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Investigating the effect of home care program on self-efficacy of female-headed single-parent households supported by Isfahan Welfare Organization (Behzisti) in year 1394

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ABSTRACT

Introduction: Female-headed households are among the most vulnerable groups of society and there are potential of many critical jeopardies for these families. Therefore, this study was focused to evaluate the effect of home care program on self-efficacy of female-headed single parent households supported by Isfahan Behzisti-Welfare Organization in year 2015. Methodology: This study was a quasi-experimental design research with random selection of 36 female headed single parent. Prior to the nursing intervention, demographic and life style information of these families were evaluated using 70 questions in a questionnaires. In addition, a pre-test using a standard self-efficacy questionnaires with 17 questions were used to assess the level of self-efficacy of these families. Following the experiment, these families responded to the self-efficacy questionnaires. For descriptive statistics analysis, frequency, average, and standard deviation were evaluated. Furthermore, paired-sample t-test, Pearson's chi-squared test, Mann–Whitney test, Spearman's rank-order correlation, and Kruskal–Wallis one-way analysis of variance were analyzed using SPSS v.18 software for statistical inference analysis. Results: Our analysis revealed that there was a significant difference ($p<0.05$) between the score average of pre- and post- home care program. It supported our hypothesis that the supportive home care program had significant effect on self-efficacy of female-headed single parent households. Discussion and Conclusion: Following the effect of the supportive nursing intervention on self-efficacy of female-headed households, it should be mentioned that this supportive program can be the best strategic plan to increase the family's health and preventing health issues. Therefore, given the multiple roles of public health nurse, supportive home care program is critical and should be emphasized.

Keywords: home care program, self-efficacy, female-headed families

INTRODUCTION

Female-headed households are among the most vulnerable groups of society, which can potentially cause social problems at the macro level of society that are originated from those fragile families. In addition, the female-headed single-parent households are facing serious social problems and challenges [1]. Furthermore, female-headed single parents should manage their financial needs and experience all of the stresses related to their jobs and financial crisis besides their parental and supportive role for their children [2]. Unexpected allocation of supervision and support from husband to wife caused a series of insecurities and a double duties of being as mother and father negatively affect women mental health [3, 4]. Since the decision-making role to deal with the problems of personality, mental, social, emotional, financial, family, educational and behavioral of children is the responsibility of the head of household (i.e. mother in female-headed families), focusing on the mental health of these female-headed single parents is essential to avoid many of the family and social problems [5]. Cheeseman, Ferguson and Cohen (2011) believe that mental and emotional problems of single mothers results in emotional and psychological traumas such

as post-traumatic stress disorder, anxiety and depression. At the social level, there are barriers such as low-level jobs, lack of job promotion opportunities, and low wage and income in comparison with man workers [6].

The results of Population and Housing Census in 1385 in Iran showed an increasing trend in single mothers' households with an increase to 9.5% in 1385 compared to 7.1%, 7.3%, and 8.4% in 1365, 1355, and 1375, respectively (Population and Housing Census, 1385). Nowadays, there are more than 173,000 single mothers supported by State Welfare Organization of Iran (Behzisti). According to Statistical Center of Iran, the number of female-headed households increased from 9.5% to 12.5% between 1385 and 1390. However, 71.4% of widowed women, 17.6% of abused women, 20% of divorced women, and 5% of single women become head of the household (State Welfare Organization of Iran, 1394). In 85% of cases, death of the spouse was the cause of single-parent and female-headed households (Statistical Center of Iran, 2008). Because of the importance of family, head of household's role in providing the basic needs of its members, and gender discrimination and inequality in social and financial aspects for women in most societies, studying the social and financial aspects of female-headed households is necessary [2]. In addition, due to the increasing number of female-headed households as a result of an increase in divorce rates, social crime rate, number of prisoners, drug addiction or head of household's immigration [7], focusing on self-efficacy of these fragile families is critical.

Self-efficacy is the basis and foundation of mental health and reinforces the person's competency and capability of dealing with life's problems. Strength of person's belief in his/her own ability to complete tasks and reach goals is called self-efficacy. These beliefs about one's abilities affect person's efforts and perseverance. Self-efficacy is different based on person's thinking and behavior, while individual psychological development encounter problem without self-confidence [8]. People who have higher levels of self-efficacy are working harder, more successful and experience less fear [9].

