# Freedom and At-Homeness as Existential Meanings of Caring Relationships in Homecare

## *Lived Experiences of Older Adults and Homecare Nurses*

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UNIVERSITY
OF BORÅS

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# Abstract

Karoline Lang Mathiesen (2025). Freedom and At-Homeness as Existential Meanings of Caring Relationships in Homecare: Lived Experiences of Older Adults and Homecare Nurses

**Aim:** The overall aim of this thesis is to deepen the understanding of caring relationships in homecare for older adults by exploring the lived experiences of older adults and homecare nurses.

**Approach and method:** The first study was a meta-ethnography aimed at identifying and synthesising qualitative studies focusing on older adults' and homecare nurses' interpretations of competence in homecare. Drawing on this study, the remaining three studies describe experiences and dimensions of caring relationships in homecare for older adults using a reflective lifeworld research approach. Study II describes the essential meaning of caring relationships based on the lived experiences of homecare nurses in Denmark, including 10 lifeworld interviews analysed using a phenomenological lifeworld analysis. Study III describes the essential meaning of caring relationships from the perspectives of older adults in Denmark, based on 10 lifeworld interviews; these are analysed using phenomenological lifeworld analysis. Building on the findings from Study III and Jarling et al., 2018, Study IV seeks to describe the existential dimensions of caring relationships in homecare for older adults in Denmark and Sweden. This resulted in the development of a general structure, which was further enriched through a philosophical examination.

**Main results:** Collectively, the different experiences and dimensions of the phenomenon of the caring relationship in homecare are shaped by the physical caregiving meetings and the existential and embodied space that is 'the home'. This intertwinement highlights the profound ethical and existential aspects that so closely link the notion of the home to the caring relationships that occur within it, by linking the relational aspects of being cared for in one's own home with the experience of relationships that originate from what is culturally and traditionally experienced within the home. Across the studies (I–IV), the findings uncover the essential meanings of caring relationship in homecare, revealing the deeply embedded nature of caring as a question of existential value; namely of freedom and at-homeness.

**Conclusion:** This thesis contributes to existing knowledge on caring relationships in caring by exploring lived experiences in homecare from the perspectives of older adults and homecare nurses. The physical, emotional, and cultural meanings of the home influence how both older adults and homecare nurses understand caring relationships. The summarised understanding shows how existential dimensions of freedom and at-homeness are embedded in the reciprocity of a caring relationship. The thesis highlights that a caring relationship in homecare holds an understanding of the home related to familiarity of the relations and ethical negotiations occurring in the home. This highlights the importance and complexity of not only caring relationships in homecare, but relationships in caring encounters in a more general sense, in the promotion of well-being in old age.

# Acknowledgements

What a journey, now coming to an end. It is both difficult and emotional to wrap up the last years of my life pursuing a PhD. Starting this project right when the world closed down during the COVID-19 pandemic makes it seem like a lifetime ago. I feel the deepest gratitude for having had this opportunity to pursue this research and I am grateful for everyone who was a part of this crazy journey.

First, I want to express my deepest gratitude to all the participants in this thesis. To the homecare nurses, thank you for your time and your willingness to share your experiences with me; and to the older adults, thank you for letting me into your homes and your lifeworlds. A huge part of this thesis and of my experiences in the field of caring science and old age is based on my conversations with both of you. I hope I have done you justice and that you will recognise yourself in my descriptions.

I will continue expressing my gratitude to the *Faculty of Caring Science, Work Life, and Social Welfare* at the University of Borås, where I have pursued my PhD. Moreover, I would like to thank all involved in the *INNOVATEDIGNITY Project* for having me as a part of the team, and for the academic training and professional development I was privileged to engage in over the years. I came with no experience in working in the field of caring science and old age, and am leaving educated and with a border perspective on life. So, thank you, both to the University of Borås and the INNOVATEDIGNITY project for contributing to this life-changing academic experience.

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Lastly, thank you to my daughter *Ellen* who was with me in my belly during all the interviews for my third study. Thank you, *Rasmus* for being the person that you are, for embracing all of me, and for marrying me during this crazy process. Thank you—both of you—for showing me what 'being at home' really feels like.

