow-up on side effects has been discovered to enhance learning from these incidents. (Li *et al.*, 2020) (Gustini *et al.*, 2024) (Mihdawi *et al.*, 2020) (Alanazi *et al.*, 2022). A systematic, structured approach to patient safety improves risk awareness and strengthens nurses' roles as accountable professionals.

Conclusion

Based on the above, it can be concluded that the quality of home care services is greatly influenced by effective communication between health workers and patients. This study shows that good communication is the primary key to providing high-quality services in the homecare environment. The implication is that developing a communication training program for homecare staff is important. In addition, digital technology can be further explored to strengthen this communication, thereby improving the overall quality of service. This study reveals that effective communication between health workers and patients greatly influences the quality of home care services. Good communication allows for a better understanding of patient needs, resulting in more responsive and quality services. These findings highlight the importance of specific communication training for homecare staff to develop the communication skills necessary to

support positive patient interactions. Digital technology offers great potential to improve the quality of communication. The use of digital applications and devices can facilitate easier and more efficient communication, as well as allow for more real-time monitoring of patient health. Implementing this technology can help overcome some challenges in-home care services face, such as time and resource limitations. In addition, the lack of public awareness is caused by a lack of urgency in their wants or needs. This is due to the lack of understanding, acceptance, and awareness of the public regarding health services, especially when they consider the results unresponsive or believe that they do not need the available health services. Therefore, nurse competence, communication, family involvement, managerial support, and supportive policies are recommended to ensure that home health care provides maximum benefits for patients and families.

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