Neapolis University

HEPHAESTUS Repository **http://hephaestus.nup.ac.cy**

School of Health Sciences Articles

2016

Home Nursing in Cyprus

Kouta, Christiana

Springer

http://hdl.handle.net/11728/10188

Downloaded from HEPHAESTUS Repository, Neapolis University institutional repository

Chapter 14
Home Nursing in Cyprus

Christiana Kouta and Charis Kaite

Introduction

The increase of the elderly population challenges existing health, welfare, and economy sectors, such as health services, family relationships, and social security as well as pension programs. Aging is a global issue, varying across regions (U.S. National Institute on Aging 2007). Elderly people prefer to be in their own homes and communities in order to be independent (European Commission 2008a).

Europe has the highest proportion of people aged 65 and more (16 %). From 2000 until 2050, the world's population aged 60 and above will be more than triple increasing from 600 million to 2 billion (World Health Organization 2007). This is occurring mostly in developing countries, where the number of older people will rise from 400 million in 2000 to 1.7 billion by 2050. During the period from 1970 to 1996, the proportion of people aged 65 and more in Japan doubled; China is expected to have the same demographic changes on a much larger scale (U.S. National Institute on Aging 2007). In sub-Saharan Africa, the elderly are projected to make up 4 % of the total population in 2030, a slight increase over today's levels. Population aging in these countries is taking place in the context of an HIV/AIDS pandemic and chronic poverty. Subsequently, many African societies confront population aging without traditional kin support or formal security systems (National Institute on Aging, US Department of State 2007).

Strongest population growth is expected to be found from 2008 to 2060 in Cyprus (+66 %), Ireland (+53 %), Luxembourg (+52 %), the United Kingdom (+25 %), and Sweden (+18 %) whereas the most declines are in Bulgaria (–28 %), Latvia (–26 %), Lithuania (–24 %), Romania (–21 %), and Poland (–18 %; Giannakouris 2008). Furthermore, the old age dependency ratio is estimated to be more than 60 % in Bulgaria, the Czech Republic, Lithuania, Poland, Romania, Slovenia, and Slovakia and less than 45 % in Denmark, Ireland, Cyprus, Luxembourg, and the

C. Kouta (✉) · C. Kaite
Department of Nursing, Cyprus University of Technology,
15 Bragadinou str, 3041 Limassol, Cyprus
e-mail: christiana.Kouta@cut.ac.cy

C. Phellas (ed.), *Aging in European Societies,* International Perspectives on Aging 6,
DOI 10.1007/978-1-4419-8345-9_14, © Springer Science+Business Media New York 2013

United Kingdom (Giannakouris 2008). It must be added that women represent the largest number and proportion of older people in almost all societies (ICN 2006).

Demographic projections in the developed world include growth in the population of older adults, particularly those over 85 and decline in younger age groups, reflective of lower fertility rates and delayed childbearing among baby boomers (US Census 2000, 2001, cited in Young 2003). The demographic changes suggest an increasing demand on formal services and a significant reduction in family caregiving. However, in the United States, a shortage of nurses and direct care workers in long-term care has been noted which raises concern for the ability of the formal system to respond with the human resources required (Pezzin 2000, cited in Young 2003; National Association of Community Health Centers–Robert Graham Center 2008).

The census of population in Cyprus for 1992–2001 (this is the latest census; the next one was to be conducted in October 2011) shows the composition of the population into three broad age groups, which gives 21.5 % of the population in the young ages 0–14, 66.8 % in the working ages of 15–64, and 11.7 % in the old ages 65+. These percentages differ somewhat with respect to gender. The proportion of boys' ages 0–14 is slightly larger because of the gender ratio at birth, while the proportion of old-aged females is larger than the corresponding proportion of males as a result of the higher female life expectancy (Statistical Service, Cyprus Census of Population 2001).

In addition, the distribution of the population into the three broad age groups differs between urban and rural areas. The proportion of population of working areas is higher in urban areas (68.4 %); on the contrary the proportion of elderly persons with age 65 and above is greater in rural areas (13.8 %) than in urban areas (10.7 %). The age composition of the population in the Census of 2001 shows a continuing drop of fertility and the gradual aging of the population, and in comparison with the Census of 1992 the proportion of children is decreasing from 25.4 to 21.5 % and the proportion of old-aged persons is increasing from 11.0 to 11.7 % (Statistical Service, Cyprus Census of Population 2001).

Definitions

For the purpose of this chapter, the following definitions will be used:

Community Nursing is the synthesis of nursing practice, public health practice, health promotion, and primary health care. The nature of community health nursing is directed towards the individual, families, and the communities at large. The community health nurse has received public health nursing preparation. Public health nursing is population-focused community-oriented nursing (American Nurses Association 1980; American Public Health Association 1996; Quad Council of Public Health Nursing Association, cited in Maurer and Smith 2004).

