ORIGINAL

Psychiatric Home-Visiting Nurses' Views on the Care Information Required of Psychiatric Hospital Nurses

Yoshiyuki Takashima[1,2], Allan Paulo Blaquera[2,3], Feni Betriana[4], Hirokazu Ito[5], Yuko Yasuhara[5], Gil Soriano[2,6], and Tetsuya Tanioka[5]

[1]Department of Nursing, BAIKA Women's University, Osaka, Japan, [2]PhD Student, Graduate School of Health Sciences, Tokushima University, Tokushima, Japan, [3]Faculty Member, School of Nursing and Allied Health Sciences, St. Paul University Philippines, Cagayan, Philippines, [4]Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand, [5]Institute of Biomedical Sciences, Tokushima University, Tokushima, Japan, [6]Department of Nursing, College of Allied Health, National University, Manila, Philippines

Abstract : The "construction of a community-based comprehensive care system for mental disorders" has been promoted in Japan. However, nurses in psychiatric hospitals do not intervene with community resources and support networks in Japan. This study aimed to determine the care information required by home visit nurses from psychiatric hospital nurses. A qualitative descriptive research design was employed. Semi-structured interviews were conducted with nine psychiatric home-visiting nurses, and content analysis was performed to analyze the data. Findings revealed 319 narratives about the information that psychiatric home-visiting nurses seek from psychiatric hospital nurses, which were classified into six main categories. Information needed for home-visiting nurses to provide care includes the following : 1) to build trust with home-visiting service users, 2) to help home-visiting service users live according to their wishes, 3) to help home-visiting service users continue treatment in the community, 4) to perform symptom management, 5) to provide family care, and 6) to protect the safety of home visiting nurses during home visits. Nurses in psychiatric hospitals should communicate this information to nurses who provide psychiatric home care. This will improve the quality of continuing care for home care users and support their recovery in community living. J. Med. Invest. 71 : 162-168, February, 2024

Keywords **:** *psychiatric hospital, psychiatric home-visit nursing, collaboration, community-based interventions*

INTRODUCTION

As Japan's population is aging at a rate unparalleled in other countries, the government is promoting the development of a comprehensive community care system by 2025 (1). According to the "Vision for Reform of Mental Health and Medical Welfare"(2), local mental health and medical welfare policies have shifted from "focusing on inpatient care to focusing on community living." Since the "Study Group on the Future of Mental Health and Medical Welfare (3)" in 2017, the "construction of a community-based comprehensive care system for mental disorders" has been promoted.

Psychiatric home-visit nursing is a way to support the community life of patients with mental disorders. It is effective in preventing rehospitalization (4-6), shortening hospital stays (7, 8), and improving daily living functions (9). There is a base of evidence that community-based case management is effective. Because it provides quality, patient-centered care, case management should be used for major care coordination (10).

However, nurses in psychiatric hospitals do not intervene with community resources and support networks in Japan (11). In addition, the degree of implementation of care leading to health services is low (12). Furthermore, there is a low awareness of continuity nursing, a lack of knowledge and understanding of continuity nursing, and a lack of knowledge of community resources (13). A literature review of nurses' difficulties in psychiatric home nursing identified a need for greater participation among nursing professionals (14). A need for more cooperation might indicate that psychiatric hospital nurses may not be able to provide continuous nursing care because they do not know what information is needed by nurses providing psychiatric home nursing care. Despite this, previous studies have not revealed the care information that psychiatric home visit nurses seek from psychiatric hospital nurses. "Care information" is the information needed to make judgments and decisions about psychiatric visiting nurse practice, information about providing safety and appropriate psychiatric home care that is not currently provided, in addition to the basic information provided in discharge summaries and other documents.

Therefore, this study aims to determine the care information required by psychiatric home visit nurses from psychiatric hospital nurses.

METHODS

Research Design

This study used a qualitative descriptive research design to objectively clarify this phenomenon.

