1. SUMMARY

Introduction. Long-term home nursing care (LTHNC) includes services offered to bedridden as well as chronically ill patients staying at home. The services are addressed to those who do not need inpatient treatment, but their health problems require systematic nursing care.

Aim of the work. Analysis and evaluation of the provision of long-term home nursing care in Poland based on the opinions of the providers.

Materials and methods. Mixed research methods: quantitative and qualitative were used in the study.

The quantitative research was performed by means of a diagnostic survey, using the postal survey technique. The research tool was a personally designed questionnaire. The survey covered providers who had contracts with the National Health Fund signed in the years 2014–2016 for such benefits as 'nursing and care services for long-term home nursing'. The questionnaire, together with a cover letter and a return envelope, was sent to all entities in Poland (n = 1,119). 428 correctly completed questionnaires were qualified for the analysis (the percentage of returns was 38.2%).

The qualitative research was implemented by means of semi-structured interviews. Individual interviews were conducted with the use of an interview guide for providers (managers of medical entities concluding contracts for LTHNC) and LTHNC nurses.
A total of 10 interviews were conducted. The course of each interview was recorded on a voice recorder and then fully transcribed.

The research was approved by the Bioethics Committee of the Medical University of Bialystok (for quantitative research: Resolution no. R-I-002/298/2014; for qualitative research: Resolution no. APK.002.31.2020).

Results. The quantitative research showed that the vast majority of respondents saw increased demand for LTHNC and believed that the number of man-days contracted by their entity did not meet the demand for such services. Over 40% of the respondents had a neutral attitude towards cooperation with the NHF in the area of contracting out LTHNC services; about 26% were satisfied with the scope of contracts, and over 30% were dissatisfied. More than half of the respondents raised objections to the process of concluding contracts for long-term care and nursing services. These concerned, inter alia, low rates per

man-day and no possibility to negotiate the terms of the contract or willingness to cover a larger number of services. However, it should be emphasised that over 65% of the survey participants declared no problems connected with the process of entering into contracts for LTHNC. The results of the qualitative research confirmed the lack of difficulties in concluding contracts with the NHF for the said services. According to more than 95% of the respondents, the rate per man-day of care mentioned in the contract should be higher. Approximately 50% of the quantitative survey participants positively assessed the process of referring patients to nursing care; almost 30% had a neutral opinion about it, and over 16% evaluated the process negatively. The need for changes in terms of qualifying patients for LTHNC was emphasised by the participants of the qualitative research. Over 65% of the respondents were of the opinion that there was a need to introduce quality standards for LTHNC services. The participants of both surveys pointed out the difficulties faced by nurses providing the abovementioned services. These concerned the relations with the patients' caregivers, particularly in the scope of: negligence related to the care and nursing of the patients, communication, and not following the nurse's recommendations. Problems with patients were reported by the respondents less frequently, and mainly concerned the unfavourable financial situation of the patient, family conflicts, and failure to follow the recommendations. The following solutions were proposed to improve the delivery of LTHNC: increasing rates per man-day of care, reduction/simplification of documentation, increasing the number of services covered by contracts, abolition of limits on the provision of long-term care at home, changing the manner of qualifying patients for care services, and improvement of cooperation between the LTHNC nurse and the community nurse.

Conclusions. The main motives behind contracting out LTHNC services by the providers included: increased demand for this type of services, financial motivation, and willingness to introduce new organisational solutions. Most providers declared a neutral attitude towards cooperation with the NHF in the field of contracts for LTHNC. Among the main limitations, the participants of the survey mentioned: low rate per man-day of care, lack of real possibilities of contract negotiations, and a low number of health care benefits in relation to the demand for them. Dissatisfaction with the cooperation with the NHF was independent of the offered rates. The providers valued the cooperation with LTHNC nurses and their involvement in their work very highly or highly. The proposed changes that could contribute to improving the provision of LTHNC, including its effectiveness, availability and quality, were: increasing the rate per man-day of

care, abolition of limits connected with LTHNC services, and increasing the number of contracted benefits.