# Original papers

**Paper I**
Mathiesen, K. L., Lindberg, E., Nässén, K., Cowdell, F., & Palmér, L. (2023). "A becoming in the meeting": the interpretations of competence in home care from the perspectives of older people and registered nurses – a meta-ethnography. *International Journal of Qualitative Studies on Health and Well-Being*, *18*(1). https://doi.org/10.1080/17482631.2023.2262170

**Paper II**
Mathiesen, K.L., Lindberg, E., Nässén K., Cowdell, F., Palmér, L. Home care nurses lived experiences of caring relationships with older adults: A phenomenological study. *Scandinavian Journal of Caring Science*. 2024; 38: 150–158. https://doi.org/10.1111/scs.13217

**Paper III**
Mathiesen, K. L., Lindberg, E., Nässén, K., Cowdell, F., & Palmér, L. (2025). Older adults' lived experiences of caring relationships with home care nurses – being in an in-between restricted or enabled existential freedom. *International Journal of Qualitative Studies on Health and Well-Being*, *20*(1). https://doi.org/10.1080/17482631.2025.2566201

**Paper IV**
Mathiesen, K. L., Lindberg, E., Palmér, L., & Jarling, A. (2025). Existential dimensions of caring relationships in home care for older adults in the light of Heidegger's philosophy. [Submitted for publication]

# Preface

I am not a nurse. Before this, I hadn't had any experience working in healthcare. At the beginning of the meetings with my participants, this was an obstacle—it was confusing to them. It was confusing to the older adults that I was not in their home to fix something or to help them with medicine or a wound, or even to clean the floor. It was confusing to the homecare nurses as to why they should take precious time away from their tasks, to talk to me, an outsider, with no knowledge of their profession.
All that confusion and relentlessness changed when it became clear to them that I was there only to listen to them; to their stories, their struggles, and their dreams. Stories of a life lived at the age of 89 and stories of a deeply loved profession that is sometimes difficult to love. Struggles about growing old, struggles with acknowledging care needs, and struggles with opening up your home to strangers. At the same time, they expressed struggles with entering someone's home, struggles with always having too little time, and struggles about creating existential value for yourself and others in your profession. They told me of their dreams about stability and continuity, but also about change.

Over the past few years, I have been overwhelmed by the openness and the trust of the people I have met, and their courage to speak with me. Their stories are not only personally moving, but they are also central to understanding the phenomenon I set out to explore. I feel truly grateful that as an outsider—as an anthropologist and not a nurse—I was let in and accepted. More than once in the process I have felt that my presence was my contribution to easing some of the worries that older adults have when growing older, as well as the worries that homecare nurses have when trying to keep up with societal development, in a society that they do not always believe values them and their profession. To all the people that have participated and contributed to this thesis, it feels only right that my contribution has been *time*—time spent listening.

Therefore, I truly hope that you will find some time to read some of the stories I have listened to and have carefully tried to pass on.

# Table of Contents

# 1. Introduction

*”Edith is a tiny and well-dressed lady who lives together with her husband Hans. When she opens the door, I immediately see that she is connected to an oxygen machine. She gets oxygen through her nose. She is incredibly friendly, kind, and welcoming. I am asked to sit with her on their sofa. Edith is visited by a homecare nurse every 14 days. The nurse sorts and administers her medicine, as she takes a lot of different pills. She picks up her pill boxes and shows me exactly how many. I agree with her; there are a lot of different ones. Edith’s medical history is long and complicated—at one point she mentions that she deals with eight chronic illnesses and that she nearly passed away some years ago. She signs the consent form and gives me permission to record the conversation. She notes that I am pregnant and begins telling me the story of her own pregnancy. At one point, she picks up an old photo album and shows me photos of her son and her two grandchildren, whom she adores and loves deeply. I speak with Edith for about an hour and a half, and she tells me her whole life story. We talk about caring relationships and the homecare that she is living with and have been living with for many years, but we also talk about her experience of being cared for in an existential way and about being human in a complicated welfare system.”*

The above is a passage from my field notes written right after an interview in 2023. The text is slightly revised to ensure anonymity, and the names are not the couple’s real names.

This thesis explores the phenomenon of caring relationships in homecare from the perspectives of homecare nurses and older adults. The thesis is a part of the INNOVATEDIGNITY Project (Action H2020 Marie Sklodowska Curie/Innovative Education Networks), which is funded by the European Commission (2019–2023). This transnational project is a response to the ongoing need to provide a sustainable and dignified approach to care and support for older people in European settings now and in the future.

Returning to Edith; in between letting me get to know her and her life, she offered some important points on caring relationships:

*“We have developed another kind of relationship, it has become more personal, and we have real conversations that I do not have with others. It is not that she*

*[the homecare nurse] is more wholehearted…yes; maybe she actually is. She has become someone that I know. And we have proper conversations."*

*"What does a proper conversation mean to you?" I ask.*

*(Edith pauses and thinks) "Let me explain it to you with this example. Every year for Christmas we have this nativity play in our living room, and she was brave enough to ask me about it once. This led to many significant and emotional conversations. Conversations about religion, travels around the world, and shared memories with loved ones."*

This research focuses on the phenomenon of caring relationships. The thesis addresses a gap in knowledge by focusing on meanings and the lived experiences of older adults and homecare nurses within that relationship. The thesis also touches upon the meaning of *home* in homecare, with an existentialist focus on how relationships shape that understanding.

