

◆ BRIEF

The purposes of this national study were (a) to determine priority research questions in home health care nursing and (b) to develop a home health research network group. Collaborative brainstorming was used initially by an interdisciplinary research team to generate a list of research questions. The major content areas covered in the questionnaire were questions relating to home health care as a delivery system, patient classification, quality assurance, nursing diagnosis, and nursing professionalism. A survey of 450 practicing home health care nurses was completed. The questions were rated by the respondents on a scale of high, medium, or low research priority. The response rate was 52%, with home health nurses responding from 30 states. The results clearly indicated the top 10 research priorities for home health care nursing research. The formation of the home health care research network groups are also discussed.

Home Health Care

*Delineation of Research Priorities and
Formation of a National Network Group*

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Home care is preferred by the American public over nursing homes for the purpose of promoting, maintaining, or restoring health (Ho, 1987). In fact, Shaw (1985) predicts that home care

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and related services will quadruple in volume and number of cases in the next 15 to 20 years. "The 85 and over population is expected to reach 5.4 million by the year 2000 and 7.5 million by the year 2020" (Auerbach, 1985, p. 291). The home care industry is currently meeting only a portion of market needs (Green, 1989). The health care system's incentives for efficiency along with the decreasing demand for inpatient hospital services will be the forces driving health care toward a competitive marketplace (Stuart-Siddall, 1986). There has been a rediscovery of many benefits of home- and neighborhood-based services that combine preventive and restorative care.

This increased emphasis on home care warrants scientific investigation to build nursing knowledge. The first purpose of this study, therefore, was to determine priority research questions in home health care nursing. The second purpose was to develop a home health care research network group.

Developing research priorities will assist clinicians in determining which research question to address first. Research priorities will also assist administrators in determining to which research projects they should allocate funds.

The purpose of establishing a network group is to build an active collegial team to facilitate completion of clinical nursing research projects. Clinicians from one Veterans Administration (VA) hospital can easily access clinicians from other VA hospitals in the United States. The network directory contains all the names of interested individuals who participated in the study according to their research interest. Therefore, if a clinician in one state is interested in caregivers, the clinician can review the directory and find the names, addresses, and telephone numbers of all other individuals interested in caregiver research in the VA system throughout the United States.

Review of the literature found one other study that was specific to home health care priorities. The study by Pearlman and Hedrick (1987) addresses geriatric care. The researchers used a two-stage survey research process to identify research topics and questions concerning geriatric care in the Veterans

the contributions of the research team members from the Westside Veterans Administration Hospital Based Home Care Department and the University of Illinois College of Nursing Department of Public Health Nursing. Correspondence and requests for reprints should be addressed to Mary Nies Albrecht, 5504 Groveside Lane, Rolling Meadows, IL 60008.

Administration system. A panel of 112 VA and non-VA clinicians, managers, patient advocates, and researchers were asked to name and describe three to five problems related to geriatric health services. Subsequently, a second 38-member panel developed research questions addressing the identified problems. The most frequent problems included clinical management problems, provider barriers, organizational and system problems, patient and family barriers, and ethical issues.

METHODS

STUDY DESIGN

Brainstorming and surveys were used in this study between 1986 and 1989. Brainstorming is a promising method for arriving at a volume of ideas from interdisciplinary groups of experts (Helmer & McKnight, 1989). Sharing with groups increases the likelihood that more desirable interventions may be forthcoming (Helmer & McKnight, 1989). Brainstorming by the research team was used to delineate questions appropriate for inclusion in the home health care survey instrument. Rickards and Freedman (1978) concluded that the interactive brainstorming method is an efficient device for generating a variety of ideas. This method involves having members of the entire research team present their ideas for the research questions. All questions are written down as initially presented by the team. The team then decides which questions to include in the survey, which will be distributed nationally. Respondents had the opportunity to write in their own priorities.

The research team was composed of a nurse executive, associate chief of nursing service responsible for home health care education; a social worker, program coordinator for the home health care department; the clinical nurse specialist from home health care; a staff nurse for the home health care department; a researcher from the research department with expertise in research methods; a doctoral faculty member with expertise in public health/home health care theory; and a doctoral student with expertise in home health care practice.

The survey method was used to obtain information from a national sample about priority research questions and also to

form home health research network groups. A mailed questionnaire survey was used because the sample was spread over a wide geographic area.

PROCEDURE

During 1986, six brainstorming meetings were held by the research team. These meetings resulted in the generation of research questions for home health care. The survey questionnaire was developed from the consensus of the research team and consisted of 40 questions. The questions were grouped into four main areas: delivery systems, quality assurance, nursing diagnoses, and nursing professionalism.

