

## Impact of Community Health Nursing Students Home Visits on Outcomes of Primary Health Care Services

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**Received: 14/07/2025**

**Revised: 16/09/2025**

**Accepted: 19/09/2025**

### ABSTRACT

**Background:** Patient-centered treatment, early intervention, and prevention. Nursing students participating in community projects like house visits has emerged as a useful tactic in response to the rising need for services that are equitable and easily accessible. **Aim:** This study aimed to evaluate the impact of community health nursing students home visits on outcomes of primary health care services **design:** A descriptive research design was used. **Design:** Using of descriptive correlational design was carried out. **Settings:** The study was conducted in the communities around Al-Amal Specialized Clinics which operate under Suad Kafafi University Hospital. **Subjects:** A Convenient sample of 61 participants. **Tools:** structure questionnaire comprising four parts; **1<sup>st</sup> part:** socio-demographic characteristics, **2<sup>nd</sup> part:** Evaluation of home visits, **3<sup>rd</sup> part:** Beneficiaries' opinions regarding their health status before and after the visits, **4<sup>th</sup> part:** Experiences of the nursing students, including difficulties in assessing family needs. **Results:** Before home visit, only 19% of the samples had good health awareness. While 50.5% of the samples had poor health awareness. After the home visits, the participants' health awareness improved, with a highly significant difference P values 0.00. **Conclusion:** The current study concludes that the home visits by nursing students significantly improved health awareness **Recommendations:** Home visits should be formally included in nursing curricula. Awareness campaigns, especially in rural areas.

**Keywords:** Home Visits, Primary Health Care, Nursing Students.

## **INTRODUCTION**

The foundation of health systems around the world is primary health care (PHC), which places a strong emphasis on preventive care, community involvement, and accessibility. PHC services urgently need to be strengthened considering the aging people and the rising burden of chronic illnesses. By interacting with communities directly through home visits and bridging the gap between medical institutions and patients' homes, nursing students in community health play a crucial part in this shift. In addition to improving patient care, these exchanges give students priceless hands-on experience. (Kuehne, F., et al., 2025).

Home visits offer nursing students a unique opportunity to apply theoretical knowledge in practical settings. Students learn about the living circumstances of patients, socioeconomic determinants of health, and the difficulties in maintaining health at home through these visits. Effective community health nursing requires critical thinking, cultural competency, and adaptability, all of which are fostered by this type of experiential learning (Knowles, M., 2025).

The engagement of nursing students in home visits has shown positive outcomes in patient care. Research suggests that these kinds of treatments can result in better chronic condition management, greater treatment plan adherence, and fewer readmissions to hospitals. Patients gain empowerment, improve their comprehension of medical issues, and develop greater trust in the healthcare system in consequence of the individualized attention provided during home visits (Clark et al., 2025).

Home visits often involve collaboration among various healthcare professionals. Interprofessional team participation during these visits improves nursing students' communication abilities, comprehension of various responsibilities, and appreciation of collaborative care. Students that have such experiences are more prepared for integrated healthcare delivery models, which are becoming more and more common in contemporary healthcare systems (İlaslan, E., et al., 2025).

Furthermore, Access to healthcare services is frequently restricted in rural, low-income areas. When community health nursing students visit patients in these areas, they can find unmet health needs, give critical care, and put patients in touch with the right people. These programs help to promote equity in healthcare delivery and lessen health inequities (Kim, S. et al., 2025).

Regular home visits are a great way to support community health nursing's population health focus. By evaluating the home environment, identifying risk factors, and offering customized solutions, these visits enable early disease detection, individualized care, and better health outcomes at the household level (Karam, M., et al., 2025).

### **Significance of the study**

In Egypt, where primary health care (PHC) is essential for enhancing population health and lessening the strain on secondary and tertiary healthcare systems, this study is especially important. Access to regular, individualized health education and preventative treatment is still scarce in many Egyptian communities, particularly in rural and underprivileged areas. One creative and useful way to close this gap is through community health nursing students' home visits (Rosen, E., et al., 2025).

Moreover, This study advances knowledge about how community-based interventions can improve the efficacy of PHC delivery by evaluating the effects of these student-led house visits. It emphasizes how improving family health outcomes can also help students' clinical experience and real-world communication abilities (Mei, K., et al., 2025).

### **AIM OF THE STUDY**

This study aimed to evaluate the impact of community health nursing students home visits on outcomes of primary health care services.

