


Towards Sustainable Home Care Systems with a Qualitative Analysis in Iraq

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Qualitative Study

Abstract

Background: This study addressed the escalating need for long-term home care due to the rapid increase of the elderly population in developing countries, with a focus on Iraq.

Methods: Conducted as a qualitative research project in Baghdad in 2022, this study employed thematic analysis to explore perceptions regarding the enhancement of home healthcare services in Iraq. It used a purposive sampling strategy, with snowball sampling to identify additional participants. The study involved interviews and focus group discussions with a diverse group of 29 policymakers, health system experts, academic faculty members, and specialists in social medicine, public health, management, and nursing. Thematic analysis was used to analyze the data.

Results: The study identified 5 primary themes with 40 sub-themes, emphasizing the importance of home healthcare in Iraq's health system. Participants recognized the economic (30%), social (25%), individual care (20%), familial (15%), and healthcare system (10%) benefits of home care. Key findings highlighted the reduction in healthcare costs, enhancement of community involvement and patient satisfaction, and improved quality of care in familiar environments.

Conclusion: The research underscores the necessity and potential of advancing home care in developing societies, including Iraq. Home care, with its multifaceted benefits, is pivotal for delivering effective healthcare services. Leveraging the resources of the family, community, and non-governmental organizations, home care can significantly contribute to the healthcare system, especially in managing chronic diseases and elderly care. The study's insights are crucial for policy-making and healthcare service improvements in Iraq.

Keywords: Home care services; Quality of health care; Primary health care; Chronic disease

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Introduction

An increase of more than 300% in the elderly population in many developing countries is a significant demographic shift that is changing the face of healthcare in these regions (Khaleghyan-Chaleshtory & Abdollahzadeh, 2024). This shift presents a unique challenge, as it significantly increases the need for long-term care and home care for the elderly (Kingston, Comas-Herrera, & Jagger, 2018; McKee et al., 2021). The World Health Organization (WHO) report highlights a concerning trend regarding chronic diseases in developing countries. This report suggests that chronic diseases will be responsible for 75% of all deaths in developing countries by the year 2030 (Beard & Bloom, 2015; Khan, 2019; Kim & Kim, 2020). Chronic diseases have become a significant public health challenge in Iraq, with high rates of morbidity and mortality (Monajemi, Goli, & Scheidt, 2014; Odhaib et al., 2022). According to recent data, chronic diseases are the leading cause of death and disability in Iraq. In 2022, approximately 67% of all deaths in Iraq were attributed to chronic diseases (Rasool et al., 2022). Chronic diseases, such as asthma, diabetes, and heart failure, are long-term medical conditions that require ongoing management and treatment (Abdollah, Sadeghi, Roohafza, Tavakoli, Dadras, & Kouchakzadeh, 2020). These diseases present significant challenges to the healthcare system, as they are responsible for a significant proportion of morbidity and mortality worldwide. One effective strategy for managing chronic diseases is home care (Goli et al., 2021; Mehrolhassani, 2021).

In the contemporary era, addressing the needs of individuals with chronic illnesses and elderly patients has emerged as a critical concern in the realm of health policy formulation (Faronbi, Faronbi, Ayamolowo, & Olaogun, 2019; Kang, Yang, Yuan, Xu, Zhao, & Yang, 2020). Given the inevitability of a transitional phase from acute to chronic ailment in the elderly population, it is expected to retain its significance as a pivotal healthcare priority throughout the current century. Over the past 20 years, the health care system worldwide has undergone significant and fundamental changes due to the increasing complexity of economic and political factors (Lee & Lee, 2021; Wang & Sun, 2021). As a result of these changes, consumers have shifted their preference from traditional inpatient facilities, such as hospitals, towards community-based treatment and care. Home care has emerged as one of the key forms of community-based care and is recognized for its essential role in managing limited resources (Usak, Kubiato, Shabbir, Viktorovna Dudnik, Jermstiparsert, & Rajabion, 2020).