The Nordic tradition of caring science is rooted in human existence and is characterised as a human scientific discipline, and by following that approach, caring can never be reduced to a specific measure (Arman et al. 2015). Instead, caring must be understood as an action created through unique interaction between the homecare nurse and the older adult, set within a caring relationship. Caring relationships are found in the interaction between individuals and raise concerns not only about the need of specific competences of homecare nurses, but also for the health system's responsibility to promote existential well-being and dignity while living with homecare. The thesis focuses on the lived experiences of caring relationships from the perspectives of older adults living with homecare and of the homecare nurses providing such care. By exploring the phenomenon of caring relationships in homecare for older adults, this thesis aspires to illuminate the existential meaning of caring relationships in homecare as well as the notion of the 'home'.

# 2. Background

## 2.1 Growing older and needing care

The research in this thesis stems from an ageing global population. Today, most people can expect to live into their sixties and beyond, and every country in the world is experiencing growth in the proportion of older people. Public policies are needed to ensure that positive developments can be sustained, and that the benefits of a healthier life can extend to every human being (WHO, 2025). Because humans are now living longer than ever before, many more people will require care in the future. It is therefore fundamental that we understand the complexities of well-being in old age, and how care is experienced, in order to prioritise well-being and dignity in future care solutions. The experiences of older adults living with homecare are key to understanding the challenges and opportunities linked to an ageing global population (WHO, 2025). Ageing can mean experiencing a loss of independence and autonomy, leading to a sense of vulnerability. These struggles can be supported by homecare nurses, enhancing older adults' general well-being (Xiarchi et al., 2023; Balkin et al., 2024). This experience of ageing into needing homecare is multifaceted. Here, the physical, emotional, and existential dimensions of health and well-being are intertwined (Balkin et al., 2024).

Knowledge about older adults is an extensive research field with different perspectives—dominated by medical issues, meaning that suffering often takes precedence over well-being (Palmér et al., 2019; Galvin & Todres 2011). In such research, ageing often means an increased risk of illness, leading to older adults thinking of themselves in terms of problems (Palmér et al,. 2019; Tornstam 2011). The focus on suffering due to age is followed by researchers' interest in how to promote and support healthy ageing (Palmér et al., 2019; Gillsjö et al., 2021). In these terms it is important to note that the absence of suffering is not a clear prerequisite for a sense of health and well-being (Galvin and Todres, 2011; Gillsjö et al., 2021). To promote and support health and well-being in old age, research on quality of life for older adults has become important in order to understand how to care for older adults in a meaningful way (Palmér et al., 2019). This, among other things, calls for homecare nurses and society at large to acknowledge the struggles of old age in order to support health, and physical-, emotional-, and social well-being (Gillsjö et al., 2021).

When exploring well-being and caring in old age, is important to understand what it means to older adults to grow old (Palmér et al., 2019).
Growing older while needing care creates several new and uncertain circumstances in life; but when these circumstances are cared for properly, they can have a positive effect. Beyond suffering and illness, old age has the ability to enhance life satisfaction by redefining the self and one's relationships with other people, as well as understanding existential questions in a new way (Tornstam, 2011).

## 2.2 The caring relationship

Caring relationships are often described as a way of humanising care, as they contribute to care that make the people being cared for feel more human (Dahlberg et al., 2008). An important aspect of growing old and needing care is the relationship between older adults and homecare nurses. These relationships are mostly not self-chosen, which puts extra pressure on both older adults and homecare nurses (Jarling et al., 2018). Studies have found that homecare constitutes a radical change in an older adult's life, as it modifies one's being in the world into what could potentially become an existential struggle (Hörberg et al., 2019, Martinsen et al., 2024). Older adults often attempt to maintain their independence and autonomy while living with homecare, and it enhances their general well-being when their efforts are supported by homecare nurses (Gerdin et al., 2023). Research on caring relationships from the perspectives of older adults indicates that homecare nurses should prioritise understanding each older adult individually, by recognising them beyond being a patient (Gerdin et al., 2023). To do so, future homecare should prioritise stability and continuity in the relationship between the older adult and the homecare nurse (Martinsen et al., 2024). Research also indicates that when a caring relationship is not established, it underlines older adults' experience of being a task rather than a person (Haex et al., 2020, Gustafsson et al., 2019, Martinsen et al., 2024). The experience of being cared for in homecare is often understood in light of caring relationships to fully comprehend the older adult's personal care needs.
Also, from the homecare nurses' perspective, caring relationships are a central element in providing care at home, as the relationship operates as a way of reaching the older adult in order to provide good care (Wälivaara et al., 2013). Research on caring relationships from the perspectives of homecare nurses reveals the importance of building a trusting relationship with the older adults. Homecare nurses must be aware of the importance of communicating something about themselves