Due to advancement of technology, growing population, and increasing medical expenses and rehabilitation, home care services can be an appropriate solution to help those people who need special care [10]. Home care services is defined as medical and nursing services offered in order to treat the disease, control of medications' side-effects, rehabilitation and counseling by the medical team at patients' homes. Reduction in health care costs, involvement of patients in their care, reducing hospitalization period, satisfaction feeling of being with the family and reduce the physical and psychological effects of hospitalization are few of advantages of home care services [11]. Home care services are being offered in most states of Canada, while in Western Europe particularly in countries with comprehensive health coverage and public health services, home care is offered in the health plan [12].

Nurses at the forefront of the health care system and their unique role in providing comprehensive and family-centered care are among the first team of health care to encounter individuals and families [13]. One of the most important responsibilities of nurses is their critical role in patient education, rehabilitation and altering the patient from a dependent to an independent person [14]. Social health nurses with the knowledge of social problem and having specific and direct relationship with the patient, can significantly influence women's beliefs and behavior, which eventually promote their health and prevent disease. As educators of health issues, social heath nurses can determine health policy based on the common families' needs [15]. This research was studied to evaluate the role of home care program in increasing of self-efficacy of female-headed households supported by Isfahan Welfare Organization (Behzisti) in year 1394.

MATERIALS AND METHODS

This study was a quasi-experimental design research with random selection of female headed single parent from City Welfare Organization. According to information collected from Office of Social Affairs in the Department of Social Welfare Organization in City of Esfahan, there were 297 female-headed households following death of spouse or divorce. Based on the formula to calculate the sample size, 37-42 individuals were determined for the study. However, due to sample size reduction, 50 female individuals who are head of households and meeting entry criteria were selected.

Research intervention

This research was conducted in three phases. Before the intervention phase, the participants were invited and after introduction, objectives and process of the study was explained to the single mothers followed by signing the consent form. Then the questionnaires were submitted to them and lifestyle information and problems of each participant was collected using the standard questionnaire. The questionnaire assessed 10 domains, which were scored for each participant in each area followed by recording the total average of participants. The domains that were evaluated in the lifestyle questionnaire were sorted from the lowest score to the highest score shown below:

1. Exercise and wellness (average score of 22.19)
2. Weight control and nutrition (average score of 27.66)
3. Spiritual health (average score of 29.02)
4. Mental health (average score of 30.05)
5. Prevention of drug abuse and narcotics (average score of 32.16)
6. Disease prevention (average score of 33.63)
7. Physical health (average score of 33.83)
8. Social health (average score of 33.97)
9. Environmental health (average score of 37.5)
10. Accident prevention (average score of 42.83)

Domains with the lowest score was identified as problems in the single mother families. These areas with the lowest score of total average includes exercise and wellness, weight control and nutrition, and spiritual health. Based on the principles of nursing care, home care plan was designed to implement the group educational program. In the intervention phase, home care group educational program was carried out in City Social Welfare Organization during five consecutive days with forming four groups of 9 individuals and one group of 8 individuals.

The intervention program was conducted in the form of a two-hour meeting with face-to-face interviewing with focus group expressing experiences and opinions with open questions and discussions. Educational content includes health issues, wellness dimensions and then directing the conversation to exercise and fitness, weight control and nutrition, and spiritual health. At the end of the meeting, educational booklets and pamphlets were provided to single mothers and assuring them for follow-up sessions in order to eliminate or reduce family problems.

Following the completion of group training, the permit for home visit was authorized for each of the five groups in order to implement the home care program. Among 40 households in this study, the permit for 25 households for home visit was warranted. These home visits were conducted during 10 days with one-hour visit of each house to closely observe the situation in order to investigate and identify the limitations and capabilities of the families.
Nursing home care program was provided in the areas of problems identified from lifestyle questionnaire, while educational materials provided in the group training session were investigated and evaluated. In addition, we asked one of the family member about the impact of the training. During the home visit, counseling and referral for problems, training and rehabilitation services were also provided to family members. Two weeks after the intervention program, 40 single mothers participated in the group training were invited for a 1-hour meeting and responded to the self-efficacy questionnaire as the post-test, which end up with 36 participants. At the end of the study, single mothers were rewarded with gifts to express our gratitude for their assistance in conducting this research. After completing the pre-test and post-test questionnaires, collected data were categorized before and after the intervention program were analyzed using statistical tests.

Research tools
Demographic questionnaire consists of three sections related to female-headed households' age, family, and children. The information section on age consists of current age and age that one's become single mother, current job and job at the time of living with spouse, duration of marriage, and education level. The information section for the family was questioning on the cause of becoming single mother, number of children, house location, location status, income, health plan, and the stage of family life. The information section related to children had the components of children age, sex, occupation, education level, marital status, health status.

