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EMPIRICAL STUDIES

Home care nurses lived experiences of caring relationships with older adults: A phenomenological study

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Abstract

Background: This paper describes registered nurses' lived experiences of caring relationships in the context of homecare provision for older adults living in Denmark. With the growing ageing population throughout Europe, more older adults will require complex care solutions within already overburdened care systems. This development places demands on the competencies and organisation of homecare nurses, as they become key players in healthcare systems. Fostering caring relationships in homecare is a rewarding and valuable process that enhances the holistic and humanising aspects of caring for older adults. For a caring relationship to be truly *caring*, we must understand not only the subjective experience of such a relationship but also how it is experienced in relation to and shared with others.

Aim: This study aimed to describe the essential meaning of the phenomenon of caring relationships in homecare for older adults based on the lived experiences of homecare nurses.

Approach and Methods: Registered nurses working in homecare for older adults were interviewed, 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 each patient's world 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 homecare for older adults relies on a nurse's ability to intertwine physical and existential care needs and articulate them in their daily work. A focus on the phenomenon of caring relationships brings value to and adds an extra layer to the discussion on caring competence.

Geolocation information: Denmark and Sweden.

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KEYWORDS
caring competence, caring relationship, caring science, existential care, homecare, lifeworld, older adults, phenomenology, reflective lifeworld research, registered nurses

INTRODUCTION

From a caring science perspective, the core of caring is to promote a patient's health and well-being [1]. Central to the concept of well-being is the need to establish caring relationships between nurses and patients. Caring relationships, which are found in interactions between individuals and are created between human beings, constitute a way of humanising care, as they contribute to care that makes us feel more human [1]. Engaging in and making relationships with people through caring relationships are part of the ongoing activities of daily life. As for registered nurses (RNs), in particular, understanding their realities and lived experiences as formal caregivers is necessary to determine the complexity of actions, personal experiences and interrelationships that involve care, as it is more than just technical knowledge [2].

Background

Due to the rise of ageing populations throughout European countries, older adults will require complex care solutions within overburdened care systems, leading to ever-increasing pressure on the workforce and its sustainability [3]. Since the passage of the first Danish law on home nursing in 1957, it has become the task of the 98 current Danish municipalities to employ educated nurses to perform home nursing. Shorter and more intensive hospital treatments result in older citizens with multiple illnesses being discharged earlier, thereby creating more complex nursing needs that must be managed by homecare nurses. However, these require higher nursing skills, together with effective coordination and cooperation among 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 RNs are well aware of the importance of building trusting personal relationships with the older adults they care for. Interest in another person's life situation is important in promoting quality care [5]. Research on caring relationships further indicates that RNs often engage in multilayered relationships that take the form of both a professional relationship and a friendship [5–7]. Furthermore, recent studies have revealed the need for more effective aspects of the relationship between nurses and older adults, such as paying attention to each patient as an individual and to a patient's personal situation [6–9]. However, despite the fact that older adults' well-being depends on the quality of the care they receive, few studies on this topic exist, particularly with regard to in-home care [6, 9].

The experience of caring competencies translates to an understanding of caring relationships to fully comprehend the personal and interrelated needs experienced by people providing in-home care for older adults in Denmark. Caring relationships give rise to important research topics on what constitutes a caring relationship with older adults, why such a relationship is important and what makes a caring relationship truly *caring*.

Aim

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

METHOD AND APPROACH

The reflective lifeworld research (RLR) approach is based on phenomenological and hermeneutical philosophy, which emphasises an individual's lifeworld and the search for the meaning and reflection of one's lived experiences [10]. The overall aim of phenomenology is to illuminate the human situations or events that typically go unnoticed and unquestioned in everyday life (i.e. those things that are taken for granted) but nonetheless have significant meanings [11]. The general aim of RLR is to describe and illuminate the lived world in a way that expands our understanding of human beings and experiences [10]. Finally, the RLR approach, as a research perspective, originates in the intent to allow the actual phenomenon (i.e. caring relationships in care for older adults in this study) to guide the entire research process. In effect, this constitutes a journey characterised by openness, through which the phenomenon being studied is eventually illuminated and understood [10].