**Objectives**

1. Assess the role of community health nursing students in addressing community health needs through structured home visits
2. Assess families perceive the impact of community health nursing students' home visits on their health awareness, condition, and emotional support.

**Research Questions**

Q 1 - How do community health nursing students address the health needs of families through structured home visits?

Q 2 – what the Impact of Community Health Nursing Students Home Visits on Outcomes of Primary Health Care Services?

**SUBJECTS AND METHOD****Technical Design**

In terms of the technical design of this study, it comprised a description of the setting, subjects, data collection tools and design of research.

**Study design**

A design of descriptive correlational research type was chosen to use in this study.

**Study Settings**

This research was carried out the surrounding community areas of Al-Amal Specialized Clinics, which operate under Suad Kafafi University Hospital, affiliated with Misr University for Science and Technology, where participants received structured home visits from nursing students enrolled in the community health nursing program.

**Study subject**

The study subjects was included A Convenient sample of 61 participants was selected from surrounding community areas of Al-Amal Specialized Clinics. Data were collected using a structured interview questionnaire before and after the intervention. Data were collected within 2 months from March2025 to April 2025.

**Tools for collection of data**

The researcher created the questionnaire sheet after studying relevant literature, and it contained four parts.

**Part I: Socio-demographic characteristics of patients consisted of 11 items such as:**

A researcher developed this part for the sake of collecting data regarding nurses which comprise item such as: sex, age, marital status, residence, crowding index, degree of education, occupation, and monthly income.

**Part II: Evaluation of home visits, consisted of 8 items as:**

Whether participants had received visits from community health nursing students, as well as the frequency and timing of those visits.

**Part III: Beneficiaries' opinions regarding their health status before and after the visits which includes 5 closed-end questions as:** understanding of care plans, and perceived benefits such as health education and emotional support.

**Part IV: Experiences of the nursing students which includes 4 closed-end questions as:** including difficulties in assessing family needs, their confidence in providing care, and their perception of the impact of their visits.

**Scoring and interpretation system:**

**The method of scoring comprised 28 questions with the following responses:**

- Correct = 2 points.
- Incorrect = 1 point

A percentage score was created by adding up all the item scores. Three categories of knowledge are distinguished:

- Good if scored 75%.
- Average if scored 60 - < 75%.
- Poor if scored < 60%

**Operational Design**

The phase of preparatory, reliability and validity, field work and pilot study are the components of the operational design.

**Preparatory phase**

Reviewing recent national and international relevant literature, articles, periodicals, journals, books, the Egyptian Knowledge Bank collection, and the internet on a variety of topics pertaining to community health nursing students home visits on outcomes of primary health care services marked the beginning of the preparatory phase. The index of community health nursing students home visits on outcomes of primary health care services tools were revised, modified in addition to testing of the reliability and validity. At this point, the process of obtaining the initial approve of the directors of Suad Kafafi University Hospital to began.

**Tools validity**

A panel of three experts from Helwan University's community health nursing program revised the tools for clarity, relevance, comprehensiveness, understanding, and

applicability. They also measured the tool's content validity and made the necessary modifications by adding questions to gauge participants' knowledge of primary health care delivery. All suggested changes have been implemented.

### **Tools reliability**

Cronbach's Alpha was computed for knowledge using the SPSS software. It was 0.823, indicating that the technique is dependable in identifying the study's goal.

### **Pilot study**

To assess the study instruments' clarity and completion time, pilot research was conducted on 6 participants, or 10% of the sample. Patients who participated in the pilot study were excluded from the study due to minor adjustments.

### **Field work**

Official letters from the directors of Suad Kafafi University Hospital, which is connected to Misr University for Science and Technology, explained the study's goals in detail to the families who were being studied before they gave their informed consent. This included the purpose of the study, which was to secure permission to visit the hospital and carry out the research. After the researchers introduced themselves and explained the goal of the study, patients formally gave their consent.

### **Administrative design**

Official letters from the directors of Suad Kafafi University Hospital, which is connected to Misr University for Science and Technology, outlining the study's title and purpose in order to get their consent for collection of data in the study settings.

### **Ethical considerations**

The Scientific Research Ethics Committee granted formal approval to carry out the proposed investigation. Informed permission and voluntary participation are required

for study participation. Explaining the goal and nature of the study, outlining the potential of withdrawal at any moment, and maintaining the security of the data so that no third party may access it without the participants' consent are all examples of ethical considerations. Respect is shown for ethics, values, culture, and beliefs. Before signing, patients were fully informed about the study and their role in it.

