

Exploring Nursing Students' Attitudes and Willingness to Pursue Home Health Careers

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ABSTRACT

This study aimed to assess the attitudes of nursing students toward home care nursing and to identify factors influencing their willingness to work in home health care after graduation. A cross-sectional study was conducted over one month at the University of Tabuk, Saudi Arabia, targeting third-year, fourth-year, and internship nursing students. Data were collected using a validated 28-item online questionnaire assessing attitudes toward home care. Descriptive statistics, Spearman's correlation, and non-parametric tests were performed using SPSS version 27. A total of 183 nursing students participated (mean age 20 ± 3 years); most were female and satisfied with their major (92%). However, 60% reported unwillingness to work in home care. The median attitude score was 115 (IQR = 22). Significant relationships were found between total attitude scores and variables such as age, gender, academic year, choice of nursing as a field, and satisfaction with the major ($p \leq 0.05$). The questionnaire showed high reliability (Cronbach's $\alpha = 0.892$). Although nursing students showed generally acceptable attitudes toward home health care, the majority were reluctant to pursue careers in this area. Factors such as age, gender, and satisfaction with the nursing major influenced these attitudes. These findings highlight the need to integrate more home care exposure into nursing curricula to improve career interest in this essential sector.

Keywords: Home care nursing, attitude, cross-sectional, nursing education

INTRODUCTION

Home care (HC) is known as the service of providing nursing, medical, or paramedical facilities to patients in their homes. HC nursing is an essential component of healthcare that focuses on providing nursing care to patients in their homes, particularly for those with chronic conditions, disabilities, or advanced age¹. HC encompasses a variety of services from proactive prevention of diseases to holistic support for elderly patients with complex conditions². Its main objective is to preserve patients' autonomy and elevate their standard of daily living and comfort. In addition, it aims to reducing rates of hospital visits and the duration of hospital stay as well as hospital-related expenses and complications^{3,4}. The HC sector has grown substantially in many countries over the last ten years. This is attributed to the rising count of population with chronic comorbidities, aging population, as well as some social changes, the availability of modern facilities for the healthcare industry, and the governmental efforts to lower the cost of delivering healthcare services^{1,5,6}. As healthcare systems globally shift towards community-based care, the demand for skilled home care nurses has risen significantly. However, despite its growing importance, nursing professionals pursuing home care as a career are limited⁷. This gap may be attributed to various factors, including lack of exposure, misconceptions about the nature of home care work, and concerns about work conditions and compensation⁷⁻⁹.

Nurses and nursing students make up the major group of healthcare professionals in the industry of healthcare. Their attitudes toward home care nursing play a crucial role in shaping their future career choices^{10,11}. So, they should be mindful of their obligation to help improve the medical services provided. If nursing students view home care as a rewarding and viable career option, they are more likely to enter the field after graduation. However, if their perceptions are negative, it may result in a shortage of professionals willing to work

in this essential area of healthcare. Therefore, understanding nursing students' attitudes and the factors influencing their willingness to pursue home care nursing is critical to addressing workforce shortages and ensuring the continued development of home care services. This study aimed to assess the attitudes of nursing students toward home care nursing and to identify factors influencing their willingness to work in home health care after graduation. The results are expected to yield significant understanding of the viewpoints and requirements of the next generation of nursing professionals, thereby informing the development of academic curricula designed to more effectively equip students for professional roles in home care settings.

METHODS

Study Design and setting: This study employed a cross-sectional design and was conducted at the Faculty of Nursing, University of Tabuk, Saudi Arabia. The study was carried out over a one-month period and aimed to assess nursing students' attitudes toward home care nursing.

