

Preventive home visits to elderly people by community nurses in The Netherlands

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This study aims at a description of the current position of preventive home visits to the elderly by community nurses in The Netherlands. Over a period of 8 weeks, a representative sample of 108 community nurses and 49 community nursing auxiliaries at 47 different locations paid a total number of 215 preventive home visits to elderly people. Clients' characteristics, the nature of care delivered by the nurse, and the length of the home visit were recorded for each home visit. The results suggested that community nurses and nursing auxiliaries spent very little time on preventive home visits. During the home visits, both types of nurses tried to increase the self-care agency of the elderly by giving education or advice. Furthermore, community nurses often paid more attention to the assessment and examination of existing or emerging self-care deficits of the elderly people visited than nursing auxiliaries. In spite of the fact that the importance of preventive care for the elderly is recognized, resources are scarce. It is therefore recommended that more research be carried out on the cost effectiveness of preventive home visits.

INTRODUCTION

In The Netherlands, as is the case in other countries (Baker *et al* 1987, Edwards 1988, Evashwick *et al* 1984, Siem 1986, Speakman 1984), elderly people are an important group of consumers of health care services. Due to a rise in life expectancy and technological developments in health care, there is an increasing proportion of the population in

the 65 and over age group. While in 1960 only 8.7% of the Dutch population was aged 65 or over, in 1989 approximately 12.7% of the population fell into this category. Current projections indicate that by the year 2000 approximately 14% will be classified as 'elderly' (Centraal Bureau voor de Statistiek 1990). Consequently, the steady rise in the number of elderly people is an important deciding factor in health care policy. Recent White Papers (Ministerie van Welzijn, Volksgezondheid en Cultuur 1989a, b) aim at a coherent policy regarding preventive health care for the

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elderly. In those policy documents it is emphasized that feelings of independence and responsibility are important aspects in the quality of life of elderly people. In addition, there has been a growing emphasis on the care of elderly people in the community, in particular on the surveillance of such groups to detect early symptoms of disease.

The main groups of professionals concerned with the surveillance of elderly people are community nurses and community nursing auxiliaries. In England, a distinction is made between district nurses and health visitors (Dunnell & Dobbs 1982, Baker *et al* 1987). In The Netherlands, these roles are combined, i.e. community nurses are generalists. One of their tasks is to conduct preventive home visits to the elderly. Community nurses visit these elderly without being referred to them or called by them. This is important when treating elderly people, for they often report symptoms late, attributing them to the normal changes that occur with age (Vetter *et al* 1984). The aim of these visits is promotion of health and prevention of illness. This has to be achieved by early detection of symptoms, giving education, advice and support (Hoomstra & Van Druenen 1985, Nationale Kruisvereniging 1981, 1987).

However, little is known about how many community nurses and nursing auxiliaries in The Netherlands actively conduct preventive home visits to the elderly, how much time they spend on this task, what kind of elderly people are visited and what sort of activities are undertaken during these visits. The present study will endeavour to assess the state of the art in preventive home visits to the elderly by community nurses in The Netherlands.

Theoretical framework and research questions

In the present study, Orem's Self-Care Deficit Theory (Orem 1985) was used as a conceptual framework for preventive home visits to elderly people. The community nurse or nursing auxiliary conducts a home visit to determine whether there are any self-care deficits, either now or for the future. The term 'self-care deficit' refers to the relationship between self-care agency and therapeutic self-care demands of individuals in which capabilities for self-care are not equal to meeting some or all of the components of their therapeutic self-care demands, because of existing limitation (Orem 1985).

The first (diagnostic) phase of the nursing process is to determine if there is existing or emerging self-care deficit. In this phase, the community nurse has to make observations to answer, among others, the following initial questions:

- 1 What is the patient's therapeutic self-care demand? Now? At a future time?

- 2 Is there a self-care deficit for the therapeutic self-care demand?
- 3 If so, what is its nature and the reasons for its existence?

Orem defines this first phase of the nursing process as 'The initial and continuing determination of why a person should be under nursing care' (Orem 1985).