Home care Nursing is a specialization of community nursing. Home care nurses assist patient and family members in their goal of maintaining a patient in their own

environment (Erb 2006, p. 18). Regular home visits by home care nurses play an important role in health promotion and disease prevention while the follow-up of chronically ill patients and elderly is taking place at their own homes (Erb 2006, p. 18).

Literature Review

The European Commission's report: "Long-term care in the European Union" (European Commission 2008a) indicates that the demands for and costs of long-term care provision in the EU will rise significantly by 2050. Almost 9 out of 10 Europeans, favor home- or community-based care than residential care or hospitalization (European Commission 2008a). Elderly have the expectations of a long and healthy retirement free of major disability. They hope to spend their retirement in their own homes for as long as they choose to do so, rather than staying in residential care, where recent reports of poor conditions, neglect, abuse, and medical errors have captured EU attention (European Commission 2003; Thomas and McHacon 2001).

The main challenges for the governments in long-term care provision are:

a. Ensuring easy access for all to long-term care services.
b. Securing financing for long-term care through an adequate mixture of public and private sources of finance and potential changes in the financing mechanisms.
c. Improving coordination between social and health services that are involved in the provision of long-term care services.
d. Promoting home- or community-based care, than institutional care, to help dependent people remain in their own homes for as long as possible.
e. Improving recruitment and working conditions of formal carers and supporting informal carers.

Ninety-three percent of European people believe that public authorities should provide appropriate home care and/or institutional care and 86 % of the Europeans stated that they would like to be cared at their own homes or that of a relative, while 8 % indicated that they prefer the institutional care (Health and Long-Term Care in the European Union 2007). Trying to meet the needs of the increase of elderly population, a vast continuum of long-term care service has emerged, ranging from nursing homes to noninstitutional settings (home health care, residential care, and care management services). Measuring quality of care in long-term care had become an essential issue for local, regional, and national policy makers. In addition, recent reports of poor conditions, neglect, and abuse especially in nursing homes have captured EU-level attention both for providers and quality assurance organizations (European Commission 2003).

According to a report of the European Commission (2008b, p. 11b), on Quality in and Equality of Healthcare Services:

> Member States should invest more in research on how to improve the knowledge of elderly health and care issues among health and care professions. Member states should consider

increasing multidisciplinary research on stigma, antidiscrimination, health promotion and integrated community-based services.

By 2020, it is estimated that three-quarters of all deaths in developing countries could be aging-related due to cancer, diabetes, etc. In more developed regions, major chronic conditions affecting older persons include musculoskeletal diseases (e.g., arthritis), sensory impairments, and others (ICN on Healthy Ageing n.d.). The goal of nursing care is to assist elderly in achieving optimal health, well-being, and quality of life, as health is described by the elderly is a "state of mind" (ICN on Healthy Ageing n.d.). The most frequent clinical issues in caring the elderly include: (a) confusional states, (b) immobility, (c) sensory loss, (d) nutrition disturbances, (e) loss/grief, (f) depression, (g) incontinence, (h) mental illness, (i) substance abuse, and (j) death and dying (ICN on Healthy Ageing n.d.)

Healthy aging is defined in terms of the ability to function autonomously, within a given social setting. Health care of elderly includes helping older people maintain adaptive behavior, promoting wellness, and providing care during acute and long-term illness (ICN on Healthy Ageing n.d.)

Among European countries, professional registered nurses, differing only by definition, e.g., Community nurses in Cyprus, Home care nurses in the United States, District nurses in United kingdom, provide professional nursing care, such as wound care in the patients' home, in an effort to keep hospital admissions and readmissions to a minimum offering professional care, advice, and support to the elderly and their families.

The values, which the Western culture supports, such as independence and productivity, influence the older members of the society. However, cross-cultural differences are obvious, since in some countries, elderly are considered incompetent to work, while in others they are appreciated for their wisdom (Nies and McEwen 2001). It is important that the elderly have a good quality of health care, in their own home within the community. The perception of aging as a positive experience helps in the maintenance of the feeling of usefulness and plenitude (Nies and McEwen 2001).

Recently, a study conducted by the Research Unit of Behaviour and Social Issues in Cyprus, with 100 in-depth interviews of elder people, to measure the quality of life of the elderly in Cyprus in order to examine among others: (a) the degree of dependence of the elderly on their families and/or on state services and (b) to investigate the extent of elderly social exclusion. The majority of the participants of this study recommended among others: (a) pension increase (as to ease their participation in social life) and (b) further development of the community services (Research Unit in Behavior and Social Issues 2009).