and their personal life for the older adult to feel trust and security in the 'stranger' entering their home (Wälivaara et al., 2013). Furthermore, homecare nurses describe how talking to older adults about their lives and their families is part of providing care that enables a relationship (Corbett & Williams, 2014). However, homecare nurses often follow a strict schedule while prioritising time for documentation, making it difficult to adapt the care to the individual needs of the older adult (Sæterstrand & Rudolfsson, 2019). From nurses' perspectives, caring relationships in homecare go beyond just entering a home and performing their medical tasks (From et al., 2013; Corbett & Williams, 2014; Haavisto et al., 2020). A general assumption in the care of older adults is that physical care needs take precedence over emotional support—which may also be more challenging for the homecare nurses to provide (From et al., 2013; Haavisto et al., 2020). As such, caring relationships give rise to an important exploration on what constitutes relationships in homecare, and why such relationships are perceived as caring.

## 2.3 Existential well-being through caring relationships

Well-being among human beings being cared for is often approached from an operational and organisational standpoint, highlighting an economic discussion. This is often followed by a political view of being human that examines rights and empowerment (Galvin & Todres 2012). However, the contextual understanding of health and well-being in caring relationships follows the approach of Galvin and Todres, suggesting that the meanings of health, illness, suffering, and existential well-being often is taken for granted in caring encounters. *Caring*—from a caring science and lifeworld-led perspective—needs to be approached while acknowledging the depth of human life that extends beyond economic and political concerns (Galvin & Todres 2012).

An existential view of well-being refers to *well-being as a whole,* which is important in promoting health while simultaneously preventing illness and suffering. As such, well-being is seen as the fundamental human potential for living, and the care that springs from this view is both holistic and directional. Care, in this case, is about emphasising personal agency and self-authority without minimising patients' feelings of being exposed and vulnerable. This means that well-being in caring must not overemphasise illness while underemphasising the phenomenon of human agency. Still, well-being is directional, meaning that well-

being is also recognised by its absence, and that suffering and well-being therefore cannot be considered apart from each other. According to Galvin and Todres, suffering can provide empathic power. By understanding that suffering is connected to empathy, it becomes possible to uncover human vulnerabilities, in which humans can have 'a feel' for one another. Galvin and Todres further suggest that it is this empathic 'feel' humans have towards each other that constitutes care as something more than just theoretical, abstract, or technical (Galvin and Todres 2012). By acknowledging the relationship between caring, empathy, and suffering it is possible to understand well-being as something humans create in connection with each other.

According to the German philosopher Martin Heidegger, human existence is always tied to a being-in-the-world, meaning that existence is tied to social relationships (Heidegger, 2010). Heidegger's philosophy is therefore central to understanding existential well-being and caring relationships, as his ontology follows an understanding of being-in-the-world as being-with-others.

The French feminist and philosopher Simone de Beauvoir (1996) points towards the reciprocal relationship of being with oneself and others, to explore an understanding of caring relationships in the light of existential well-being. As such, caring can then be understood as an authentic mode of connection between human beings that translates into a caring relationship. Care is often related to either well-being or suffering. This is due to the changes old age can cause, such as the ageing body, the death of family and friends, loneliness, and solitude (Gustafsson et al., 2019; Hörberg et al., 2019; Haex et al., 2020; Martinsen et al., 2024; Martinsen et al,. 2024; Gerdin et al., 2023). These can be described as some of the conditions that lead to an older adult needing care. Therefore, the existential dimensions of a caring relationships add yet another layer to the discussion on what constitutes caring relationships in homecare by addressing what it means to be a human being when being cared for by others.

## 2.4 Homecare in Denmark and Sweden

The main focus in the thesis is on homecare in Denmark and Sweden, with a broader international focus added in Study I. The focus on homecare in Denmark and Sweden in this thesis is grounded in both political questions and in cultural structures. In Denmark and Sweden, as in other Nordic countries, homecare is predominantly funded and offered by the state.

