Homecare nurses' lived experiences of caring relationships with older adults: A phenomenological study

Abstract

Introduction: This paper describes registered nurses' lived experiences of caring relationships in the context of home care for older adults living in Denmark. As populations throughout Europe are aging, more older adults will need complex care solutions within overburdened care systems. This development places demands on the competencies and organisation of homecare nurses as they become key players in the healthcare system. Caring relationships in home care is a rewarding and valuable process that enhances the holistic and humanising aspects of caring for older adults. In order for a caring relationship to be *caring,* we must understand not only the subjective experience of that caring relationship but also how that caring relationship is experienced in relation to and shared with others.

Aim: To describe the essential meaning of the phenomenon of caring relationships in home care for older adults, based on the lived experiences of homecare nurses.

Approach and methods: Interviews were conducted with registered nurses working in home care for older adults, and a phenomenological analysis was conducted according to the methodological principles of the reflective lifeworld research approach.

Findings: The essential meaning of the phenomenon is described as creating an existential and embodied space in which the world of the patient is the foundation of caring. The constituents are as follows: caring for the whole person, a sense of at-homeness through trusting 'the other', experiencing continuity as caring and prioritising the time to care.

Conclusion: Caring competence in home care for older adults relies on a nurse's ability to intertwine physical and existential care needs and articulate them in his or her daily work. A focus on the phenomenon of caring relationships brings value to and adds an extra layer to the discussion on caring competence.

Keywords: caring relationship, caring science, caring competence, existential care, home care, lifeworld, older adults, phenomenology, reflective lifeworld research, registered nurses

Introduction

From a caring science perspective, the core of caring is to promote health and well-being of the patient [1]. Central to the well-being is establishing caring relationships between nurses and patients. Caring relationships are found in interactions between individuals and are created between human beings. They are a way of humanising care, as caring relationships contribute to care that make us feel more human [1]. Engaging in and making relationships with people through a caring relationship can be described as part of the ongoing activities of daily life. Understanding the reality and lived experience of formal caregivers, here the registered nurses, is necessary to know the complexity of actions, personal experiences and interrelationships that involve care, as care is more than just technical knowledge [2].

Background

As populations throughout Europe are ageing, more older adults will need complex care solutions within overburdened care systems, which will lead to ever more pressure on the workforce and its sustainability [3]. Since the first Danish law on home nursing was passed in 1957, it has become the task of the 98 present-day Danish municipalities to employ educated nurses to perform home nursing. Shorter and more intensive treatments in hospitals result in older citizens with multiple illnesses being discharged earlier, which creates more complex nursing needs for homecare nurses to manage, which again requires higher nursing skills, together with effective coordination and cooperation between professional groups. These developments place demands on the competencies and organisation of homecare nurses as they become key players in a coherent healthcare system [4].

Studies have indicated that registered nurses (RNs) are well aware of the importance of building trusting personal relationships with older adults. Interest in another person's life situation is important to promote good care [5]. Research on caring relationships further indicates that RNs often engage in multilayered relationships in which the nature of the relationship takes the form of both a professional relationship and a friendship [5,6,7]. Furthermore, recent studies reveal the need for more affective aspects of the relationship between nurses and older adults, such as paying attention to the patient's personal situation and to the patient as an individual [6,7,8,9]. However, despite older adults' well-being depending on the quality of their care, few investigations of this topic exist, particularly with regard to in-home care [6,9].

The experience of caring competencies translate to an understanding of caring relationships to fully understand the personal and close needs experienced by people providing in-home care for older adults in Denmark. Caring relationships makes room for an interesting and important research focus on what constitutes a relationship with older adults, why such a relationship is important and, furthermore, what makes a caring relationship *caring.*

Aim

The aim of this study is to describe the essential meaning of the phenomenon of caring relationships in home care for older adults, based on the lived experiences of homecare nurses in Denmark.

Method and approach

The reflective lifeworld research (RLR) approach has its basis in phenomenological and hermeneutical philosophy, which emphasises the lifeworld of the individual and searches for the meaning and reflection of lived experiences [10]. The overall aim of phenomenology is to illuminate the human situations or events that typically go unnoticed and unquestioned in human everyday life (i.e., those things that are taken for granted) but are of significant meaning [11]. The overall aim of reflective lifeworld research is to describe and illuminate the lived world in a way that expands our understanding of human beings and human experiences [10]. Finally, the RLR approach, as a research perspective, originates in the intent to allow the actual phenomenon, here caring relationships in care for older adults, to guide the whole research process, which is in effect a journey characterised by openness through which the phenomenon will eventually be illuminated and understood [10].