The delivery of healthcare services in the home setting is an integral component of comprehensive and continuous healthcare services. These services encompass a diverse array of healthcare interventions that aim to provide support to individuals who have recuperated from an acute condition and offer ongoing care to those afflicted with chronic medical conditions. The provision of home-based health services enables patients to receive medical care in an environment of their choosing, typically their residence, and can promote better health outcomes, enhanced quality of life (QOL), and increased patient satisfaction (Mahmud & Lu, 2015). The provision of health care services within the domicile of patients, with the active involvement of patients and their families, is a crucial and indispensable facet of the health care system. Such home-based care confers numerous benefits upon both patient populations and the broader health care delivery infrastructure (Osakwe, Oni-Eseleh, Rosati, & Stefancic, 2022). The pursuit of strategies aimed at providing affordable and superior health care services to elderly populations in comparison to inpatient care has given rise to a growing emphasis on the delivery of said services (Smith, 2011).

The provision of home health care services to individuals with chronic illnesses and disabilities presents a significant global challenge (Rhee, Done, & Anderson, 2015). At present, in developed nations, the delivery of home health care is primarily targeted towards specific age cohorts that require assistance and care from the healthcare system due to their physical and cognitive limitations (Gordon et al., 2020).

The utilization of home care services has been found to yield beneficial outcomes across various dimensions, including the provision of comprehensive care, management of chronic diseases, complementation of hospital services, cost reduction, decreased reliance on hospital care, enhanced community engagement, and heightened patient satisfaction. These findings suggest that home care services occupy a favorable position in the contemporary healthcare landscape, with advancements in medical technology serving as a key facilitator of their growth and development (Chan, Ng, Chan, Wong, & Chow, 2019).

The objective of this research was to assess the perspectives of healthcare professionals, managers, and policymakers within the Iraqi healthcare system concerning the significance and requirement for enhancing home healthcare services in Iraq's healthcare delivery system. The intent is to employ the results of this study in healthcare policy-making and future decisions within the healthcare service delivery system, as well as to take fundamental measures to improve the attributes of the healthcare system.

Methods

Study design and participants: This study was a qualitative research project conducted in the city of Baghdad using the thematic analysis methodology (Swain, 2018). Thematic analysis is a commonly used method for detecting, examining, and presenting data content in a structured manner. It is a flexible and versatile approach that allows researchers to explore and understand complex phenomena in depth (Castleberry & Nolen, 2018; Wiltshire & Ronkainen, 2021). This study involved a cohort of individuals with varied backgrounds, including policymakers, health system experts, academic faculty members, and specialists in social medicine, public health, management, and nursing. The research employed a purposive sampling strategy, whereby individuals were selectively chosen based on their potential to provide insights relevant to the research objectives. Furthermore, a snowball sampling method was used to identify additional participants through referrals from initial participants (Staller, 2021).

Utilizing a predetermined sampling technique, the initial stage of the study involved the identification of individuals who fulfilled the established criteria, followed by the identification of experts based on their recommendations. Subsequently, a total of 5 semi-structured in-depth interviews were conducted with experts within the healthcare system, while 24 individuals participated in 3 focus group discussion sessions. In this study, a total of 29 individuals were recruited to participate in a series of interviews and focus group discussions.

The study involved individuals who possessed executive experience within the Ministry of Health, as well as Medical Science Universities. Participants were classified based on their respective areas of specialization into 3 distinct departments, namely social medicine specialists, nursing and midwifery experts, and public health and health management professionals. The semi-structured interview methodology was employed to gather data from distinguished individuals who possessed prior experience working within the purview of either the ministry or the deputy

directorate of health of said ministry. Following the interviews, the obtained results were subsequently verified with the participants. Each individual interview was conducted within a time frame ranging from 30 to 45 minutes, whereas the duration of each focus group discussion session spanned from 60 to 90 minutes.

Therefore, the study utilized both interviews and focus group discussions to provide a comprehensive and in-depth understanding of the research objectives from the perspectives of both individual experts and a diverse group of participants with specialized knowledge and experience in the healthcare system.