The aim of the Nordic healthcare policy is to promote active ageing and ageing in place, to support older adults living in a regular home for as long as possible (Bødker et al., 2019; Balkin et al., 2024). This means that qualified carers are needed in homecare (Martinsen et al., 2024). Likewise, in Sweden, almost all municipalities have a stay-in-place policy; this means that each municipality is primarily responsible for nursing care (Szebehely & Trydegård, 2012). Homecare in Sweden is based on two separate legalisations: the Social Services Act (SOL, 2001), and the Health and Medical Service Act (HSL, 1982). This is also the case in Denmark, where homecare is based in the Social Service Act (*Social—og boligministeriet* 2005) and the Health Act (*Indenrigs—og sundhedsministeriet* 2005). Social services are offered to support economic and social security, equality in living conditions, and active participation in society (SOL, 2001; *Social—og boligministeriet* 2005). Healthcare initiatives aim to prevent and treat diseases and medical conditions to support health and equality in treatments (*Indenrigs—og sundhedsministeriet* 2005; Bayliss et al. 2008). Both laws are referred to as "homecare" in Denmark and Sweden, and emphasise the importance of personal contact with healthcare staff.

In both Denmark and Sweden, societal development in health and well-being in old age has resulted in shorter and more intensive hospital treatments and earlier discharge, thereby leaving more complex nursing needs to the homecare nurses. This development place demands on the competencies and organisation of homecare nurses, as they become even more important in the healthcare system in general (Jarling et al., 2018; Møller & Delmar, 2019; Lydahl & Davidsson, 2024). Therefore, caring competencies in homecare are valuable to both nurses and older adults, but difficult to map. From an educational point of view, the focus is on practical caregiving and the ability to transfer educational knowledge into practice in homes (From et al., 2013; Hupkens et al., 2020; Karlstedt et al., 2015). From a caring science perspective, caring competence is based on self-awareness and knowledge-based self-development, meaning that when individual experiences are taken into account, it is easier for homecare nurses to recognise unspoken needs and discover deeper existential concerns (Arman et al., 2015).
Furthermore, the shortage of nurses is a global challenge, increasing pressure on the already-existing workforce, and homecare nurses are especially difficult to retain (WHO 2025). The retention of homecare nurses is challenged by financial and workforce issues, which can include dissatisfaction with the workplace environment, high levels of stress, and low income, but also non-financial

motives, such as nurses' ability to balance their working life and their private life (WHO 2025).

In Denmark, nurses must undergo 3.5 years of education to become a registered nurse, where they undergo both theoretical and practical education. Additionally, registered nurses in Denmark can attend a master's programme in clinical nursing [*kninisk sygepleje*] (Martinsen et al., 2024). Registered nurses working in homecare in Denmark—homecare nurses—are often understood as consultants who only take care of specific tasks; however, sporadic visits can influence older adults' general well-being (Hagerup, 2013). Older adults express what it means to live with sporadic homecare visits as feeling like a passive observer, waiting for depersonalised care to be delivered via the timing of the ward routine (Martinsen et al., 2024).

In Sweden, a three-year nursing education at a university college or university leads to a Bachelor of Science in Nursing and thereby to being licensed as a registered nurse (Bölenius et al., 2024). In Sweden, homecare is provided by healthcare professionals, such as registered nurses, assistant nurses, physiotherapists, and occupational therapists. As in Denmark, due to older adults often having several care providers entering their home, coordination between different medical and social care services is important. The registered nurses often take on leadership responsibilities by providing training and support to nurse assistants (Claesson et al., 2020). However, homecare is based on decisions made by different municipalities, and can therefore vary (Jarling et al., 2018). This explains why caring competencies are difficult to map, as older adults' well-being is both physical and emotional (Gillsjö, 2024). Homecare nurses are often responsible for providing care, ranging from basic to more advanced tasks, which can include administering medicine or providing complex wound care. Therefore, most homecare nurses have broad generalised knowledge and are often described as a 'specialist generalists' in homecare (Martinsen et al., 2018).

## 2.5 Understanding the 'home' in homecare

Besides the aforementioned political, economic, and societal structures and issues, the *meaning* of homecare is rooted in a similar cultural understanding of 'the home' in both Denmark and Sweden. In Nordic literature, it is possible to learn how the cultural meaning of 'the home' is attached to a sense of familiarity and

material objects, such as a physical home or the items that such homes contain; for example, photographs or heirlooms that have emotional value and hold shared memories (Selmer, 2017; Lien & Abram, 2023; Abram & Lien, 2024). Besides being a physical shelter, a 'home' is also defined by the social and emotional life that has been lived there (Selmer, 2017; Lien & Abram, 2023). Together, the structural and cultural similarities in our understanding of 'the home' in Nordic countries creates the foundation for exploring homecare in both Denmark and Sweden.