Participants

Nine nurses with five or more years of experience in psychiatric home care were recruited in the study using purposive sampling. Four home healthcare units in the Kansai area were selected for convenience, and the research participants were recruited from facilities that agreed to cooperate in the study. The research outline and ethical considerations were explained to the potential research participants individually, and the nurses who were provided with written and oral explanations and gave their

Received for publication November 20, 2023 ; accepted March 7, 2024.

Address correspondence and reprint requests to Yoshiyuki Takashima, RN, MSN, Department of Nursing, BAIKA Women's University, 2-19-5 Shukunosho, Ibaraki, Osaka 567-0051, Japan and E-mail : y-takashima@baika.ac.jp

consent were eligible for the study.

Data collection

Data were collected from August 2020 to October 2020 at the visiting nursing station. Semi-structured interviews were conducted using an interview guide (Table 1). The interview consisted of specific information about the nursing practice for the patients immediately after discharge from the psychiatric hospital and the information necessary when making decisions about nursing care. The information provided by the hospital at the time of the visit request, the number of years of nursing experience, the number of years of psychiatric nursing experience, and the number of years of psychiatric home-visit nursing experience of the research participants were obtained. The average time of each interview was approximately 63.6 min, and each interview was recorded using an IC recorder.

Data analysis

Data were analyzed using inductive content analysis (15). First, the recorded interviews were transcribed verbatim. The verbatim transcripts were then repeatedly read, and the parts considered to convey the information that the psychiatric home care nurses were seeking from the psychiatric hospital nurses were extracted. The extracted narratives were coded according to their semantic content. The codes were then classified on the basis of similarities and differences in semantic content. The codes were then sub-categorized, and generic categories were extracted by increasing the abstraction level. The codes were further abstracted into the main categories. All data were analyzed in Japanese. Subsequently, the main categories, generic categories, sub-categories, and representative excerpts were translated into English for this study. A researcher familiar with qualitative descriptive research supervised the entire analysis process.

Trustworthiness

The trustworthiness of this study was established through member checking, systematic coding (16), and an audit trail. Member checking was conducted to ensure the reliability of the analysis results by sending the analysis results to all research participants via mail to obtain their opinions. Systematic coding was performed by analyzing transcribed verbatim using codes. The audit trail was conducted by a researcher with expertise in qualitative studies to audit the analysis process. In addition, this study followed the EQUATOR guidelines according to the Standards for Reporting Qualitative Research (SRQR) (17).

Ethical Considerations

The purpose of the research, research methods, assurance of anonymity, protection of privacy, participation in the research based on free will, guarantee of withdrawal during the research, and no disadvantage in case of withdrawal were explained orally and in writing to the potential research participants. Interviews were conducted after obtaining their consent. To avoid coercion when requesting research cooperation, the researcher contacted the potential participants directly and obtained their permission to request research cooperation. Any parts of the verbatim transcripts that could identify facilities or individuals were anonymized or abstracted. Voice data were stored on authenticated recording media in a secure, lockable location. The obtained data will be stored for five years from the date of reporting the completion of the study or three years from the date of the last presentation of the study results at an academic conference, whichever will be later. After this period, all records and verbatim transcripts will be shredded and destroyed, and all recordings and USB flash memory data will be erased and destroyed. This study was conducted with the approval of the Research Ethics Committee of the Graduate School of Nursing, Osaka Prefecture University (Application No.2019-50).

RESULTS

Participants' profile

Nine nurses from four home-visit nursing institutions in the Kansai area agreed to participate in this study. Their years of nursing experience ranged from 12 to 33 years, with a mean of 23.3 years. The number of years of psychiatric nursing experience ranged from 6 to 33 years, with a mean of 19 years. The number of years of psychiatric home-visit nursing experience ranged from 5 to 15 years, with a mean of 8.1 years (Table 2).

