

Nordic homecare nursing from the perspective of homecare nurses—a meta-ethnography

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The Nordic countries have a unique approach to homecare nursing, with services being offered to all citizens in need, regardless of income, family situation and network, and paid for primarily by public funds. Homecare services carry out tasks that are usually the responsibility of family members in many other countries. One objective of homecare nursing in the Nordic countries is to encourage and enable people to remain in their homes for as long as possible (Turjamaa et al, 2014).

However, pressure on these services has increased in recent years. A reorganisation of healthcare systems, which put a focus on very early discharge from hospital, increased demands on homecare because the services were supporting patients with more complex healthcare needs (Phelan, 2015). Moreover, demographic changes mean there are more older people with comorbid conditions (Violan et al, 2014). This demographic shift is of concern because it means homecare nurses have to provide increasingly high degrees of complex care, including technical and psychosocial interventions (De Vlieghe et al, 2014). Consequently, homecare nursing delivery has undergone substantial changes in Nordic countries.

Homecare nurses have a unique role in preventing unnecessary admissions to hospitals, managing long-term conditions and providing clinical leadership in homecare nursing (Barrett et al, 2007). A review on activities performed by homecare nurses identified that these had key psychosocial, behavioural and health system dimensions (De Vlieghe et al, 2014). Accordingly, nurses working in homecare are responsible for providing care ranging from basic to advanced levels, including complex procedures, in the patient's home (De Vlieghe et al, 2014).

Working alone and having overall responsibility for seriously ill patients often challenges homecare nurses' confidence in providing high-quality care (Nilsson et al, 2009; Boström et al, 2012). Homecare nurses have a broad generalised knowledge of their client group and are described as having a 'specialist generalist' role (Dahl and Clancy, 2015). Because demographic changes have led to an ageing population, multimorbidity is increasingly being recognised

as the norm rather than the exception in primary care (Nilsson et al, 2009; Violan et al, 2014).

Furthermore, relationships with patients and their close relatives can be challenging when working in the patient's home. Relationships can last for months or years, which means that professional and private boundaries can become blurred (Corbett and Williams, 2014; Pusa et al, 2015). Research has suggested that nurses must know how to maintain a proper distance to protect themselves from burnout (Estève, 2016). However, close relationships between patients and health professionals in homecare settings are important, as a close relationship can boost well-being and support positive health in older age (Corbett and Williams, 2014).

Accordingly, homecare nurses face multifaceted challenges. The practice of homecare nursing encompasses multidimensional care and requires specialist expertise. As the research cited above shows, the word 'complex' is found

ABSTRACT

The pressure on homecare nursing in the Nordic countries has increased in recent years because of a reorganisation of healthcare systems that has put a focus on very early discharge from hospital as well as demographic changes. This article details an analysis of the findings of 13 published qualitative research reports about Nordic homecare nurses' experiences of their work. Using a process of meta-ethnography, the authors identify five themes within the primary research: home care as a professional practice on foreign ground; home care as a massive time constraint; home care as fair rationing; home care as relationships with relatives as fellow players or opponents; and home care as latent paternalism. These have two main implications for practice: homecare nurses should continuously be taught how to cooperate with partners who are emotionally involved; and also homecare nurses may benefit from training that focuses on the challenges of carrying out professional work in private settings

KEY WORDS

♦ Homecare ♦ Community nursing ♦ Time pressure ♦ Partners and families ♦ Paternalism

throughout the literature and is regularly used to describe the needs of older people. However, the meaning of 'complex' is often unclear. In a concept analysis, 'complexity of care' is defined as: a focus on simultaneously treating and curing multiple disease processes, which leads to polypharmacy; the use of advanced technologies; and the creation of novel care models. The concept is further defined by a fragmented healthcare system and the relational nature of the caregiving system. Complex care directly affects older adults, having positive and negative effects on their lives and the quality of care they receive (Cline, 2015: 112).

Recently, a review indicated a high proportion of missed care in homecare nursing and described inadequate systems (Phelan et al, 2018). This finding is of concern, as most care in the future will be provided in patients' own homes because of changing demographic and political demands, which have called for a shift in care delivery from secondary to primary care. In the Nordic countries, homecare is predominantly tax financed and largely built on similar principles of shifting care from secondary to primary provision.

