HOME VISIT FOR APPLYING FAMILY NURSING: A PERSPECTIVE

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ABSTRACT
The paradigm shift from hospital-based care to community-based care lead role of health workers in Primary Health Care became an important part in improving public welfare through the field of health. A community nurse is required to be able to make approaches to the community, including conducting a home visit, in order to increase public awareness and concern for their health level. Home visit is one of the effective approach strategies to change the behavior of a family to be better and more concerned about the health of family members who are experiencing pain (Sweet & Appelbaum, 2004). Home visits are conducted to provide care to family members who experience health problems, both degenerative diseases (diabetes mellitus, stroke, chronic heart disease, chronic kidney disease, etc), Human Immunodeficiency Virus (HIV), mental health problems, maternal and child health, adolescent health, Tuberculosis, etc (Putra, Toonsiri, Junpasert, 2015; Culbert & Williams, 2018; Huriah, et al., 2018; Surjaningrum, et al., 2018; Chayati, Effendy, Setyopranoto, 2019). In Indonesia, home visits have been carried out in line with government policies regarding the Healthy Families program. The goal of the Healthy Families program is to achieve Healthy Indonesia. According to the Government of Indonesia, the achievement of a Healthy Indonesia will improve the welfare of the Indonesian people. The home visit is carried out not only to do home care but also to do family empowering to increase the family’s readiness in solving health problems that they face, especially the health of family members who have experienced it. However, this home visit program experienced several problems in its
implementation. Problems that arise, including the emergence of stigma in the community aimed at families conducted home visits, so that families are often reluctant to do a home visit again. Sometimes they choose to drop out of treatment because the family does not want to be ostracized by their neighbors (Putra & Toonsiri, 2019). In addition, the stigma arising in the community resulted in some families preferring to cover their family members who experience health problems and consider the family members to be okay (usually occurs in families that have infectious sick family members or mental health problems) (Annisa, 2018; Culbert & Williams, 2018; Somana, 2015). Other problems that are often faced in implementing home visit programs are economic status, culture in the family, and the interrelation of functions in the family.

The principle of implementing a home visit program is that family nurses provide input related to health problems that exist within the family that are targeted by the home visit while still giving freedom to the family to choose the treatment that is appropriate to the situation in the family. The ultimate goal of doing a home visit is to improve the quality of life of family members who experience health problems. With such an end goal and the problems faced in carrying out a home visit, family nurses are expected to be able to approach families and communities around the target families of the home visit. The approach aims to provide knowledge about the importance of home visits and motivate them to provide support to family members who experience health problems. In its implementation, a family nurse must also consider aspects that can influence the success of the home visit program, including providing alternative options that are appropriate to socioeconomic, cultural, educational level, occupation, and so forth. One thing that a family nurse must also remember is changing one's behavior is not easy and requires more patience, time and attention.

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