### **Statistical Design**

The Statistical Package for the Social Sciences (SPSS), version 24, was used to compute and evaluate the data after it was collected. 0.05 was the P value. The findings of descriptive statistics tests will be described using numerical values, percentages, and mean standard deviations (SD). Also employed were suitable inferential statistics like the "F" or "t" tests.

The findings were classified as follows:

- A difference is statistically insignificant when  $P > 0.05$ .
- statistically significant when  $P < 0.05$ ,
- highly significant when  $P < 0.01$  or  $P < 0.001$

## **RESULTS**

**Table (1):** indicates that 72.1% of the sample under study were female, 95.1% were Egyptian, and 77% were married. Of the sample, 42.6% were between the ages of 20 and 29 of them, 65.6% were high school graduates and 63.9% lived in rural areas. Lastly, of them, 55.7% were employed in the private sector, and 65.6% earned their income from private employment. Furthermore, 76.3% of the studies sample under study did not have enough money each month to meet their basic needs.

**Table (2):** demonstrates that 44.3% of community health nursing students agreed that there is an average difficulty of evaluation of patient needs during visit and 41% were average certain about explanation during visit .While 54.1% agreed that there was a good impact of the studies sample improvement.



**Figure (1):** indicates that 19% of the samples under study had good awareness of their health condition before the home visit, whereas 50.5% had poor awareness. The samples' overall knowledge showed a noticeable improvement. Regarding the difference in their health status before and after the home visit, with a P value of 0.00, which is highly statistically significant.

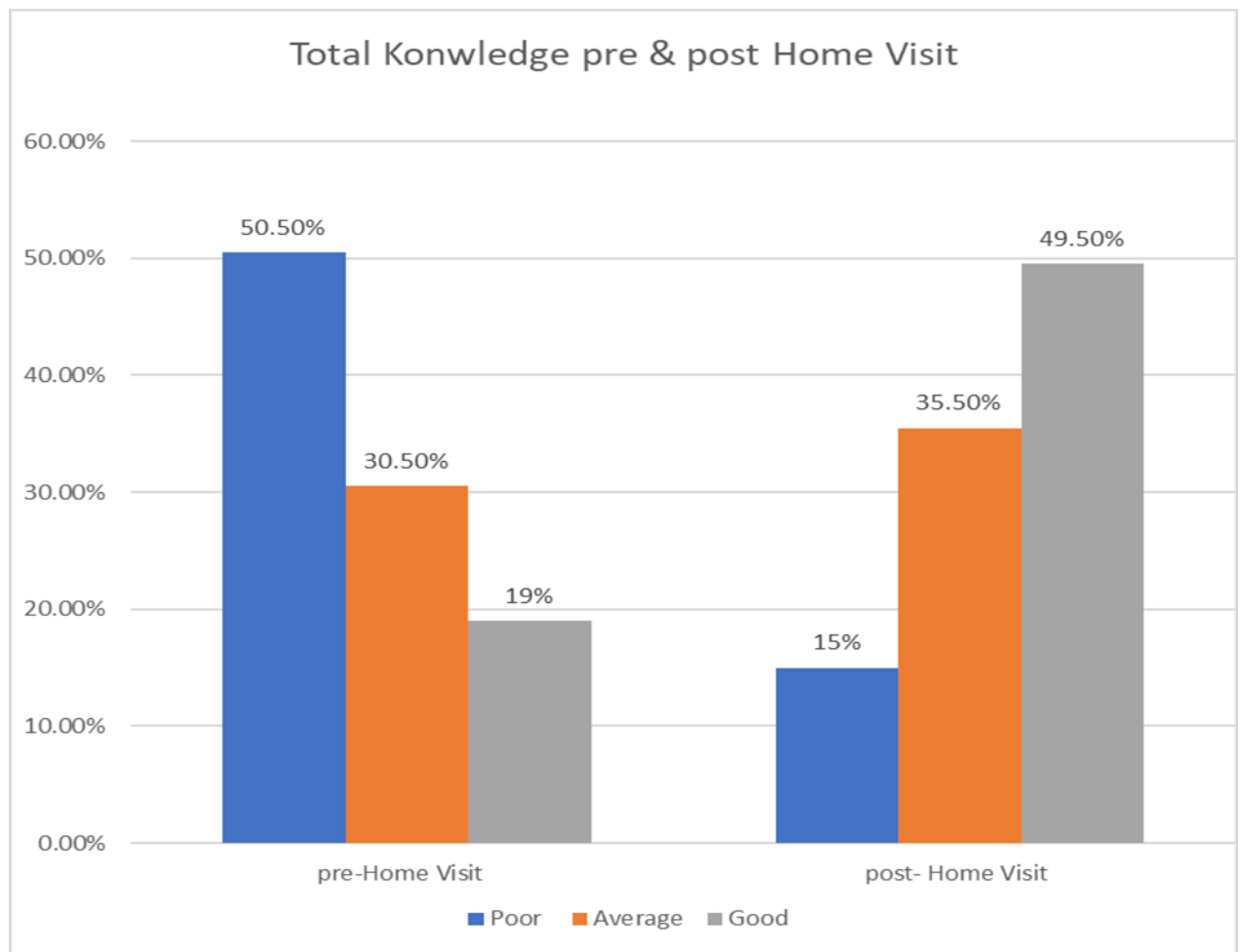
**Table (3):** Presents that 68.9% of samples studied had inadequate knowledge regarding home visits. Also, 85.2% present that home visits were effective while 77% would like a home visit. Additionally , 26.2% of participants requested Health education as main services to be provided during visits.