Participants

To describe the essential meaning of the phenomenon of caring relationships in providing homecare for older adults

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based on the lived experiences of homecare nurses, this study recruited participants using the following inclusion criteria: RNs with lived experiences of caring relationships in homecare for older adults. The nurses included in the study worked in homecare in two different municipalities in Denmark. A total of 10 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 one man and nine women aged between 31 and 60 years. The participants' homecare work experiences varied from 2 months to 23 years, with an average of 9.8 years of work experience.

Data collection

Using an open interview strategy, lifeworld interviews were conducted to focus on the participants' lifeworlds and lived experiences, with the aim of exploring a phenomenon of common interests [10]. All individual interviews were audiotaped, and the phenomenon being studied was explored with an open and reflective attitude. Each interview began with the participant being invited to talk openly about the phenomenon of caring relationships by asking, 'Can you describe a typical day of working in homecare?' The phenomenon was 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, quiet room free from any disturbances and located in the homecare nurses' offices. The remaining five interviews were conducted virtually using Microsoft Teams. All the interviews were completed during working hours and lasted between 15 and 53 min each, with an average duration of 27 min. The relatively short duration of the interviews reflected 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 allowing the phenomenon of *caring relationships in homecare* to guide the analysis together with a focus on lived experiences. This process involves turning to reality—as experienced by RNs—to understand more about the caring relationships involved in homecare [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 by 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 being investigated. Once the clusters were established, the essential meaning of the phenomenon began to appear. The constituents were then created to describe the essential meaning in terms of variations in the phenomenon. Here, 'constituents' are described as constituting the 'essential meaning' and work as specifics of the structure; in other words, constituents capture the essential meaning. At the same time, constituents 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 by the Swedish Ethical Review Authority (Approval Number: 2023-02101-01). Permission to conduct the study was sought from the homecare leaders of two different municipalities in Denmark. This research is part of the H2020 MSCA-ITN/INNOVATEDIGNITY Project and is funded by the European Commission. All activities comply with the INNOVATEDIGNITY Project Ethical Scrutiny and Advisory Board, the Declaration of Helsinki and the Swedish Research Council and adhere to the Charter of Fundamental Rights of the European Union. Before each interview, the RNs were asked to provide consent, either verbally or in writing. They were also informed about their right to withdraw their participation at any time during the study.

FINDINGS

The essential meaning of caring relationships in the context of homecare for older adults is defined as 'creating an existential and embodied space in which the world of the patient is the foundation of caring'. Cultivating caring relationships in homecare is a rewarding and valuable process that enhances the holistic and humanising aspects of providing care for older adults. This process engages existential questions about what it means to be human and how human beings should be cared for despite their age.

It is also constituted in the embodied space created in a meeting between an older 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 also a reflection of the person, such that by seeing the older adults in their own homes, it becomes possible to create the existential and embodied space in which a patient's world becomes the foundation of caring.

The world of the patient as the foundation of caring relationships is built upon genuine trust because it constitutes the existential need of older adults to feel security and confidentiality while receiving care at a time when they are losing control over their lives. In homecare, the home is described as the last element of control, which leads to a strong sense of at-homeness. In turn, this refers to the embodied feeling of being at *home*—not just in a physical sense but as an emotional state that connects the existential aspect of being an independent human being with the feelings of being safe and being at home. The existential and embodied space that is created in the context of homecare 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. Furthermore, the essential meaning of the phenomenon can be 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 at homecare means caring for the whole person, and this includes an intertwining relationship between care and one's existential and physical needs. Thus, in this sense, caring for the whole person is expressed as 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 providing care because nursing is all about the 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 providing medical and physical care. Caring for older adults becomes an existential matter, in which individual human beings with care needs are at the centre. The intertwining of existential and physical care needs can be understood as two branches of nursing wherein 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. [They go] hand in hand.