A phenomenological study by Porter (2008) reported that home care nurses should attempt to have individualized interactions with each client as much as possible. In addition, De Jonge et al. (2009) described a model of coordinated home-based health care, called Independence at Home (IAH), operating on a limited basis in many US communities and in the Veterans Affairs System. IAH-type teams deliver a full range of health and social services at home to seriously ill elders and thereby reduce overall health care costs. There is strong evidence supporting that IAH can lower total costs

by 25 % or more and improve patient satisfaction and outcomes (De Jonge et al. 2009).

A study conducted by Hung et al. (2003), evaluating a continuous home visiting program designed for disabled patients and for educating caregivers with 126 participants who were transferred from several hospitals to community to be cared by caregivers, showed improvements in Activities of Daily Living (ADL), Life Satisfaction Scale (LSS), and Caregiver Burnout Scale (CBS) in the intervention group, compared to the control group. Recommendations were made as far as the coordination of medical and public health resources within the community, in order to provide both disabled patients and their caregivers with specific training and care giving skills (Hung et al. 2003). These recommendations could also be beneficial to the elderly population.

Systematic reviews and meta-analyses of research on the efficacy of community-based programs showed that such programs are efficient in consumer and family satisfaction with services but failed to neither show evidence for health improvement or functional status of the participants nor cost savings for care (Gaugler and Jarrot 1999; Hedrik, Zarit and Wellsert 1994, as cited in Young 2003).

Community Home Care in Cyprus

Types of Community Home Care Provided in Cyprus

Community Home Care is provided by the Cyprus Association of Cancer Patients and Friends (PASYKAF) since 1992, by medical and nursing care, symptoms control, and psychosocial support. Specially trained nurses, psychologists, social workers, and physiotherapists compose the team that provides executive services to patients outside the hospital settings. Among the services that are being provided are: (a) nursing care, (b) palliative care and symptoms control, (c) advice and training to the family concerning the patient's safety, (d) nursing of wounds, etc. (The Cyprus Association of Cancer Patients and Friends website 2003).

Mental Community Health Services is another type of Community Home Care provided in Cyprus through the Ministry of Health. Services are addressed to: (a) any adult or individual that faces familial or interpersonal difficulties causing stress in their relations with other people, explosions of anger, insomnia, anorexia, etc. (b) individuals with chronic mental health problems that require continuous support and mobilization in their familial and professional environment, and (c) elderly individuals that present similar problems (Ministry of Health of the Republic of Cyprus, Mental Health Services website 2005).

Mental Health Community Centers include multidisciplinary teams: (a) Psychiatrists, (b) Psychologists, (c) Community Nurses, and (d) Occupational Therapists. The team has direct collaboration with all structures of Mental Health Services, with the Department of Social Welfare and Health Center Professionals (Urban and Rural; Ministry of Health of the Republic of Cyprus, Mental Health Services website 2005).

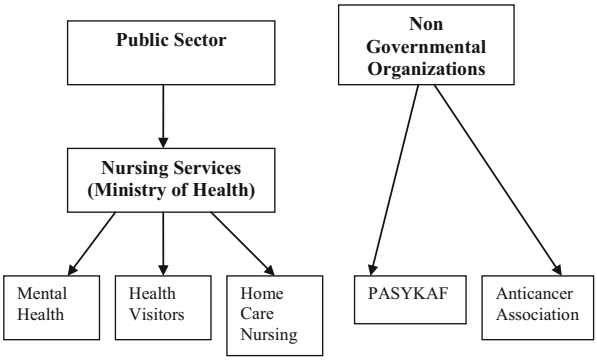

Fig. 14.1 Community nursing services in Cyprus (nongovernmental organizations and public sector)

Health visitors visit the Maternity wards of the public hospitals and inform women about the operation of Maternity and Child Welfare Clinics and the services they provide. They can also visit the parents and their children in home and assess the normal growth of the child; monitor the child's physical, mental, and social development and generally counsel the families about child's normal growth. As far as the elderly are concerned, health visitors provide health education for the elderly people related to problems of aging and prevention of diseases (Ministry of Health of the Republic of Cyprus Website 2005).

Home care (not nursing care) service is also provided by the Social Welfare Services in Cyprus, aim is to support vulnerable groups of people such as the elderly and the disabled with a purpose to enable them to live at home, to develop their personal skills, and to support their families to accommodate them (Social Welfare Services of the Republic of Cyprus Website 2003—Public Assistance, Old persons with Disabilities, Services for the elderly and the disabled). Carers that are being employed by the Social Welfare Office or are self-employed for this purpose and visit people at their own homes in order to provide personal hygiene, house-cleaning, washing of clothes, cooking, payment of bills, shopping, and help people in need with their activities of daily living. Compared to the qualified community nursing staff, they are not educated or experts on the health part in order to provide health assistance (Social Welfare Services of the Republic of Cyprus Website, 2003—Public Assistance, Old persons with Disabilities, Services for the elderly and the disabled). Figure 14.1 provides a schematic representation of Community Nursing Services in Cyprus.

