

Health Issues of Home-treatment Patients and Solutions

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Abstract

This study explores potential remedies for patients receiving home health care. It attempts to shed light on the psychological and physical problems that patients face and how these obstacles to care can be removed by using supportive therapies like music therapy and telemedicine. Additionally, it looks at various forms of supporting healthcare, where patients can receive treatment closer to medical experts who can help with home, physical, and psychological therapy. Home-treatment patients may not be actively seeking medical assistance, which is concerning and could be reduced. They may also be treated too frequently, insufficiently frequently, or incorrectly handle medication and equipment. Results show that adopting music therapy as a supporting dose and switching to telehealth during the COVID-19 Pandemic yield positive effects in many studies. To prevent or reduce specific health risks among patients receiving home therapy, there are, nevertheless, several implementation and execution-related restrictions and impediments that need to be looked into.

Keywords: Home-treatment Patient; Music Therapy; Telehealth

Introduction

Home-treatment patients refer to patients who presented to the emergency department or were just admitted to a clinical observation unit were eligible (Burns et al., 2001). The patients are advised to stay at home and are unable to help themselves to do daily activities such as eating, taking medicine, or cleaning themselves. They require someone to assist and care for them to do any activities. As a factor to consider, some home-treatment patients lack access to healthcare professionals and their inability to travel or visit a hospice unless under emergency circumstances where an ambulance or transport vehicle can receive them from their homes. As a result of the patient location and financial standing, the channel of care for such patients is frequently limited or challenging. On the other hand, every crisis or issue offers chances and fixes for raising patients' care and lowering costs for those receiving home therapy.

For a variety of reasons, patients need to be looked after at home while continuing their recovery. First, if a patient's illness is not life-threatening or is a persistent symptom requiring regular attention, they may find it more reasonable to continue their rehabilitation at home. Patients can be treated at home by a healthcare expert if their symptoms don't necessitate hospital facilities, which may also be financially advantageous for the patient. Second, there could not be enough rooms for a big number of patients. Even if the bedridden patient might need to be admitted to the hospital, there could not be enough rooms available (Simmon-Duffin, 2018). Third, because the illness is so easily contagious, patients must be cared for at home because the hospital cannot afford to treat them. The patient's preference comes last. For reasons of safety and comfort, he or she could feel more at ease staying at home. They must therefore remain at home.

This may lead to problems that affect both mental and physical health. Without the right information and treatment from the hospital, the patient may run the risk of having their mind affected. Patients may experience anxiety or depression. When their condition does not improve, they may experience high levels of anxiety. They may feel concerned because they have an illness that could kill them. Because they are forced to cut themselves apart from other people, they may experience depression. Additionally, if the patient receiving home treatment does not receive medical attention, it may harm their body. They may experience worsening symptoms as a result. Thus, the health concern of patients receiving home therapy as well as potential solutions will be covered in this essay.

The issues for home-treatment patients and potential solutions

In this paper, health issues for home-treatment patients and potential solutions to combat the issues will be explored. The changing environment of health issues of home-treatment patients has raised concerns associated with the rise of home care. As such, there are a variety of health issues regarding home-treatment patients. However, due to the extent of this paper, patient safety, music therapy, and telehealth are selected topics that will be explored. The paper will draw on research conducted by industry professionals and scholars to examine how patients that are advised to stay at home are being treated post-hospital care. The findings will provide background content to the health issues of home-treatment patients to further understand how stakeholders are engaging to provide regulation, improve health care for home care and mitigate the loss of life.

Vincent and Amalberti (2016) emphasized that the changing healthcare landscape has significant implications for patient safety. They argued for a patient-centric perspective and a bottom-up approach to address health issues. Patient safety cannot be approached with a one-size-fits-all mindset, and it requires comparing strategies from different industries. Traditionally, regulations focused on individuals or specific organizations, but Vincent and Amalberti proposed extending regulations across the patients' entire journey. This poses challenges due to varying levels of interest and involvement at different stages of care. Harmonizing regulations and standards is essential for ensuring patient safety universally. DePuccio et al. (2022) echoed these challenges and emphasized the need for collaboration among healthcare professionals, organizations, and policymakers to establish consistent standards throughout the patients' journey. It is important to consider the benefits from various stakeholders' perspectives when implementing solutions for home-treatment patients. Thanakijombat et al. (2022) conducted a study on Public Adoption of Telehealth in Thailand and identified key factors that contribute to successful implementation. These factors include training for all stakeholders, availability of sustainable resources, and regulations concerning data privacy. However, since the study focused only on Thailand, further research is necessary to determine the applicability of these findings in different geographical contexts.