However, a general description of the characteristics of Nordic homecare nursing does not exist, although it could be key for future development strategies in primary care. To illuminate the challenges faced by Nordic homecare nurses and the potential failures in homecare systems, it is important to systematically scrutinise existing research on the perspectives of homecare nurses.

The authors will therefore present a meta-ethnography of 13 qualitative studies investigating the experience of working as a homecare nurse in a Nordic country. This will identify the central themes in the 13 research papers and draw on these as the foundation for a discussion about the characteristics of Nordic homecare nursing.

Method

Meta-analysis has been assigned various terms, such as meta-ethnography (Noblit and Hare, 1988) and meta-data-analysis (Paterson et al, 2001), and these share common methodological procedures and assumptions.

Noblit and Hare (1988) are the founders of meta-ethnography, which entails an analysis of the research findings reported by primary researchers. Essentially, it is an analysis of the analysis of research data documented by primary researchers in their study reports. 'Data' in a meta-ethnography may comprise one or two words, a sentence or a paragraph. It is rarely sufficient to copy phrases or categories used by the authors of the primary reports (Paterson et al, 2001). In meta-ethnography, each primary study is translated into themes that are then compared with themes identified by others to generate a new interpretation that encompasses all reports. The process involves a continuous comparative analysis of the texts until a comprehensive understanding of the phenomenon under investigation has been realised (Paterson et al, 2001). Therefore, meta-ethnography is more than an accumulation of findings from primary research reports and offers a great opportunity for higher order interpretation.

Search strategy

The following databases were used to search for primary research reports: the Danish National Research Database; Idunn; ProQuest; Scopus; CINAHL, PubMed; and SweMed+. Together, these databases include scientific papers from several professional disciplines, including social science and nursing. To identify the maximum number of relevant publications, it was essential not to limit the search to databases containing scientific papers from exclusively one discipline.

The searches were conducted in 2017 and limited to 2007–2017. The terms used were found in a pilot search of databases and in relevant literature. The terms used were home nurs*, community nurs*, homecare, in-home nurs, professional role, organisation, values, norms and patterns. Block search was used as the main search strategy and the terms were combined in various search models. Terms such as 'professional role', 'tradition', 'organization' and 'experience' yielded useful results for the purpose of this meta-ethnography.

On the basis of title relevancy, 169 articles were selected by the searches and their abstracts were read. If the abstract was relevant, the article was read in its entirety. Data on homecare nurses from data from other sources (e.g. homecare recipients and nurses working in other settings) was excluded as it did not give the perceptions of homecare nurses.

Several publications were excluded because the studies were undertaken in nursing homes. Another important exclusion criterion was that the perspectives studied were not those of homecare nurses.

Thirteen qualitative studies met the inclusion criteria and the requirements for methodological quality. An overview of the selected studies is shown in *Table 1*.

Data analysis

The steps for the analysis were as follows.

First, 13 primary research papers were read and reviewed, and the researchers noted how the phenomenon of 'homecare nurses' experiences of their job' was described. Papers were considered as interview transcripts, as recommended by Paterson et al (2001). While reading, the authors made notes of concepts, key themes, categories and phrases describing the phenomenon.

Next, the authors compared and contrasted the data collected for this study with data from the 13 studies, as a whole and in subgroups, noting similarities and differences between the key themes of each study. For instance, many participants in these studies expressed themes such as 'being a guest' and 'being professional' in different ways, as if they were in a dynamic tension with one another.

The next step was hypothesising about the nature of the relationships between themes within the studies; for example, did all studies that mentioned 'being a guest' in homecare nursing also refer to the need for 'being professional'? To find out if these were possible central themes, the authors developed a table to identify the various ways in which these themes were described. This