In Orem's theory, three basic variations in nursing systems are recognized: (a) wholly compensatory nursing systems, (b) partly compensatory nursing systems, and (c) supportive-educative (developmental) nursing systems (Orem 1985). Because the community nurse visits the elderly without being referred to them or called by them, it is most likely she will use the supportive-educative nursing system. Through education and advice she tries to increase the self-care agency of the individual elderly person in order to prevent a self-care deficit or, in case of an already existing self-care deficit, to make it disappear. For instance, when no existing or emerging self-care deficit has been observed, the community nurse can give some information about the community nursing services and the accessibility of the services in case the older person needs help in the future. The community nurse or nursing auxiliary contributes in this way to the health development and general well-being of the elderly person.

Consistent with its aims and theoretical framework, this study has attempted to find answers to the following questions:

- 1 What percentage of the community nurses and community nursing auxiliaries in The Netherlands actively conduct preventive home visits to elderly people?
- 2 How many working hours are spent on these visits?
- 3 What are the individual characteristics of the elderly (age, sex, living situation) visited by the community nurses and nursing auxiliaries?
- 4 What occurs during a preventive home visit? What is the ratio between observing self-care deficits and the activities to increase the self-care agency? Are there any differences between home visits conducted by community nurses and those conducted by nursing auxiliaries?

METHOD

A representative national sample of 108 community nurses and 49 community nursing auxiliaries at 47 different locations in The Netherlands was studied. During a period of 8 weeks, they recorded all preventive home visits paid to the elderly and the activities undertaken during these visits. They also kept records of the time spent on these home visits. All the community nurses and auxiliaries worked

Table 1 Percentage of community nurses and nursing auxiliaries who conduct preventive home visits to the elderly, the average number of home visits per type of nurse and the average number of home visits per type of nurse actively conducting home visits (8-week period)

	Percentage of nurses conducting preventive home visits	Mean number of preventive home visits of the total groups	Mean number of preventive home visits of the nurses actively conducting those visits
Community nurses ($n = 108$)	26	0.9	3.5
Community nursing auxiliaries ($n = 49$)	43	2.6	6.0
Total group ($n = 157$)	31	1.4	4.4

during office hours. They recorded their activities on a diary sheet which has been developed and tested for reliability and validity in a pilot study (Kerkstra & de Wit 1988). For each home visit the patients' name, sex, age and living situation was recorded. The following nursing activities were distinguished based on Orem's Self-Care Deficit Theory:

1. Assessment of existing or emerging self-care deficits through observation and examination of physical symptoms, mental problems, social problems, material problems
2. Increasing the self-care agency of the elderly person through education or advice about food/diet, medicines, hygienic self-care, heating the home, safety in and around the home, community nursing services, auxiliary (emergency) services, tasks of other health and social services, old people's home/sheltered accommodation, rights of the elderly, other topics, encouraging activity on the part of the elderly, referral to other health care providers, e.g. the general practitioner, administration, recording information on the elderly's record card, social talk, other activities

RESULTS

Percentage of community nurses and nursing auxiliaries who conduct preventive home visits to the elderly

Table 1 shows that only 31% of the 157 community nurses and community nursing auxiliaries have been visiting at least one elderly person over 8 weeks. More community nursing auxiliaries (43%) conducted preventive home visits than community nurses (26%) ($\chi^2 = 4.5$, $P = 0.03$). Furthermore, there was a difference in the number of preventive home visits conducted by community nurses and community nursing auxiliaries ($t = -2.42$, $P = 0.02$). Within

the total group of auxiliaries, an average number of 2.6 home visits (with a range of 0 to 17 home visits) was conducted over 8 weeks whereas, for the total group of community nurses, the mean number of home visits was 0.9 per community nurse (range 0 to 13 home visits). For the auxiliaries who actively conducted preventive home visits (43%), the average number of home visits was 6, and for the community nurses who actively conducted preventive home visits (26%) 3.5.

Time spent on preventive home visits to the elderly

The average length of all preventive home visits was 50 minutes with a range of 13 minutes to 2 hours and 5 minutes. The mean duration of a visit conducted by a community nurse was 45 minutes, whereas the mean duration of a visit conducted by an auxiliary was 54 minutes. This difference in length of preventive home visits conducted by the different types of nurses appeared to be significant ($t = 3.33$, $P = 0.001$).