Instruments and variable: The interviews were conducted at the premises of the organizations where the interviewees were employed. The interviews and focus group discussions were conducted by the first author in Arabic. The interview guide was formulated through a process of collaborative discussion between the authors. Prior to commencing the interviews, the study's objectives were clearly delineated to the participants, and informed consent was obtained from the experts. Subsequently, during the interview phase, the interviewer took measures to ensure that the questions were comprehensively and accurately conveyed, thereby minimizing the risk of potential misunderstandings. To enhance the reliability and validity of the data, a post-group discussion and interview assessment was performed wherein the findings were reviewed with the participants to ensure their accuracy and consistency. The process of respondent validation was employed to establish the credibility of the collected data.

Analysis: The first author conducted the transcription of the interviews, which involved the verbatim documentation of the audiotaped interview material. The subsequent analysis of the collected data was performed via the application of systematic text condensation methodology (Malterud, 2012). The encoded data material served as the basis for composing analytical literature, which subsequently yielded significant depictions of diverse categories. The themes were deduced from the information gathered. The first author conducted the analysis, with the guidance and oversight of the second author. The present study employed structured tables within the Microsoft Excel® software package (Microsoft Corp., Redmond, WA, USA) for data analysis. The analysis approach utilized in this study was based on the qualitative content analysis methodology developed by Mayring (2015).

Ethics: The study was approved by the Ethics Committee of the University of Baghdad, Baghdad, Iraq. Informed consent was obtained from all participants prior to their involvement in the study. The confidentiality and anonymity of the participants were maintained throughout the research process.

Results

The combined sample size of participants who took part in the semi-structured interviews, in-depth interviews, and focused group discussion, amounted to 29 individuals. This cohort consisted of 6 policymakers, 8 health system experts, 7 academic faculty members, and 8 specialists in social medicine, public health, management, and nursing. Following the implementation of the group discussions and subsequent content analysis, the outcomes were categorized utilizing a thematic approach. The study identified a total of 5 primary themes, accompanied by 40 sub-themes. Each of the main themes was comprehensively delineated independently, providing a detailed insight into the study's findings.

The present study investigated the perceptions of participants regarding the importance and benefits of home health care in Iraq's health system. The data were

collected through group discussions and interviews, and the findings revealed that the majority of the participants viewed home care as a fundamental requirement in the country's health system and assessed its implementation as having various advantages for the society, family, patient, and healthcare system. The identified benefits of home health care were categorized into 5 main themes, which are elaborated upon in the subsequent sections.

Economic benefits

The study participants' collective perspective suggests that the introduction of home-based care yields a reduction in the financial strain experienced by families, the government, and the healthcare system, thus benefiting society as a whole. Specifically, the provision of care within a domestic setting alleviates the fiscal burden carried by the government, whilst diminishing both social and familial costs. This, in turn, leads to a decrease in the overall expenditure incurred by the healthcare system. The quoted excerpts contained within this manuscript underwent a process of translational conversion from the Arabic language into the English language. In the present study, citations within transcribed material were systematically numbered (e.g., "R1" was utilized to denote quotations derived from the interviewee identified as "respondent number 1").

"A sound approach to ensuring optimal health outcomes is through the implementation of home care services, which offer considerable benefits in terms of financial savings and cost-effectiveness. Prioritizing the provision of such services to the wider community would yield significant improvements in overall health outcomes, while simultaneously reducing healthcare expenditure. Indeed, there is a trend towards diminishing healthcare costs attributable to the implementation of home care services" (R18).

"The expenses are expected to significantly decrease, as the cost of hospitalization for a single day surpasses the cost of providing in-home care services by a team of caregivers" (R3).

The exponential rise in hospital care expenditures has stimulated healthcare policymakers to strategize towards the provision of cost-effective care.

"One contributing factor is the prolonged hospitalization of patients for a period ranging from 1 week to 10 days following medical and surgical interventions. This practice necessitates greater financial expenditure on the part of the healthcare system and ultimately places a burden on the affected families. However, early discharge and subsequent home-based care can serve as a potential solution to mitigate such expenses" (R9).

