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Explaining the features of patient education in home care units in Iran: A qualitative study

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Abstract:

BACKGROUND: In recent years, health policies have emphasized accelerating patients' discharge from hospitals and receiving health care at home. The present study aimed to identify the characteristics of patient education in home care units in Iranian hospitals in 2021.

MATERIALS AND METHODS: This descriptive, qualitative study was conducted on eight supervisors, 15 clinical nurses, and four home care nurses working in East Guilan hospitals. Semi-structured interviews were used to collect data. Interviews were conducted using guiding questions. Data were analyzed using conventional qualitative content analysis by MAXQDA 2007 software.

RESULTS: Data analysis led to the emergence of 58 primary codes and six categories with the titles of "Education based on the expertise and clients' needs," "Emphatic nature of education," "Empowering clients to perform self-care programs," "Increasing the quality of clinical services," "Cost-effective education," and "Requirements for promoting the educational performance of home care units." The sixth category consists of four subcategories (tariffing insurance, continuous education of clients from the time of hospitalization not merely at the time of discharge, the existence of a monitoring system, and advertising and media coverage of the educational performance of the home care unit).

CONCLUSIONS: The analysis of data showed that the education provided to patients in home care units is economically viable and empowers clients to self-care and increases the quality of clinical services. Due to the novelty of home care in Iran, it is necessary to pay more attention to the issues mentioned in this paper by managers and health policymakers.

Keywords:

Home Care, nursing, patient education

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Introduction

The aging population around the world is a key challenge in health-care policy and development.[1] With the increase in the percentage of the elderly, the need for their care is felt more.[2] At the same time, the working age population is declining, resulting in reduced access to care.[3]

In recent years, health policies have emphasized the need to expedite the discharge of patients from hospitals and reduce the length of stay of patients in health institutions and receive care at the community level.[4] Current policies in the western world emphasize that older people should live in their homes as much as possible.[1]

On the other hand, due to demographic, economic changes and technological development and the desire of patients to live at home as much as possible, the demand for home care is increasing.[5] Therefore, providing home health-care services and ongoing care programs has become a necessity.[6]

This care provides an opportunity to improve the continuity of care after discharge from the hospital[7] and reduce the unnecessary

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use of health care,[8] prevent complications, and reduce the length of hospital stay and re-hospitalization of patients and, thus, reduce the cost of care.[9]

Home care is a method of care preferred by customers.[10] Extensive evidence shows that more than 50% of people prefer to be cared for at home and die at home.[11] Home care services are available in all age groups, but 70.5% of these people are aged 65 and over.[12] The definition and content of the concept of home care varies around the world.[13] In some places, these services are provided by a skilled and professional nurse at home, while in others, more care is provided by family members.[14] Home care includes nursing, medical, rehabilitation, and social services. These services include a wide range of basic and advanced services at three levels of prevention.[15]

In most countries, nursing is one of the most important components of the home care system[14] and home care has gradually become a model of nursing for nursing care.[16] Studies have shown that educating patients as part of home care services plays a key role in controlling chronic diseases.[17] Teaching the principles of self-care is helpful in adapting to the disease, adapting to the prescribed treatments, and learning to solve problems in new situations.[4] The dimensions of home care are unknown,[16] and not enough research has been done in this field.[6] It is obvious that in-depth and evidence-based studies are needed to understand the dimensions and characteristics of home care.[17] A review of the literature indicates that no study has been conducted specifically on the subject of educating the patient in home care. Considering the above, paying attention to the issue of patient education in home care is of special importance. Therefore, the present study aimed to explain the characteristics of patient education in home care units.

Materials and Methods

Study design and setting

The design of this study was a descriptive qualitative one. Qualitative research is a systematic and subjective approach whose data is composed of the perceptions and beliefs of study participants and researchers.[18] In the present study, the conventional content analysis method was used. Content analysis is one of the valid research methods for data analysis.[19] This type of analysis is a systematic approach that, by coding and classifying data, can be used to analyze textual information to determine the process and patterns of words, their relationships, structures, and communication discourses.[20] According to the general purpose and the main question of the research, "What are the characteristics of patient education in home care units?," to achieve the perceptions and opinions of participants, this method was considered as a suitable method for the present study.