The average time spent on preventive home visits to the elderly by an average community nurse was 21 minutes a month, and by an average community nursing auxiliary 64 minutes a month (time spent on travel excluded). These results mean that nursing auxiliaries spent only 1% of their working hours on preventive home visits to the elderly, and community nurses even less.

Individual characteristics of elderly people receiving a preventive home visit

The elderly receiving a preventive home visit were predominantly women (70%) and approximately 65% of the elderly were at least 75 years old. The average age of all visited elderly was 77. Table 2 shows that more than half of the preventive home visits (57%) were to elderly people

Table 2 Percentage distribution of preventive home visits ($n = 215$) by type of nurse and domestic status of the elderly people visited

	Domestic status of the elderly people visited			
	Living alone	Living with spouse	Living with children	Total
Community nurses	69	24	7	100 ($n = 99$)
Nursing auxiliaries	47	43	10	100 ($n = 116$)
Total	57	35	8	100 ($n = 215$)

living alone. In addition, community nurses more often made home visits to the elderly living alone than community nursing auxiliaries did ($\chi^2 = 10.5$, $P = 0.005$). Those of the elderly living alone were predominantly women (82%). This is in keeping with the Dutch population statistics which show that 80% of those 75 years and above still living alone are females (Centraal Bureau voor de Statistiek 1990).

Nature of community nursing care delivered during the preventive home visits

Table 3 gives an overview of the activities undertaken by community nurses and community nursing auxiliaries during the preventive home visits. The results show that community nurses paid more often attention to the assessment of existing or emerging self-care deficits of the elderly people visited compared with community nursing auxiliaries. In particular, they focused more attention on possible self-care deficits in the mental and social functioning of the elderly. Community nurses paid attention to the assessment of potential self-care deficits in 87% of all visits, whereas this activity was carried out by nursing auxiliaries only in 68% of visits. This difference appeared to be significant ($\chi^2 = 9.5$, $P = 0.002$).

Both community nurses and nursing auxiliaries tried to increase the self-care agency of the elderly people visited by giving education or advice on many different topics. Two topics were given emphasis by community nurses more often than by nursing auxiliaries. These were information on the food or diet of the elderly person, and about old people's home or sheltered accommodation. Furthermore, the community nurses more often encourage those visited to undertake some activity. Additional analyses showed that the above-mentioned differences between the activities undertaken by community nurses and nursing auxiliaries were not explained by the fact that community nurses made more home visits to elderly people living alone.

In summary, in more than 90% of all preventive home visits, community nurses as well as nursing auxiliaries carried out activities to increase the self-care agency of the elderly visited. In about 10% of the cases, both types of nurses referred the elder person to another care provider. In most cases this was the general practitioner.

DISCUSSION

It can be concluded from this study that community nurses and nursing auxiliaries in The Netherlands spend little time on conducting preventive home visits to the elderly. In this study, nursing auxiliaries spent only 1% of their working hours on these visits, and community nurses even less.

Preventive home visits

The finding that more nursing auxiliaries (43%) than community nurses (26%) conduct preventive home visits to the elderly is possibly due to the fact that community nurses have less time available for these visits, because community nurses, in contrast to nursing auxiliaries, also deliver preventive care to mothers and their young children (up to the age of 4 years) (Kerkstra 1989).

As was mentioned in the introduction to this paper, policy makers recognize the importance of preventive health care for the elderly. In addition, some studies performed in Wales (e.g. Vetter *et al.* 1984) and in Denmark (e.g. Hendriksen *et al.* 1984) showed beneficial effects of preventive home visits. Preventive care is concerned with maintaining the health of the elderly. Preventive home visits to elderly people by community nurses and nursing auxiliaries contribute to maintenance of good health of the elderly by increasing the self-care agency of the elderly before a self-care deficit emerges. If an existing or emerging self-care deficit has been observed, the community nurse (or nursing auxiliary) can try to increase the self-care agency of the elderly through education and advice in

Table 3 Percentage distribution of categories of care delivered by community nurses and community nursing auxiliaries during preventive home visits to the elderly