Care information that psychiatric home care nurses seek from psychiatric hospital nurse

As a result of the analysis, 319 narratives were extracted from the data, and by coding them and collecting similar ones, 72 sub-categories, 25 generic categories, and 6 main categories were derived : 1) to build trust with home-visiting service users, 2) to help home-visiting service users live according to their wishes, 3) to help home-visiting service users continue treatment in the community, 4) to perform symptom management, 5) to provide family care, and 6) to protect the safety of home-visiting nurses during home visits (Table 3). Hereinafter, [ ] denotes generic categories, and 〈 〉 denotes sub-categories.

1) To build trust with home-visiting service users

This main category was derived from five generic categories : [Personality, interests, and concerns] ; [Characteristics of thoughts and behaviors] ; [History of upbringing related to the disease] ; [Episodes and timing of disease onset] ; and [Interpersonal relationships].

Table 1. Interview guide

1. Ask the patient to describe in detail the nursing practice for the patient immediately after discharge from the psychiatric hospital and the information needed to make a decision about the nursing care.

2. Ask about the information communicated from the hospital at the same time as the request for home nursing care.

If the psychiatric hospital nurses did not provide the information requested by the visiting nurse, we asked the following questions.

1) When did you provide home health services?

2) Content of home care provided to the patient

3) Information and thoughts needed to determine the content of the home care provided to the patient.

4) Information provided by the psychiatric hospital.

Table 2. Participants' profile

Participant	Sex	Years of experience as nurse	Years of experience as psychiatric nurse	Years of experience as psychiatric home-visit nurse	Type of visiting nursing station (Type of home care agency)
A	Male	33	33	8	Independent type (Commercial corporation)
B	Female	23	22	5	Independent type (Commercial corporation)
C	Male	27	27	5	Attached to a medical institution (Medical corporation)
D	Female	12	12	5	Attached to a medical institution (Medical corporation)
E	Male	15	15	6	Independent type (Commercial corporation)
F	Female	25	15	15	Attached to a medical institution (Medical corporation)
G	Female	25	6	6	Attached to a medical institution (Medical corporation)
H	Female	23	14	8	Attached to a medical institution (Medical corporation)
I	Female	27	27	15	Independent type (Commercial corporation)

Table 3. Care information that nurses providing psychiatric home-visit nursing seek from nurses in psychiatric hospitals

Main category	[Generic category]	〈Sub-category〉
1) To build trust with home-visiting service users	Personalities, interests, and concerns	・Personality ・How users perceive themselves ・Hobbies and interests
	Characteristics of thoughts and behaviors	・Cognitive characteristics of developmental and other disorders ・Psychological test results ・Behavioral characteristics of the rules and restrictions
	History of upbringing related to the disease	・Significant events in childhood ・Nurturing environment, including caregivers and abuse
	Episodes and timing of disease onset	・Episodes of disease onset ・Timing of disease onset
	Interpersonal relationships	・Interpersonal relationships during hospitalization ・How to develop interpersonal relationships
2) To help home-visiting service users live according to their wishes	Life skills and strengths	・Strengths ・Work experience and capacity ・Living skills observed during the pre-discharge visit ・Life skills
	Life in the hospital ward	・Current and changing dietary habits ・How to spend time in hospital wards ・Sleep conditions observed by nurses
	Post-discharge hopes	・Thoughts on discharge from the hospital ・Hopes for life after discharge
	Use of social resources	・Systems used for financial support ・Classification of insurance used ・Welfare used ・Welfare and systems proposed by the hospital
	Prediction of life after discharge	・Nurses' predictions of problems in post-discharge life ・Living conditions at home ・Living conditions observed during pre-discharge visits