Nursing Care at Home: Cyprus

Home nursing in Cyprus was first provided by the mental health nurses. In particular, the asylum model of mental care began to recede in 1985 following the philosophy of community mental health from 1985 (Ministry of Health of the Republic of Cyprus, Mental Health Services website 2005). In 1993, the psychiatric health hospital was

renamed as Athalassa Hospital and the psychiatric services were renamed as mental health services. At the same time, efforts began for intensification of out of hospital structures in order to prevent institutionalization, with certain rehabilitation and reestablishment programs of chronic patients in community structures (Mental Health Services 2005).

Home care nursing in Cyprus began in 2004 aiming to minimize the health care costs and providing a quality care at home. Under the Cypriot law (1(I)/2005), The Safeguarding and Protection of the Patients Rights Law, 2004, article 6(b):

> When the patient is discharged, and if his condition so requires, community and home services, shall be provided, provided that is compatible with the functioning of the health care system (Law 1(I)/2005, art.6 (b)).

Home nursing care in Cyprus can be provided by several public and governmental or voluntary organizations such as Nursing Services of Ministry of Health and the PASYKAF. Home care provided by the Ministry of Labour and Social Insurance, Social Welfare Services consisted of carers (not nurses) who help with house-cleaning, washing of clothes, cooking, payment of bills, shopping, etc. (Social Welfare Services of the Republic of Cyprus Website 2003—Public Assistance, Old persons with Disabilities, Services for the elderly and the disabled).

Home nursing care in Cyprus is provided to:

1. Elderly Individuals that reside in their own homes and have needs for nursing care.
2. People with medical or severe mental disorders or special needs living at home.
3. Individuals with acute health problems.
4. Individuals that are discharged from hospital and still need nursing care at home.
5. Individuals that need palliative care or are at the final stage of their lives (Nursing Home Care Programme 2006).

Programs of Community Nursing Home Care (Governmental) in Cyprus

Two programs exist in general home care that mainly involves elderly persons:

Short-Term Care is the care that is provided to individuals after evaluation by home care nurses and can be provided within an interval of 2 months (Nursing Home Care Programme 2006).

Long-Term Care is the care provided to individuals after evaluation by home care nurses and lasts more than 2 months (Nursing Home Care Programme 2006).

Referrals

Referrals are undertaken by the following:

1. Governmental doctor.

2. A general, mental, or school health nurse.
3. Other health professional.
4. Social worker.
5. The individual itself.
6. A relative or a friend of the patient (Nursing Home Care Services 2006).

The Home care nurse has a telephone communication with the client and informs him/her about the referral to the Community service. An appointment is then scheduled for the first visit of the client and the client is evaluated. The responsible community nurse for every subsector is in charge and after collecting the oral or written information, the client is integrated in one of the two programs mentioned above (Nursing Home Care Services 2006).

Protocols, Guidelines in Providing Care at Home

Several protocols and guidelines were developed by the home care nurses team and the ministry of health. These were based on US, Australia, and Greece guidelines. The guidelines approved by the Ministry of Health are currently used by Home care Nurses.

Indicatively some include:

1. Admission to long-term care program (nursing history).
2. Admission to short-term care program.
3. Medical Referral.
4. Referral to a community nurse.
5. Keeping a record of the number of patients they visit and the form of specialized care they needed (Nursing Home Care Programme 2006).

Framework of Home Nursing Care

Home care nurses are responsible to evaluate the health of the patient in relation to his/her environment with a purpose to: (a) identify needs and problem solving and (b) to benefit nursing care and complete diagnostic activity, prevent diseases, disabilities, or accidents (communicable diseases, inherited diseases, accidents at home).

The Home care nurses collaborate and work with a multidisciplinary team for the benefit of a holistic care. They collaborate very closely with the general practitioner doctors of community centers from which they receive most of the referrals.

Also, within the frames of philosophy for the benefit of home nursing care, they collaborate with other health care team members, such as social welfare workers and doctors within private sector, multidisciplinary teams of mental health, and other institutions in the community (Nursing Home Care Programme 2006). However,

this multidisciplinary team does not formally (by the authorities) exist yet in elderly home care. Its success depends on the good professional collaboration of each home care nurse with other professionals (e.g., doctors). This may influence the quality of elderly care.