The research recommends that strong organizational and financial support, as well as infrastructure, are crucial to provide healthcare professionals with the necessary resources to deliver effective telehealth services. This ensures that the adoption of telehealth is widely accepted and beneficial. It is important to consider the interests of both the carer and the patient, as both parties should benefit from technological advancements, organizational changes, and regulatory measures. The goal is to provide better healthcare treatment to patients while ensuring their comfort and safety during home treatment.

Although research on solutions for home-treatment patients is limited, this paper aims to address possible strategies that can help improve the physical and mental well-being of home-

treatment patients. By exploring these solutions, it is possible to enhance the quality of care provided to individuals receiving treatment at home.

Health Issues

In home care, according to the study of Public Adoption of Telehealth Technology in Thailand (Thanakijksombat et al., 2022) indicate technological, organizational, and environmental factors that influence the adoption of telehealth or telemedicine. The findings show that the common theme was that the mutual understanding and expectations of benefits were not conveyed thus created a misperception of the implementation of telehealth. Adoption of telehealth was met with resistance over quality of pictures, videos, and connectivity issues.

The study found that overall, the perceived usefulness of telehealth was a key factor in the adoption of telehealth as a method of healthcare. It further mentions that the human readiness in understanding the technology from the patient and healthcare professional end is significant in the ease of use. Subsequently, amongst different health centers, there were disagreements between data privacy and sharing of information. As such, the technological factors combined with human perception, knowledge of telehealth adoption, and different information systems amongst health centers should be considered in implementing telehealth for home-treatment patients.

The main concern found was the long-term financial and technical support provided by the government in maintaining the infrastructure of telehealth. Both public and private sectors work separately in providing telehealth. Therefore, the study found that the sustainability and project budget per different hospital should be sufficient. Incentives for the healthcare professionals was referred to in the study as the caregivers needed motivation in forms of measuring performance, intellectual challenge in order to participate in the scheme beyond the time and cost savings of the scheme.

The study mentions the lack of acceptance of telehealth especially amongst the older population with a low literacy level may be a key challenge in the adoption of telehealth. Additionally, the personal beliefs of patients receiving a traditional appointment and the trust between patient and health professional is explored. The whole technology process from all stakeholders and regulatory environmental bodies should be considered to align with all parties' interest to mitigate any mistrust and remove any concerns the home-treatment may have with regards to the adoption of telehealth.

The study by Hosseini and Hosseini (2018) states information, details, and results that music therapy has a positive effect on the treatment of the diseases studied, including pain, sleep disorders, learning, memory, IQ, depression, anxiety, and special diseases such as schizophrenia and autism.

First of all, music has been an integral part of human's existence as there are beats and rhythms in our heart rates, our breaths and movements. Humans usually express feelings and emotions in music and melody. Also, human's different emotions can be expressed in different rhythms and harmonies, styles and musical terms, depending on our moods and feelings. Due to the affective and emotional loads, musical sounds have a profound effect on morale, personality, and the cultivation of human's emotions. The Australian Music Therapy Association has defined music therapy as "the creative and planned use of music for health and vitality and preservation". Besides, the American Music Therapy Association (1999) has stated that the attitude to music therapy comprises "the use of music in order to achieve the goals of therapy, that is to improve, maintain, and promote the health of the mind and body".

The paper further states that music is a valuable tool for stimulating excitement, and processing. In order to receive music sensations, it is not required to understand the melody because neutral networks in the brain are sensitive to the perception of music. Thus, the alternation in each of the factors in a song can be associated with the reactions of each of the related brain centers. The research further reveals that listening to music affects arousal and manners in accordance with the arousal-manner hypothesis. Furthermore, the limbic system can be affected and influenced by melodic music resulting in changes in mood and arousal. An alternation in mode, the complexity of harmony and rhythm lead to the creation of the valence and the positive and negative emotions. On the other hand, a change in beat, accent, and rhythm affect stimulating arousal.