Participants

To be able to describe the essential meaning of the phenomenon of caring relationships in home care for older adults, based on the lived experiences of homecare nurses, the inclusion criteria were RNs with lived experiences of caring relationships in home care for older adults. The nurses included in the study are working in home care in two different municipalities in Denmark. Ten RNs participated. Five in-person interviews were conducted with RNs working in a large city in Denmark, and five virtual interviews were conducted with RNs working in a smaller town in Denmark. The RN participants included 1 man and 9 women aged between 31 and 60 years. The homecare work experience of the participants varied from 2 months to 23 years, with an average of 9.8 years of work experience overall.

Data collection

Using an open interview strategy, lifeworld interviews were conducted to focus on the participants' lifeworld and lived experience to explore a phenomenon of common interest [10]. All individual interviews were audiotaped, and the phenomenon was explored with an open and reflective attitude. Each interview began with the participant being invited to talk about the phenomenon of caring relationship in an open way by asking, 'Can you describe a typical day of working in home care?' The phenomenon of caring relationship was then further explored through follow-up questions, such as 'Can you explain more?', 'Can you give examples of…?' and 'When you say this, what do you mean?' Five in-person interviews were conducted in a separate, undisturbed and quiet room at the homecare nurses' offices, while the remaining five interviews were conducted virtually using Microsoft Teams. Interviews were completed during working hours and lasted between 15 and 53 minutes, with an average duration of 27 minutes. The relatively short duration of the interviews reflects the work pressures experienced by the participants. Afterwards, all the interviews were transcribed verbatim by the first author.

Data analysis

A phenomenological analysis was conducted according to the methodological principles of the RLR approach. This was accomplished by letting the phenomenon – *the caring relationships in home care* – guide the analysis together with a focus on lived experiences, which involves turning to reality as experienced by the RNs, to understand more about the caring relationships involved in home care [10]. The analytical process was characterised by a movement between the whole (the interviews) and the parts (the meanings found in the data) to describe the new whole (essential meaning) [10]. This was achieved by reading the interview transcripts several times to create an understanding of the text as a whole. When this understanding was achieved, the researcher focused on the parts of the data, dividing the whole into smaller segments (meaning units). The meaning units were then clustered together by grouping meanings that seemed to belong to each other in relation to the phenomenon. Once the clusters were established, the essential meaning of the phenomenon began to appear. In order to describe the essential meaning in terms of variations in the phenomenon, the constituents were created. Constituents are described as the meaning that constitutes the essential meaning and work as specifics of the structure; in other words, constituents capture the essential meaning. Constituents also describe the variations and nuances of the essential meaning of the phenomenon in focus [10].

Ethical considerations

Ethical approval was granted by the Institutional Review Board at Aarhus University in Denmark (approval number: 2021-18), and the Swedish Ethical Review Authority (approval number: 2023-02101-01). Permission to conduct the study was sought from homecare leaders of two different municipalities in Denmark. The research is a part of the H2020 MSCA-ITN/INNOVATEDIGNITY Project and funded by the European Commission. All activity will comply with the INNOVATEDIGNITY Project Ethical Scrutiny and Advisory Board, Declaration of Helsinki, the Swedish Research Council and adhere to the Charter of Fundamental Rights of the European Union. Before each interview the RNs were asked to give consent either verbally or writing, and informed about their right to withdraw their participation.

Findings

The essential meaning of caring relationships in the context of home care for older adults is described as *'creating an existential and embodied space in which the world of the patient is the foundation of caring'*. Cultivating caring relationships in home care is a rewarding and valuable process that enhances the holistic and humanising aspects of caring for older adults. It engages existential questions about what it means to be human and how human beings should be cared for despite their age. It is constituted in the embodied space created in a meeting between an old adult and a homecare nurse. The *home* creates the foundation for this caring relationship, as human existence and value are bound to a sense of at-homeness. The home is a reflection of the person; by seeing the older adult in his or her own home, it becomes possible to create the existential and embodied space in which the patient's world becomes the foundation of caring.