Table 1. Overview of primary research reports

Authors/title	Aim/vision	Participants/context	Method
Berland et al (2012) Patient safety culture in home care: experiences of homecare nurse	To explore homecare nurses' experiences of patient safety in their delivery of homecare to older clients	Twenty homecare nurses in two communities in Norway	Four focus group interviews analysed by thematic analysis (Polit and Beck, 2008)
Dahl and Clancy (2015) Meanings of knowledge and identity in public health nursing in a time of transition: interpretations of public health nurses' narratives	To illuminate the meaning of public health nursing knowledge and professional identity in a continuously changing public health nursing practice	Twenty-three public health nurses in two counties in Norway	Interviews analysed by a phenomenological hermeneutics method inspired by Ricoeur (Lindseth and Norberg, 2004)
Eilertsen and Kiik (2016) Nurses' emotional challenges in providing homecare in Norway	To examine nurses' experiences of emotional challenges when caring for older people with multiple diagnoses	Eleven homecare nurses employed in homecare services in Norway	Interviews analysed by a phenomenological approach (Giorgi, 2009)
Glavin et al (2013) A comparison of the cornerstones of public health nursing in Norway and in the United States	To compare the values and beliefs that underpin community nursing practice in Norway and the US	Family health nurses, school nurses and homecare nurses in a Norwegian municipality	A review of the literature and three focus groups in families, school and homecare settings. The material was synthesised into content themes and compared to key values and beliefs found in the literature (Sandelowski, 2000; Sandelowski and Barosso, 2003; Polit and Beck, 2012)
Michaelsen (2011) Emotional distance to difficult patients	To explore nurses' relationships with patients they regard as being difficult	Twelve homecare nurses were observed in clients' homes and five were later interviewed. The study was conducted in a Danish municipality	Observations and interviews analysed by hermeneutic phenomenology (Kvale, 1996)
Öresland et al (2008) Nurses as guests or professionals in home health care	To explore how nurses describe themselves while (i.e. which positions they say and they take) caring for patients in their own homes	Ten homecare nurses working in two health sectors in Sweden	Interviews were analysed and interpreted using discourse analysis (Crowe, 2005)
Öresland et al (2011) Home-based nursing: an endless journey	To explore metaphors for discovering values and norms held by nurses in home-based nursing care	Ten home care nurses working in a municipality in western Sweden	Interviews were analysed and interpreted with metaphor analysis (Kochis and Gillespie, 2006)
Pusa et al (2015) District nurses' lived experiences of meeting significant others in advanced home care	To illuminate the meaning of district nurses' lived experiences of meeting significant others in the home when giving advanced homecare to patients	Thirty-six district nurses working in advanced home care in 10 healthcare centres in central Sweden	Ten focus group interviews analysed by a phenomenological hermeneutic method inspired by Ricoeur (1976)

strategy helped them to identify that 'being a guest' was predominant, whereas 'being a professional' was taken for granted and was not an independent theme (Table 2).

Finally, the primary studies were compared with one another by determining how the key themes of each study related to each other, and refining these comparisons until the phenomenon was described in a way that was faithful to the interpretations of the original data. The analysis finished when the themes accurately portrayed the shared findings of the studies. From this, the theme 'homecare nursing as a professional practice on foreign ground' was identified. During the whole analysis, a focus was kept on the experiences of the homecare nurses as described in the primary papers.

Findings

Five themes appeared in the meta-analysis of the 13 pri-

mary research reports:

- ◆ Homecare as a professional practice on foreign ground
- ◆ Homecare as a massive time constraint
- ◆ Homecare as fair rationing
- ◆ Homecare as relationships with relatives as fellow players or opponents
- ◆ Homecare as latent paternalism (Table 2).

Homecare nursing as a professional practice on foreign ground

Receiving homecare nursing changes a private home into a workplace, but the owner of the home is still in charge; therefore, homecare nurses have to show a little humbleness (Öresland et al, 2008). However, to ensure working conditions are appropriate or to achieve a safe environment for the client, nurses could suggest alterations such as changing

