

CONTEXTUAL FACTORS AFFECTING THE UTILIZATION OF IN-HOME NURSING INTERVENTION, 1880-2000

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KEY WORDS: Home Visiting, Nursing History, Nursing Interventions

Home visiting has been employed by nurses since the beginning of the profession to provide a variety of caregiving and educational interventions. Little has been written about the historical context and activities of home visiting by nurses. **The purpose** of this historical inquiry was to identify and analyze contextual factors that have influenced home visiting as a nursing intervention since 1880. Historical **methods** were applied to a variety of primary and secondary written materials. Major primary historical sources included documents from the Visiting Nurse Society of Philadelphia; Montefiore Medical Center, Bronx, New York; and the state archives of New York, North Carolina, Pennsylvania, and Virginia. Secondary literature on home visiting included public health nursing and social casework practice manuals; selected nursing publications, 1880 to present; medical literature on physician house calls and physician-controlled home care programs; policy literature on payment mechanisms such as life insurance companies, Blue Cross, and Medicare; and contemporary nursing research that incorporates home visiting. **Findings:** Nurse home-visiting practice emerged from nineteenth-century charitable enterprise and social convention, and substituted for private duty care unaffordable by the poor. The structure, purpose, and rhythm of home visiting has endured over time, including a focus on prevention and behavioral change for health promotion/disease prevention and for preventing negative consequences of acute/chronic disorders. Home visiting brought health care to isolated individuals and families in rural and urban areas, and provided links to wider services. Nursing supervisors, agency administrators, physicians, and funders all shaped home services, but nurse home visitors sought an independent practice based in the nurse-client dyad. This encounter between nurse and individual/family often was transformative for both, and lead to deepened understanding by the nurse of the poor and disenfranchised. Home visiting has been deemed effective, but remains suspect: Rooted in historical emphasis on institutional interventions, where enhanced administrative controls are applied, home-based services appear less structured, less predictable, and thus less acceptable. In contrast to physicians who precipitously abandoned house calls between 1940 and 1960, nursing has continually sought mechanisms to support home visiting financially. **Discussion:** The nurse home visitor traces a careful path between effective health interventions and unwelcome cultural/class imposition. Is home visiting an intervention itself or is it the location/context of intervention? Is the focus of care the individual or the family? How is the client related to the social, psychological, and physical environment? Is the cost of home visiting proportionate to its outcomes? This historical inquiry clarifies these enduring dilemmas about home visiting that have implications for public policy development and for research design which incorporates home visiting.