Study participants and sampling

The participants of this study were eight supervisors, 15 clinical nurses, and 4 home care nurses working in East Guilan medical centers, who were purposefully selected in 2021.

In order to conduct the research, the researcher first explained the purpose of the research to the participants and, if they wished, after obtaining informed consent, conducted an interview with them. The interview was conducted individually and face to face using the interview guide [Table 1], along with audio recording in a relatively quiet location. The time and place of the interview were determined by the participants. The data collection process continued until data saturation took place, that is, until the collected data was a repetition of the previous data and no new information was obtained. The duration of the interviews varied between 20 and 25 min. The interview began with a general question. The question was: What are the characteristics of patient education in home care units? Also, for a more accurate understanding, the researcher used leading and clarifying questions.such as "May you explain more?" "Do you mean …?" Data collection lasted 5 months.

Data analysis

In order to analyze the data in the present study, the conventional content analysis method based on the model proposed by Graneheim and Lundman[21] was used. Based on this, first, the analysis units were identified. The whole text of each interview was considered as a unit of analysis. The text of the interviews was read and reviewed several times to get a general sense of the data. After that, the meaning units were identified. Then the meaning units were condensed. A code was assigned to each important metaphor or phrase. Codes were summarized to create categories. Finally, the categories formed the main categories based on the similarities and differences. Coding was

Table 1: Guiding questions for the interview

Questions for interview
Can you explain the features of patient education provided by home care units? What aspects does it include?
What is the difference between this education and other education provided to patients?
What are the uses of patient education by the home care unit?
What are the priorities of patient education methods by the home care unit?
What are the benefits of patient education provided by home care unit?
What are the barriers faced by the home care unit to provide patient education?
What is the role of managers and officials in supporting the home care unit to provide patient education?
How can the quality of home care unit services be improved to educate patients? What do you suggest?

done with MAXQDA 2007 software. Some meaning units, primary codes, and subcategories of the sixth main category entitled “Requirements for improving the educational performance of home care units” are described in Table 2.

Trustworthiness

To achieve data accuracy and reliability, Lincoln and Guba trustworthiness criteria were used. For this purpose, four criteria of credibility, dependability, confirmability, and transferability were used.[22] To meet these criteria, the researcher carefully selects the participants and has long-term contact with the participants and gains their trust by allocating them sufficient time to answer questions, constantly reviewing and comparing data and categories in terms of similarities and differences, and rechecking the findings with the participants, checking the findings with researchers familiar with qualitative research methods.

Ethical considerations

This study was supported by the Ethics Committee of the Guilan University of Medical Sciences (ethics code: IR.GUMS.REC.1399.301). Ethical standards include voluntary participation in the investigation, anonymity, confidentiality of information, the right to withdraw at any time, and the destruction of files recorded after obtaining results. Conscious consent was obtained in writing from the participants.

Results

Analysis of data related to the features of patient education in home care units resulted in the emergence of 58 primary codes and six category codes entitled, “Education based on expertise and clients’ needs,” “Emphatic nature of education,” “Empowering clients to perform self-care programs,” “Increasing the quality of clinical services,” “Cost-effective education,” and “Requirements for promoting the educational performance of home care units” [Figure 1].

The sixth category emerged with four subcategories: tariffing insurance, continuous education of clients from the time of hospitalization not merely at the time of discharge, the existence of a monitoring system, and advertising and media coverage of the educational performance of the home care unit. The main categories are discussed below.

