
PUBLIC HEALTH

The Home Visit

By

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I. Introduction and Principles :

The home visit is one of the most important aspects of work of the Public Health Nurse and Health Visitor. The vast majority of sick people are in the home while a much larger group of people in homes need to learn the what, where, how and why of keeping well. Health service in the home requires technical skills, knowledge of preventive and therapeutic measures, teaching ability, judgment and a full understanding of human relations.

Principles of Work :

1. Be sensitive to the person's feelings and needs *at the time of the visit.*
2. Keep an understanding of the other person's point of view.
3. Be sure of the scientific soundness of the subject to be discussed.
4. Use safe technical skills, including hand washing, inspection etc.
5. Have a full understanding of your employer's policies.
6. Attain a working knowledge of the community resources and use them wisely.
7. Collect facts, and make an objective analysis of them as an initial step.
8. Work *with* the person and family—plan jointly.
9. Evaluate your own work; quality is more important than quantity.

These principles are incorporated in the following paragraphs.

II. The Usual Reasons for Home Visits :

The visit to the home may be :

1. In response to a felt need by an

individual in the family as in case of sickness or delivery.

2. To investigate the source of an infectious disease in which case you may be rejected instead of wanted.
3. To follow through on some problem identified in the health centre, school, industry or hospital.

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Your recognition and understanding of health needs in the home are usually quite different from that of the family. The individual may be aware of some acute condition but he is often unaware of the source and factors that influence the problem. You should remember that actual service does not begin until the individual or family recognizes the existence of a problem and a need for help.

III. Fact Finding is the First Step :

The first step during a home visit is to read the clinic and other records to get an understanding of what has been done. This should give a lead about present needs and you will be able to build on what has been done.

1. Establish a friendly relationship through courtesy, graciousness, and genuine interest.
2. Observe the home inside and outside to discern good and bad factors that may influence the situation.
3. Talk with the person or persons concerned to find out what they know and understand about the situation.

4. Discuss what has been done and what the person wants to do about the problem now and what plans he may have for the future.

Your own attitude—your friendly, courteous, understanding manner will determine your ability to gather facts objectively. These facts are obtained by studying records, by observing the individual and his home and by talking with the individual and other persons concerned. These facts should give a basis for action during the visit, for teaching, planning, and for analysis.

IV. Examination and Analysis of the Facts :

When the facts have been collected, the process of examining and analysing begins. It is important to remember that true, honest *analysis* is based on *fact* and not on *opinion*. The personal, environmental and economic factors, the emotional involvements, and the spiritual aspects *taken together* constitute the usual health problem. It is when the person talks about any one or all aspects of the situation that he is aware (in varying degrees) of a problem.

This awareness usually leads to questions and search for an answer to *what* is it; *how* did it develop; and *what* can I do? This implies that the individual is searching for an answer to his problem. He is beginning to analyse with a view of planning in mind. By listening and by talking with the person (*avoid telling*) you will be able to bring the problem to the surface for discussion. By understanding the other person's point of view, you will find out *what* he knows about the subject and what *he* wants to do about it and it may take two or three visits to reach this point. Your own behaviour, your manner, your friendliness, will influence success or failure. Your record should show exactly what the person says and what he expects to do. From this point, you should be able to combine the facts about home conditions, signs and symptoms, attitudes and relationships to formulate a concrete problem which

will become the starting point for action. Your job is to help the family help themselves and to help them use outside resources as indicated. Outside resources are used only after the resources in the family have been exhausted.

V. Planning Action with the Individual or Family :

Planning action *with* the person and family is of the greatest importance in all your work and relationships. Find some one thing that is being done well and commend the person for it. Some such comment leads into other questions about the situation and a *discussion* of "What can I do about this?" usually with the comment "When I have no money or time". Development from this point depends on your own attitude and ability to see the resources within the individual and family themselves. It is well to understand that *when a mother is hungry and when her children are hungry* that food is her primary interest and need and any amount of health teaching will help little. She is not likely to listen until she has talked about the food situation and feels that you can help in this respect too. For example: Mrs. Ra, mother of two children, diagnosed as having advanced tuberculosis, works as an Ayah in a family with four children. Her Rs.100 a month is her only income and is the only way she knows that her children may eat. Her job is her security and she cannot see how the family can live if she leaves the job. Mrs. Ra knows that tuberculosis is communicable, she knows that both her children and the children she serves may all become infected. If hospitalization is recommended by the doctor, you make sure that a bed is available for her in the hospital. Your visit is to help her *plan* for hospitalization. Mrs. Ra cannot go because of her children. She is unable to plan or to think of a solution because of her desire to stay with the children. You suggest two or more possibilities. After discussing the children's welfare, she decides

that it would be better to have her sister come and stay in her home for a while at least. You are prepared to suggest assistance at a school or foster home but *her* suggestion linked with your assurance that they may get special milk from the T. B. milk fund and extra food from another source, helps her decide to go to the hospital. Alternative plans and suggestions help make decision. Respect of individual rights is important and persuasion, on the basis of reason and intelligence, is your aim all through the visit.

VI. Action :

What you do depends on the first three steps in the visit. Even though you enter the home with a definite idea and plan of what you will do based on information obtained in the health centre, school, industry or other source, you must be prepared to alter the plan to meet the need that exists *at the time* of the visit. For example, your visit is made to an expectant mother (8 months); you know that she has no preparation for the home delivery and you visit the home expecting to discuss delivery plans and to help her get the things that will help insure a safe delivery. When you enter the home you find that the child of 2 years has a high fever. The mother is anxious and afraid. She forgets self at a time like this and thinks only about the child. You had expected to discuss plans for delivery but as soon as you sense and observe the situation, you alter the "plan" and begin with the child. Help, at a time when a person is anxious and feels the need, creates confidence in your contributions and co-operation in other matters.

VII. Follow-through :

Follow-through is one of the most important steps in the Home Visit. Follow-through on the patient mentioned above involves assistance with hospital clearance; another visit just before she is admitted to help her understand hospital living, what she

will need, and her role as a patient; a visit in the hospital to tell her about the children and home; periodic visits to the children; examination of other contacts; and contacting other agencies to explain the situation in such a way that a maximum help is given to the children as needed during the mother's stay in the hospital.

VIII. Use Expert Technical Skills :

Every professional worker needs tools and special skills. Your nursing knowledge and special skills are essential to successful work in the home. As the physician carries his tools, so you must take the necessary things to the home with you. Hand washing is so essential at the beginning, during, and at the end of each visit that it is necessary to take soap and a towel as part of your equipment. Thermometer, a baby scale, a urinalysis kit, and, when possible, a pocket-sized blood pressure apparatus, blood specimen tubes and needles; records; and other essential equipment is assembled in the "Nursing Bag" for convenience. A Nursing Bag provides the Public Health Nurse with the tools she needs to detect early signs and symptoms of disease so that her report to the physician will be correct and intelligent. You are able to be a "doing" health worker in the home rather than a "caller" or "visitor". You render *service* rather than *lip service*. When you teach by demonstration you dignify work and the patient and/or family gains confidence and respect for the task. You help prevent the spread of disease by washing your hands and by using newspapers to protect your equipment. You protect yourself when you wash your hands with soap and water during your visit, by wearing an apron and by using newspapers.

IX. Evaluate your service :

Review the situation periodically. Look at the whole problem and answer questions.

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