Study Sample: The target population included nursing students in their third and fourth academic years, as well as those in the internship year. Participants were eligible if they were studying nursing during study duration at the University of Tabuk, aged 18 years or older, and had provided informed consent prior to participation. Students were excluded if they were not enrolled in the nursing program or if they failed to complete the mandatory consent document required to start the questionnaire. The sample size calculation was guided by specific statistical parameters. A 95% confidence level and a 5% margin of error were applied within the single population proportion formula, and an estimated response distribution of 50%. Based on these parameters and a total population of approximately 300 nursing students, the minimum required sample was therefore established at 169 participants. The

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WOULD YOU LIKE TO WORK IN HOME CARE AREA WHEN YOU GRADUATE?

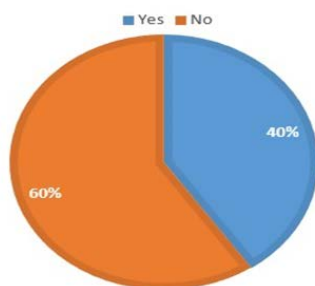


Figure 1. Student Interest in Home Care Employment After Graduation

online survey was then distributed through institutional email and social media platforms, including X, WhatsApp, and Telegram

Data Collection

Instrument: Data were collected through online platforms using a validated questionnaire originally developed by F. Jafari Pour et al. (2021) and later published in 2022¹². The survey instrument was divided into two distinct sections. The initial section collected sociodemographic details and background information from the nursing students, such as their level of satisfaction with their chosen field of study, any previous experience with caregiving or receiving care, and their inclination toward a career in home health. The subsequent section comprised 28 statements formulated to evaluate viewpoints on home care nursing; these items were organized into three distinct sub-dimensions. Participant responses were measured using a five-point Likert scale, anchored by 1 (representing strong disagreement) and 5 (representing strong agreement). Authorization to utilize this instrument was secured from its original developer. The complete version of the attitude questionnaire is presented in Table 1.

Data Collection Procedure: The questionnaire was administered through online surveys over a one-month period, ensuring participant confidentiality and obtaining informed consent. A formal invitation to complete the questionnaire was sent to all eligible nursing students via institutional email and social media platforms, including WhatsApp, Telegram, and Twitter. In our recruitment message, we clearly outlined the goals of the research, emphasized that participation was entirely voluntary, and provided a commitment to maintaining the confidentiality of all responses. A link to the online survey was provided within the invitation message, along with clear instructions on how to complete the questionnaire.

Data Analysis: We utilized SPSS version 27 for all data handling and statistical analysis. First, we summarized categorical data with

Table 1. General Characteristics of the Study Population.

Variables	Frequency (%)
Age, median (IQR)	21 (1)
Grade/ Level	
Third year	72 (39.3 %)
Fourth year	91 (49.7 %)
Internship	20 (10.9 %)
Gender	
Female	105 (57.4 %)
Male	78 (42.6 %)
Marital status	
Single	172 (94 %)
Married	11 (6 %)

Family structure	
Nuclear	100 (54.6 %)
Extended	61 (33.3 %)
Other	22 (12 %)
Have you chosen your field of study willingly?	
No	35 (19.1 %)
Yes	148 (80.9 %)
Are you satisfied with your major?	
No	14 (7.7 %)
Yes	169 (92.3 %)
Do you think the main duty of a nurse is to take care of the patient?	
No	13 (7.1 %)
Yes	170 (92.9 %)
Have you had any experience in caring of your relatives before entering nursing?	
No	92 (50.3 %)
Yes	91 (49.7 %)
Have you ever had the experience of receiving care as a patient, before entering nursing?	
No	73 (39.9 %)
Yes	110 (60.1 %)
Have you ever had any negative experience, in providing or receiving care for a patient, during your professional training?	
No	97 (53 %)
Yes	86 (47 %)
Have you ever had any negative experience with patients' relatives, in the process of providing or receiving care for the patient, during your professional training?	
No	110 (60.1 %)
Yes	73 (39.9 %)
Have you ever had any negative experience with a nurse, in the process of providing or receiving care for a patient, during your professional training?	
No	87 (47.5 %)
Yes	96 (52.5 %)
Have you or your relatives ever received home care?	
No	115 (62.8 %)
Yes	68 (37.2 %)
Would you like to work in home care area when you graduate?	
No	109 (59.6 %)
Yes	74 (40.4 %)
Type of patients you wish to provide them with home health care	
Adult female (18-64)	48 (26.2 %)
Newborn babies	75 (41 %)
Adult male (18-64 years old)	45 (24.5 %)
Infants/ babies	68 (37.2 %)
Children	65 (35.5 %)
Disabled people	69 (38 %)
Patients with chronic disease	91 (50 %)
Patients in bed	79 (43.2 %)
Patients with mental disorders	51 (28 %)
Teenagers	44 (24.04 %)
People over 65 (elderly)	81 (44.3 %)
Cancerous patients	52 (28.4 %)
Pregnant women	62 (34 %)
Patients in the last period of their life	72 (39.3 %)
Others	18 (10 %)