First category: Education based on expertise and clients’ needs

One of the features of the home care unit is that the education is based on clients’ needs in addition to those being provided by a professional team. According to the participants’ views, the home care units’

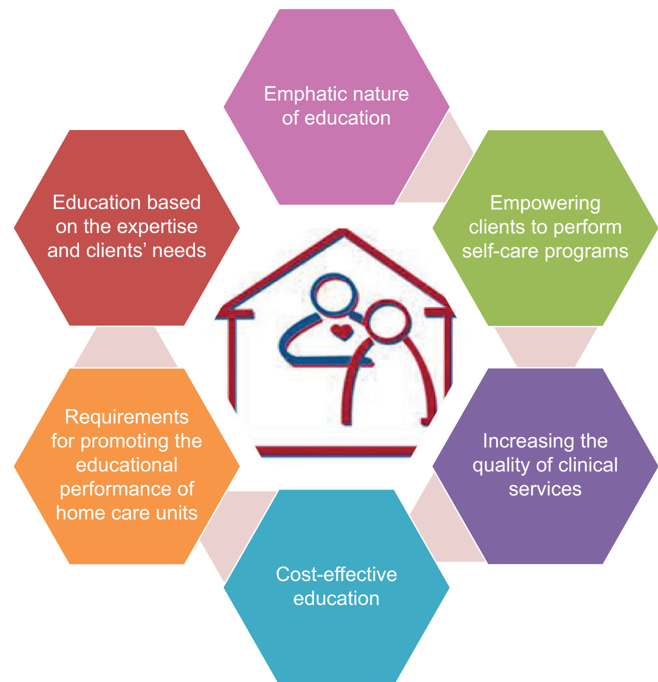

Figure 1: Schematic model of the features of patient education in home care units

educational programs are suitable for some specialized cares needed by clients after discharge, such as daily care (e.g., injections and dressings) and preventive care (symptoms of nosocomial infections and pressure ulcers). Some of the participants’ statements are as follows:

"The patient receives education from professional and specialized sources in home care unit educational programs." (P13: supervisor)

"The home care unit educates most specialized cares that patients need, involving training of insulin and clexane injection at home, how to get the patient out of bed, symptoms and caring for and preventing pressure ulcers, changing dressings, and symptoms of nosocomial infections such as wound discharges, fever, etc. These educations are more effective since they are on the basis of patients’ needs." (P15: home care nurse)

Second category: Emphatic nature of education

Most participants were aware of the roles and responsibilities of the home care unit regarding the continuation of the education duties of ward nurses and believed that all the education is performed by ward nurses, and the home care unit nurses have only an emphatic role in patient education. One of the participants stated,

"Home care education is performed by the home care nurse at the time of discharge and emphasized by the home care nurse." (P18: supervisor)

Table 2: Some meaning units, primary codes, subcategories of the sixth main category entitled, "Requirements for improving the educational performance of home care units"

Main category	Sub categories	Primary codes	Condensed meaning unit	Meaning units
Requirements for promoting the educational performance of home care units	Insurance tariffing	Not welcoming the home care program Reluctance of patients to receive education because of high-cost medical services Lack of insurance coverage for home care services Patients' desire for free systems Asking for help from non-specialists	Not welcoming home care and patients' reluctance to receive education because of costly medical services and lack of insurance coverage for home care services Patients' desire for free systems Asking for help from non-specialists	This is a good program, but it is not welcomed because of its high cost and lack of insurance coverage because home care is expensive. Most patients are reluctant to receive a referral form for education. They prefer other systems that are free, such as a health house that is free. Sometimes, this causes patients to seek help from non-professional individuals and fake nurses (services) (P3)
	Continuous education of clients from the time of patient's hospitalization	The educational performance of the home care unit solely at the time of discharge The need for education from the time of hospitalization Increasing client trust through continuous education Insufficient educational session at the time of discharge The need to continue education to be effective	Home care unit education only at the time of discharge More client trust in case of education from the time of hospitalization Insufficient educational session at the time of discharge Continuing education for the effectiveness of education	This is a good program, but it is not carried out well. Home care does not cover all patients due to activity only on the morning shift, while it is better to be active 24 hours a day. Sometimes, several patients are discharged at the same time from different wards, and each patient needs about 20 minutes of education (P16)
	Existence of a monitoring system	Specialization of the duties of the home care unit Using non-professionals in home care The need to fine non-professionals The need for a monitoring system for home care centers The need to use specialized nurses for home care	Specialization of the duties of the home care unit and the need for specialized people Using less-educated individuals and with no nursing degree Considering fines for those interfering in nursing care The need for a monitoring system for home care centers The need to use specialized nurses for home care to gain community trust	The duties of the home care unit are specialized and require professionals, but sometimes low-educated people and with no nursing degree are used for this job. The specialized people should be determined. Non-specialized people involved in nursing should be fined. There should be more monitoring systems for home care centers that use specialized nurses to achieve community trust (P13)
	Advertising and media coverage of the educational performance of the home care unit	Introducing this unit to the clients Only culturalization The need for advertising through various media Lack of familiarity of most people with the home care unit performance The need for culturalization by the media	Introducing the home care unit to the clients and only culturalization The need for advertising through various media to introduce the performance of the home care unit Lack of familiarity of most people with the home care unit performance and the need for culturalization by various media, including radio and television	Currently, only introduction of this unit to clients is done; in fact, solely culturization is done, and everybody is given contact numbers for giving reports. Advertisements must be done through different media to make this unit and its function familiar to all (P2) Most people are not familiar with the performance of this unit and do not know what services it provides. culturalization should be done by various media, including radio and television (P18)