According to the study, the side effects of most synthetic medicines used in treatment of different diseases have led to alternative therapies, including music therapy in which no drug is used. At present, the use of pleasant audio stimuli and music therapy is an optional non-pharmacological method to relieve pain and anxiety, reduce the necessity for analgesic drugs, and eliminate the side effects on chemicals and medicines.

Music and Attention Deficit Hyperactivity Disorder (ADHD)

The research shows that music therapy is most likely to reduce aggression and the symptom in ADHD children through modification of brain function. This is because music increases dopamine in different areas of the brain which prevents aggressive behaviors. Apart from that, music also improves the function of pre-frontal cortex and other parts which have been implicated in planning complex cognitive behavior, personality expression, decision making, and moderating social behaviors. In addition, listening to music can also improve attention and memory performance. In summary, given that studies have shown interactions between the music centers of the brain at the temporal lobe and the brain segments involved in ADHD, music with modified operations can develop the ADHD.

Music and Pain Relief

As revealed by a study, gentle and mild music is likely to ease pain through opioid and dopamine system in the brain. A study on the impact of two non-pharmacological pain-relieving methods (music therapy and progressive muscle relaxation) indicates that both techniques are effective in minimizing pain. Moreover, music with the stimulation of opioidergic neurotransmissions and the increase of opioidergic substances, such as endorphins, reduces pain, heart rate, blood pressure, and the severity of depression. In summary, music therapy is involved in pain relief, lower the necessity for analgesic drugs and as a result, removes the side effects on analgesics.

Music, Memory and Learning (Alzheimer and Dementia)

According to the paper, music therapy which consists of rhythm and beat helps to increase mental abilities and memories. The findings of a research show that music therapy can improve the return of autobiographical memory in people with Alzheimer disorder. Besides, the treatment with pleasant music helps to cure Alzheimer diseases and the learning power can be increased up to 5 times using this kind of music. This is because the study shows that listening to music strengthens memory and stimulates dopaminergic neurons in the brain, resulting in positive attitude in the individual. In addition, it was stated in another research that group music therapy

can minimize the agitated behaviors of elderly women with Alzheimer. Lastly, a study shows that music therapy helps people with dementia to reduce behavioral disorders.

The aforementioned examples are merely a few case studies in the research that show positive effects of music therapy in helping patients with different disorders or diseases to heal and recover. As a result, over the past years, neurological researches have shown that music is a precious method for emotions stimulation and the effects of music have been widely studied. According to the research, music is deemed as a language in psychology. The study also shows that our brains have specific areas for understanding music, similar to language. In fact, music holds communicative functions as a language as certain areas of the brain are activated through musical sounds.

In a more specific view, according to the research, the melodic processing happens in the inner regions and around the auditory cortex and motor area, while the more complicated patterns are analyzed in the anterior temporal lobe and frontal regions. Many evidences also show that the right hemisphere is involved in melody processing, while the left is associated with rhythm processing. The forehead area is affiliated with the auditory cortex that interferes with shape and interpretation of memory.

In conclusion, it can be summarized that music therapy produces positive effects on assisting patients to cope with various disorders, including pain relief, sleep disorder, Alzheimer, Dementia, IQ, depression, anxiety, and special diseases such as Schizophrenia and Autism.