1. Counseling needs and education of patients and carers in relation to health matters.
2. Management of medicine prescription.
3. Personal hygiene (e.g., bed-bath, mouth care, skin care, care of genital region, etc.).
4. Healthy/suitable diet according to the patients needs (e.g., diabetes mellitus, hyperlipidimaea, constipation, diarrhea, dehydration, and gastritis, individuals that are nourished via gastrostomy or gastrointestinal tube).
5. Taking preventative measures for evasion of problems or complications that result from a situation or diseases (e.g., handling of chronic diseases as heart diseases, diabetes, and degenerative diseases. Correct management of contagious diseases as gastroenteritis, hepatitis A, cessation of smoking, exercise, suitable diet).
6. Environment modification in order to be facilitated in the activities of daily living and for the prevention of accidents (e.g., arrangement of furnitures to ease movement, ramps for easy access in and outside the house, use of shower instead of bathtub).
7. Promotion of client's self-care (e.g., education and encouragement of independent eating, for body hygiene and for mobility).
8. Creation and maintenance of a healthy and safe environment and adoption of healthy life style (e.g., evasion of exposure in a polluted environment, healthy diet exercise, and stress management).
9. Check of glucose levels with glucometer and insulin injection.
10. Wound care at all stages.
11. Gastrostomy care.
12. Colostomy care.
13. Tracheostomy care.
14. Suction of bronchial excretions.
15. Health education—primary prevention (e.g., check-ups, exercise, diet).
16. Psychological support to individuals in order to accept their disease.
17. Support and encouragement to the carers and their families in order to bear care.
18. Communication (by phone or by fax) and/or meeting doctors/clients.
19. Communication with other services and the family for coordination of the therapeutic program or with meetings or by phone or fax.
20. Evaluation of vital signs.
21. Removal of sutures.
22. Urinary catheterization.
23. Intradermal injections (e.g., flu vaccines, anticoagulants).
24. Intramuscular injections.
25. Meetings with colleagues and supervisors related to policy of services and discussion of clinical cases (Nursing Home Care Programme 2006).

Referral Criteria for Short-Term Care Program

Individuals that require home care in less than 2-month interval in case they:

a. Are restricted in home or in bed due to postoperative reasons or for any other medical problem and they need home care.
b. Are walking and need counseling and training in health-related issues (Nursing Home Care Services 2006).

Referral Criteria for Long-Term Care Program

- Hospital card holders (a hospital card that can be published for Cypriot citizens but not all are allowed for free care). Free health care is provided to:
  - Individuals that have low income as indicated and explained by the law (Ministry of Health of the Republic of Cyprus, Application for medical card n.d.)
  - Members of family with four or more children.
  - Enclaved persons and members of their families.
  - Dependants of missing persons.
  - Individuals and their family members receiving public assistance (Ministry of Health of the Republic of Cyprus, Application for medical card n.d.).
- Individuals aged 18 and over.
- Community residents that each program covers.
- Individuals that do not have a supportive environment and need counseling and guidance in health issues.
- Individuals that are on bed rest or have limited mobility or any other health problem.

Interruption Criteria for Both Programs

Patients can interrupt the program:

1. In case of death.
2. When the client abandons the country or moves in a region where it is not possible to be taking care from another sector of Community Service.
3. When the patient is permanently moved to a residential care.
4. In case that the client wants to interrupt the service on its own will.
5. When it is evaluated that the client and his family no longer need support and care.
6. When it is evaluated that there are unsafe conditions for the presence of a Community Nurse.

An Evaluation of Home Nursing in Cyprus for the Elderly: The Study

The aim of the study was to evaluate the present situation in relation to the provision of home nursing care, the development of good practices, policies, and interventions regarding the care of the elderly. This is an innovative study, as it addresses for the first time the evaluation of nursing home care services in Cyprus.

Methodology

This was a 3-year study. Both quantitative and qualitative methods were applied and in particular, 100 individual in-depth interviews with participants, two focus groups with community home care nurses, and six in-depth individual interviews with key informants.

In this chapter, only the qualitative data of the research study will be discussed concerning: (a) the two focus groups with home care nurses ($n = 11$, group A = 6 and group B = 5) and (b) the interviews with ($n = 6$) key persons coming from key positions in Cyprus, related to the aim of the project.

Research Tools

1. For the purpose of conducting the two focus groups with Home Care Nurses ($n = 11$), a focus group guide was designed following the literature review (Begat et al. 2005; Ellen Becker 2004). The focus group guide included four main areas of investigation: (a) the work frame of home care nurses, (b) perceptions of home care nurses for the evaluation of the service, (c) cooperation with other services, and (d) future plans/services needs. Each focus group was conducted in Greek, lasted 1.5 hours and was taperecorded with the participant's informed consent.
2. For the purpose of conducting the key informant's interviews, an interview guide was formed following the literature review (Bauman 2007). The Interviews included the following areas of investigation: (a) work frame of each organization or Ministry that is involved with health issues and/or related community nursing, (b) evaluation of their organizations related to health issues and/or community nursing, (c) cooperation with other services, and (d) future plans for promoting community nursing care. The key interviews lasted about 1 h.