The world of the patient as the foundation of caring relationships builds upon genuine trust, as it constitutes the existential need of older adults to feel secureness and confidentiality in the process of being cared for at a time when they are losing control in life. In home care, the home is described as the last element of control. This aspect of control leads to a strong sense of at-homeness, which means the embodied feeling of being at *home* – not just in a physical way but as an emotional state that connects the existential aspect of being an independent human being with the feeling of being at home and feeling safe. The existential and embodied space that is created in the context of home care for older adults has its basis in the fundamental need for reciprocity and individual attention towards the older adult. Seeing and acknowledging *the whole person* is an important element in creating a caring relationship.

The essential meaning of the phenomenon can be further described using the following constituents: caring for the whole person, a sense of at-homeness from trusting 'the other', experiencing continuity as caring and prioritising the time to care.

Caring for the whole person

Achieving a caring relationship in home care means caring for the whole person, which includes an intertwining between care and existential and physical needs. Caring for the whole person is expressed as a mixture between and a balance of continuity and trust:

> *The work we do on relationships is our main tool. If we do not have a decent relationship with the older person, we will have a hard time performing the care because nursing is all about relationships, trust and the experience we get from seeing the same patients every week.*

Cultivating a caring relationship is described as the nurses' main tool; it is a way of defining nursing as something more than just medical and physical care. Caring for older adults become an existential matter with care needs and individual human beings at the centre. The intertwining of existential and physical care needs can be understood as two branches of nursing – one is not possible without the other:

> *I will not say that it [the instrumental tasks] is secondary, but if you don't prioritise the relational part, it becomes difficult to perform competent, professionally skilled nursing. It goes hand in hand.*

The caring relationship is created by taking an interest in the patient's world and experiencing existential value by being present and by being attentive and trustworthy. Experiencing a caring relationship hereby unfolds from some general human values about seeing the person before seeing the patient. Making patients feeling seen and heard is an essential part of the holistic view in nursing and caring for older adults and is one of the touchstones when it comes to the life of the patient being the foundation of caring.

A sense of at-homeness from trusting 'the other'

Trust is described as the most essential element of experiencing a caring relationship. Being a homecare nurse requires that one enter people's lives in more than just a physical way. When nurses enter someone's home, they enter someone's everyday life. A sense of at-homeness is created in the encounter between a nurse and an older adult as nurses experience a personal

attachment to the patient by being in his or her home. The concept of at-homeness is therefore connected to the physical home as well as a metaphorically and emotional state of mind, that cannot be separated from the feeling of trust. At-homeness is twofold and is description of how trust is created by letting someone in – into your psychical home and into your emotional lifeworld. Trusting 'the other' refers to the relationship being reciprocal, and that trust is created only by both older people and the nurses trust 'the other'. Trusting each other creates an openness that makes room for personal stories to be shared, which leads to better and more personalised care.

> *Sometimes, patients share very personal stories with me because they trust that what they tell me stays with me. But what they tell me, it is something that they believe I should know about them to be able to provide the best care possible. So, the openness we have towards each other, I think that is really important.*

Trusting the other is therefore strongly connected to a sense of at-homeness created between the nurses and the older adult because the home is something personal and contains a great deal of a persons' identity and lifeworld. Being let into someone's home requires a trusting relationship that does not overstep personal boundaries. Thus, the sense of at-homeness is an emotional state that intertwines with the existential aspect of one's personal lifeworld and one's trusting relationship with others.

Experiencing continuity as caring

A caring relationship means creating a connection by seeing the other adult more than once. A caring relationship involves both repetition and recognisability. Continuity is the foundation of trust and openness, which are essential to exploring the world of the patient as a foundation for caring.

> *It is different and more difficult performing tasks in a home where you do not know the patient. I also believe that the patient feels trust and openness if the nurse entering their home is one that they have seen before and know.*

When there is a lack of continuity, the possibility of creating a caring relationship is limited. This is because a caring relationship evolves from a space of existential questions and embodied feelings; when that space is not fulfilled with recognisable human interactions, a caring relationship is harder to establish. Experiencing continuity as caring includes the feeling of

knowing a person on a personal level, in addition to his or her medical history, and reacting to changes, both physically and in the mood of an older person.