The caring relationship is created by taking an interest in a patient's world and experiencing existential value by being present, attentive and trustworthy. Experiencing a caring relationship unfolds from some general human values of seeing the person first before seeing the patient. Making patients feel seen and heard is an essential part of the holistic view of nursing and caring for older adults and is one of the fundamental aspects that render the life of the patient as 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 an individual to 'enter' people's lives in more than just a physical way. When nurses enter someone's home, they enter someone's daily life. A sense of at-homeness is thus created in the encounter between a nurse and an older adult as the former experiences a personal attachment to the latter by being in their home. Therefore, the concept of at-homeness is linked to the physical home and, metaphorically speaking, to an emotional state of mind—one that cannot be separated from the feeling of trust. At-homeness is a twofold concept that describes how trust is created by letting someone in—both into one's psychical home and one's emotional lifeworld. Thus, in this sense, trusting 'the other' indicates a reciprocal relationship in which trust is created by both the older people receiving care and the nurses trusting 'the other'. Trusting each other creates an openness that enables personal stories to be shared, which in turn 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 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.

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Trusting the other is therefore strongly connected to a sense of at-homeness created between the nurses and the older adults they care for because the home is something personal and contains a great deal of a persons' identity and lifeworld. Being allowed 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 is linked to 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; thus, such a 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.

The possibility of creating a caring relationship is limited when there is a lack of community. 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, it becomes more difficult to foster a caring relationship. Thus, experiencing continuity as caring includes the feeling of knowing a person on a personal level, in addition to their medical history, as well as reacting to changes, both physically and in the moods of older adults:

> Homecare 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 a nurse continuously follows a patient's development in terms of mood and mental well-being. Both of these are associated with the emotional wounds that follow in growing old, becoming more dependent on others, losing friends or a spouse or losing control in life.

Prioritising time to care

A caring relationship involves prioritising time to care, which entails making time or taking time, despite the presence of various pressures. This aspect is related to the assumption that nurses should be thoughtful and must take time to do their jobs and relate to their patients despite their workloads or other time constraints. A caring relationship develops when a patient's lifeworld and existential care needs are fully considered 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 a 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; rather, time is presence. In other words, it is more about one's presence in time than about the amount of time being spent. Within the notion of 'being there' lies the need to take time and prioritise time in favour of the older patient. Prioritising the time to care includes the ability to be present, to listen and to see the whole individual not just as a patient but also as a person:

> By repeatedly coming to the same homes and meeting the same people, I get to know their medical histories, 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.

When prioritising time to care, time must be converted from measurable on-the-clock time to 'presence time'. This notion 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 patient's world is considered the foundation of caring.

DISCUSSION

The purpose of this study was to describe RNs' lived experiences of fostering caring relationships in the context of homecare for older adults. The essential meaning shows that a caring relationship in providing homecare for such individuals can be defined as creating an existential and

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embodied space in which a patient's world becomes the foundation of caring. Caring relationships in homecare deal with the existential question about what it means to be human and how human beings should be cared for, despite their age. In this sense, providing care 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 demonstrate that a caring relationship comprises many different aspects, which include the intertwining of existential and physical care needs achieved in three ways: 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 is that each evolves only through collaboration and connection with others.

To deepen our understanding of caring relationships in the context of homecare for older adults and to discern the significance of 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. In his work, Heidegger used phenomenological methods to explore and explain the concepts of *being-in-the-world* and *being-with-others* in a way wherein the subject, object/consciousness and the world are not entirely separable [12]. *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; thus, 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 this extent, the homecare nurses' experiences of caring relationships are individual experiences, but at the same time, the existential spaces in which these unfold are populated by other experiencing beings. Thus, 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 whom we have immediate relationships. This means that in understanding a caring relationship, one must be able to discern not only the subjective experiences of that caring relationship but also how such a relationship is experienced in relation to others and how it is shared with them.

Another existential philosopher, Maurice Merleau-Ponty, can help us understand the meaning of 'space' as something more than a physical room. When a caring relationship in the context of homecare for older adults is described as the creation of an embodied space, in which a patient's world is the foundation of caring, this means that human bodies are at the core of the process of exploring the world where they interact, communicate and create relationships with other adults. Human beings rely on their bodies to understand themselves and, therefore, other human beings. For Merleau-Ponty, the body is the opening to the world through which human beings communicate with others; however, as human beings, we also simultaneously 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. Rather, a sense of at-homeness is created in the encounter between the nurse and the older adult in the embodied space of the home. Hence, by entering someone's home, one enters someone's lifeworld.