**Table (1):** The Number and Percentage Distribution of the Sample under Study Based on Socio-Demographic Characteristics (N=61).

Personal information	N	%
<b>Gender</b>		
Male	17	27.9
Female	44	72.1
<b>Age</b>		
<20	7	11.5
29–39	26	42.6
49–40	21	34.4
59–50	5	8.2
$\bar{x} \pm S. D = 51.36 \pm 2.48$		
<b>Marital status</b>		
Single	14	23.0
Married	30	49.0
Divorced	8	13.2
Widow	9	14.3
<b>Residence</b>		
Rural	39	63.9
Urban	22	36.1
<b>The number of relatives</b>		
2-4	50	81.9
5-7	11	18.1
$\bar{x} \pm S. D = 5.21 \pm 1.06$		
<b>Education</b>		
High school Azhary	4	6.6
High school	40	65.6
Diploma	14	23.0
Nursing technical	3	4.9
<b>Monthly income</b>		
Insufficient to meet the needs	40	65.6
Safe and sufficient for the requirements	21	34.4

**Table (2):** Number and Percentage Distribution of the Nursing Students Regarding to Evaluation of Community Health Structured Home Visits (N=61)

Items	No.	%
<b>Difficulty of Evaluation of Patient Needs during Visit</b>		
Poor	12	19.7
Good	22	36.1
Average	27	44.3
<b>Certainty in Explanation During visit</b>		
Poor	13	21.3
Average	25	41.0
Good	23	37.7
<b>Intervention Impact on patient Improvement</b>		
Good	33	54.1
Average	25	41.0
Poor	3	4.9



**Figure (1):** Distribution of the Study Sample's Numbers and Percentages based on Impact of community health nursing students structured home visits on families' health conditions (N=61)

**Table (3):** Total and Percentage Distribution of the study sample's perception and knowledge Regarding Future Students community health nursing' structured home visits (N=61).

Items	No.	%
Information about home visits		
No	42	68.9
Yes	19	31.1
Benefits Home visits		
No	9	14.8
Yes	52	85.2
Do you want home visit		
No	14	23
Yes	47	77.0
Health Services Needed During Future Visits		
Health education	16	26.2
Follow-up of health conditions	32	52.5
Mother and child care	7	11.5
Health education and culture+ Follow-up of health conditions	6	9.9

## DISCUSSION

PHC focuses on the public's demands for a sustainable, healthy existence without putting financial strain on patients to guarantee the best possible degree of health and well-being and their equal distribution. Additionally, it explains how to prioritize women, families, and rural areas (Flaubert., 2021). Home visits are an essential component of primary health care (PHC), especially in promoting equitable access to health services. PHC emphasizes comprehensive, person-centered care that is accessible, continuous, and coordinated. Through home visits, healthcare providers can deliver preventive, promotive, and rehabilitative services directly to patients in their own environments. This approach is particularly valuable for individuals with limited mobility, chronic illnesses, or those living in rural or underserved areas. By supporting early intervention, patient education, and family involvement, home visits strengthen the effectiveness of PHC and improve overall health outcomes (Flood, D., 2023).