Another participant stated,

"All educations are performed by the ward nurses, and the home care unit nurses refer the patients to a specialized center. In fact, the educational program for care which is designed by the physician at home is taught to the patients by the ward nurse and reminded by the home care unit." (P21: clinical nurse)

Third category: Empowering clients to perform self‑care programs

Other educational features of the home care unit include the following: the education provided for clients makes them familiar with their illness and with their ability in self‑care programs, increases their knowledge, attitude, and skills regarding self‑care, and increases their decision‑making ability to continue treatment and cooperation in promoting their health. Some of the participants' statements are as follows:

"Educations provided in the home care unit, allow the patients to become aware of their illness and learn how to take care of themselves." (P12: home care nurse)

"*These educations increase the clients' knowledge, attitude, and skills regarding self‑care. They learn to make decisions about continuing treatment and cooperate in their health promotion. Nurses become happy when they see patients that can take care of themselves or pursue their own care through the educations they receive.*" (P24: clinical nurse)

Fourth category: Increasing the quality of clinical services

According to the participants, home care makes the patient and his/her family more involved in the treatment process and reduces their stress and anxiety about their disease. These education programs also increase patients' trust in the health system, improve client satisfaction with treatment services, and increase the quality of clinical services.

One of the participants stated,

"*The client's stress decreases via education; she/he does not feel unattended and has someone responding to her/his problem or question. The client becomes more empowered to take care of herself/himself and the satisfaction increases."* (P3: clinical nurse)

Most participants expressed that the education programs provided in the home care unit increase the satisfaction of patients and their families. One of the participants stated,

"*Patients and their companions are happy that their patients are being followed up by the hospital and they are being educated about the disease and care, and that this satisfies them."* (P8: supervisor)

"*The client trusts the nurse since the education has already been done and the client has dealt several times with the head of the home care unit; as a result, the effectiveness of the education and the patient satisfaction are more than the educations received."* (P15: home care nurse)

Fifth category: Cost‑effective education

Participants believed that the education provided to the patients could reduce the cost of care and treatment and is economically beneficial to patients and the health system. One of the participants stated,

"*There are numerous benefits of patient education in the home care unit. For example, it can reduce the length of hospital stay and frequent hospital visits*." (P2: clinical nurse)

Another participant said,

"These educations are beneficial for patients because they allow the patients and their companions to learn some kinds of care and do them by themselves. Hence, this reduces the number of visits to clinics and hospitals and decreases the workload of hospitals, and in general, it benefits the patient and the healthcare system." (P11: supervisor)

Sixth category: Requirements for promoting the educational performance of home care units

This category emerged with four subcategories: tariffing insurance, continuous education of clients from the time of hospitalization, the existence of a monitoring system, and advertising and media coverage of the educational performance of the home care unit. According to the participants, there is no doubt about the effectiveness of education, but to carry out effective education, some conditions and requirements have to be met by the home care units to promote their educational performance, one of which is tariffing insurance. The participants believed that it was not welcomed by clients due to lack of insurance coverage, despite the appropriateness of the program. One of the participants stated,