> *Home care uses a lot of substitute nurses, and when I introduce myself as a substitute, I get the feeling that the relationship is already lost before getting started. I can sense that the patients are thinking, 'Well, this nurse I am never going to see again anyway', and then they become more reserved and closed towards me.*

The quality of existential care is raised as the nurse continuously follows the patient's development in mood and mental well-being, which are associated with the emotional wounds that follow when growing old, losing independence, losing friends or a spouse or losing control in life.

Prioritising time to care

A caring relationship involves prioritising time to care. This means making time or taking time, despite pressures, as nurses should be thoughtful and take time to do their job and relate to their patients despite their workloads or other time constraints A caring relationship develops when existential care needs and the world of the patient are taken into account within a given space and time:

> *I just think it is in my nature to care for people, and I actually think many nurses feel that way. So if I don't have enough time, I will just take time, even if that means that I will end up running late the rest of the day. You have to make that time.*

The caring nature of the nurse relates to the basic existential question of what it means to be human. Prioritising the time to care means that time is more than just minutes – time is presence. In other words, it is more about one's presence in time than about the amount of time. Within 'being there' lies taking time and prioritising time in favour of the older person. Prioritising the time to care includes the ability to be present, to listen and to see the whole person and not just the patient.

> *By repeatedly coming to the same homes and meeting the same people, I get to know their medical history, but I also get to know their children. And I get to know their grandchildren and their great grandchildren. I get to know what they had for dinner last weekend. I really feel like I know them.*

As such, when prioritising time to care, time must be converted from measurable on-the-clock time to presence time, which is a fundamental aspect of a caring relationship because both the existential and embodied aspects of caring require time to create the space in which the world of the patient is the foundation of caring.

Discussion

The purpose of this study is to describe RNs' lived experiences of caring relationships in the context of home care for older adults. The essential meaning shows that a caring relationship in home care for older adults is described as creating an existential and embodied space in which the world of the patient is the foundation of caring. Caring relationships in home care engages with an existential question about what it means to be human and how human beings should be cared for, despite their age. Caring through caring relationships becomes a rewarding and valuable process that enhances the holistic and humanising aspects of caring for older adults. The results of this study show that a caring relationship is constituted in many different ways, all of which include the intertwining of existential and physical care needs achieved by creating a sense of at-homeness through trusting each other, experiencing continuity as caring and prioritising time to care. What connects all of these different ways in which a caring relationship is constituted is that it evolves only through collaboration and connection with others.

To deepen the understanding of caring relationship in home care for older adults and understand the significance of the existential and embodied space, we must turn to the German existential philosopher Martin Heidegger's ontological ideas about the existence of human beings in the world. Heidegger uses phenomenological methods to explore and explain a *being-in-the-world* and a *being-with-others* in a way where the subject, object or consciousness and the world are not entirely separable [12]. A *being-with-others* is especially relevant in understanding the phenomenon of the caring relationship and how it evolves from an existential space. In social phenomenology, individuals rarely act alone; here, experience is situated within relationships and between persons, and each lifeworld must be explored as a field of intersubjectivity rather than being reduced to object structures or subjective intentions [12]. To that extent, the homecare nurses' experiences of caring relationships are individual, but at the same time, the existential spaces in which these unfold are populated by other experiencing beings. This means that one's experience of a relationship is always contrasted with someone else's experience of that same relationship. Dahlberg and Dahlberg [13] described how subjective experiences would not be possible without the world we share with others and with which we have an immediate relationship. This means that in understanding a caring relationship, one must be

able to understand not only the subjective experience of that caring relationship but also how that caring relationship is experienced in relation to and how it is shared with others.

Another existential philosopher, Maurice Merleau-Ponty, helps us understand the meaning of space as something more than a physical room. When a caring relationship in the context of home care for older adults is described as the making of an embodied space in which the world of the patient is the foundation of caring, this means that the human bodies are at the core of the process of exploring the world, interacting, communicating and creating relationships with other adults. Human beings rely on their bodies to understand themselves and thereby others. To Merleau-Ponty, the body is the opening to the world through which human beings communicate with others; however, as human beings, we also at once act and are acted upon by others [14]. Likewise, being a homecare nurse means that one enters peoples' lives in more than just a physical way. A sense of at-homeness is created in the encounter between the nurse and the older adult in the embodied space of the home. By entering someone's home, one enters someone's lifeworld.