Data were presented as median (Interquartile range=IQR) or Number (%)

frequencies and percentages. After the Kolmogorov-Smirnov and Shapiro-Wilk tests confirmed a non-normal distribution for continuous variables, we reported these using medians and interquartile ranges (IQR). To explore the relationship between overall attitude and subscale scores, we employed Spearman's correlation, setting the significance level at $p \leq 0.05$. The 28-item attitude questionnaire's reliability was also assessed, yielding a high internal consistency with a Cronbach's alpha of 0.892.

Ethical Considerations: This research adhered to the principles outlined in the Declaration of Helsinki and was granted ethical clearance by the Institutional Review Board (IRB) at the University of Tabuk, Saudi Arabia (Approval No. UT-472-262-2024). Before any involvement, informed consent was procured from every individual. All participants were advised that their contribution was completely optional and that they could cease participation at any point without any consequences. Furthermore, the confidentiality of data and the anonymity of all participants were strictly maintained throughout every stage of the study.

RESULTS

General characteristics of the study participants

This study included 183 nursing students with ages ranging from 19 to 25 years (mean \pm SD = 20 ± 3). The majority of participants were female. The largest subgroup consisted of Fourth year students, and most participants came from core (nuclear) families. A significant proportion of students (92%) reported being satisfied with their nursing major. However, more than half (60%) expressed a lack of interest in

the home care sector after graduation (Figure 1). When asked about preferred patient groups, 50% expressed a willingness to work with patients with chronic diseases, followed by 44.3% who preferred caring for older adults (aged over 65). Teenagers were the least preferred group, chosen by only 24.04% of participants. Further details of the participants' demographic and general characteristics are summarized in Table 1.

Attitudes of the nursing students toward home health care

The median total attitude score of the nursing students toward home health care was 115 (IQR = 22), reflecting a generally positive perception. Regarding the subscales, student attitudes were most positive toward the transpersonal caring relationship between the home care team and patients, which yielded a median score of 40 (IQR = 8). This was followed by attitudes concerning experienced support in home care, with a median of 37 (IQR = 8). The subscale assessing the comparison of hospital-based and home care settings garnered the lowest median score at 34 (IQR = 6). These results are detailed in Table 2.

Factors influencing the attitude of the students

The analysis, detailed in Table 3, revealed that the total attitude score was significantly associated with age, gender, academic grade, choice of study field, and major satisfaction. Furthermore, distinct correlations emerged at the subscale level. The transpersonal caring relationship (Subscale 1) was linked to gender, field choice, and major satisfaction. The experienced support subscale (Subscale 2) correlated with age, gender, and field choice, while the comparison of care settings (Subscale 3) was associated with age, gender, and academic grade. All of these relationships were statistically significant ($p < 0.05$).