Table 1 cont'd

Authors/title	Aim/vision	Participants/context	Method
Sæterstrand et al (2015) Home care nursing practice. How the re-organization of the health care service affects the nursing practice	To gain knowledge about how nurses experience and manage the challenges in their daily work in the homecare service as a result of the new reform	Eleven homecare nurses in two Norwegian municipalities	Participant observation and interviews analysed by grounded theory (Glaser and Strauss, 1967; Glaser, 1978)
Turjamaa et al (2013) Forgotten resources of older home care clients: focus group study in Finland	To describe resources available to older home care clients from the viewpoint of their home care professionals Also to describe the resources available to new and existing homecare clients	Thirty-two home health professionals working in municipal homecare in an urban region in eastern Finland	Focus group interviews analysed by using inductive content analysis (Hsieh and Shannon, 2005; Gibbs, 2007)
Turjamaa et al (2014) Living longer at home: a qualitative study of older clients and practical nurse' perception of home care	To describe the structure of home care for older clients and to explore the enablers supporting living at home for this group	Fourteen homecare nurses and 23 older homecare clients in Finland	Home visits were videotaped and the video was used as a tool to stimulate the recall interview with homecare nurses and homecare clients; the material was analysed using inductive content analysis (Hsieh and Shannon, 2005; Gibbs, 2007)
Tønnessen et al (2009) Fair nursing care when resources are limited: the role of patients and family members in Norwegian home-based services	To investigate nurses' priority decisions and the provision of home-based nursing care services	Eleven homecare nurses working in a purchaser-provider setting in a city district, and six homecare nurses working in a traditional setting in a rural area/city in Norway	Interviews analysed by interpretive hermeneutic methodology (Kvale, 1996; Kvale and Brinkmann, 2009)
Tønnessen et al (2011) Rationing home-based nursing care: professional ethical implications	To investigate nurses' priority of decisions and the provision of home-based nursing care services	Eleven homecare nurses in a purchaser-provider setting in a city district, and six homecare nurses working in a traditional setting in a rural area/city in Norway	Interviews analysed by interpretive hermeneutic methodology (Kvale, 1996; Kvale and Brinkmann, 2009)

or moving furniture to ensure there was enough space or other modifications, which could be contrary to the wishes of the client (Turjamaa et al, 2014). Cooperation within these special conditions should build on mutual respect (Turjamaa et al, 2014; Öresland et al, 2008), not only because the client is the centre of homecare nursing but also because working conditions of the nurses must be taken into consideration.

The homecare nursing relationship can be experienced as balanced where the nurses are involved but not over-involved (Pusa et al, 2015), since they have to behave like guests in the client's home (Öresland et al, 2008).

Working in the client's home adds a special dimension of ownership to the relationship. This is mirrored in linguistic expressions, where the homecare nurse describes the client as 'my patient' or as being 'sent away' if they are admitted to hospital (Öresland et al, 2011). It is easier for the nurse to 'see' the client in a private home than in a hospital and to get to know the person and not just focus on the disease (Öresland et al, 2008).

Homecare nurses and are accustomed to working alone, making decisions on their own and discussing issues with colleagues later (Öresland et al, 2008; Sæterstrand et al, 2015).

Homecare nursing as a massive time constraint

Homecare nurses typically work under time pressure (Tønnessen et al, 2009; 2011; Berland et al, 2012; Pusa et al, 2015) because of an extensive workload and staff shortages (Tønnessen et al, 2011); often, they feel forced to focus on the physical needs of their clients (Turjamaa et al, 2013). Being in a hurry may compromise the quality of care (Tønnessen et al, 2009; 2011; Berland et al, 2012; Dahl and Clancy, 2015), which may generate a feeling of shame among homecare nurses who may be disappointed with their own practice when they do not live up to their own ideals (Eilertsen and Kiik, 2016).

The practice of care tends to focus on the completion of tasks rather than fulfilling clients' needs (Turjamaa et al, 2013; Eilertsen and Kiik, 2016; Dahl and Clancy, 2015).

To make up for the lack of resources in homecare nursing, spouses or partners often provide care without being asked (Tønnessen et al, 2009). Also, homecare nurses may skip lunch breaks or meetings to spend the time on care activities (Sæterstrand et al, 2015).