Self-efficacy general Sherer GSE-17 questionnaire had 17 questions with each question ranging from strongly disagree to strongly agree based on the Likert scale. Grading scale was between 1 to 5 scores for each question. Questions 1, 3, 8, 9, 13 and 15 were scored from right to left and the rest of the questions were scored in reverse order from left to right. Physical health questionnaire (lifestyle) in order to evaluate various aspects of lifestyles was consist of physical health, exercise and wellness, weight control and nutrition, disease prevention, mental health, spiritual health, social health, prevention of drug abuse and narcotics, accident prevention and environmental health. The questionnaire had 70 questions and responses range from strongly disagree to strongly agree based on Likert scale. For descriptive statistics analysis, frequency, average, and standard deviation were evaluated. Furthermore, paired-sample T-test, Pearson's chi-squared test, Mann–Whitney test, Spearman's rank-order correlation, and Kruskal–Wallis one-way analysis of variance were analyzed using SPSS v.18 software for statistical inference analysis.

RESULTS

The research findings are as follows:

Most women (47.2%) were in the age range 31-40 years, while 36.1% of women become single mother in the last 2-5 years. The majority of women (72.2%) were housewife at the time of living with spouse and also at time of being single mother. In addition, the education in most women (58.3%) were high school degree. The cause of becoming single mother was divorce for 50% of women and death of spouse for the other half of the women. The stage of family life for the majority of the participants were families with teenage children (41.7%). Less than half of the participants (44.4%) were living in rental house while majority of the women (75.0%) were having income less than 5,000,000 Rials. The health plan for most participants (41.7%) were social health plan.

Research findings on the impact of intervention programs is as follows:
Before the intervention, self-efficacy for 2.8% of women was poor, for 52.8% of women was at intermediate level and 44.4% of women were at good level. The average score for self-efficacy for participants were 59.92±10.12% (Table 1).

Table 1. Frequency distribution of participants based on the self-efficacy and score average before nursing intervention

	Level	Number of participants	Percentage	Average	Standard deviation
Self-efficacy level	Poor (score 17-39)	1	2.8	59.92	10.12
	Intermediate (score 40-62)	19	52.8		
	Good (score 63-85)	16	44.4		
	Total	36	100		

After the intervention program, self-efficacy for 41.7% of women were at a intermediate level, while 58.3% of women had self-efficacy at good level. The average of self-efficacy score for participants were 63.5±9.18 (Table 2).

Table 2. Frequency distribution of participants based on the self-efficacy and score average after nursing intervention

	Level	Number of participants	Percentage	Average	Standard deviation
Self-efficacy level	Poor (score 17-39)	0	0	63.50	9.18
	Intermediate (score 40-62)	15	41.7		
	Good (score 63-85)	21	58.3		
	Total	36	100		

Self-efficacy rates of female-headed households had an average of 3.58% increase after intervention. Based on paired-sample t-test results, a significant difference was observed between the average of self-efficacy before and after the intervention ($p<0.05$, df=35, t=2.278) shwoing a significant increase in the self-efficacy following the intervention program. Therefore, supportive home care program positively influence the self-efficacy of female-headed single parent households (Table 3).

Table 3. Comparison between score average of participants before and after the nursing intervention

	Difference of score average	Standard deviation	T-statistics	Degree of freedom	Significance level
(post-test) – (pre-test)	3.58	9.44	2.278	35	0.029

DISCUSSION

Based on the finding in our study, home care program had effects on the mother-headed single-parent households. Therefore, intervention home care program increases the self-efficacy of single mothers. The increasing cost of health care in the country highlights the need for employment of new methods of providing care to control costs. Among these new methods, home care should be considered as a possible solution as the first base for providing health care (Rad, 1388).

The finding in this study is consistent with previous studies conducted with Riggs et al. (2011), Fallahi Khoshgenab (1386), and Hosseini et al. (1383), which studied the home care program on patients with heart failure, schizophrenic patients, and patients with stroke, respectively. These studies mentioned nursing home care services as a successful approach in achieving rehabilitation and health promotion. Ghasemi (1393) in a study investigated the effectiveness of home care on the health status of families with children with intellectual disabilities supported by health centers in City of Khorasgan in Province of Isfahan in year 1392, mentioning the effectiveness of home care program in health condition of these families ($p<0.000$).

CONCLUSION

Considering the cost and time involved in visiting health centers, supportive home care program is the best strategic plan to increase the family's health and preventing health issues. Therefore, it is very important to consider the nurses' educational role during their home visit. During the educational program in the home care, nurses can educate the families about their health problems and remind them about their capabilities (Adib Haj-Bagheri et al., 2013). Hence, with design and developing of home care program by nurses, particularly those in area of community health and their influence on every individual in a family, we can undoubtedly observe an independency in the family structure.

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