Table 2. Distribution of Nursing Students' Attitude Scores Toward Home Health Care

Item & Response Categories	Frequency (%)	Median (IQR)
1. It improves effective communication with patients		5 (1)
Strongly disagree	4 (2.2 %)	
Disagree	6 (3.3 %)	
Slightly agree	21 (11.5 %)	
Very much agree	38 (20.8 %)	
Strongly agree	114 (62.3 %)	
2. It provides access to health care service for those who cannot have access to these services.		5 (1)
Strongly disagree	5 (2.7 %)	
Disagree	2 (1.1 %)	
Slightly agree	18 (9.8 %)	
Very much agree	26 (14.2 %)	
Strongly agree	132 (72.1 %)	
3. It provides an appropriate atmosphere for face-to-face communications with patients.		5 (2)
Strongly disagree	9 (4.9 %)	
Disagree	5 (2.7 %)	
Slightly agree	33 (18 %)	
Very much agree	38 (20.8 %)	
Strongly agree	98 (53.6 %)	
4. It creates a highly motivated work environment for staff		2 (2)
Strongly agree	70 (38.3 %)	
Very much agree	33 (18 %)	
Slightly agree	50 (27.3 %)	
Disagree	21 (11.5 %)	
strongly disagree	9 (4.9 %)	

5.It allows patients continue their routine life		5 (1)
Strongly disagree	7 (3.8 %)	
Disagree	4 (2.2 %)	
Slightly agree	19 (10.4 %)	
Very much agree	39 (21.3 %)	
Strongly agree	114 (62.3 %)	
6. It evaluates the patients' family relationship		5 (1)
Strongly disagree	6 (3.3 %)	
Disagree	4 (2.2 %)	
Slightly agree	19 (10.4 %)	
Very much agree	44 (24 %)	
Strongly agree	110 (60.1 %)	
7. It prevents family disintegration.		4 (2)
Strongly disagree	11 (6 %)	
Disagree	11 (6 %)	
Slightly agree	39 (21.3 %)	
Very much agree	45 (24.6 %)	
Strongly agree	77 (42.1 %)	
8. It increases patients' satisfaction.		5 (1)
Strongly disagree	2 (1.1 %)	
Disagree	4 (2.2 %)	
Slightly agree	27 (14.8 %)	
Very much agree	57 (31.1 %)	
Strongly agree	93 (50.8 %)	
9. It reduces patients' stress.		5 (1)
Strongly disagree	6 (3.3 %)	
Disagree	5 (2.7 %)	
Slightly agree	9 (4.9 %)	
Very much agree	46 (25.1 %)	
Strongly agree	117 (63.9 %)	
10. It prevents people from being isolated from society.		4 (2)
Strongly disagree	17 (9.3 %)	
Disagree	5 (2.7 %)	
Slightly agree	31 (16.9 %)	
Very much agree	47 (25.7 %)	
Strongly agree	83 (45.4 %)	
11. It provides the possibility of comprehensive assessment from patients in their living environment.		5 (1)
Strongly disagree	3 (1.6 %)	
Disagree	3 (1.6 %)	
Slightly agree	27 (14.8 %)	
Very much agree	48 (26.2 %)	
Strongly agree	102 (55.7 %)	
12. It provides the possibility to regulate the patients' environmental conditions (temperature, lighting, noise, etc.) according to the patients' needs.		5 (1)
Strongly disagree	8 (4.4 %)	
Disagree	6 (3.3 %)	
Slightly agree	25 (13.7 %)	
Very much agree	41 (22.4 %)	
Strongly agree	103 (56.3 %)	
13. It reduces patients' quality of life.		3 (3)
Strongly agree	54 (29.5 %)	
Very much agree	22 (12 %)	
Slightly agree	26 (14.2 %)	
Disagree	52 (28.4 %)	
strongly disagree	29 (15.8 %)	