The connection between political and cultural aspects of the meaning of the home that is described above has been previously addressed by anthropologist Janet Carsten (2024). Historically, the state has taken over many of the functions of the home, from childcare and education to how we care for older adults. In order to keep up with these political and structural developments in society, the home became meaningful in new ways, especially through its ritual significance. Rituals such as cooking, nurturing, bodily practice, and being affectionate (Carsten, 2004) are all part of 'the home'; for example, making dinner, eating dinner at the dining room table, going to bed, waking up, going to work/school, doing homework, and being affectionate with loved ones—all tiny everyday rituals that constitute living together within the home, and that in one way or another contribute to the human understanding of being in relationships with others. According to Carsten, the home has, throughout history, proven itself by having the ability to reshape itself (Carsten, 2004). This is also the case in homecare for older adults, where the home becomes a workplace for homecare nurses. Accordingly, both older adults and homecare nurses must try to generate new practices and meanings of the home in relation to each other.

The experience of the home and at-homeness in Nordic nursing research is an important and established area of research. In 1995, Zingmark et al. describe the efforts made to create home-like care environments for patients with dementia in Sweden. At-homeness is further described as being metaphorically 'at home', despite being cared for, by focusing on the existential dimensions that suffering and uncertainty can threaten (Öhlén et al., 2014; Saarnio et al., 2016; Galvin & Todres, 2011). Zingmark et al. suggest that at-homeness includes being related to oneself, being related to significant others, being related to things, and being related to places and activities (Zigmark et al., 1995). As such, a 'home' can be a place where a life has been lived, a place that holds memories that foster an emotional connection with material objects (Saarnio et al., 2016; Selmer, 2017; Lien & Abram, 2023).

# 3. Rationale

The global ageing population and the aim of facilitating active ageing in place, especially in Nordic countries such as Denmark and Sweden, have highlighted the need to ensure that healthier and more dignified life can extend to older adults needing care. Due to an ageing population, multimorbidity is increasingly being recognised as the norm rather than the exception in homecare, placing extended pressure on the workforce. Multimorbidity and workforce pressure are just some of the factors leading both older adults and homecare nurses to struggle to comply with the concept of caring competence in homecare. From an organisational point of view, the focus on competence is often time-dependent and task-oriented, risking of objectifying care instead of focusing on the individual older adult as a human being. This may risk placing both the homecare nurse and older adult in an exposed and vulnerable situation.

From the perspective of homecare nurses, the caring relationship can be demanding due to an organisational structure characterised by time constraints. It may also be challenging because of a shared vulnerability, where the nurse is confronted with the existential vulnerability of the older person.

To the older adult, homecare is often an intertwined experience of physical, emotional, and existential dimensions of well-being and care. A significant aspect of this field is the existential dimension of being cared for, as the experience of ageing is often filled with a loss of independence and autonomy—all elements that affect the way humans understand themselves.

This thesis takes the approach of illuminating the experiences of both homecare nurses and older adults, in order to direct attention to what happens when we approach their experiences collectively, through a caring relationship. While there is some understanding of caring relationships in homecare, the identified gap in existing research is the limited knowledge about existential dimensions of such caring relationships, together with the approach of both homecare nurses and older adults. For a caring relationship to be *caring*, one must understand how it is experienced in relation to others and how it is shared with them. The focus is often on how to either better support nurses working in homecare, or older adults, but the uniqueness in exploring what happens between and among those experiences gives rise to future discussions on how to understand caring relationships in homecare.

This thesis explores the lived experiences of homecare nurses and older adults living with homecare, and is grounded in caring science, phenomenology, and existential phenomenology to reveal the holistic, lived realities of those providing

and living with homecare in old age. Examining the experiences of older adults from separate countries and health systems—internationally (Study I), in Denmark (Studies II–IV), and in Sweden (Study IV)—adds a contextual dimension to understanding the meaning of caring relationships, highlighting how an understanding of growing old and needing care is personal yet universal. Furthermore, obtaining a deeper understanding of the lived experiences of homecare nurses' experiences of caring relationships is essential for addressing the challenges they face in caring for older people. This knowledge is important, as the welfare/homecare system is primarily dominated by medical issues; meaning that suffering often takes precedence over well-being.

# 4. Aim and research questions

## 4.1 Overall aim

The overall aim of this thesis is to deepen the understanding of caring relationships in homecare for older adults by exploring the lived experiences of older adults and homecare nurses.