"*This is a good program, but it is not welcomed because of its high cost and lack of insurance coverage because home care is expensive. Most patients are reluctant to receive a referral form for education. They prefer other systems that are free, such as a health house that is free. Sometimes, this causes patients to seek help from non‑professional individuals and fake nurses (services)*." (P12: home care nurse)

Participants also believed that patient education should be provided only at the time of discharge and believed that the head of the home care unit should be involved in patient education from the time of hospitalization to

have patients' trust to continue home care. One of the participants stated,

"*The home care unit is only involved at the time of discharge, but it is better for the unit to perform education from the time of hospitalization. So, this increases the client's trust. Patients are anxious about taking care of themselves at the time of discharge because some of them are illiterate and/or a little literate, do not have an aware companion, and are sometimes untrainable. The last session is not enough for education, and it must be continuous for the educations to be effective."* (P16: clinical nurse)

"*This is a good program, but it is not carried out well. Home care does not cover all patients due to activity only on the morning shift, while it is better to be active 24 hours a day. Sometimes, several patients are discharged at the same time from different wards, and each patient needs about 20 minutes of education."* (P25: clinical nurse)

"*The home care unit nurse is one person and cannot cover the patients' needs simultaneously, so the involvement of the caring nurse is required. The head of the home care unit does not educate the patient. Educations are solely provided by the patient care nurse, and the patient is referred to the home care unit for further treatment at home."* (P24: clinical nurse)

Most participants suggested providing continuous education by the home care unit from the beginning of hospitalization. Some of the participants' statements were as follows:

"*The home care unit education should not be only at the time of discharge. It should be from the time of hospitalization so that the nurse may interact with the patient to get better acquainted with patients who need home care."* (P1: clinical nurse)

"*The home care unit should also be active in inpatient education in addition to home care. The head of the home care unit and the patient education nurse should preferably be one person."* (P17: clinical nurse)

"*The home care unit should be able to educate patients at home as well. The hospital should arrange a home caregiver and not refer the patients to the city home care centers."* (P5: home care nurse)

Some of the participants considered providing home care unit education a specialized task that should be performed by experts and suggested a monitoring system for its proper implementation. One of the participants said,

"*The duties of the home care unit are specialized and require professionals, but sometimes low- educated people and with no nursing degree are used for this job. The specialized people should be determined. Non-specialized people involved in nursing should be fined. There should be more monitoring systems for home care centers that use specialized nurses to achieve community trust."* (P15: home care nurse)

The participants also considered the performance of this unit as in its early stages and suggested culturalization to provide this education more successfully; they demanded advertising and media coverage of these units to promote their educational performance. One of the participants stated,

"*Currently, only introduction of this unit to clients is done; in fact, solely culturalization is done, and everybody is given contact numbers for giving reports. Advertisements must be done through different media to make this unit and its function familiar to all."* (P5: home care nurse)

One of the participants said,

"*Most people are not familiar with the performance of this unit and do not know what services it provides. Culturalization should be done by various media, including radio and television*." (P18: supervisor)

Discussion

In this study, the features of patient education in home care units were investigated. Analysis of data led to the emergence of six main categories.

Regarding the first category, "Education based on the expertise and needs of the clients," the majority of the participants believed that the education provided to the clients by the home care unit should be based on the needs of the clients and should be provided by a professional team. Nowadays, nursing staff provide home-based care for patients more skillfully and there is more knowledge about how to provide complex and specialized nursing care than in the past.[13] The chronic nature of diseases such as diabetes, hypertension, heart failure, etc., requires patients to strengthen self-care skills.[23] Health education has an overall positive impact on various health outcomes among patients,[24] and patient-centered education, which is developed in line with the needs and views of the individual patient, will be a key factor in the treatment of diseases.[23]

On the other hand, self-care requires education in techniques and interventions that the patient performs to control the symptoms of the disease and slow its progression. Educational interventions that only increase the patient's knowledge are not effective; patients should apply the knowledge and tools they have learned in their lives and this should improve their behavior. In other words, effective education should not only include the content of appropriate and sufficient education, but also include the patient's values and desires.[23]

Home care has many different meanings around the world. In some places, these care services are provided by a skilled and professional nurse at home, while in some countries, more care is provided by family members.[14] Considering the context in Iran, the home care unit educational programs are appropriate for some of the specialized care needed by clients after discharge, including day care (such as injections and dressings) and preventive care (symptoms of nosocomial infections and bed sores).