Solutions of Home-treatment Patients: Patient Safety

The definition of patient safety by the World Health Organization is “a health care discipline that emerged with the evolving complexity in health care systems and the resulting rise of patient harm in health care facilities. It aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. A cornerstone of the discipline is continuous improvement based on learning from errors and adverse events.” The WHO recognizes that patient safety is a global health priority and on a macro outlook, World Patient Safety day is an annual global campaign where healthcare professionals and stakeholders convene to raise awareness regarding policy formulations, safety strategies and increase public awareness to enhance patient safety through initiatives and education while reducing the opportunity for patient harm through malpractice or negligence. The solutions by WHO provides ‘strategic guidance and leadership to countries through the annual Global Ministerial Summits on Patient Safety.’ There are collaborative initiatives and platforms where countries and industry experts can obtain information regarding proper patient safety practices to educate and deliver information towards the lower levels of the workforce. Such initiatives include a ‘Multi-Professional Patient Safety Curriculum Guide, Safe Childbirth Checklist, the Surgical Safety Checklist, Patient Safety solutions, and 5 Moments for Medication Safety’ that are printable and available in app form, meaning that the distribution of the information and initiatives can be distributed through online platforms or individually too. Furthermore, the WHO also has a network program established called the ‘Global Patient Safety Network and the Global Patient Safety Collaborative’ program which aims to foster engagement between families and patients in the involvement of governance, policy and health system improvements so that the patients can provide feedback and recommendations to the healthcare professionals and improve the overall experience of patient safety.

On a smaller or individual scale, the publication by Vincent and Amalberti (2016) on Safer Healthcare proposes strategies for care in home. In Western countries there has been a 50% increase in ‘hospital at home’ in the past 10 years. Due to an aging population combined with the

growing demand for home care professionals, the adaptation of hospital experience to home should be replicated as best as possible in order to meet the goal of avoiding rehospitalization and maintain a good quality of life for patients with chronic diseases or are bed-ridden.

It should be mentioned that the quality of solutions vary hugely based on social-economic status. There are various solutions ranging from sterile procedures to advanced equipment such as 'smart devices'. However, patient safety can be viewed from a holistic or individual approach. The holistic approach as mentioned by the WHO is that it reduces the mortality rate of unsafe procedures leading to deaths. Adversely, the individual approach means that the benefits of implementing additional safety measures in-house would create for a safer environment that allows the patients with the most comfortable and best opportunity to treat their symptoms or diseases, to reduce the pain and potentially a faster recovery.

The illustration below shows a safety diagram that healthcare professionals can implement to improve the health of home-treatment patients. The measures are a checklist to determine the household conditions and whether there are preventative measures for each hazard in place. A safety checklist and improved quality of care through initiatives, education and training ensures that caregivers provide an alternative to hospital admissions while reducing the rate of readmission and mortality, as the length of stay can be reduced appreciably by home treatment. This has been described as a reduction in the stay of up to 80%.



Fig 1: A Safety Diagram adapted from Gershon et al. (2012)

Music Therapy

The concept of using music as a supportive use in healthcare has significantly increased in the past decade. For several years, recorded music has been shown that it helped improve the positive outcome of psychological and hospitalized patients.

Music therapy has been used as a treatment for many illnesses. According to the study of Schmid and Ostermann (2010), it found that music therapy became a primary factor to heal patients in psychological issues, such as depression and pain to help improve the relationship between patients and caretakers. Similarly, Steinhardt et al. (2021), states that applying music therapy in the hospital-at-home could also help increase a positive relationship between family and music therapist. The music therapy is also applied in oncology patients by using the questionnaire of 'The Profile of Mood States-Short Form (POMS-SF)' to collect the mood level between pre-post sessions. This showed that it could significantly help improve the mood state scores Waldon (2001).

In collaboration with The University Medical Center, University of Gronigen, Netherlands and The Prince Clause Conservatoire, an innovative practice named Meaningful Music in Health Care (MiMiC) was designed to study the use of *live* music as a non-pharmacological intervention to improve postoperative patients. The new practice of live bedside music by professional musicians performed in hospital corridors and wards resulted in beneficial outcomes. According to the outcomes of the research, the primary outcome measure is a change of level of experienced pain. Pain is measured using a visual analogue scale (VAS). Additionally, anxiety, relaxation, and satisfaction levels were also measured using VAS. The application of 'MiMiC', may act as a medium to increase parasympathetic outflow and therefore inhibit sympathetic activity, improving the physiological state of the patients.