## 4.2 Specific aims and research questions

Study I (a meta-ethnography) explores interpretations of competence in homecare from the perspectives of older adults and homecare nurses. Study II focuses on describing the essential meaning of caring relationships in homecare for older adults based on the lived experiences of homecare nurses in Denmark. Study III then aims to describe the essential meaning of caring relationships in homecare for older adults in Denmark, based on their lived experiences of caring relationships with homecare nurses. Building on the findings from Study III and from Jarling et al., 2018, Study IV seeks to describe the existential dimensions of caring relationships in homecare for older adults in Denmark and Sweden.

**The following research questions were investigated:**

- *What is the meaning of competence in homecare from the perspectives of older adults and homecare nurses?* ***(Study I)***
- *How are caring relationships for older adults experienced by homecare nurses in Denmark?* ***(Study II)***
- *How are caring relationships in homecare experienced by older adults living with homecare in Denmark?* ***(Study III)***
- *What are the existential dimensions of caring relationships in homecare for older adults Denmark and Sweden?* ***(Study IV)***

# 5. Theoretical foundation

## 5.1 Phenomenology: caring through a lifeworld perspective

The philosophical perspective of this thesis builds upon the phenomenological tradition. The phenomenological approach is one of direct understanding and in-depth and rich description of experience. Phenomenology hereby focuses on *life as lived* and on the human perceptions of lived experiences (Jackson, 1996; Desjarlais et al., 2011). The field of phenomenology includes the approaches and theories of Edmund Husserl, Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, Hannah Arendt, and Simone De Beauvoir, just to name a few.

In the German philosopher Edmund Husserl's understanding of lifeworld theory (Husserl 1936), the phenomenological approach centres on *lifeworlds* (*lebensvelten*)—the familiar, everyday world as humans experience it, rather than focusing on *worldviews* (*weltanschauungen*) (Husserl 1936; Jackson 1996: 6, 13). When exploring lived experiences, Husserl's term "bracketing" is essential, as it represents a shift in human orientation. In short, bracketing is the idea of suspending and withholding all judgement about the world, as humans think they know it, by always exploring the world with an open and curious mind (Husserl 1936). One of the main aims of anthropologists, caring scientists, and other researchers drawing from phenomenological methods has been to bracket the assumptions that come from their own cultural and theoretical understandings in trying to explore a certain phenomenon more truthfully (Desjarlais et al., 2011). As a methodology, the phenomenological approach strives towards withholding judgement, alongside an awareness of how misunderstandings can occur because of these judgements or pre-understandings (Dahlberg et al., 2008)

Inspired by Husserl, Karin Dahlberg developed a methodology for researching lived experiences (Dahlberg et al., 2008). The overall aim of lifeworld research is to describe and explore the lived world in a way that expands our understanding of human beings and of human experience (Dahlberg et al., 2008: 37). Todres and Galvin, among others, have contributed to a lifeworld perspective in caring science and provided the field with philosophically informed dimensions of the humanisation of care. This research considers both the humanising and dehumanising aspects within caring and well-being (Todres et al., 2009; Galvin & Todres,

2011). However, Dahlberg et al. focuses on health and well-being from patients' perspectives and on their degree of autonomy and participation in caring (Dahlberg et al., 2008: 45; Arman et al. 2015: 290). Participation means that one has to be surrounded by others. The German existential philosopher Martin Heidegger's ontological ideas about the existence of human beings in the world, and the concepts of *being-in-the-world* and *being-with-others* (Heidegger, 2010) seem relevant in exploring what it means to participate. *Being-with-others* is especially relevant in understanding the phenomenon of caring relationships.

From a caring science perspective, the purpose of caring is to support and improve the health and well-being of human beings, meaning that participation, along with a patient perspective, is essential. This is obtained when caregivers manage to communicate *with* their patients by listening to and confirming what was communicated and how it was understood (Dahlberg et al., 2008: 185). Furthermore, dignified care is described as open and pliable, including *nurturing encounters, caring conversation, and a caring presence*, while requiring both openness and reflection on preconceptions from the caregiver (Dahlberg et al., 2008: 97–103). Accordingly, the *humanisation of care,* as a concept, describes an approach in caring informed by existential dimensions of what it means to be human (Borbasi et al., 2012). From a caring science perspective, this is important, as human beings are often exposed to categorisation and stigmatisation within care systems (Todres et al., 2009; Birdges et al., 2009; Borbasi et al., 2012). When human beings are categorised as either ill or healthy, normal or abnormal, it affects their way of being (Arman et al., 2015: 291). In homecare for older adults, such dimensions lead to both older adults and homecare nurses questioning what hinders health and well-being in old age. Taking a lifeworld approach, Dahlberg et al., suggest adopting the concept of the lived body as a way of approaching the body as a subject going through lived experiences, rather than just reducing it to a physical body (Dahlberg et al., 2008: 45).