3) To help home-visiting service users continue treatment in the community	Perceptions of inpatient care	・Thoughts on behavior restrictions during hospitalization ・Perceptions and feelings about inpatient care
	Perception of the disease	・How to perceive disease ・Psychiatrist's notice and description ・Understanding of changing medical conditions ・Status of hospital visits ・Interruption or irregularity in medication
	Perceptions of medication treatment	・Thoughts and feelings about medication ・Episodes of readmission due to medication interruption ・Medication status during hospitalization
	Reasons and circumstances leading to hospitalization	・Circumstances leading to involuntary hospitalization ・Reason for hospitalization ・Specific episodes leading up to hospitalization
	Treatment details during hospitalization	・Details of medication treatment ・Progress of treatment during hospitalization ・Reason for hospitalization over time
	Progress since the onset of the disease	・Progress of addiction ・Course of treatment ・Number of inpatient treatments
	Psychiatrist's observations and predictions	・Prediction of future medical conditions
4) To perform symptom management	Nursing in which you want to continue in home-visit nursing	・Specific assistance is provided according to the individual's needs ・The need for continuous observation of the user
	Nursing care for physical complications	・Test results related to physical complications ・Possible sudden change due to the physical complications ・Degree of recovery and prospects for physical complications ・Lifestyle-related diseases and the risk of their development ・Side effects of the medication
	Perceptions of home-visit nursing	・How the user feels about the psychiatrist's suggestion of home nursing care
	Signs of worsening psychiatric symptoms	・Trouble triggers ・Relationship between changes in psychiatric symptoms and daily life ・Barometer of psychiatric symptoms in daily life ・Episodes of self-harm ・Signs of worsening psychiatric symptoms
	How to deal with psychiatric symptoms	・What to do when a medical condition worsens in the community ・How to deal with symptoms in the hospital and their effects ・Self-designed self-management plan
5) To provide family care	Relationship and cooperation between the family and the individual	・Family structure ・Relationship between an individual and his/her family ・Cooperation between family members and supporters
	Family members' thoughts and understanding of the disease	・Family's understanding of the disease ・What the family is feeling
6) To protect the safety of home-visiting nurses during home visits	Potential threat to the safety of home-visit nurses	・Safety-related events for home-visit nurses ・Trouble with home nursing agencies ・Episodes of other harm

In the [Personality, interests, and concerns] generic category, a participant said the following :

"I want to see the person's personality." (Participant D)

In the [Characteristics of thoughts and actions] generic category, a participant said :

"I want to see the person's developmental disabilities, intellectual disabilities, and comprehension. The way of input and output is characteristic. It is easier for the patient to understand if we share this information on paper." (Participant I)

Meanwhile, in the [Interpersonal relationships] generic category, one participant said :

"I hear that he (the patient) is not good with people in terms of interpersonal relationships. I have to think about how to keep my distance from them (the patients), too." (Participant H)

2) To help home-visiting service users live according to their wishes

This main category was derived from five generic categories : [Life skills and strengths] ; [Life in the hospital ward] ; Post-discharge hopes] ; [Use of social resources] ; and [Prediction of life after discharge].

The [Life skills and strengths] generic category included <Strengths> sub-category, as participants said :

"Patient's strength, What can I do, and what difficulties can I handle? What kind of things, what kind of difficulties can you cope with." (Participant D)

"The patient's desire not to be hospitalized. The patient's desire for the kind of life they want to live. Specifically, the patient does not want to be hospitalized. It's okay if the patient just says, "I don't want

to be hospitalized." What kind of life do they want? What kind of life do they really want?" (Participant, A)

3) To help home-visiting service users continue treatment in the community

The seven generic categories were : [Perceptions of inpatient care] ; [Perception of the disease] ; [Perceptions of medication treatment] ; [Reasons and circumstances leading to hospitalization] ; [Treatment details during hospitalization] ; [Progress since the onset of the disease] ; and [Psychiatrist's observations and predictions].