Analysis of Data

The recordings of the focus groups and the interviews were transcribed verbatim and analyzed using thematic analysis including the following processes: (a) processing, (b) categorizing, (c) clustering, and (d) identifying patterns and meaning, i.e., words

or phrases that participants used and which we identified as being of interest or importance. The coded significant meanings were clustered and the relationship between them identified. In general, the analysis was an application of Colaizzi×s method. The same qualitative analysis was followed for the key informants and pilot study as well (Saunders 2003).

Ethical Issues

Following a written consultation from the Cyprus National Bioethics Committee, a formal ethical approval was not required. A permission from the Commissioner of Data Protection safety was also requested, but this was not necessary, according to the formal response of the Commissioner, since according to article 6 (h) of the Cyprus Legislation of Personal Data (Protection of Individuals) Law 138 (1) 2001: processing of the data is performed solely for statistical and research purposes on condition that all necessary measures were taken for the protection of the data participants and according to article 11 (1) of the same Legislation participants were informed prior to their participation. A formal approval was given by the Ministry of Health. All participants, home care nurses, and key informants were asked to sign an informed consent form for their participation in the study.

The first contact with the service users was done by their home care nurse in order to have the primary approval from clients and not to intrude. The participation of the patients and nurses in the study was voluntary. The interviews were audiotaped, with the participant's permission, transcribed and subsequently coded and analyzed.

In general, ethical principles drafted by Belmont Report (1979) were applied:

1. *Respect for persons*: Protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent.
2. *Beneficence*: Maximizing benefits for the research project while minimizing risks to the research subjects.
3. *Justice*: Ensuring reasonable, nonexploitative, and well-considered procedures are administered fairly (the fair distribution of costs and benefits; The Belmont Report 1979).

Results: Focus Groups

Home care nurses stated that there is lack of evaluation and monitoring from the Ministry of Health regarding the quality of their work in the community. There is no other form of formal evaluation being done for these community services, other than keeping statistical records (e.g., the number of the patients that request care, the kind, the area of living).

Home care nurses suggested the following:

1. Human resources must be increased.

Home Nurse 7: "We need in each region someone to do the administrative work and taking care of small group of clients, e.g., five."

2. The formation of a multidisciplinary team for providing holistic care to the clients.

Home Nurse 5: "More services should exist and more professionals from different disciplines should be involved, such as psychologists, physiotherapists, occupational therapists and doctors, but not only doctors. A person might suffer from a stroke and need, for example. a physiotherapist."

3. The necessity of mobile phones and phones with memory in order to keep messages while home nurses are seeing clients in the community.

Home Nurse 1: "We are using our personal mobile phones for work. It would be better if a phone with memory and answering machine was placed at the office in order to go to the office and find the missed calls from clients."

4. A more "clear" hierarchy and a better coordination between the two administrative schemes are required.

Home Nurse 1: "We have a supervisor (as home care nurses) that is also the matron of the hospital. This means that has lots of duties from both positions. This for me is a big error not to have a clear hierarchy for the whole community program. Each region has its own supervisor. Each supervisor gives its own opinions and administers the program on its own way. In addition, not all supervisors are informed about the program needs. There is lack of coordination and communication between staff and supervisors as well as between supervisors."

5. Home nurses should have a common meeting base center.

Home Nurse 7: "It's difficult, if all community nurses had a common meeting base center, then they could go out at the community in turn, and one of them could stay inside to answer the phones and do the administrative work."

6. The need for establishment of legal framework for home nursing.

Home Nurse 8: "There is no legal framework for home nurses for certain nursing practices, e.g., intravenous injection. However, there are policies from the Ministry of Health that we follow."

Focus groups analysis points out the problems that the program is facing in relation mainly to organizational structure and administrative issues. It seems that before the program is expanded in a Pan Cyprian basis, lots of administrative issues and technical problems should be resolved such as: (a) the legal framework of the service and (b) the formation of a formal multidisciplinary health care team—further recommendations are being made for the formation of a multidisciplinary care plan by the government.

Researchers' observations during the session showed that there was an essential need of the participants to speak and reveal their problems since no formal periodic audit or counseling sessions are being conducted by Community Nursing Services. Home Nurses suggested that debriefing sessions (group or one-to-one) should be

available from the service and be facilitated by a psychologist or a counselor. In other words, an interdisciplinary forum should be formed that would provide the opportunity for Home Nurses to: (a) discuss their feelings, (b) the type of stressful situation experienced, and (c) the coping strategies used as well. Debriefing sessions would offer: (a) a supportive environment for the home nurses (b) give access to peer support, and (c) enhance the sense of belonging.

Key Informants

Face-to-face interviews were conducted with key informants coming from key positions in Cyprus. The selection criteria were based on their position and relation to Community Nursing and/or health in relation to the elderly. The interviews of key informants were used in an effort to: (a) describe the service process, (b) explore individual differences between participants' experiences and outcomes, (c) understand the meaning of the program, and (d) to document variations in program implementation in different sites (Creswell 2003).