However, entering someone's lifeworld must be done with respect and trust to avoid threatening that person's integrity and autonomy and, therefore, their feeling of at-homeness. This finding agrees with those presented in caring science research, such as the study by Martinsen et al., who found that the perceived loss of control over significant aspects of one's life is a major challenge associated with the experience of being dependent on homecare. This is especially true in the embodied aspect of care, such as older adults needing care in intimate situations. In such a situation, 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. Homecare potentially threatens a person's integrity and autonomy, which can make a person vulnerable despite being in their own home. According to caring science research described by Møller and Norlyk, homecare tends to create an asymmetric relationship between the involved parties, in which 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 homecare is important for homecare nurses, as described by the phenomenon investigated in the current study.

Martinsen et al. further described how a task-oriented approach to homecare reflects the rationale pertinent to the management of Danish (and Norwegian) homecare and how every task has to be minutely organised and scheduled to optimise cost-efficient homecare [15]. Unfortunately, this does not leave much time for competencies, such as fostering a caring relationship. This problem reflects findings within the field of 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 the practices through which care is organised have received little attention despite the fact that nursing practice is mainly expressed in terms of direct patient care [17].

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The results of our study also demonstrate how the organisation of homecare contradicts the experience of caring competencies. Aside from being important aspects that constitute a caring relationship, elements such as time and continuity are strongly related to the organisation of homecare and to both financial and workforce issues in the sector of care for older adults in Denmark. In fact, there is no intention to extend working hours among employees caring for older adults, and many of them are seriously considering finding a new job. This situation does not correspond with a future defined by an increasing elderly population and, along with it, the increasing demand for healthcare services. Research in the field of care for older adults suggests that current working conditions (and their impacts on physical and mental health) and the organisation of work make it difficult to retain the current workforce [18]. Successful workforce retention leads to greater continuity; thus, during the 2020 annual virtual summit on older people's care, a number of steps were taken to raise the quality of care, including efforts to achieve greater consistency in the workforce [19]. This finding agrees with the result of our study that making time and ensuring continuity are important competencies in caring for older adults. Continuity and consistency in the workforce are linked not only with the physical quality of care but also with the existential aspects of caring for another person. Thus, our results move the discussion on competency in homecare for older adults in a direction that is based on human and existential values and considers a patient's whole world. To overcome the lack of a workforce in society and to foster more continuity and stability for older adults, one important step is to explore how leaders can get the work schedule and budget to accommodate full-time employees. Another approach is to offer employees better working conditions that ensure their physical and mental health [19].

METHODOLOGICAL CONSIDERATIONS

The aim of this study is to describe the essential meaning of the phenomenon of caring relationships in homecare for older adults based on the lived experiences of homecare nurses. The study followed the RLR approach 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 all the research activities involved in it, objectivity was achieved through an open and reflective attitude that highlighted our preunderstandings and our actual understanding of the phenomenon [10].

Nevertheless, 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]. However, 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 provides an essential meaning structure and not just separate categories. The development of an essential meaning is a core strength of phenomenological studies, and within such an essential meaning lies a certain generalisability; otherwise, the meaning would not be *essential* [10]. Describing an essential meaning is a critical strength in terms of the validity of this study. Validity is associated with meaning in phenomenological studies; 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].