Regarding the second category, the "Emphasizing nature of education," the majority of participants knew the roles and responsibilities of the home care unit in the continuation of the educational duties of ward nurses and believed that all education programs are now performed by ward nurses, and home care unit nurses only have an emphasis on these education programs.

Educating the client through nurses is the best way to take care of themselves, and the necessity of educating the client and the importance of the role of nurses in this field are undeniable.[23] The results of some researches show that most nurses are responsible for patient education, but the lack of necessary facilities and experienced manpower and the lack of appropriate time and place are obstacles in education.[25,26]

The statements of the participants in this study illustrate this point, and perhaps this is why the training provided by the home care unit is not done independently and is merely an emphasis on the training provided in the wards.

Regarding the third category, "Empowering clients to perform self-care programs," participants believed that the education provided to clients would familiarize the clients with their illness, and their ability in self-care programs, increasing knowledge and attitude, and their skills in self-care increase their ability to decide to continue treatment and their participation in health promotion.

Consistent with the results of the present study, Omidi *et al*.[9] in their study mentioned home care education in diabetic patients as a continuation of self-care behaviors and their blood sugar control.

One of the important responsibilities of the nurse is his/her vital role in educating the patient and rehabilitating and transforming him/her into an independent and self-sufficient individual.[27]

Studies have shown that educating patients as part of home care services plays a key role in controlling chronic diseases. One of the methods that can be used to educate patients is to do home care. The purpose of educating the patient at home is to increase their ability to adapt to their illness, take care of themselves and accelerate recovery after illness, and minimize the occurrence of any complications.[9]

In relation to the fourth category, "Increasing the quality of clinical services," participants believed that home care would make the patient and his/her family more involved in the treatment process and reduce their feelings of stress and anxiety about their illness. These trainings also increase patients' trust in the health system, improve client's satisfaction with the treatment services, and ultimately increase the quality of clinical services.

Barati *et al*.[17] in their study discussed the many benefits of home care for patients, their families, and the health system. The authors state that home care has the characteristics of complete care that includes continuity, quality, availability, and comprehensiveness.

Home nursing care services can increase the involvement of patient and family in caring for their clients,[28] and because of its numerous benefits such as comprehensive services, chronic disease control, and increased patient satisfaction, it is of particular importance.[29]

Regarding the fifth category," Cost-effective education," participants said that the training given to patients could reduce the cost of care and treatment and be economically beneficial to patients and the health system. This finding is consistent with the results of the studies by Fallahi Khoshknab *et al*.[28] and Heydari *et al.*[29] The study by Barati *et al*.[17] also discussed the economic benefits and cost-effectiveness of home care for patients, family, and health systems.

Shahsavari *et al*.[15] also stated in their study that home care leads to shorter hospital stays, less hospitalization, fewer complications from hospitalization, reduced need for frequent visits to emergency departments, shortened waiting times in medical centers, improved emergency congestion, improved quality of life, and reduced health-care costs.

Omidi *et al*.[9] also reported that education and care provided at home can lead to disease prevention, reduce disease complications, and reduce the length of hospital stay and readmission of patients, thereby reducing the cost of care. According to Koke *et al*.,[30] home care is also a cost-effective way to maintain independence.

In general, the findings of the present study are consistent with the results of the above research and show that the education provided by the home care unit can be economically viable.

In the sixth category, participants referred to the "Requirements for promoting the educational performance of home care units" and believed that in order to conduct effective training, conditions and requirements are needed for home care units to be able to improve their educational performance. Among these factors was insurance tariffs. Participants believed that despite the appropriateness of the plan, it was not welcomed by clients due to lack of insurance coverage. This finding is consistent with the results of the study by Lotfi Fatemi *et al*.[16] and Heydari *et al.*,[29] which indicate the lack of insurance coverage for home care services in the country.