Recommendations of the key informants were the following:

1. There is a need for a strategic plan that promotes collaboration between formal/statutory services, such as nurses, doctors, physiotherapists, pharmacists, psychotherapists, etc. and informal/nonregulated services such as welfare care workers, voluntary organizations, and service users.
2. The development of the guidelines for working conditions and training of home nursing care workers.
3. The provision of home nursing care throughout Cyprus.
4. The establishment of quality indicators for the service to be used for periodic audit and evaluations.

Conclusion

Aging demographic changes suggest and demand taking care of older people at home. According to the European Commission's report, "Long-term care in the European Union" (European Commission 2008a), 86 % of the Europeans stated that they would like to be cared at their own homes or that of a relative and almost nine out of ten Europeans, favor home or community care. In Cyprus, home nursing care is provided by governmental services and nongovernmental organizations. Also, home care (not nursing) services are provided by the Social Welfare services. Home nursing care is provided by the Ministry of Health in few geographical areas. The need for a strategic plan that would promote collaboration between formal/statutory services such as pharmacists, psysiotherapists, and informal/nonregulated services was a recommendation highlighted both from key informants and home care nurses, as well as the provision of home care nursing throughout Cyprus and the establishment

of quality indicators for the service to be used for periodic audit and evaluations. Furthermore, debriefing sessions (group or one-to-one) should be available from the service and be facilitated by a psychologist or a counselor. An interdisciplinary forum should be formed that would provide the opportunity for Home Nurses to: (a) discuss their feelings, (b) the type of stressful situation experienced, and (c) the coping strategies used as well. Debriefing sessions would offer: (a) supportive environment for the home nurses, (b) give access to peer support, and (c) enhance the sense of belonging.

References

Bauman, A. (2007). *Positive Practice Environments: Quality workplaces = Quality patient care*, Information & Action Kit, International, Council of Nurses. http://www.icn.ch/ images/ stories/documents/publications/ind/indkit2007.pdf. Accessed 2 June 2011.

Begat, I., Bodil, E., & Severisson, E. (2005). Nurses satisfaction with their work environment and outcomes of clinical nursing supervision on nurse's experiences of well-being-a Norwegian study. *Journal of Nursing Management 13,* 221–230. http://web.ebscohost.com/ehost/ pdfviewer/pdfviewer?sid=06a020c0-434b-46f0-b3d7-8b8842572fa1%40sessionmgr11&vid = 2&hid=7. Accessed 2 June 2011.

Creswell, J. W. (2003). *Research design, qualitative, quantitative and mixed method approaches*. 2nd Ed. London: Sage Publications.

De Jonge, K.E., Taller, G. & Bolling, P.A. (2009). Independence at home: community based care for older adults with severe chronic illness. *Clinics in Geriatric Medicine 25*(1), 155–169.

Ellen Becker, C.H. (2004). Psychometric testing of the home healthcare nurse job satisfaction scale *academy health meet* 21. http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid = c318b825-e00a-4315–9438-f712f56035e7%40sessionmgr113&vid = 2&hid = 110. Accessed 16 June 2011.

Erb, J. (2006). Assisted living: the specialty of home care nursing. *The Pensylvania nurse 61*(1), 18.

European Commission. (2003). *Long Term Care in the European Commission.* http://ec.europa.eu/social/main.jsp?catId = 792&langId = en. Accessed 3 June 2011.

European Commission (2008a). *Long-Term Care in the European Union* http://ec.europa.eu/employment_social/spsi/docs/social_protection/ltc_final_2504_en.pdf. Î'ccessed 5 June 2011.

European Commission. (2008b). Quality in and equality of access to healthcare services. *HEALTHQUEST*. http://www.euro.centre.org/data/1237457784_41597.pdf. Accessed 2 June 2011.

Giannakouris, K. (2008). *Ageing characterizes the demographic perspectives of the European Societies.* http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-08-072/EN/KS-SF-08-072-EN.PDF. Accessed 6 June 2011.

Health and Long-Term Care in the European Union.(2007). *Special Eurobarometer*. http://ec.europa.eu/public_opinion/archives/ebs/ebs_283_en.pdf. Accessed 3 June 2011.

Hung, L.C., Liu, C.C., Hung, H.S., & Kuo, H. W. (2003). Effects on nursing intervention program of disabled patients and their caregivers. *Archives of Gerontology and Geriatrics, 36*(3), 259–272. http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T4H-47S6Y9X-1&_user= 4731899&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C000064619&_version= 1&_urlVersion=0&_userid=4731899&md5=1283af6175f6b2814980fb16509870d7. Accessed 14 June 2011.

ICN, (2006). Nursing care of the older person. *Position statement*. http://www.icn.ch/images/ stories/documents/publications/position_statements/A15_Nsg_Care_Older_Person.pdf. Accessed 13 August 2012.