Table 2. Key themes

Themes	Sources
Homecare nursing as a professional practice on foreign grounds	Öresland et al, 2008 Öresland et al, 2011 Eilertsen and Kiik, 2013 Pusa et al, 2015 Turjamaa et al, 2014 Sæterstrand et al, 2015
Homecare nursing as a massive time constraint	Öresland et al, 2008 Öresland et al, 2011 Berland et al, 2012 Glavin et al, 2013 Turjamaa et al, 2014 Dahl and Clancy, 2015 Pusa et al, 2015 Eilertsen and Kiik, 2016
Homecare nursing as a fair rationing	Tønnessen et al, 2009 Eilertsen and Kiik, 2013 Glavin et al, 2013 Turjamaa et al, 2013 Dahl and Clancy, 2015 Sæterstrand et al, 2015
Homecare nursing as relationships with relatives as fellow players or opponents	Öresland et al, 2008 Tønnessen et al, 2009 Pusa et al, 2015 Dahl and Clancy, 2015
Homecare nursing as latent paternalism	Michaelsen, 2011 Öresland et al, 2011 Eilertsen and Kiik, 2013

In some municipalities, care tasks are decided by nurses' employers (Glavin et al, 2013; Turjamaa et al, 2014; Dahl and Clancy, 2015). This means the nurses are responsible for carrying out what has been decided by the organisation, but may not be able to do the work if they lack time (Eilertsen and Kiik, 2016). In other situations, the homecare nurse is responsible for deciding what tasks need to be done and setting priorities. Regardless of who defines the tasks, it is the individual nurse who has to prioritise continuously during shifts when something unforeseen happens.

When nurses are in a hurry, it may have negative consequences for clients, as stress tends to be transmitted from the nurse to the patient (Eilertsen and Kiik, 2016).

Homecare nursing as fair rationing

The studies in this review show equality in the provision of homecare nursing is an indisputable value and homecare nurses persistently strive to be fair and professional to their clients (Tønnessen et al, 2009; 2011; Eilertsen and Kiik, 2016; Glavin et al, 2013; Dahl and Clancy, 2015; Sæterstrand et al, 2015).

However, in reality, many issues influence the equality desired. Resourceful relatives may influence prioritisation, as clients with strong relatives may get more care than they are actually entitled to (Tønnessen et al, 2009). Also, clients who fight for their rights may get more help and attention than those who do not make demands, although the nurses find this unfair (Tønnessen et al, 2011; Glavin et al, 2013).

Time pressures mean that homecare nurses are constantly

assessing the urgency of tasks to prioritise them. On days with more time, the nurses compensate by doing tasks that are not mandatory (Eilertsen and Kiik, 2013). After a period where, for instance, a terminally ill client has received intensive attention and care, the nurse may feel relieved when it again becomes possible to allocate care more fairly (Tønnessen et al, 2009; Eilertsen and Kiik, 2013).

Homecare as relationships with relatives as fellow players or opponents

If the client shares their home with a spouse or partner, the homecare nurse inevitably becomes part of a trio. In this triangle, the nurses view themselves as partners with the aim of supporting both the client and the spouse/partner (Öresland et al, 2008; Tønnessen et al, 2009; Dahl and Clancy, 2015; Pusa, 2015). Being aware of family structures and seeing the family as a whole to get insight into the family members' needs is important (Turjamaa et al, 2013; Pusa et al, 2015). Homecare nurses have to value the relationship with a significant other, while also balancing being close with being not too close (Öresland et al, 2008; Tønnessen et al, 2009; Pusa et al, 2015).

Also, homecare nurses support significant others so they maintain the strength to handle things at home, which may make it possible for the client to stay in their own home for as long as possible (Tønnessen et al, 2009; Pusa et al, 2015).

If a spouse/partner feels burdened, the homecare nurses may try to ease this but, at the same time, care often depends on receiving help from these close relatives because of a shortage of resources (Tønnessen et al, 2009). However, nurses may not agree that family members should be made responsible for providing care (Tønnessen et al, 2009).

Aggressive or unsatisfied spouses/partners may generate a feeling of distress in homecare nurses (Pusa et al, 2015).

Homecare nursing as latent paternalism

Although a home environment may encourage an equal balance in the relationship between the homecare nurse and the client, it may be necessary for the nurses to exert their professional power. If a client provokes a nurse with no underlying justification, the nurse may leave the client's home before completing a certain task or ask a colleague to take over (Michaelsen, 2011; Eilertsen and Kiik, 2013).

Homecare nurses may also use avoidance strategies if, for some reason, they have negative feelings toward a client (Michaelsen, 2011). If they feel distressed or inadequate no matter what they do, homecare nurses may not engage when clients act provocatively. This could prevent the patient's actual caring needs from being identified (Eilertsen and Kiik, 2013).