In this study, a phenomenological analysis was conducted according to the RLR approach to describe the essential meaning of the phenomenon of caring relationships in homecare for older adults based on the lived experiences of homecare nurses. This was considered a suitable approach for describing their lived experiences and also contributed to the validity of the study [10, 20]. On the one hand, one limitation of the study is that the nurses participated in different kinds of interviews (in-person and online), which could have affected the results. On the other hand, ethically speaking, it was important to be sensitive to the nurses' unique prerequisites and expressed needs due to their heavy workloads related to homecare provision. Conducting in-person interviews was a prerequisite for one group of nurses, and conducting online interviews was a prerequisite for another group of nurses. In a sense, adapting to the wishes of the participants became an advantage as they got to feel at home and became more confident in the environment in which the interviews took place [10]. Conducting online interviews was also a prerequisite for including nurses from rural areas, which strengthened the study in terms of its validity and generalisability. Furthermore, given that in-person and online interviews complement one another, this indicates that the varied types of interviews could also be considered a strength of this study. Both the researcher and the nurses who were interviewed online were confident in how the online meetings and interviews were held, as these turned out well and resulted in rich variations of meanings regarding the phenomenon being investigated.

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Furthermore, including nurses from both urban and rural areas was another way of strengthening the validity of the study, as it made it possible to have variations in lived experiences and meanings of the phenomenon, which is a prerequisite in phenomenological studies [10, 20].

The decision to conduct the interviews at the workplace during working hours was also a requirement for nurses to participate in this study. As the researcher was on site at the nurses' office for several weeks, it was possible for the nurses to participate in the interviews when they had the time. This can be considered a strength, as the nurses did not have to fit a specific time or use extra time after their shifts ended. In fact, they all wanted to leave work as soon as possible and go home to their families at the end of the day.

One methodological limitation of this study was the number of years in which the nurses acquired working experience in homecare. In a phenomenological study, such as the current study that used the RLR approach, it is a prerequisite to include people who have lived experiences of the phenomenon in focus and those with varied characteristics so that a huge amount of described variations of the phenomenon can be obtained [10]. All of the nurses included in this study had lived experiences of working in homecare and were able to describe such experiences in meaningful ways. Even if one of the nurses had only been working in homecare for 2 months, this person still gained a great deal of meaningful experiences that, together with the other interviews, contributed to the study. Thus, objectively speaking, a short amount of working time was relevant, given that many nurses worked in homecare. The choice to include both novice and experienced nurses was a conscious decision to improve the validity and the generalisability of the study as well as to describe an essential meaning.

Another limitation of the study could be that some interviews were relatively shorter than others, with one interview lasting for only 15 min. When the nurses arrived back at the homecare office after conducting their homecare visits, one of them had to be in charge of the emergency phone. When the phone rang, they had to leave the office immediately to get help with an emergency situation in an old person's home. This was the reason why one interview lasted for only 15 min. However, the rest of the interviews were longer than the others. Nevertheless, all the interviews, even the short ones, had meaningful descriptions and were thus included in the overall analysis.

Notably, according to the RLR approach, a phenomenological study focuses on the phenomenon and not on the individuals. Thus, given that the objectively short interviews contained meaningful variations in the phenomenon being investigated, we included such interviews in our study. Furthermore, all interviews included rich and varied descriptions of the phenomenon, which are a prerequisite for a phenomenological study; taken together, these constitute one strength of this study. At the same time, a phenomenological study depends on the context and is always open for more phenomena to be described. Thus, this study contributes to a better understanding of caring relationships in homecare for older people, as described by homecare nurses working in rural and urban areas in Denmark.

CONCLUSION

As our study shows, caring competence in homecare for older adults should involve the intertwining of physical and existential care needs and a focus on the importance of creating a caring relationship. This is because caring is experienced through the encounter between an older adult and the homecare nurse providing care for the former. For a caring relationship to be truly *caring*, we must understand not only the subjective experience of such a relationship but also how it is experienced in relation to others and how it is shared with them. 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 their meetings with older adults they care for through a process that takes time, trust and consistency. In conclusion, we wish to emphasise the importance of continuing research on this topic, given the increase in global population ageing. In relation to this, information on competencies and the importance of relationships in homecare for older people must be further developed.

AUTHOR CONTRIBUTIONS

The study was designed by all authors. Karoline Lang Mathiesen was the main author and performed the data collection. All authors have contributed to the analysis and manuschript text in equal ways.

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CONFLICT OF INTEREST STATEMENT

There are no competing interests to declare.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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