	Community nurses (99 home visits)	Nursing auxiliaries (116 home visits)
Assessment of existent or emerging self-care deficits through observation and examination of		
physical symptoms	61	48
mental problems	63	37*
social problems	44	29*
material problems	11	4
Increasing self-care agency of the elderly through education or advice about		
food/diet	64	49*
medicines	58	45
hygienic self-care	59	61
heating the home	6	1
safety in and around the home	35	32
community nursing services	33	41
auxiliary (emergency) services	32	36
tasks of other health and social services	24	18
old people's home/sheltered accommodation	25	13*
rights of the elderly	4	5
other topics	26	24
Encourage the elderly person to undertake some activities	43	26*
Referral to other care providers	9	10
Administration	20	18
Social talk	54	47
Other activities	24	17

*The difference between community nurses and nursing auxiliaries is significant ($P < 0.03$)

order to prevent the self-care deficit or to make it disappear. In spite of recognition of the importance of these home visits, little time is spent on this task by community nurses and nursing auxiliaries.

A recent study (Vorst-Thijssen *et al* 1990), in which a representative national sample of 400 community nurses and nursing auxiliaries filled in a questionnaire, showed that 34% of the community nurses and 40% of the nursing auxiliaries would like to spend more time on health promotion and prevention. Recently, the National Cross Association (the Dutch organization for community nursing services) also reported that the number of preventive home visits conducted by community nurses and nursing auxiliaries has been decreasing during the last few years in favour of delivering nursing care to the sick at home (Nationale Kruisvereniging 1990).

The decrease in the number of preventive home visits was explained as follows. First, over the last few years the

budget of the National Cross Association has been reduced, whereas in the early 1980s the budget was allowed to grow by 4% each year. Second, over the last 10 years there has been a shift in government policy from specialist and residential care towards home care and primary health care. Patients are discharged from hospital earlier and people are kept at home (in the community) for as long as possible. As a consequence, more people need technical nursing care and assistance with activities of daily living (ADL) at home, and consequently, the workload and the caseload of community nurses has increased (Nationale Kruisvereniging 1990).

Some studies carried out in England (Dunnell & Dobbs 1982, Wade *et al* 1983) showed similar findings. Health visitors, nurses who are concerned with the promotion of health and the prevention of ill health, spend only 9% of their working hours with those aged 65 or more and approximately 62% with children (Dunnell & Dobbs 1982). Wade

et al (1983) reported that only 4% of the health visitor's time was spent on direct contact with old people

Because district nurses spend most of their time with old people, Ross (1987) asked whether it is justifiable and cost effective, when resources are scarce, to have two nurses for the elderly — a sick person's nurse and a 'well person's nurse'? Furthermore, according to Fatchett (1990) the role of health visitors in England is threatened by recent policy documents. For instance, in the White Paper 'Promoting Better Health' (HMSO 1987) a key role is given to family doctors in the promotion of health, instead of to health visitors. Fatchett argues that health visitors should strengthen their role not only by examination of the content of their work but also by examination of the rapidly changing context of primary health care provision.

Self-care deficits

During nearly all preventive home visits, both community nurses and nursing auxiliaries tried to develop the self-care agency of the elderly people visited by giving instruction or advice about many different topics, for instance about food or diet, hygienic self-care and medicines. However, the results showed that community nurses more often paid attention to the assessment of existing or emerging self-care deficits of the elderly people visited than community nursing auxiliaries. This result is in keeping with the job descriptions of community nurses and nursing auxiliaries. Nursing auxiliaries (second-level nurses) are not trained to assess and examine high-risk groups (Nationale Raad voor de Volksgezondheid 1988). Accordingly, to assure the quality of the home visits, extra training for nursing auxiliaries is needed for this important task.

CONCLUSION

Both policy-makers, as well as community nurses and nursing auxiliaries in The Netherlands, recognize the importance of preventive health care for the elderly. In addition, some studies in Wales and Denmark showed positive effects of preventive home visits to elderly people. At this time in The Netherlands a similar experiment is being carried out (van Rossum & Frederiks 1988). However, due to an increasing workload, community nurses and nursing auxiliaries spend little time on this task.

Because resources are scarce, it is recommended that further research is carried out on the cost effectiveness of preventive home visits. In particular, more insight is needed to determine which activities during these home visits are the most beneficial and to whom.

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