Based on the evidence, the initial reaction of most of the patients responded positively. MiMiC supported and adjusted based on the time available and procedures, motivated the patients to participate. This did not interfere with the medical treatment and did not have any negative side effects. Although the study does emphasize the importance of professionalism of the implementation of MiMiC, the important facilitating factor that increased engagement of patients' response was the flexibility to adapt and meet the desired needs of the patient in terms of music, volume, and interaction level. Positive experiences were recorded and encouraged patients and nurses to attune to a different type of supportive healthcare. 'It offered a pleasant break during the day and the whole atmosphere on the ward changed.' Conversely, the lack of standardization means that the data using MiMiC with live music has its deviations as the change of 'dosage' varied depending on the patient.

The evaluation of the effectiveness of music therapy in improving the quality of life of palliative care patients explains that music therapy is a complementary therapy provided in hospices. It is an emerging therapy and is more likely to be used in settings where alternative therapies are already in place. It is an additional supportive service rather than replacing existing services. The study further points out that music therapy aims to relieve physical and psychological symptoms through facilitating communication and alleviating spiritual or existential concerns.

Most palliative care for music therapy relates to pain and quality of life. Therefore, through music therapy, each 'dose' is tailored to the individual and cultivates an ambient that makes the patient more relaxed and ignites the mind to remember favorable or pleasant feelings to ease the pain. Especially implementation of music therapy in oncology, dementia or intensive care settings, music helps patients remember favorable thoughts and meanings in their lives, memories of family and friends which aim to support the improvement of the physical and psychological

well-being of the patients' feelings and emotions. Which can improve the quality of life and overall wellbeing of home treatment patients. Although further research is needed to consider the accessibility, availability, and cost effectiveness associated.

Telehealth

According to the study by Doctoring from home: Physicians' perspectives on the advantages of remote care delivery during the COVID-19 pandemic by DePuccio et al. (2022), found several benefits of remote care delivery for both physicians and patients. From the physicians' point of view, health professionals were able to be reimbursed for phone and video calls as well as have a better work-life balance. For patients, remote visits were convenient and timely, video visits enhanced family centered care during the COVID-19 Pandemic.

Furthermore, an adult person in need of home care including advanced care and technology, requiring around the clock care by one or more employed caregivers. The term caregiver is the direct carer employed in a municipality or private agency to deliver 24-hour home care assistance. Other titles are personal assistant, care assistant, carer, and nursing assistant.

The term home care is care provided in the home by employed caregivers, including support with ADL (Activities of Daily Living) and health care. Responsible authority is the municipality. In a general sense, the meaning of home care, as opposed to hospital care, is quite uncomplicated, meaning that care is delivered in the patients' own home. Home care may range from care for persons who only need help occasionally with domestic aid to persons with complex and continuous care needs. When 'mapping professional home care in Europe', a project funded by the EU, the definition used was: Professional care, provided at home to adult people with formally assessed needs, which includes rehabilitative, supportive and technical nursing care, domestic aid and personal care, as well as respite care provided to informal. However, home care systems appear to differ both between and within countries.

Therefore, to understand the consequences of home care, with regards to organization, responsibility and financing, a national definition must be sought. Home care is broadly defined in the term base of the Swedish National Board of Health and Welfare as care and social service delivered in a persons' own residence, or an equivalent housing. Within this broader definition of home care, a distinction is made between home assistance operated by the municipalities, and home health care, operated by the county councils. Home assistance is service with daily living, i.e. practical help with cleaning, shopping and cooking, and personal assistance, with the help to meet physical, psychosocial and social needs, i.e. help with personal hygiene, mobilization and socialization.

The significance of care at home could improve the quality of care and the patient experience by providing patients with care in the comfort of their homes and by potentially reducing preventable adverse health events. The benefit of care at home can be clarified as the potential benefits for patients such as reduction in preventable adverse health events, closure of care gaps from enhanced care, lower-cost site of care, and more convenient care.