As regard to The current study found that over half of the sample had completed high school, and over half of the sample worked in private employment, with respect to occupation, monthly income, and educational attainment. Furthermore, about 75% of them earn an unproductive monthly income. These findings conflict with those of a study by **Endalamaw et al., (2023)** titled "Successes and challenges towards improving quality of primary health care services: a scoping review." revealed that 56% of the patients had a secure but inefficient income, and 50% of the patients had higher education and were employed. According to the researchers, this could be because of environmental and social elements that affect involvement, like gender roles, availability for data collecting, or readiness to participate in survey-based research. Similar gender disparities have been noted in earlier research in similar contexts.

The current study revealed that fewer than half of the community health nursing students were not well-informed about the average difficulty of evaluating patient needs during home visits. "Enhancing cultural competency and empathy toward foreign patients for Korean nursing students through a simulation: A quasi-

experimental study" by **Shin et al., (2023)** is a study that supports these findings. According to their findings, 35% of nursing students lacked accurate understanding assessing patients' needs and collecting patient data. The study by **Domingues et al., (2023)** titled "Telesimulation about home visits and childcare: facilitators, barriers, and perception of Nursing students" is in contrast with these findings. They discovered that 85% of the students had no trouble obtaining patient information.

This part answered the research **Q 1-** How do community health nursing students address the health needs of families through structured home visits?

About half of the samples in this study had a low degree of overall health condition knowledge, according to the investigation **Knowles et al., (2023)** study, "Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States," concurs with this conclusion. who found that 75% of patients were poorly informed about health condition and how to control them.

Furthermore, the current study demonstrated that following a home visit, over three-quarters of the samples had a good overall level of awareness on their health condition. 69% of patients have well-illustrated knowledge of general health conditions and have increased their awareness, according to the findings of a study by **Conti et al., (2024)** titled "Early Home Visits and Health Outcomes in Low-Income Mothers and Offspring". However, with respect to the samples examined, the current findings showed that most of the samples had good to average emotional support during home visits. This outcome is consistent with the findings of the study "An integrative review of family support as components of early childhood home visiting models" conducted by **Clark et al., (2025)**. They discovered that there was a great deal of worry about the long-term effects of emotional support; therefore, home visiting models ought to incorporate both formal and informal care.

From researcher's point view, this might be due to the inadequate knowledge may be due to the community health nursing students need more training regarding how to obtain and priorities studies sample need and problem. This part answered the research **Q 2 -** what the Impact of Community Health Nursing Students Home Visits on Outcomes of Primary Health Care Services?

More than half of the sample under examination knew very little about home visit services and their future goals, according to the current study's findings. According to a study by Karlsen,et al., (2023) titled "Family caregiver involvement and role in hospital at home for adults: the patients' and family caregivers' perspective - a Norwegian qualitative study," 56% of the study participants lacked sufficient knowledge about how to use home visit servers, but 65% had not contacted service. These findings are consistent with their findings.

The current study's findings regarding the sample health education topics studied during home visits show that over three-quarters of the patients had health education that improved their knowledge and altered their lifestyle. These findings are consistent with a study by **Kim et al. (2024)** titled "Oral health improvement and satisfaction among recipients of home-visiting oral health education." The creation of diverse educational programs and the standardization of educator job manuals are required, as they discovered that 50% of the sample had improved satisfaction with home-visiting oral health education.

## CONCLUSION

*In accordance with the results of the present study, a conclusion can be drawn which states that:*

The current study concludes that community health nursing students can play in promoting primary health care through home visits. These visits led to measurable improvements in patients' health status, awareness, and satisfaction, especially in rural and underserved areas.

They also provided students with real-world experience, enhancing their clinical competence and communication skills. Integrating such initiatives into nursing education is essential for preparing future nurses to deliver holistic, patient-centered care and for advancing health equity in the community.

## RECOMMENDATIONS

*In accordance with the results of the present study, the following recommendations were suggested:*



- Enhance community awareness campaigns to increase visibility and reach of the home visit program.
- Expand the program to include a broader demographic and geographical scope.
- Provide intensive training for nursing students in communication, clinical assessment, and cultural competent.