In the [Perception of the disease], participant H responded :

"Nurses must know how much patients know about their disease. How well do patients understand their disease? So, nurses have to assess patients' understanding of auditory hallucinations, and level of awareness of their hallucinations." (Participant H)

Moreover, nurses at the psychiatric hospital requested this information as material for assessment when providing psychiatric home-visit nursing care. In the [Perceptions of medication treatment], participants stated that :

"A patient said, "I think there are reasons why I couldn't take the medication." There must be reasons why he couldn't take the medication... the side effects are hard." (Participant A)

"Patient said "I stopped taking the medication and stopped going to the hospital because of that." Some people have been hospitalized many times because their condition worsened." (Participant G)

4) To perform symptom management

This main category was derived from five generic categories : [Nursing in which you want to continue in home-visit nursing] ; [Nursing care for physical complications] ; [Perceptions of home-visit nursing] ; [Signs of worsening psychiatric symptoms] ; and [How to deal with psychiatric symptoms].

In the [Nursing in which you want to continue in home-visit nursing], a participant said that :

"The patient said, "I'm so alone in my thoughts, I can't do anything." Patients said that they can't do anything, but in cases like that, if the nurses talk to them about things they like to talk about, they're drawn into the conversation. I think that is the part where nurses provide care. Specifically, in terms of individualized care for the person, if there is any information that is unique to that person, I would like to have it from the psychiatric hospital." (Participant B)

Furthermore, they were looking for information about the specific support that was tailored to each patient and the support that was provided to each individual, such as individualized and effective approaches, and trying to link that to ongoing care. In [Signs of worsening psychiatric symptoms], participants stated that :

"What is the patient's barometer?" (Participant B)

"What are the signs that patients are getting worse in their life. Oh, this person has a sign that he/she is getting a little sick, like this in the hospital." (Participant I)

Visiting nurses needed the nurses at the psychiatric hospital for information on changes in the daily lives of patients who appeared when their psychiatric symptoms worsened.

In [Perceptions of home-visit nursing], the participants stated :

"When my doctor recommended home-visit nursing, I was reluctant at first, saying, 'No, I don't need it,' but when I explained the interruption of my medication, the doctor said, If that's what you want, I'll take it." (Participant E)

"I meant what information do I want in order to provide home care, and what do they want home care to do for them? What kind of information do they want? What they have problems with, who has problems, etc." (Participant F)

"The judgment of the support by the home-visit nurse would change depending on the information on the user's perception of the introduction of the home-visit nurse." (Participant F)

In [How to deal with psychiatric symptoms], participants said the following :

"The patient said, "When I was not feeling well, I would come to the hospital to get medicine. I didn't know that he could recognize that he was not feeling well." He doesn't have any sense of illness at all." (Participant G)

"If a crisis plan has been made, I would appreciate it if you could use it as it is." (Participant I)

5) To provide family care

The two generic categories were : [Relationships and cooperation between family and the individual] ; and [Family members' thoughts and understanding of the disease].

In the generic category of [Relationships and cooperation between family and the individual], participants stated :

"How do the patient and family seem to be involved." (Participant E)

"I would like to know the level of the relationship." (Participant F)

"Codependence, maybe... It's hard to see that at first." (Participant A)

In addition, in [Family members' thoughts and understanding of the disease], participant B stated that the judgment of nursing practice changes depending on the family's understanding of the illness.

"I think it depends on how understanding the family is, so if there is a family, how they think about it and how they think about it in the future." (Participant B)

6) To protect the safety of home-visiting nurses during home visits

It consists of one generic category, which is [Potential threats to the safety of visiting nurses]. In the generic category of [Potential threat to the safety of visiting nurses], a participant who required information regarding the safety of the visiting nurses stated :

"At the very least, I wish they had given us information properly, not because of our prejudice against the person, but for our protection. If the people we were visiting felt threatened, it would not be a proper visit, would it? Safety is not being protected." (Participant F)

Another participant stated,

"I think I want them to give out at least the minimum information. When there was violence before hospitalization, or when there was violence, etc., visits by more than one person, based on his understanding of the risk from the information." (Participant G)

DISCUSSION

In a previous study of non-psychiatric home-visit nursing, Ohki (18) investigated the components of care information that home-visit nurses need when discharging elderly patients with cerebrovascular disease who have physical disabilities. Through factor analysis, the following information were required : 1) information on family support, 2) information on care and medical equipment instruction, 3) information on rehabilitation, 4) information on patient and family acceptance of care at home, 5) information on medical treatment and medical equipment, 6) information on environmental maintenance, and 7) Information on drugs. The results are also used as items of information for patients transitioning to home care for whom home-visit nurses make an initial visit (19).

