Background

- Drug therapy is very important for the health care of the elderly. The homecare nurses are the first-line medical staff to care for the elderly at home.
- They should strengthen the inquiry and understand the medication status of the elderly, and clarify the indications and treatment goals of current prescriptions, and serve as bridges of communication between our elderly patients and the medical team. However, little is known about the challenges of homecare nurses in the face of medication for the elderly at home.

Aims

- Exploring homecare nurses face the challenges of medication for the elderly at home.

Methods

- Qualitative research was designed for this study.
- Focus group interviews with homecare nurses were conducted among 23 homecare agencies in northern Taiwan.
- The number of homecare nurses in each focus group is 2-9. The results obtained were analyzed by content analysis.

Results

- Self-prescribing by the elderly person/family member
  The elderly and their families regard themselves as doctors. They would adjust the drugs according to the conditions of the elderly, including stopping drugs, taking drugs selectively, taking irregular drugs, increasing or decreasing the usage of drugs (dose, frequency), causing serious problems with hoarding drugs. In addition, they could use Chinese and Western medicines, buy over-the-counter medicines, and even take other people's medicines.

- Multiple and duplicate medications by multiple prescription institutions/physicians
  The elderly and their families expect that the drug can solve many medical conditions, the policy stipulates the number of drugs prescribed, and the lack of integrated clinics for the elderly. As a result, they may go to hospitals and multi-disciplinary clinics to seek medical treatment, leading to the problems of repeated medication and polypharmacy for the elderly.

- Medicine taking problems
  The drugs of the elderly were often different families to go to the hospital to take drugs, distributed drugs, and then the foreign caregivers would feed the elderly drugs. The family did not keep the drug bags. The elderly had had side effects of drugs, but the foreign caregivers continued to feed the elderly drugs. For convenience, it was often the case that the pre-meal and post-drinking drugs were mixed together in the diet (milk). The homecare nurses could not judge which drugs were not suitable for feeding. Many drugs could not be powdered or insoluble in water, and they would stick to the wall of the tube. Therefore, there were often problems with the tube plug, but the doctor still prescribed the drugs.

- The Elderly/family member dare not to discuss medication problems with physician
  In general, elderly and their families would seek out outpatient clinics of famous doctors. There were many outpatients in famous doctors. There was no time for famous doctors to discuss the medication status with the case. The elderly (or their families) do not dare to discuss the conditions and medication problems with the physician or question the physician’s prescription for medication, because they were afraid of the authority of the physician.

- Communication with family caregivers
  The elderly and their families were stubborn and do not accept the advice of the homecare nurse. The homecare nurse must educate elderly/families or foreign caregivers, as well as caregivers who often rotated, often with poor communication. The working hours are tight, and the timeliness of the education is poor. It is not enough to cope with all the drug problems in the case. Some drug problems need to be detailed until the next home visit.

- Communication with medical team members
  The advice provided by the homecare nurses to the prescriber was not answered or was not accepted. When the homecare team (home visit doctors, pharmacists, and homecare nurses) and the prescribing physician have different opinions on the medication for the elderly, they would worry about the tension between the doctor and the patient. The homecare nurses do not understand the intention of the prescriber to prescribe certain drugs.

- Insufficient competence of medication for the elderly
  The homecare nurses’ clinical experience (qualification) was insufficient. The homecare nurses were not the drug experts and were not familiar with the interactions (drug – drug and drug – food). The medication for the elderly was more complicated. Drugs continue to evolve. The homecare nurses were more familiar with the product name than the scientific name. The homecare nurses do not know if the medicine can be ground. Hospitals often changed drug manufacturers. Therefore, the homecare nurses were not confident enough about the medication guidance for the elderly.

- Needing to have interdisciplinary knowledge and cooperation
  The medical team should work together to optimize the medication for the elderly. The homecare nurses must have the interdisciplinary knowledge and cooperation. For example, it is necessary to assess the physical condition of the elderly, discuss with the contract pharmacist and the home visit doctors according to the drug condition of the elderly, and then give the best medication guidance to the case. For elderly with drug problems, the homecare nurses would need to assist and teach the elderly and their families to communicate with the prescribing physician about the possibility of changing their prescription of the drug, but the lack of interdisciplinary knowledge and cooperation of the homecare nurses, including insufficient drug information, the role of the drug was only a shallow understanding, the lack of professional confidence in the drug, as well as the adherence of the prescribing physician to drug therapy, so that through contract pharmacists, home visit physicians, elderly/families, communication with the prescribing physician is often poor.

Conclusions

- This study found similar results to the common medication problems in the elderly person and the challenges confronted by homecare nurses.
- The most common challenges for homecare nurses are self-prescribing as the elderly persons/family members often considered themselves to be physicians, multiple medications/duplicate medications, lack of communication with medical team members, and insufficient competence of medication for the elderly.
- The findings of this study help medical personnel to understand the challenges of homecare nurses facing the medication of the elderly, and as a reference for designing future interventions.

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