Social benefits

The study's participants held the belief that the introduction of home care services is conducive to the enhancement of community participation, promotion of communal solidarity, and the augmentation of health literacy and mental well-being within the community.

"The sensation of social value refers to an individual's perception of their significance to the extent that they attract the attention and participation of a larger group. This sensation results in an increased sense of usefulness, social cooperation, attentiveness to neighbors and apartments, and overall social participation" (R21).

"In society, community participation facilitates the emergence of non-governmental and private organizations, thereby enabling active involvement of individuals in service delivery" (R12).

"In the context of communicable diseases, the absence of transmission within a society is paramount to the prevention of harm to said society. Such prevention confers both economic and cultural benefits" (R4).

"In broad terms, the implementation of this intervention engenders a reduction in societal burden. This decrease in burden may manifest in numerous domains, including but not

limited to alleviation of traffic congestion, mitigation of financial costs, and amelioration of physician workload" (R29).

For the patient and recipient of services

The provision of care within the home environment has been found to be an effective means of mitigating the need for patients to undertake extraneous trips. This approach can reduce the waiting time for service recipients and minimize environmental impacts that may otherwise be experienced, such as exposure to extreme temperatures. Moreover, this approach has been found to have a positive impact on the QOL experienced by patients.

"Continuity of service represents a significant advantage in the provision of healthcare services. Consistent and regular care, particularly in the domains of maternal and neonatal care as well as geriatric and chronic patient care, is conducive to the maintenance of uninterrupted service provision. However, if a patient is required to frequently attend hospitals, offices, or physicians' practices, enduring prolonged waiting periods and queues, they may be disinclined to persist in adhering to the service" (R5).

"Family members who possess knowledge regarding a particular disease and the corresponding patient care exhibit stronger caregiving abilities than the medical staff. This phenomenon can be attributed to their innate sense of compassion and responsibility towards their loved ones. As they constantly attend to the needs of their patients, they are more likely to possess a deeper understanding of their condition, resulting in better care provision. Moreover, their care has a significant positive impact on the patient's recovery process" (R11).

For families

The provision of healthcare services within the confines of a domestic environment confers numerous benefits to families, thereby empowering them and enhancing their involvement in the management of their patients. The augmented participation of family members serves to improve the quality of healthcare dispensed.

"The presence of a healthcare team can facilitate the acquisition of caregiving skills by family members. Once the family observes and learns from the care team, they are able to provide care independently in the absence of the team. Furthermore, the care team can provide formal training to family members, enhancing their knowledge and skills. This enables the family to effectively provide care for their loved ones, and also empowers them to train and educate other family members to do the same. Consequently, the overall knowledge and caregiving capacity of the family is elevated, leading to improved patient outcomes and QOL" (R24).

"From a familial standpoint, obtaining justifiable and supportive insurance coverage can lead to a reduction in costs. Morally, it is beneficial for both the family and the patient, particularly if the family is unable to provide in-home care for their elderly loved ones and must resort to nursing home placement, which can result in financial strain and social isolation. Emotional and social concerns can arise in such circumstances" (R20).

For the healthcare system

The provision of home care has been shown to alleviate the burden of medical treatment and reduce the utilization of hospital and sanitarium services. Furthermore, it serves to redirect healthcare resources from institutional settings to the domiciliary environment, allowing for greater flexibility and improved patient outcomes. Several participants regarded the implementation of home-based care as a catalyst for entrepreneurship within the healthcare sector.

"It is noteworthy that the existing cadre of medical professionals comprising doctors, nurses, and midwives has received adequate training. However, the lack of corresponding job opportunities or business prospects has impeded their employment prospects. It is therefore imperative to explore avenues for augmenting the workforce's employment opportunities in the private sector, and this plan could serve as a significant aid in this regard" (R29).

Providing care to patients at home has been found to significantly enhance the quality and effectiveness of healthcare services rendered.

"Patients receiving care in a hospital setting may encounter fatigued medical personnel, potentially impacting the quality of care provided. Alternatively, receiving care within the comfort of one's own home may result in a higher quality of care. Home-based care can alleviate the burden of treatment typically associated with hospitalization, effectively transferring responsibility from the medical facility to the patient's residence" (R15).