Comparing the seven factors of Ohki (18) with the results of this study, similarities were found in [To help home-visiting service users continue treatment in the community], and [To provide family care], although the research approach differed between quantitative and qualitative studies. On the other hand, [To build trust with home-visiting service users], [To help home-visiting service users live according to their wishes], [To perform symptom management], and [To protect the safety of home-visiting nurses during home visits] were results unique to

this study. Therefore, they were considered characteristic information that nurses providing psychiatric home care seek from nurses in psychiatric hospitals.

The main category [To build trust with home-visiting service users] is consistent with the results of Aekwarangkoon and Noonil's (20) study, which found that building trust is a facilitating factor for recovery. Meanwhile, the main category [To help home-visiting service users live according to their wishes] agrees with the results of Daimon's (21) study, in which nurses who provide psychiatric home-visit nursing emphasized supporting patients' proactive living.

In a conceptual analysis of the recovery of schizophrenic patients living in the community by Narita *et al*. (13), "imagining a new self and acting on the hopes of others," "having responsibilities in society through new roles and employment "to be recognized as a member of the community," and "to enjoy life and improve quality of life (QOL)." Lack of hope and expectation" were shown as inhibiting factors. It was inferred that the nurses who provide psychiatric home care support the recovery of patients and that they seek the necessary support living according to the wishes of the nurses in psychiatric hospitals.

The transition to community living following hospital discharge is a vulnerable period for people receiving psychiatric services (22). Inoue (23) mentioned that visiting nurses had difficulties with vague agreements. Therefore, nurses who provide psychiatric home nursing care sought supports for continued care from psychiatric hospitals for patients to continue psychiatric home nursing care as perceptions of home-visit nursing.

Nurses who provide psychiatric home-visit nursing experience difficulties in understanding the users' daily lives outside of home-visit nursing (20). Encouraging patients to become involved in the process of symptom management and empowering them to take care of themselves is essential (24). [To perform symptom management], it was assumed that they were seeking information about signs of worsening psychiatric symptoms. By obtaining this information, it is possible to assess psychiatric symptom management from the beginning of the visit, based on the state of daily life.

[To protect the safety of home-visiting nurses during home visits] is information intended to ensure the safety of visiting nurses. Patients and their families who are under psychological stress due to hospitalization or illness may use violence against healthcare workers and disrupt the quality of health care (25). Forty-four percent of home-visit nurses have experienced violence and other forms of violence (physical violence, psychological violence, and sexual harassment) from patients annually (26). Psychiatric home-visit nursing staff members completed a questionnaire regarding their exposure to violence during the past 12 months, and 16.3% of the participants reported having experienced violence (27). In the UK, 69% of reports of violence were reported to have occurred in psychiatric settings (28). This means that psychiatric home healthcare nurses are at a greater risk of violence than general home healthcare nurses.

LIMITATION

The number of participants in this study was small, and it is possible that the information sought by visiting psychiatric nurses from psychiatric hospital nurses was not sufficiently extracted ; therefore findings might not be transferred to other contexts. Thus, it is necessary to conduct the questionnaire survey to determine the information on care to provide psychiatric home care. How to use the information obtained from psychiatric hospitals in psychiatric home care is also a future issue for continuing nursing care.

CONCLUSIONS

The care information that psychiatric home-visit nurses seek from psychiatric hospital nurses are revealed as the following six main categories. These include : 1) to build trust with home-visiting service users, 2) to help home-visiting service users live according to their wishes, 3) to help home-visiting service users continue treatment in the community, 4) to perform symptom management, 5) to provide family care, and 6) to protect the safety of home-visiting nurses during home visits.