Entering someone's lifeworld must be done with respect and trust to avoid threatening a person's integrity and autonomy and, therefore, his or her feeling of at-homeness. This finding agrees with caring science research as findings from Martinsen et al., who found that a major challenge associated with the experience of being dependent on homecare was the perceived loss of control over significant aspects of one's life. This is especially true in the embodied aspect of care, such as older adults needing care in intimate situations; it is important for homecare nurses to avoid making older adults feel shy about exposing their ageing bodies [15]. The experience of at-homeness also requires that homecare nurses accept boundaries and consider older adults' wishes. Home care potentially threatens a person's integrity and autonomy, which can make a person vulnerable despite being in his or her own home. According to caring science research described by Møller and Norlyk, homecare tends to create an asymmetric relation between the involved parties, and the more dependent a person is, the less scope they have for self-determination [16]. For this reason, focusing on the caring relationship as an aspect of competence in home care is important for homecare nurses, as described by the phenomenon in this study.

Martinsen et al. described how a task-oriented approach in homecare reflects the rationale pertinent to the management of Danish (and Norwegian) homecare and how every task has to be minutely organised and time-scheduled to optimise cost-efficient homecare [15].

Unfortunately, this does not leave much time for competencies, such as a caring relationship. This problem reflects findings within caring science from Norlyk et al. [17], who described an urgent need to articulate the organising work of homecare nurses and to present problematic organisational structures to policymakers and managers. Furthermore, Norlyk et al. highlighted how nursing practice is mainly expressed in terms of direct patient care, while the practices through which care is organised have received little attention [17]. The results of our study also show how the organisation of home care conflicts with the experience of caring competencies. Elements such as time and continuity are, besides being important in constituting a caring relationship, strongly related to the organisation of homecare and to both financial and workforce issues in the sector of care for older adults in Denmark. Among employees caring for older adults, there is no intention of working more hours, and many employees are seriously considering finding a new job, which does not correspond with a future defined by an increasing elderly population and an increasing need for healthcare services. Research in the field of care for older adults care suggests that physical and mental working conditions and the organisation of work make it difficult to retain the workforce [18]. Successful workforce retention leads to more continuity, and at the 2020 annual virtual summit on older people's care, a number of steps were taken to raise the quality of care, including an effort to achieve more consistency in the workforce [19]. This finding agrees with the results of our study: both time and continuity are important competencies in caring for older adults. Continuity and consistency in the workforce is furthermore not only linked with the physical quality of care but also with the existential aspects of caring for another person. Our results move the discussion on competence in home care for older adults in a direction that is based on human and existential values and that takes the whole world of the patient into account. To overcome the lack of workforce in society, together with creating more continuity and stability for older adults, one step along the way would be to explore how leaders can get the work schedule and budget to comply with full-time employees. Another is to offer employees better physical and mental working conditions [19].

Methodological considerations

The aim of this study is to describe the essential meaning of the phenomenon of caring relationships in home care for older adults, based on the lived experiences of homecare nurses. The study followed Reflective lifeworld research and the philosophical foundation for phenomenological evidence by ensuring objectivity, generalisability and validity [20]. In terms of objectivity in a qualitative phenomenological study, all researchers have some relationship

with and a preunderstanding of the phenomenon being studied. In this study and through all of the research activity, objectivity was achieved through an open and reflective attitude by putting awareness into not only our preunderstandings but also into the understanding of the phenomenon [10]. Still, the qualitative research findings of phenomenological research are often downplayed based on the argument that the study samples are too small for the findings to be generalisable [20]. With a rather small number of 10 interviews with homecare nurses, we must disagree. By describing the essential meaning of the phenomenon of caring relationships, we want to reach knowledge that goes beyond individuals and provide an essential meaning structure and not just separate categories. The development of an essential meaning is a core strength of phenomenological studies, and within the essential meaning lies a certain generalisability; otherwise, the meaning would not be *essential* [10]. Describing an essential meaning is a core strength in terms of the validity of this study. In phenomenological studies, validity is associated with meaning; in other words, it is about trying to understand how people interpret what is meaningful in their lives or about a certain phenomenon rather than just referring to *what* people say or do [20].