"Home care is characterized by providing a comprehensive level of care that exhibits continuity, quality, availability, and affordability. Compared to hospital care and office-based care, home care presents fewer complications, yet offers a broad range of features that, if implemented appropriately, can enhance patient outcomes" (R6).

"The expansion of accessibility to health services, augmentation of service coverage, and reduction of associated fees are crucial factors in optimizing healthcare provision. Failure to facilitate access to healthcare services for patients renders the provision of such services futile. The physical presence of patients in medical facilities exposes them to increased risk of contracting infections and experiencing medical errors. Conversely, the integration of care at home constitutes a viable solution for improving the overall quality of healthcare services, thereby enhancing the sustainability of the health system" (R23).

The provision of care within the home environment is a supplementary measure to the medical attention provided within a hospital setting.

"In the event that a patient is discharged from the hospital following a successful surgery, there exists a discontinuity in the medical care continuum, rendering the future prognosis of said patient unclear. The provision of services without proper in-home care may result in an incomplete medical treatment plan" (R26).

The summarized results of the above benefits are provided in figure 1.

Discussion

The objective of this study was to assess the perspectives of healthcare professionals, managers, and policymakers within the Iraqi healthcare system concerning the significance and need for enhancing home healthcare services in Iraq's healthcare delivery system.

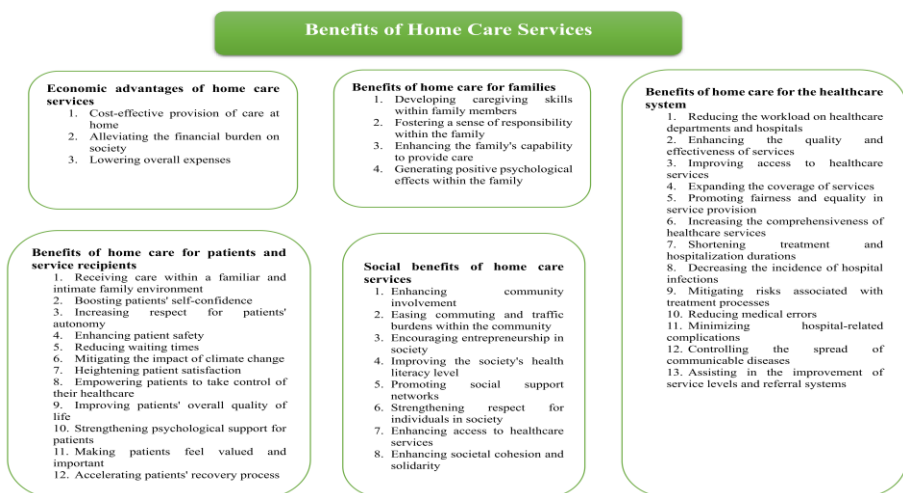


Figure 1. Summarized results of the homecare benefits

Home healthcare is acknowledged as a distinctive form of medical care due to its ability to deliver services of exceptional quality, enhance the rate of healing and recovery in terminally ill patients when compared to alternative medical services, adopt a comprehensive perspective on the patient and their family, and foster collaboration among various medical disciplines (Iyengar, Mabrouk, Jain, Venkatesan, & Vaishya, 2020). A study conducted a comprehensive assessment of the care provided to individuals diagnosed with AIDS and demonstrated that the implementation of integrated services, combining home care and community involvement, yields significant positive outcomes for both the patients and other stakeholders involved, including hospitals, clinics, and community members (Sullivan et al., 2021). Additionally, a study elucidated that the implementation of home health liaisons in conjunction with nurses and doctors can enhance the overall management of diabetic patients. This integrated approach plays a vital role in facilitating patient control and care, ultimately leading to accelerated recovery (Powers et al., 2020). Furthermore, several scientific studies have highlighted the advantages of home care, particularly in relation to social skills (Montezeli, Almeida, & Haddad, 2018; Pinto, Barham, & Prette, 2016). Based on the findings of the current investigation, home care possesses the attributes of a comprehensive care approach, encompassing elements such as continuity, quality, availability, affordability, and comprehensiveness. In contrast, some of these attributes may be lacking in hospital care settings. On the one hand, implementing care at home enhances community involvement, fosters solidarity within the community, and promotes health literacy and empowerment among patients, their families, and society as a whole. On the other hand, it contributes to the overall mental well-being of the community. The provision of healthcare services within the home setting is an integral component of comprehensive and uninterrupted healthcare services (Montezeli et al., 2018). The pursuit of methods to guarantee equitable and affordable healthcare services for elderly individuals, as an alternative to costly inpatient care, has sparked a growing focus on the provision of such services (Li, Shi, Liang, Ma, Xu, & Qin, 2019).