The Role of the Caregiver

According to an empirical study by Swedberg et al., The caregivers are sometimes referred to as paraprofessionals in the literature and are characterized as caregivers with limited health care training, not belonging to a profession, and operating semi-autonomously while being directed by health care experts. It explains that the caregiver's situation is complicated due to various situational factors, resources, and experiences. Therefore, it is to be considered that the

treatment that patients and caregivers depends on the access and support training from professionals. Additionally, the empirical study expands on the knowledge of home care from the viewpoint of adult patients and the people who are directly responsible for them when advanced care and technology are involved. It focuses on how caregivers and patients view their working environments and experiences with in-home care. Taking care of people who require round the clock home care frequently have medical disorders that necessitate many daily medical treatments, which are typically carried out by healthcare experts. Examples include administering medication, providing parenteral feeding, caring for stomas, and managing technology. District nurses or other health care professionals may assign carers who work for the municipality (or a private business) who are not technically trained to carry out these duties as is customary and permitted by law. The task being delegated has many facets, so the health care professional needs to be certain that the caregivers are knowledgeable before delegating. In a study by Craftman et al., district nurses highlighted knowledge gaps that could improve patient safety and care standards. These nurses were irritated by the lack of time for crucial training of the caregivers prior to delegation of medication management. Self-care, or the ability of the patient to conduct medical chores on their own or with the help of family or carers, has been adopted in some countries as an alternative to delegates.

The Benefit of the Health Issues of Home-treatment Patients

Home therapy for individuals with bleeding disorders has several advantages. Firstly, it reduces the need for multiple infusions and pain medications, which helps minimize pain, stiffness, and joint/muscle damage that can result from untreated or inadequately treated bleeding episodes. Secondly, it promotes self-sufficiency, confidence, and a sense of normalcy by empowering individuals to actively participate in their own care. Administering treatment at home allows them to integrate it into their daily routine and maintain privacy.

Furthermore, home therapy minimizes disruptions in daily life, such as missed school or work, as individuals can manage their treatment without the need for frequent hospital visits. It also saves time by eliminating the need for travel and waiting for medical appointments. This is particularly beneficial for individuals living in remote areas or with limited access to specialized healthcare services.

In addition to these benefits, home therapy can lead to lower medical expenses. By receiving treatment at home, hospital stays can be shorter, and there is a reduced need for multiple infusions and pain medications, resulting in cost savings. Overall, home therapy enhances the effectiveness of treatment, improves the quality of life for individuals with bleeding disorders, and reduces the burden associated with their condition.

Home treatment is considered less effective when the home environment contributes to mental health disorders, as highlighted by findings from focus groups and local surveys. People have a preference for receiving care at home and highly value the Crisis Resolution and Home Treatment (CRHT) service for providing them with this opportunity. The home is perceived as a less stressful environment and is associated with feelings of safety, comfort, and overall well-being. Many individuals expressed the benefits of not being removed from the reality of their lives and avoiding the unfamiliar atmosphere of hospitals. In fact, one person compared a lifeline service to the confinement of a hospital room with other patients. These perspectives underscore the importance of the home as a context for care, emphasizing the preference for familiar surroundings and the psychological impact it can have on individuals receiving treatment for mental health disorders.

Benefits of Patient-centered Care also include: The primary goal and advantage of patient-centered treatment is to improve individual health outcomes rather than just population health outcomes, however population results may also improve. The benefits of improved patient and family satisfaction scores, enhanced provider reputation among healthcare consumers, improved clinician and support staff morale and productivity, improved resource allocation, decreased costs, and increased financial margins across the continuum of care accrue to providers and health care systems in addition to patients.

Conclusion

The health issues of home-treatment patients can be mental and physical health. In order to solve these issues, solutions were given in this paper. The home-treatment patients or caregivers can choose the solution that fits the problem that they obtain. The use of music therapy and telehealth as an alternative health treatment yield both benefits and drawbacks for both patients and health care professionals. The determinant in the successful implementation is widely dependent on the demographic of the patient, health care professional and literacy levels. In a country like Thailand, there was more resistance to the adoption of telehealth and technology as a supplementary form of healthcare due to financial restrictions, maintenance of technology and the accessibility across different age groups.

On the other hand, in the United States and Netherlands, a more developed country by GDP in comparison to Thailand, yielded more favorable results where both physicians and patients found the benefits of telehealth and music therapy more accommodating and were more open in adopting the use of music and telehealth as a ‘dose’. Rather, the solutions discussed act as a supportive measure rather than a replacement of traditional healthcare methods or in-person visits, however the benefits of convenience and cost effectiveness should be observed closely, as technological advancements soon may increase the likelihood of adoption of these methods discussed in this study.

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