### **Limitations of the study**

In terms of study limitations, certain limitations relevant to this study are evident. At first, community health nursing students Variability in the skills and performance of the nursing students could also lead to inconsistent quality of care during the visits. Furthermore, the study relied heavily on self-reported data from community members, which may be affected by recall bias or the desire to provide socially acceptable responses. These limitations highlight the need for more extensive, controlled, and long-term studies to better assess the effectiveness of community health nursing students' involvement in home-based care. Secondly, this study was unable to include a randomization or control group, also, this problem might be impacted by individual bias.

## references

- Aprillia, R., Astuti, A. W., Fatimah, S., Annisa, L., Pondawati, L. W. O., Zahra, T., ... & Arofah, T. H. (2023). Community Empowerment with Stunting Risk Factors Based on Home visit Approach: Scoping Review. *Women, Midwives and Midwifery*, 3(1), 61-76.
- Behera, B. K., & Prasad, R. (2021). Primary health-care goal and principles. *Healthcare strategies and planning for social inclusion and development*, 221.
- Clark, C., Shaw, K., Snyder, P., Conroy, M., & Mawdsley, H. (2025). An integrative review of family supports as components of early childhood home visiting models. *Family Relations*.
- Conti, G., Smith, J., Anson, E., Groth, S., Knudtson, M., Salvati, A., & Olds, D. (2024). Early home visits and health outcomes in low-income mothers and offspring: 18-Year follow-up of a randomized clinical trial. *JAMA network open*, 7(1), e2351752-e2351752.
- Dobarrio-Sanz, I., Chica-Pérez, A., Fernández-Sola, C., Ruiz-Fernández, M. D., del Mar Jiménez-Lasserrotte, M., & Hernández-Padilla, J. M. (2023). Nursing students' experiences of a home visiting programme for older adults with multimorbidity (VISITAME project): A phenomenological study. *Nurse Education Today*, 128, 105881.
- Domingues, A. N., Hilário, J. S. M., Mello, D. F. D., Parro Moreno, A. I., & Fonseca, L. M. M. (2023). Telesimulation about home visits and child care: facilitators,

barriers and perception of Nursing students. *Revista Latino-Americana de Enfermagem*, 30, e3672.

Endalamaw, Aklilu, Resham B. Khatri, Daniel Erku, Frehiwot Nigatu, Anteneh Zewdie, Eskinder Wolka, and Yibeltal Assefa. "Successes and challenges towards improving quality of primary health care services: a scoping review." *BMC Health Services Research* 23, no. 1 (2023): 893.

Flaubert, J. L., Le Menestrel, S., Williams, D. R., Wakefield, M. K., & National Academies of Sciences, Engineering, and Medicine. (2021). *The Role of Nurses in Improving Health Care Access and Quality. In The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. National Academies Press (US).

Flood, D., Edwards, E. W., Giovannini, D., Ridley, E., Rosende, A., Herman, W. H., ... & DiPette, D. J. (2023). Integrating hypertension and diabetes management in primary health care settings: HEARTS as a tool. *Revista Panamericana de Salud Pública*, 46, e150.

Galán, I. G., León, M. C. C., Guerrero-Martín, J., Jurado, C. F. L., & Durán-Gómez, N. (2021). Health-related quality of life in diabetes mellitus patients in primary health care. *Enfermería Clínica (English Edition)*, 31(5), 313-322.

Gizaw, Z., Astale, T., & Kassie, G. M. (2022). What improves access to primary healthcare services in rural communities? A systematic review. *BMC Primary Care*, 23(1), 313.

- Goldstein, D., Salvatore, M., Ferris, R., Phelps, B. R., & Minior, T. (2023). Integrating global HIV services with primary health care: a key step in sustainable HIV epidemic control. *The Lancet Global Health*, 11(7), e1120-e1124.
- Holland, K. M., Jones, C., Vivolo-Kantor, A. M., Idaikkadar, N., Zwald, M., Hoots, B., ... & Houry, D. (2021). Trends in US emergency department visits for mental health, overdose, and violence outcomes before and during the COVID-19 pandemic. *JAMA psychiatry*, 78(4), 372-379.
- İlaslan, E., Adıbelli, D., Teskereci, G., & Cura, Ş. Ü. (2023). Development of nursing students' critical thinking and clinical decision-making skills. *Teaching and Learning in Nursing*, 18(1), 152-159.
- Karam, M., Chouinard, M. C., Poitras, M. E., Couturier, Y., Vedel, I., Grgurevic, N., & Hudon, C. (2021). Nursing care coordination for patients with complex needs in primary healthcare: a scoping review. *International journal of integrated care*, 21(1), 16.
- Karlsen, L., Mjølstad, B. P., Løfaldli, B. B., & Helvik, A. S. (2023). Family caregiver involvement and role in hospital at home for adults: the patients' and family caregivers' perspective-a Norwegian qualitative study. *BMC Health Services Research*, 23(1), 499.
- Kim, S. Y., Lee, J. R., Kim, I. S., Jeong, M. S., Moon, S. E., Hong, S. H., ... & Ha, M. O. (2024). Oral health improvement and satisfaction among recipients of home-visiting oral health education. *Journal of Korean society of Dental Hygiene*, 24(5), 479-488.