CONFLICT OF INTEREST

All authors declare no actual or potential conflicts of interest associated with this study.

ACKNOWLEDGMENTS

We would like to express our deepest gratitude to all nurses who participated in this study. We would like to express our deepest gratitude to Dr. Nagako Tajima, a former professor at Osaka Prefecture University, and other professors for their guidance. This study is a revised version of a research paper submitted to the Graduate School of Nursing, Osaka Prefecture University, and a part of the paper was presented at the 32nd Japan Academy of Psychiatric and Mental Health Nursing Conference.

AUTHORSHIP

Conceptualization, Y.T. and Y.T. ; methodology, Y.T. T.T, Y.Y ; formal analysis, Y.T. and Y.T.. ; investigation, Y.T. ; writing—original draft preparation, T.T, Y.Y, F.B, A.B ; writing—review and editing. All authors have read and agreed to the published version of the manuscript.

REFERENCES

1. Ministry of Health, Labor and Welfare : Toward the Realization of a Regional Comprehensive Care System. Available from : https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/kaigo_koureisha/chiiki-houkatsu/ [Last retrieved on 24 September 2023].
2. Ministry of Health, Labour and Welfare : Mental Health Welfare Task Force. Available from : https://www.mhlw.go.jp/topics/2004/09/dl/tp0902-1a.pdf [Last retrieved on 24 September 2023].
3. Ministry of Health, Labor and Welfare : Study Group on Future Mental Health and Medical Welfare, Mental Health and Welfare Task Force, Establishment of a Community Comprehensive Care System for Mental. Available from : https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/chiikihoukatsu.htm/[Last retrieved on 24 September 2023].
4. Baker E, Robinson D, Brautigan R : The effect of Psychiatric Home Nurse Follow-up on Readmission Rates of Patients with Depression. Journal of the American Psychiatric Nurses Association 5(4) : 11-116, 1999
5. Ogata A, Mimura K, Konno E, Fukuda M, Yamamoto T, Fujita E, Hirata K, Kabashima S : An examination of the effect of psychiatric home nursing on the prevention of relapse of schizophrenia. Psychiatry 39(2) : 131-137, 1997 (in Japanese)