14. It is associated with lower risk of infection compared to hospital setting		1 (1)
Strongly agree	100 (54.6 %)	
Very much agree	39 (21.3 %)	
Slightly agree	30 (16.4 %)	
Disagree	4 (2.2 %)	
strongly disagree	10 (5.5 %)	
15. It offers unique care.		4 (2)
Strongly disagree	12 (6.6 %)	
Disagree	8 (4.4 %)	
Slightly agree	34 (18.6 %)	
Very much agree	42 (23 %)	
Strongly agree	87 (47.5 %)	
16. It provides mental support for the family.		5 (1)
Strongly disagree	6 (3.3 %)	
Disagree	4 (2.2 %)	
Slightly agree	26 (14.2 %)	
Very much agree	53 (29 %)	
Strongly agree	94 (51.4 %)	
17. It helps the patient perform self-care activities.		5 (1)
Strongly disagree	3 (1.6 %)	
Disagree	5 (2.7 %)	
Slightly agree	32 (17.5 %)	
Very much agree	46 (25.1 %)	
Strongly agree	97 (53 %)	
18. It ensures that families participate in care.		5 (1)
Strongly disagree	2 (1.1 %)	
Disagree	4 (2.2 %)	
Slightly agree	26 (14.2 %)	
Very much agree	44 (24 %)	
Strongly agree	107 (58.5 %)	
19. It helps patients achieve independence in a short time.		4 (2)
Strongly disagree	6 (3.3 %)	
Disagree	5 (2.7 %)	
Slightly agree	35 (19.1 %)	
Very much agree	55 (30.1 %)	
Strongly agree	82 (44.8 %)	
20. It prevents occupying hospital beds.		5 (1)
Strongly disagree	6 (3.3 %)	
Disagree	4 (2.2 %)	
Slightly agree	24 (13.1 %)	
Very much agree	49 (26.8 %)	
Strongly agree	100 (54.6 %)	
21. It reduces the number of readmissions.		4 (2)
Strongly disagree	6 (3.3 %)	
Disagree	3 (1.6 %)	
Slightly agree	40 (21.9 %)	
Very much agree	52 (28.4 %)	
Strongly agree	82 (44.8 %)	
22. It provides an opportunity for educational and counseling services.		5 (1)
Strongly disagree	2 (1.1 %)	
Disagree	6 (3.3 %)	
Slightly agree	33 (18 %)	
Very much agree	49 (26.8 %)	
Strongly agree	93 (50.8 %)	

23. It helps the patient achieve independence	4 (2)
Strongly disagree	3 (1.6 %)
Disagree	3 (1.6 %)
Slightly agree	39 (21.3 %)
Very much agree	50 (27.3 %)
Strongly agree	88 (48.1 %)
24. It is associated with better protection of patient's identity compared to hospital environment.	5 (1)
Strongly disagree	6 (3.3 %)
Disagree	4 (2.2 %)
Slightly agree	30 (16.4 %)
Very much agree	44 (24 %)
Strongly agree	99 (54.1 %)
25. It allows patients in their end stage to die at home.	5 (2)
Strongly disagree	9 (4.9 %)
Disagree	9 (4.9 %)
Slightly agree	30 (16.4 %)
Very much agree	37 (20.2 %)
Strongly agree	98 (53.6 %)
26. It allows patients to perform their routine activities.	5 (1)
Strongly disagree	3 (1.6 %)
Disagree	3 (1.6 %)
Slightly agree	28 (15.3 %)
Very much agree	49 (26.8 %)
Strongly agree	100 (54.6 %)
27. It facilitates access to preventive health care service.	4 (2)
Strongly disagree	9 (4.9 %)
Disagree	4 (2.2 %)
Slightly agree	37 (20.2 %)
Very much agree	46 (25.1 %)
Strongly agree	87 (47.5 %)
28. It should be particularly preferred for end-stage patients.	4 (1)
Strongly disagree	4 (2.2 %)
Disagree	9 (4.9 %)
Slightly agree	32 (17.5 %)
Very much agree	50 (27.3 %)
Strongly agree	88 (48.1 %)
Category	
Total Score	115 (22)
1. Attitudes towards the transpersonal caring relationship between the home care team and the patients	40 (8)
2. Attitudes toward experienced support in-home care	37 (8)
3. Attitudes toward comparing hospital health care and home care	34 (6)

Table 3. Correlation Analysis of Attitude Subscores and Participant Demographics.