ICN on healthy ageing: A public health and nursing challenge. *Nursing Matters, 46*(2), 1–2. http://onlinelibrary.wiley.com/doi/10.1046/j.1466–7657.46.no2issue344.18.x/pdf. Accessed 3 June 2011.

Maurer, F.A., & Smith, C. M. (2004). *Community/public health nursing practice health for families and populations* (3rd edition). St. Louis: Elsevier.

Ministry of Health of the Republic of Cyprus (n.d.) Application for medical card http: //www.moh.gov.cy/moh/moh.nsf/All/2490763C48F41CE4C2256D0B00312E8F/$file/EXPLANATORY%20NOTES%20EURO.doc. Accessed 16 June 2011.

Ministry of Health of the Republic of Cyprus Website. (2003). Health visitors services in Cyprus. http://www.moh.gov.cy/Moh/moh.nsf/All/888337960E6D5F6AC2256E28002852D1/$file/Field_of_Work.pdf?OpenElement. Accessed 9 June 2008.

Ministry of Health of the Republic of Cyprus, Mental Health Services website. (2005). http://www.moh.gov.cy/Moh/MHS/MHS.nsf/DMLnicosia_en/DMLnicosia_en?OpenDocument. Accessed 3 June 2011.

National Association of Community Health Centers, Robert Graham Center. (2008). *Access Transformed: Building a Primary Care Workforce for the 21st Century* http://www.nachc.com/client/documents/ACCESS%20Transformed%20full%20report.PDF. Î'ccessed 5 June 2011.

Nies, M. A., & Mc Ewen, M. (2001). *Community/public health nursing: promoting the health of populations*. 3rd ed. (transl in Greek). Athens: Iatrikes Ekdoseis Lagos Dhmhtrios.

Nursing Home Care Services in Cyprus. (2006). *Programme of nursing home care services*. Nicosia: Ministry of Health.

Porter, S. (2008). Nursing research and the cults of phenomenology. *Journal of Research in Nursing, 13*(4), 267–268. http://jrn.sagepub.com/content/13/4/267.full.pdf+html. Accessed 3 June 2011.

Research Unit in Behavior and Social Issues (RUBSI). (2009). *The Social Aspects of Ageing.* University of Nicosia.

Saunders, C. (2003). Application of Colaizzis method: interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse 14*(3), 292–302. http://www.contemporarynurse.com/pdf/221-244.pdf. Accessed 3 June 2011.

Social Welfare Services of the Republic of Cyprus Website. (2003). *Public assistance, old persons and persons with disabilities, services for the elderly and the disabled.* http://www.mlsi.gov.cy/mlsi/sws/sws.nsf/All/51950D3157907F4AC2256E7700387B35?OpenDocument. Accessed 3 June 2011.

Statistical Service, Cyprus (2001). Census of population 2001, vol.1 [Online] http://www.pio.gov.cy/mof/ cystat/statistics.nsf/All/ C708C27A7D2EB8CAC2256D42002C6915/ $file/CENSUS%20OF% 20POPULATION%202001-VOL.1.pdf?OpenElement. Accessed 5 June 2011.

The Belmont Report. (1979). *Ethical principles and guidelines for the protection of human subject of research.* http://ohsr.od.nih.gov/guidelines/belmont.html. Accessed 3 June2011.

The Cyprus Association of Cancer Patients and Friends website. (2003). *Home care service*. http://cancercare.metacanvas.com/EN/patient_information/patient_services_and_programs/home_care.html. Accessed 9 June 2011.

The safeguarding and protection of the patients' rights law. (2004). *L. I (1)*. 2005. http://www. bioethics.gov.cy/Law/cnbc/cnbc.nsf/All/6960B7A5AA76C4A3C22571C9002B99F0/$file/Patients%20Rights%20Law-English%20translation.pdf. Accessed 3 June 2011.

Thomas, S., & MacHacon, D. (2001). Health care and older people: setting the scene. *Journal of Community Nursing, 15*(2), 8–10.

U.S. National Institute on Aging (2007). *Cross-National Research on Aging* Issue no: 11. http://www.prb.org/pdf07/NIACrossnationalResearch.pdf. Accessed 16 June 2011.

World Health Organization (WHO, 2007). *10 facts on ageing and the life course.* http://www.who.int/features/factfiles/ageing/en/index.html. Accessed 9 June 2011.

Young, H.M. (2003). Challenges and solutions for care of frail older adults. *The Online Journal of Issues in Nursing, 8*(2), 16 http://www. nursingworld. org/MainMenuCategories/ ANAMarketplace/ ANAPeriodicals/ OJIN/TableofContents/Volume82003/No2May2003/OlderAdultsCareSolutions.aspx. Accessed 3 June 2011.