A cover letter explaining the study was sent with each questionnaire to all home health care nurses in the sample. The respondents were asked to rate each of the 40 questions as to high, medium, or low priority. Respondents had the option of providing their names and addresses.

DATA COLLECTION

The survey was sent to a sample of 450 respondents during 1987. The sample consisted of home care nurses from 68 Veterans Administration hospital-based home care departments, home health care nurses who attended a national home health care symposium in 1987, and nurses who attended a state health/home health meeting in 1987. The majority of the respondents in the sample were home health staff nurses or clinicians.

RESULTS

Of the original 450 respondents, 234 from 30 states returned their questionnaires for a 52% response rate. The top 10 research questions that were most frequently given high priority scores were determined to be the top 10 priority areas in 1988. The results are listed in Table 1. Two of the top 10 questions addressed the area of delivery systems. Three questions focused on the area of nursing diagnosis, three questions on quality assurance, and two on nursing professionalism. The

Table 1

Top Ten Priority Research Questions in Home Health Care Nursing

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1. What are the indicators of quality patient care in the home? (QA)
 2. Has home care nursing improved the quality of life for the homebound patient? (QA)
 3. Does the patient receiving home care nursing have fewer hospital admissions than those without home care? (DS)
 4. What characteristics in the nurse promote a positive interaction from the patient/family point of view? (NP)
 5. How do nurses determine what patient's learning needs are? (ND)
 6. What mechanisms are used to evaluate the process or interventions of nursing care in the home? (QA)
 7. How often is knowledge deficit an etiologic factor in other diagnoses (e.g., noncompliance, alternation in health maintenance)? (ND)
 8. Does the educational background of the nurse make a difference in patient outcome? (NP)
 9. Does the incidence of noncompliance decline when the patient is assessed for other nursing diagnosis (e.g., alternation in thought process, grieving, ineffective coping)? (ND)
 10. What factors determine if home care is less expensive? (DS)
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Note. DS = delivery system; ND = nursing diagnosis; QA = quality assurance; NP = nursing professionalism.

number eleven priority, a delivery system question, which missed the top 10 list by three votes was, What factors determine how frequently the patient is visited?

The results were mailed to all study participants who provided their names on the questionnaire in 1989. With the results, a cover letter requested respondents to provide their specific research interests, names, addresses, and telephone numbers, and to return the form to the investigators for the development of the home health care research network groups.

Of the home care nurses who provided their names, 73 nurses from 25 different states returned this network survey information. The network categories were determined by the investigators doing a content analysis of the specific research interest areas of the respondents. The research interests of the respondents were categorized into six general research network categories. The network categories are listed in Table 2. The composite lists of all network groups with individual names were mailed to all 73 nurses in the fall of 1989.

Table 2

Home Health Care Research Network Group Categories

1. Patient/staff education
 2. Caregivers
 3. Patient compliance
 4. Quality of care/outcome
 5. Patient classification/readmission
 6. Nursing diagnosis/interventions
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DISCUSSION

Demand for home care service, a component of the health care delivery system, is increasing among all age groups. The need for home care services within the United States is increasing due to a number of reasons: earlier discharges from the hospital, greater physician acceptance, preference to institutionalization, consumer demand, cost-containment, increase in chronic illness, and the increased use of technology such as dialysis and hyperalimentation in the home. Another reason, not as obvious, is tradition. Care for the well and the ill began in the home, moved to the hospital, and is now moving back to the home. Home care may become the primary mode of health care in the 21st century.

Priority questions reflect the concern of home health care nurses. Priority research questions emphasize quality, nurse-patient interaction, education for patient and nurse, nursing diagnosis, evaluation measures, and costs. The fact that home care nurses from 30 states responded suggests convergence of opinion on the top 10 research priorities.

Study participants assisted in constructing a priority list useful for guiding future investigations. Clinicians can use this list to focus their research projects and determine which research questions to address in their clinical agency. These identified priorities will be important to focus on as we begin the 1990s when the focus will be on cost-containment, high quality, and a caring environment.

In addition, future multisite studies can be conducted based on the home health care network groups that were developed from 73 nurses from 25 states. An additional use of the network

group would be to identify clinical experts potentially interested in areas other than research, such as staff development or nursing practice issues. "Networking provides an opportunity for research and program development experts to share resources and to meet common needs and goals" (Hunt et al., 1983). These multisite studies will greatly add to the scientific body of nursing knowledge in home health care and have a positive effect on patient care outcomes. A network provides an environment of support and encouragement for effective problem solving and future research projects (Hunt et al., 1983). Multisite research in home health care will provide the nursing community at large with better methods of information in the practice of home health care nursing.

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