Parameters	Total Score (e)	P-Value	1. Attitudes towards transpersonal caring relationship between the home care team and the patients (e)	P-Value	2. Attitudes toward the experienced support in home care (e)	P-Value	3. Attitudes toward comparing hospital health care and home care (e)	P-Value
Age (Years)	.176*	0.019	0.112	0.136	.159*	0.033	.195**	0.009
Grade/ Level	.147*	0.048	0.094	0.206	0.12	0.106	.175*	0.018
Gender	-.202-*	0.006	-.184-*	0.013	-.199-*	0.007	-.154-*	0.037
Marital status	-0.007	0.93	-0.018	0.814	-0.02	0.787	0.022	0.767
Family structure	-0.094	0.208	-0.105	0.157	-0.114	0.123	-0.073	0.325
Choice of the study field	.168*	0.023	.205**	0.005	.159*	0.032	0.107	0.15

Satisfaction with the major	.185*	0.012	.245**	0.001	0.142	0.056	0.112	0.132
Experience in caring for relatives before entering nursing	-0.058	0.439	-0.065	0.386	-0.068	0.362	-0.006	0.932
Experience of receiving care as a patient before entering nursing	-0.049	0.51	-0.012	0.874	-0.045	0.545	-0.043	0.566
Negative experience in providing or receiving care for a patient during your professional training	-0.04	0.587	-0.096	0.197	-0.037	0.616	-0.008	0.91
Negative experience with patients' relatives in the process of providing or receiving care for the patient during your professional training	-0.063	0.394	-0.063	0.398	-0.084	0.261	-0.059	0.428
Negative experience with a nurse, in the process of providing or receiving care for a patient, during your professional training	-0.065	0.382	-0.096	0.194	-0.078	0.296	-0.039	0.605
personal or relatives experience with home care	0.055	0.463	0.016	0.828	0.065	0.379	0.056	0.453
Willing for work in home care area after graduation	-0.058	0.437	-0.042	0.573	-0.03	0.688	-0.077	0.302

(*) Correlation coefficient of Spearman's correlation test. P-value ≤ 0.05 is considered significant.

DISCUSSION

This research studied nursing students' attitudes toward home care nursing and identify factors influencing their perceptions of pursuing a career in this field. The study's sample consisted of 183 nursing students, of whom 105 were female and 78 were male. Participants' ages ranged from 19 to 25, with a significant portion of the cohort being senior students in their final academic year. The majority of students (92%) expressed satisfaction with their chosen major. However, over half of the participants (60%) lacked interest in pursuing a career in home care after graduation. The overall median score on the attitude questionnaire was 115 (IQR = 22), with the median scores for the three subscales as follows: 40 (IQR = 8) for Subscale 1 (attitudes toward the transpersonal caring relationship in home care), 37 (IQR = 8) for Subscale 2 (attitudes toward experienced support in home care), and 34 (IQR = 6) for Subscale 3 (attitudes toward comparing hospital and home care). Our analysis revealed that some demographics including age, gender, grade, study field selection, and satisfaction with the major subspecialty significantly influenced students' attitudes toward home care nursing. These findings suggest that while students generally hold positive attitudes toward home care, several factors may contribute to their reluctance to pursue it as a career. Further exploration of these factors, alongside targeted educational interventions, may help increase interest in this essential healthcare sector.