When it is difficult to ensure working conditions are appropriate, consideration of the needs of the client and the relatives may be set aside in favour of health and safety laws.

When it comes to prioritising care, clients have very little influence on the order in which tasks are carried out and the time allotted for them. Those receiving homecare

KEY POINTS

- ◆ For the client, the significance of home is quite different than it is for the homecare nurse
- ◆ Nordic homecare nurses work under considerable time pressures and continuously try to share care fairly among clients
- ◆ Not living up to their own ideals generates a feeling of shame in Nordic homecare nurses
- ◆ Cooperation with a relative is both a challenge and a positive experience for Nordic homecare nurses
- ◆ Nordic homecare nurses may have to struggle to get appropriate working conditions and this may lead to conflicts with clients and relatives

nursing are expected to wait patiently for the nurses' visit and to accept the way they are cared for. Negotiation, nagging and persuasion are common strategies used by homecare nurses to get the clients to comply with what they want (Öresland et al, 2008).

Discussion Strengths and limitations

There is considerable debate among researchers of qualitative meta-syntheses about whether primary research reports should include studies with varying methodologies or only those with the same methodological approach (Eastabrooks et al, 1994; Jensen and Allen, 1996; Paterson et al, 2001; Zimmer, 2006). Sandelowski and Barosso (2003) have clearly articulated these challenges in their attempt to discern if a research report is truly representative of a grounded theory study, an ethnography or another qualitative research method. Following their lead, the authors excluded only reports that we did not consider as qualitative research.

In meta-ethnography, the context of the primary reports is essential (Paterson et al, 2001). This meta-ethnography includes seven papers from Norway, three from Sweden, two from Finland and one from Denmark. The Norwegian dominance may affect the applicability of the findings to other Nordic countries, although the countries have many similarities.

It is difficult to make a concise account of the tasks of homecare nurses within each Nordic country. Overall, Nordic welfare systems have common characteristics, built on principles such as equal access for all citizens and public financing of services. However, in recent years, the tendency is to tailor the service to the clients with the most comprehensive needs, and for the state to pay private companies to provide care. Therefore, the Nordic welfare model is getting more and more difficult to capture (Rostgaard et al, 2015).

Homecare nurses in the Nordic countries work primarily in clients' own homes, but may in some cases also offer care in nursing homes. In the municipalities, homecare nurses have the highest level of education of all care staff, and they assess the level of care needed as well as coordinate it for clients in their own homes. Core tasks include medication administration and offering advanced care and

treatment, such as wound treatment, intravenous therapy and end-of-life care.

Based on the description by Maybin et al (2016), tasks and working conditions of Nordic homecare nurses seem comparable to those of district nurses in the UK.

The findings reflect a belief in fairness and equality in how tax-financed primary care services are allocated in Nordic countries. Homecare nurses in the studies reviewed continuously strive to share their time and efforts fairly among the clients and thoroughly assess their needs. Being responsible for the care of a terminally ill client may override other clients' needs for a period. The Nordic approach to homecare nursing seems to build on utilitarianism—the notion that an action is right when it promotes happiness, and that the greatest happiness of the greatest number should be the guiding principle of conduct. According to Norwegian philosophers Johannesen et al (2007), utilitarianism is supported because it corresponds perfectly with modern social conditions where efficiency, utility and expense have a high priority, as they do in Western health systems. Hence, it is not surprising that homecare nurses in this study have an utilitarian approach to their work.

Being professional while working on foreign ground in the client's home means nurses have to proceed with caution when they want something to be changed in the setting where they perform their work. Homecare nurses have to navigate between the wishes of the client and the demands of their own professionalism. The patient's home is not necessarily furnished as an appropriate environment for providing care, and has a different significance for the owner than for a guest. The meaning of home is complex and difficult to articulate, but people tend to feel an emotional and environmental attachment to where they live (Martinsen, 2015). Homes provide a foothold in life and a sense of sanctuary among the people who inhabit them (Martinsen, 2015). Carlsson et al (2014) describe homecare as emotional work, with no uniforms or colleagues or practical structures for protection.

