

Fitting a Round Peg into a Square Hole: Exploring Issues, Challenges and Solutions in Rural Home Care



Beverly Leipert, RN, PhD

Dorothy Forbes, RN, PhD

Marita Kloseck, PhD

Anita Kothari, PhD

Carol McWilliam, RN, PhD

Abe Oudshoorn, PhD(c)

This project was funded by the Canadian Institutes for Health
Research Knowledge Translation Strategic Initiatives



Purposes of the Presentation

- To describe rural practice and system issues for home care providers in rural southwest Ontario
- To explore strategies for enhancing home care practice in rural communities.



Background

- By 2025 Canada will be in the top 10 countries having the highest proportion of seniors (World Health Agency, 2002). By 2021, 1 in 4 seniors will live in a rural setting (Health Canada, 2002); many will require home care.
- Although home care has been the fastest growing sector of health care for more than two decades, demand for care exceeds resources, especially in rural settings (Canadian Home Care Association, 2004; Forbes & Janzen, 2004).
- Urban home care practices are frequently applied to rural settings, often with problematic results (Romanow, 2002).



Method and Sample

- Five focus groups held with each of three rural multidisciplinary home care teams
- Focus groups were 2 hours long, researcher facilitated, and audio-recorded
- Sample (n=19): Nurses (RNs) (7), Personal Support Workers (6), Case Managers (3), Occupational Therapists (2), Team Assistant (1)
- Experience in home care: from 1 to 20 years
- Full time: 9, Part time: 10
- Mean ages in the 3 groups: 46, 47, & 49 years
- All participants were female.



Analysis

- Interpretive analyses used an editing process to identify key phrases, themes, and codes, and their interrelationships (Miller & Crabtree, 1992).
- Primary analysis performed by 2 researchers, with discussion and validation by the full research team.



Findings

- Practice Issues
- System Issues
- Strategies and Recommendations for Solutions



Practice Issues

- **Time:** Distance between clients, demanding work loads due to rural scheduling and staff shortages, and seasonal demands challenged providers' ability to provide care in a timely manner.

“I’ve run into problems with the rural community with it being planting season...[A farmer] wanted me to come at 6 am...I’m willing to do that but [because of my workload and distances to clients I can’t do this every day]”.



Practice Issues

- **Distance:** Long distances between clients, inclement weather, poor road conditions, the expense and “*wear and tear*” on vehicles for daily long distance travel.

“I have a huge issue with the winter driving....”

“I can’t subsidize my car [expenses] to do this job...”

“Providers in the city don’t need a car ...they can hop on a bus”.



Practice Issues

- **Communication:** Needed to schedule workdays, work better as a team, and establish partnering care with clients over long distances. Face-to-face communication was preferred.

“Voicemail doesn’t cut it. I can’t get the [details] I need from voicemail”.



Practice Issues

- **Recruitment and Retention:** Huge challenges for participants. Insufficient numbers of staff and frequent staff turnover were underlying causes for many practice issues, and were themselves problematic outcomes of other issues.

“[New home care workers] work five months and they’re outta [home care]. Well you can see why, if they’re driving all over the country for one client and then across the country to the next , and not getting paid much...”



System Issues

- **Lack of Understanding of Rural Practice by Urban Supervisors and Dispatchers:** Lack of understanding of distances, road conditions, locations of clients, time needed for rural travel.

“They can’t fathom [rural travel time] because they can get anywhere in the city in 10 [minutes]”.



System Issues

- **Inappropriate Scheduling of Providers in Relation to Client Locations:** Overlapping of agency areas and personnel, unrealistic expectations of urban agencies for rural care provision...

Resulted in care being “*all over the place, wasting time*”, “*inefficiency*”, and a “*dog’s breakfast*” approach. “*Currently we’re trying to retrofit an urban [care] phenomenon onto a rural environment so we run into all of the issues that come with that*”.



Limitations of the Research

- Limited employer reimbursement for participants and limited availability of replacement staff resulted in sporadic attendance in some groups.
- These limitations affect the generalizability of study findings, and are noteworthy for their influence on the conduct of research in for-profit care environments and where staff shortages exist.



Strategies and Recommendations for Solutions

- **Reorganization of care to accommodate geography:** Need to value rural care, appropriate consistent staffing, improved salaries (eg. congruent with institutions as a minimum), better support for travel
- **Mapping** of geographical care locations and resources enhances understanding, power, and influence of providers.
- **Enhance Communication:** Need more face-to-face meetings, in-person case conferences, multidisciplinary teams, collective assertiveness among staff.
- **Development of Best Practices for Rural Home Care:**
“It’s too bad there aren’t best practices for this kind of care”.



Best Practice Guidelines for Rural Home Care

Consider:

- Characteristics of rural physical and sociocultural settings
- Characteristics of rural health needs and resources
- Characteristics of rural practice

(CAARN, 2008; Leipert, Kloseck, McWilliam, Forbes, Kothari, & Oudshoorn, 2007)



Conclusions

- Rural home care providers need enhanced valuing, enriched staffing and support, and changes to policies and practices to address practice and system issues.
- Greater inclusion of rural home care providers in policy and decision making is needed.
- Ways to enhance practice: rural home care teams, case conferences, telemonitoring
- Best Practice Guidelines for Rural Home Care are urgently needed.



Selected Readings

- Anderson, A, (2006). *Delivering rural health and social services: An environmental scan*. Available at www.alzheimerontario.org/local/files
- Canadian Home Care Association (2004). *Home care: A national health priority: Visionary leadership can make it happen*. Ottawa, ON: Author.
- Forbes, D.A. & Janzen, B.L. (2004). A comparison of rural and urban users and non-users of home care in Canada. *Canadian Journal of Rural Medicine*, 9 (4), 227-235.
- Leipert, B., Kloseck, M., McWilliam C., Forbes, D., Kothari, A., Oudshoorn, A. (2007). Fitting a round peg into a square hole: Exploring issues, challenges, and strategies for solutions in rural home care settings. *Online Journal of Rural Nursing and Health Care*, 7(2), 5-20.