Numerous scientific investigations have underscored the significant economic merits associated with home care services. Notably, a cost-benefit analysis study conducted in the Netherlands provided compelling evidence that the provision of home care services to individuals in good health yields noteworthy benefits, such as mitigating the need for acute hospital care and reducing the duration of hospitalization. Consequently, this approach contributes to substantial cost savings in the overall healthcare expenditure (Kok, Berden, & Sadiraj, 2015). Within the scope of the current investigation, a majority of the participants expressed a prevailing belief regarding the affordability, cost-effectiveness, and economic advantages associated with home care in comparison to clinical and hospital services.

Cappelen, Ivarsson, and Jormfeldt (2023) investigated the impact of home care psychiatric nursing services on the mental well-being of individuals diagnosed with schizophrenia in Sweden. They observed that clients who received home care services exhibited improved mental statuses compared to the group that did not receive such care (Cappelen et al., 2023). The current study findings indicate that a significant majority of the participants hold a positive perception regarding the implementation of home care. According to their perspective, the provision of care within the confines of a patient's residence yields various advantageous outcomes. These benefits include heightened levels of patient and family satisfaction, an improved quality of patient care resulting from the familiarity and intimacy of the

home environment, as well as a perceived reduction in medical errors, complications arising from medical procedures, and hospital-related accidents. Additionally, the participants expressed a belief that home care facilitates an accelerated recovery process for patients. Scientific research has consistently demonstrated that patient education, when integrated into home care services, plays a pivotal role in the management and control of chronic diseases (Bardhan, Chen, & Karahanna, 2020). Moreover, a research revealed a significant disparity in parental satisfaction between those whose children received care at home compared to those whose children were cared for in a hospital setting (Schuchman, Fain, & Cornwell, 2018). The current study reveals that a majority of participants perceive home care as a facilitator of enhanced patient and family satisfaction, as well as improved quality of care. This positive sentiment is attributed to the provision of patient care within a familiar and intimate environment, wherein patients are surrounded by their loved ones.

The present study had some limitations. First, the sample size was relatively small and limited to Baghdad, so the findings may not be generalizable to all of Iraq. Second, the study relied on qualitative data from stakeholder perceptions, so further quantitative research is needed to measure the actual impact and cost-effectiveness of home care services in Iraq. Despite these limitations, the study makes an important contribution by highlighting the potential of home care to address urgent healthcare challenges in Iraq and other developing countries. Policymakers and health system leaders should consider the study's recommendations to expand access to quality home care services through regulatory changes, payment reforms, capacity building, and public-private partnerships. Further implementation research is also needed to identify best practices for culturally-appropriate home care models in Iraq.

Conclusion

In conclusion, this qualitative study provides important insights into the perspectives of Iraqi healthcare experts on the benefits of and need for expanded home-based care services. The results reveal a consensus among stakeholders that home care could confer major advantages for patients, families, communities, and the overburdened healthcare system in Iraq. Specifically, participants cited perceived benefits such as improved quality of care and patient autonomy, development of family caregiving skills, enhanced community cohesion and support, and reduced costs compared to institutional care. Home-based services were seen as an opportunity to transform Iraq's healthcare model to be more patient-centered, integrated, and sustainable given trends like aging and increasing chronic diseases.

Conflict of Interests

Authors have no conflict of interests.

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