Home care (HC) refers to a broad spectrum of services delivered to individuals of any age directly within their home or community. This comprehensive support system includes everything from promoting wellness and providing curative treatments to facilitating rehabilitation, offering ongoing maintenance, aiding in social adjustment, and delivering palliative care at the end of life, while also extending crucial assistance to family caregivers¹³. HC offers a cost-effective and innovative alternative to hospitalization, reducing both the duration of hospitalization and the risk of hospital-acquired complications, while also improving physical activity¹⁴⁻¹⁶. A retrospective study by Megido et al. (2023)¹⁷ revealed that hospitalization days were significantly fewer

for patients treated through community-based home hospitalization compared to those admitted to hospital wards (7.5 ± 10.3 vs. 4.3 ± 4.5 days).

With the global population aging, the demand for long-term care is rapidly increasing. The World Health Organization (WHO) projects that by the year 2030, the global population of individuals aged 60 and over will constitute one-sixth of the world's total population, reaching 1.4 billion people. By 2050, this number will double to 2.1 billion (World Health Organization, 2024)¹⁸. Nurses are among the key service providers in the HC sector, and optimizing the workforce in this field is crucial for improving patient outcomes¹³. Although the demand for home care services is increasing, the availability of nursing students pursuing it as a promising career remains limited^{19,20}. In line with this, our study found that 60% of nursing students were not inclined to pursue a career in HC after graduation. The present observation corroborates the work of Watson et al. (2020), in which they reported a generally negative attitude toward HC nursing among students²¹. However, it is important to note that some students reported positive experiences with HC, including the opportunity to build meaningful relationships with families and patients and to provide care in a comfortable and familiar environment²¹.

Researchers have highlighted that home care (HC) nurses often face social stigma and negative perceptions due to misconceptions about their role²². Many people perceive HC work as primarily focused on personal care and lacking clinical sophistication^{21,22}, and the media portrayals of HC nursing were mostly negative^{19,21}. Many HC nurses also experience significant mental and physical stress, contributing to their reluctance to engage in home care services²³. Age discrimination has also been identified as a factor influencing attitudes toward HC nursing. Likewise, Meriç et al. (2019)²⁴ discovered that discrimination against the elderly was linked to nursing students' negative views on HC. Nursing students, in general, tend to avoid working with the elderly, which further affects their perception of HC, as they associate

it primarily with caring for older adults²⁵. To be effective in home-based care, practitioners must be exceptionally qualified and possess strong relational competencies. These skills are essential for successful collaboration with patients, their families, and the wider medical team, especially when navigating the inherent obstacles of the field. In addition, it necessitates a high level of responsibility, autonomy, and advanced technical and scientific knowledge, particularly when dealing with complex cases such as dementia or other chronic conditions^{26,27}.

There is limited emphasis on home health care within existing undergraduate nursing curricula²⁸. HC knowledge is often primarily acquired through personal experience in various home care situations, which makes the learning process somewhat unpredictable. Some healthcare professionals may not be well-versed in this type of care due to its absence in their formal training. The disinclination of nursing students toward the home care field contradicts the increasing societal and labor market demand for home care services. As a result, nursing schools must adopt more effective strategies to enhance students' perceptions of home care and better prepare them for this vital field.

Among the key strengths of this cross-sectional study is its reliance on a previously validated, concise tool and the exploration of various factors that influence nursing students' attitudes toward home care. These insights provide a deeper understanding of the multifaceted influences shaping students' perspectives. However, the generalizability of our results may be limited by several factors, including the observational approach used in this study and the small sample size, which had a predominance of female participants.

CONCLUSION

The perspectives of nursing students on home-based nursing care were generally positive, with key influencing factors identified as age, gender, academic grade, choice of study field, and satisfaction with their chosen subspecialty. However, owing to the limited sample number and predominance of female participants, the generalizability of these findings is limited. To better understand and validate these results, further research on a larger scale is needed, incorporating a more diverse demographic of nursing students. Such studies would gain a more nuanced perspective on the variables affecting students' perceptions of home care and could inform strategies to enhance nursing education and workforce development in this area.

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Potential Conflicts of Interest: None

Competing Interest: None

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