6. Jackson C, DuBard A, Swartz M, Mahan A, McKee J, Pikoulas T, Moran K, Lancaster M : Readmission Patterns and Effectiveness of Transitional Care Among Medicaid Patients With Schizophrenia and Medical Comorbidity. North Carolina Medical Journal 76 (4) : 219-26, 2015
7. Burns T, Knapp M, Catty J : Home treatment for mental health problems : a systematic review. Health Technology Assessment 15 (5) : 1-139, 2011
8. Kayama M, Matsushita T, Funakoshi A, Tochii A, Sawada A, Setoya N, Yamaguchi A, Ito H, Miyamoto Y, Fukuda K, Sato M, Nakano S, Hato K, Otsuka T, Satake R, Amagaya T : An Empirical Study on the Effectiveness of Psychiatric Home-Visit Nursing Care : An Analysis Using the Number of Psychiatric Hospitalization Days as an Index. Psychiatry 47(6) : 647-653, 2005 (in Japanese)
9. Funakoshi A, Kayama M, Matsushita T, Yamaguchi A, Ueno R, Sawada A, Hayashi A, Miyamoto Y, Setoya N, Matsuura A, Kimura M, Akiyama M, Ito H, Amagaya T, Satake R, Sato M, Nakano E, Hato K, Otsuka T, Fukuda T, Anbo H, Kawano Y : Report on the actual condition of daily life functions of schizophrenic patients using psychiatric home nursing. The Japanese journal of hospital and community psychiatry 49 (1) : 66-72, 2006 (in Japanese)
10. Joo JY, Huber DL : An integrative review of nurse-led community-based case management effectiveness. Int Nurs Rev 61(1) : 14-24, 2014
11. Usami S, Okada T : Nursing Care in Acute Care Units for Maintaining and Promoting Community Life of Persons with Mental Disorders : Toward the Development of Acute Care Protocols. Journal of Nursing Research 36(6) : 55-65, 2003 (in Japanaese)
12. Aoki N : Actual conditions of nursing activities during the transition from hospital to community for persons with mental disorders. Japanese Journal of Mental Health Nursing 14(1) : 42-52, 2005 (in Japanese)
13. Narioka C, Takezawa M, Fukuda A : Continence nursing as considered by nurses working in acute care wards. Journal of the Japanese Society of Psychiatric Nursing 54(3) : 18-22, 2011 (in Japanese)
14. Kuzushima S : Literature review on difficulties of nurses in psychiatric home health care nursing. Journal of Tokyo Women's Medical College Nursing Society 14(1) : 8-14, 2019 (in Japanese)
15. Elo S, Kyngäs H : The qualitative content analysis process. Journal of Advanced Nursing 62(1) : 107-115, 2008
16. Gunawan J : Ensuring trustworthiness in qualitative research. Belitung Nursing Journal 1(1) : 10-11, 2015
17. O'Brien BC, Harris IB, Beckman TJ, Cook DA : Standards for reporting qualitative research : a synthesis of recommendations. Academic medicine : Journal of the Association of American Medical Colleges 89(9) : 1245-1251, 2014
18. Ohki M, Shimauchi S, Tomoyasu N, Morita k : A study of care information and its utilization timing during the transition from hospital to home as perceived by home-visit nurses. Journal of the Japanese Society for Home Care 9(1) : 94-103, 2005 (in Japanese)
19. Kawashima M, Mori M, Isobe A : The Actual Condition of Information Gathering of Patients Transitioning to Home Care by Home-Visiting Nurses before the First Visit. Seisen Journal of Nursing Science 6(1) : 75-82, 2017 (in Japanese)
20. Aekwarangkoon S, Noonil N : Psychiatric patients' experience in receiving services provided by non-specialist community nurses, southern Thailand. International Journal of Social Psychiatry 68(4) : 860-865, 2022
21. Daimon E : Nursing care has emerged from the practice of pre-discharge visitation in psychiatric wards. Journal of the University of Yamanashi Nurses Association 16(2) : 29-31, 2018 (in Japanese)
22. Lam M, Li L, Anderson K. K, Shariff S. Z, Forchuk C : Evaluation of the transitional discharge model on use of psychiatric health services : An interrupted time series analysis. Journal of psychiatric and mental health nursing 27(2) : 172-184, 2020
23. Inoue T, Hayashi K : Literature review of difficulties of home health care nursing staff for mentally ill patients. Ishikawa Journal of Nursing 9(1) : 121-130, 2012. (in Japanaese)
24. Peng MM, Ma Z, Ran MS : Family caregiving and chronic illness management in schizophrenia : positive and negative aspects of caregiving. BMC Psychol 10(1) : 83, 2022. doi : 10.1186/s40359-022-00794-9
25. Fujita S, Ito S, Seto K, Kitazawa T, Matsumoto K, Hasegawa T : Risk factors of workplace violence at hospitals in Japan. Journal of Hospital Medicine 7(2) : 79-84, 2012
26. Miki A, Suzuki R, Nikaido N, Atsumi M, Serita Y, Kosuge N : A Survey of Violence and Harassment by Home-Visit Nurses and Others from Patients and Their Families. Nursing Outlook 43(8) : 45-51, 2018 (in Japanese)
27. Fujimoto H, Greiner C, Mukaihata T, Hashimoto T : Associations between psychiatric home-visit nursing staff's exposure to violence and conditions of visit to community-living individuals with mental illness. Japan Journal of Nursing Science 19(4) : 40-48, 2022
28. NICE : National Institute for Health and Care Excellence Violence and Aggression : short term management in mental health and community settings, 2015 Available from : https://www.nice.org.uk/guidance/ng10 [Last retrieved on 24 September 2023].