A phenomenological analysis according to Reflective lifeworld approach was done in order to describe the essential meaning of the phenomenon caring relationships in home care for older adults, based on the lived experiences of homecare nurses. This was considered a suitable approach for describing the lived experience, which also contributed to the validity of the study [10,20]. One limitation of the study could be that the nurses participated in different kinds of interviews (in-person and online), which could have affected the results. On the other hand, ethically, it was important to be sensitive to the nurses' unique prerequisites and expressed needs due to heavy workloads in home care. In-person interviews was a prerequisite from one group of nurses and online interviews was a prerequisite from the other group of nurses. Adapting to the wishes of the participants is an advantage as they get to feel at home and confident in the environment in which the interviews took place [10]. Online interviews was also a prerequisite for being able to include nurses from a rural area, which is a strength to the study in relation to validity and generalizability. It have also been shown in-person and online interviews is to complement and nuance one another, which indicates that the varied types of interviews could be seen as a strength. Both the researcher and the nurses that were interviewed online was confident with online meetings and the interviews turned out well resulting in rich variations of meanings of the phenomenon. Including nurses from both urban and rural areas was one way to strengthen the validity of the study since it made it possible to have variation

of lived experiences and meanings of the phenomenon, which is a request in phenomenological studies [10,20].

The decision to do the interviews at the workplace during working hours was a prerequisite for nurses to be able to participate. The researcher were on site at the nurses' office for several weeks which made it possible for the nurses to participate in an interview when they had the time. This was experienced as a strength, as the nurses did not have to fit a specific time or use time after their shift ended. They all wanted to be able to leave work and go home to their families at the end of the day.

Another methodological limitation could be that the nurses had a varied amount of working experience in home care. In a phenomenological study, such as this one with a reflective lifeworld approach, it is a prerequisite to include people that have lived experience of the phenomenon in focus and also to include persons with varied characteristics since it makes it possible to have a huge amount of described variations of the phenomenon [10]. All of the nurses included had a lived experiences of working in home care and was able to describe this experiences in a meaningful way. Even if one of the nurses only have been working in home care for 2 month this person had a lot of meaningful experiences that, together with the other interviews contribute to the study. This, in an objective way, short amount of working time is relevant since it is the fact for a lot of nurses working in home care. The choice of including both novice and experienced nurses was a conscious decision to improve the validity and the generalizability of the study, and being to describe an essential meaning.

A limitation of the study could also be that some interviews was relatively short in amount of time, with one interview lasting for only 15 minutes. When the nurses arrived back at the home care office after having had their home care visits, one of them had to be in charge of the emergency phone. When the phone rang they then had to leave the office to go help with an emergency situation in an old person's home. This was the reason for the interview lasting only 15 minutes. However, the rest of the interviews lasting for a longer period. All of the interviews, even the short one, had meaningful descriptions and was therefore included in the overall analysis. It is worth noting that a phenomenological study according to reflective lifeworld research, focusing the phenomenon and not the individuals. Since the objectively short interview/s contained meaningful variations of the phenomenon it was included. All interviews included rich and varied descriptions of the phenomenon and taken together it is a prerequisite for a phenomenological study, which is a strength to the study. It is also worth noting that a phenomenological study depending on the context and is always open for more to be described

this study contributes to one piece of understanding caring relationships in home care for older people as it is described by home care nurses working in rural and urban areas in Denmark.

Conclusion

As our study shows, caring competence in home care for older adults should involve the intertwining of physical and existential care needs and a focus on the importance of making a caring relationship because caring is experienced in the encounter between an older adult and the homecare nurse. In order for a caring relationship to be *caring*, we must understand not only the subjective experience of that caring relationship but also how that caring relationship is experienced in relation to and how it is shared with others. A focus on the phenomenon of caring relationships brings value and adds an extra layer to the discussion on caring competence. According to this phenomenon, caring competence can be understood as something that the nurses cannot always plan for beforehand but something that is created in the meeting between an older adult and a homecare nurse – and that takes time, trust and consistency. In conclusion, we wish to emphasize the importance of continuing research on this topic, given the increase in world population aging. Information on competencies and the importance of relationships in home care for older people needs to be further developed.

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