Health insurance is a civil right for people, and all people should be covered by insurance. Despite this, the World Health Organization (WHO) report in 2013 shows that more than 88% of Iranians pay for their health care out of pocket.[29]

On the other hand, one of the factors that can play an important role in providing home care services is health insurance coverage.[15] However, the lack of insurance coverage for home care services has led people to seek home care from informal and non-specialist sources.[29] Suurmond *et al*.[31] stated in their study that there are no specific barriers, especially financial, to home care services in the Netherlands, Turkey, Morocco, and Suriname. Using the models and successful experiences of other countries can help improve home care in Iran.[28] Obviously, any reduction in health-care costs could encourage people to use home care services.

Participants also believed that patient education was provided only at the time of discharge. They believed that the head of the home care unit should be involved in patient education from the time of the patient's admission in order to gain the patients' trust for the continuation of home care. They suggested providing home care unit training on a regular basis from the beginning of the hospital stay. Obviously, the realization of such a thing requires the presence of a sufficient number of nurses in the wards, while in the health-care system of our country, we are faced with limited skilled manpower.[32] However, the nurse is a key member of the home care team, and if health systems want to respond appropriately to the health and medical needs of the people, it is necessary to make the necessary arrangements to hire the required workforce.[15]

Some of the participants in providing home care unit training considered it a specialty that should be performed by experts and suggested the existence of a monitoring system for its proper implementation. The study by Lotfi Fatemi *et al.* also found a lack of adequate and accurate supervision to address the issue of home care.[16] Previous studies in Iran have shown that home care has been associated with challenges such as care problems, insufficient ability of nurses, poor management, lack of proper infrastructure, cultural problems, lack of interprofessional cooperation, and lack of job satisfaction.[15,16]

Lotfi Fatemi *et al*.[16] also acknowledged in their study that in Iran, the standards and duties of home nurses are not yet clearly defined. In other studies, reforming the necessary infrastructure,[14] providing standard guidelines for home services,[15] specifying predetermined tariffs, and the use of skilled people[16] have been suggested for the successful implementation of this project.

The participants also knew the performance of this unit in its early stages and, in order to present these trainings more successfully, they suggested creating a culture in the general community and demanded to promote and mediate the educational performance of this unit in order to improve its educational performance. The media, as one of the powerful components of civil society and influencing public opinion, play a very important role in holding the government accountable.[33]

Home nursing care increases the patients' level of activity and reduces patients' dependence on daily life activities. Paying attention to home nursing services in health planning can show valuable results.[32]

Due to the increasing elderly population and chronic diseases, more nursing care is needed for clients with chronic diseases, and nurses can play an effective role in home care by educating clients.[4] If our country's health system is seeking reform,[29] more attention should be paid to home nursing services,[32] and by using advertising and media coverage of this type of service, an important step can be taken in introducing these services to the public and society.

This study, like other studies, has limitations. This was a qualitative study conducted on a limited population, and generalizations from this study may not be easily feasible. The limited number of previous studies in Iran about home care and inadequate knowledge and experience regarding this kind of health care were the other limitations of this study. Given the limitations of the present study, it is recommended that more studies should be carried out about home care in other settings.

Conclusion

In this study, the characteristics of patient education in home care units were evaluated from the perspective of the participants. The results showed that the training

provided to patients in home care units is based on the expertise and needs of clients and empowers them to implement self-care programs. These trainings are also economically viable and increase the quality of clinical services. According to the participants, in order to improve the educational performance of home care units, issues such as insurance tariffs, the existence of a monitoring system, and advertising and media coverage of the educational performance of this unit need to be considered by the relevant authorities. Due to the novelty of home care in Iran, the results of this study can be considered by managers and health policymakers for planning to improve the level of education in the home care unit, so that this unit can provide more effective educational services for patients.

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Conflicts of interest

There are no conflicts of interest.

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