- Knowles, M., Crowley, A. P., Vasan, A., & Kangovi, S. (2023). Community health worker integration with and effectiveness in health care and public health in the United States. *Annual Review of Public Health*, 44(1), 363-381.
- Kuehne, F., Kalkman, L., Joshi, S., Tun, W., Azeem, N., Buowari, D. Y., ... & Kraef, C. (2022). Healthcare provider advocacy for primary health care strengthening: a call for action. *Journal of primary care & community health*, 13, 21501319221078379.
- Mei, K., Kou, R., Bi, Y., Liu, Y., Huang, J., & Li, W. (2023). A study of primary health care service efficiency and its spatial correlation in China. *BMC Health Services Research*, 23(1), 247.
- Rosen, E., Garboden, P. M., & Cossyleon, J. E. (2021). Racial discrimination in housing: How landlords use algorithms and home visits to screen tenants. *American Sociological Review*, 86(5), 787-822.
- Shin, M., Na, H., & Kim, S. (2023). Enhancing cultural competency and empathy toward foreign patients for Korean nursing students through a simulation: A quasi-experimental study. *Nurse education in practice*, 69, 103615.
- Toth-Pal, E., Fridén, C., Asenjo, S. T., & Olsson, C. B. (2020). Home visits as an interprofessional learning activity for students in primary healthcare. *Primary health care research & development*, 21, e59.

## تأثير الزيارات المنزلية لطلاب التمريض في مجال الصحة المجتمعية على نتائج خدمات الرعاية الصحية الأولية

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### الخلاصة

لقد برز لطلاب التمريض المشاركون في المشاريع المجتمعية مثل الزيارات المنزلية التكتيكية الاستفادة الكاملة والاستجابة للحاجة المتزايدة إلى خدمات عادلة ويمكن الوصول إليها بسهولة. ومنها العلاج المرتكز على المريض، والتدخل المبكر، والوقاية. **الهدف** : تقييم أثر الزيارات المنزلية لطلبة التمريض الصحي المجتمعي على نتائج تصميم خدمات الرعاية الصحية الأولية . **طرق البحث** : تم استخدام تصميم البحث الوصفي الارتباطي في هذا البحث , أجريت الدراسة في المجتمعات المحيطة بعيادات الأمل المتخصصة التي تعمل تحت مستشفى جامعة سعاد كفاقي. المواضيع: عينة ملائمة مكونة من 61 مشاركًا. الأدوات: استبيان هيكلي يتكون من أربعة أدوات لجمع البيانات المطلوبة , الأداة (1): الخصائص الاجتماعية والديموغرافية، الأداة (2) تقييم الزيارات المنزلية، الأداة (3) آراء المستفيدين، فيما يتعلق بحالتهم الصحية قبل وبعد الزيارات، الأداة (4): تجارب طلاب التمريض، بما في ذلك الصعوبات في تقييم احتياجات الأسرة . **النتائج** : قبل الزيارة المنزلية، كان لدى 19% فقط من العينات وعي صحي جيد. في حين أن 50.5% من العينات كان لديها وعي صحي ضعيف. بعد الزيارات المنزلية، تحسن الوعي الصحي لدى المشاركين . **الاستنتاج** : خلصت الدراسة الحالية إلى أن الزيارات المنزلية التي يقوم بها طلاب التمريض أدت إلى تحسين الوعي الصحي بشكل كبير. **التوصيات** : يجب إدراج الزيارات المنزلية رسميًا في مناهج التمريض. حملات التوعية، وخاصة في المناطق الريفية .

**الكلمات المرشدة**: الزيارات المنزلية، الرعاية الصحية الأولية، طلاب التمريض.