The findings in this meta-ethnography showed that Nordic homecare nurses start out with a humble approach respecting the will of their clients; only when all opportunities have been expended will they take on a more paternalistic attitude to ensure working conditions are appropriate. Insisting on changes in a private home may generate conflict since most people do not want their home to be institutionalised, even though it may make their life much easier to have the right devices at hand and a home in which it is easy to move about (Martinsen et al, 2015).

Homecare nurses also witness relatives' involvement in the care of their clients and, as this meta-ethnography showed, Nordic homecare nurses tend to ease the burden of the relatives if possible. The burden of being a relative to people who are being treated in their own homes was also identified in a study among relatives to patients recovering in fast-track programmes (where they are sent home from hospital as soon as possible) (Norlyk and Martinsen, 2013). In this study, the relatives took on major responsibilities for both the patient's wellbeing and for their compliance with

treatment. Relatives were caught in a conflicting double role. They were both an extension of the health professional and the caring, supporting partner (Norlyk and Martinsen, 2013). This double role is in accordance with the findings in this meta-ethnography, where some care was carried out by relatives, although this was not always sanctioned by the homecare nurses.

Working within constant time constraints may have several implications for Nordic homecare nurses. Some nurses feel ashamed when time pressures mean their professionalism is compromised. They may neglect their own needs to save time. Another strategy is to give priority to well-defined tasks instead of working more holistically. Brunstad (2014), referring to Danish philosopher Ole Kirkeby, states that time pressure may mean homecare nurses are forced to ignore aspects of care that is non-strategic; in the Greek tradition, a therapeutic attitude has the potential to emancipate and release inherent resources in the person who needs care. Being effective is important but never more important than allowing the patient's voice to be heard (Brunstad, 2014).

The patient must feel comfortable expressing their needs. Brunstad (2014) recommends 'active patience' and compares it to a situation where soldiers' senses are activated and they continuously reflect and observe while waiting for the right moment. This 'listening attitude' is crucial to decide what is needed (Brunstad, 2014). Unfortunately, in Nordic homecare nursing, tight schedules rarely allow the time for fully holistic care. Alongside this, homecare nursing is planned away from the clients by professionals who do not meet the individual patients and there is a risk that important needs are overlooked.

Conclusion

Nordic homecare nurses balance being a guest with being a professional when practising in clients' homes. Their starting point involves a humble approach but, if necessary, they might use their professional power to obtain appropriate working conditions, or to get the clients to comply with what they want.

Homecare nurses describe relatives as an asset to clients since they support them with practical and emotional issues. If homecare nurses consider relatives' tasks to be too comprehensive, they do their best to relieve them.

Nordic homecare nursing is conducted under considerable time pressure, which may compromise nurses' professionalism and generate feelings of shame when nurses cannot provide care that lives up to their ideals. Nordic homecare nurses constantly balance care so it is shared fairly between the clients.

Implications

While the complexity of homecare nursing is expected to increase in the future, relatives will still continue to play a significant role in care and remain an informal and necessary collaborator for homecare nurses. It is therefore crucial that homecare nurses are continuously taught how to cooperate smoothly with a partner who is emotionally

involved. Homecare nurses may benefit from training focusing on the guidance of relatives and the challenges of professional work in private settings. *BJCN*

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CPD REFLECTIVE QUESTIONS

- ♦ Discuss some of the consequences of time pressure on homecare nurses.
- ♦ Why is it important for homecare nurses not to get too emotionally close to the clients and their relatives?
- ♦ What may push homecare nurses into being paternalistic?

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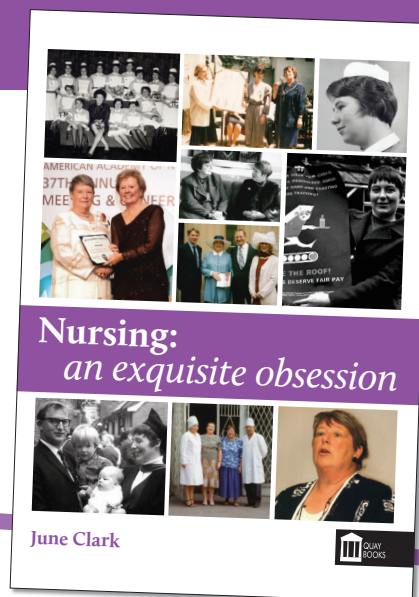
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