## 5.2 A phenomenological existentialist approach in caring

In this thesis, the phenomenological existentialist approach in caring will be explored primarily through Martin Heidegger's philosophy. Heidegger's philosophy originates from his ontological understanding of being-in-the-world and being-with-others. It builds on the question of the meaning of 'being', and in his ontological understanding, *being* is intertwined with human existence (Dasein)

(Heidegger, 2010: 44). Dasein can be understood as the existence of human existence, meaning that it is always found within the context of social relationships (Heidegger, 2010). The lifeworld of human existence is always contrasted against the surrounding world (Umwelt) (Heidegger, 2010: 67), meaning that *being* only has an existential value when experienced or shared with others. 'Others', by being a part of the world, are already a part of the closest lifeworld of everydayness (Heidegger, 2010). 'Dwelling' is Heidegger's concept, describing the human experience of being in the world, a concept that emphases the interconnectedness between human beings and their surrounding world. To Heidegger, dwelling is the essence of human existence and is characterised by how humans create and experience a world that is meaningful to them in relationship with others (Heidegger, 1971).

French feminist and philosopher Simone de Beauvoir (1996) argues that human beings always have a reciprocal relationship of being with the self and others in striving towards existential freedom. In her existential ethics, 'others' are always present, as it is the reciprocity in self–other relationships that makes freedom in life achievable (de Beauvoir 1996). To will others free, suggests that human beings need each other in order to live a free and authentic life. However, these relationships can be complex and oppressive, as interdependence is always present within relationships (de Beauvoir 1996). Human beings always have a responsibility to self and to the other, and according to de Beauvoir, humans possess a will for freedom and, consequently, a will for the freedom of others, meaning that reciprocity in human relationships is fundamental to the possibility of freedom (de Beauvoir 1996). However, this reciprocity is mutual, as others impose boundaries that are bound to cultural contexts of traditions and norms, which can affect existential freedom in life (de Beauvoir 1996). Within the context of homecare for older adults, the existential ethics that de Beauvoir and Heidegger describe give rise to an existential way of approaching caring for older adults. In such, both personal experiences, and those of others, explored through a caring relationship, are the core of caring.

## 5.3 A theoretical foundation for at-homeness in homecare

The phenomenon of at-homeness has also been explored in philosophy. According to Heidegger, the being-at-home and being-in-the-world is always supplemented with a not-being-quite-at-home in this world (Heidegger 1977). As when

de Beauvoir describes how the self–other relationship is reciprocal (1996), Heidegger describes how the world is always inhabited with other experiencing beings (Heidegger 2010). In both cases, human beings do not have full control over their surroundings or relationships. This means that when the world is perceived as 'mine', an otherness co-exists (Svenaeus, 2000). This otherness is suggested to be a challenge for human beings, as unfamiliarity and the 'unknown' is threatening to human existence. This threatening otherness is what Heidegger means when he describes an "unhomelike"-feeling (*unheimlish*) of not-being-quite-at-home in this world. Human beings want to make sense of the world, and with the concept of unhomelike, Heidegger attempts to understand the nature of existential anxiety when it is threatened by otherness (Svenaeus, 2000; 2013). Heidegger hereby intertwines a feeling of existential anxiety with a feeling of not-being-quite-at-home in this world and highlights the importance of the home in human existence (Heidegger 1977).

## 5.4 Epistemological and methodological perspectives: researching with a Reflective Lifeworld Research Approach

With its basis in phenomenological philosophy, the reflective lifeworld research approach highlights the lifeworld of the individual, by searching for meaning and reflection in lived experiences (Dahlberg et al., 2008). By studying the lived experiences of everyday life, it becomes possible to brighten the understanding of what it is like to be an older adult living with homecare and a homecare nurse providing that care. As a research phenomenon, the caring relationships in homecare for older adults must guide the entire research process, supported by an *openness* (Dahlberg et al., 2008: 96).

Searching for meaning in lived experiences requires a shift in attitude, from the previous "natural attitude" of everyday life towards the researcher's focus on "bridling" the process of understanding. This is a process influenced by the researcher's ability to "bridle" the possible influences of pre-understandings (Dahlberg et al., 2008). As a concept, "bridling" refers to a process of awareness directed towards pre-understandings, preconceptions, and the knowledge or assumptions that the researcher is subconsciously holding just by being in the world. This requires openness and a transparency towards not only the phenomenon, but also towards another person's lived experiences, in order not to influence personal

experiences (Dahlberg et al., 2008).

As the epistemology of lifeworld theory originates from lived experiences, the aim is to remain as close as possible to participants' experiences of the phenomenon of interest, possibly discovering the things we, as humans, tend to take for granted in our everyday life (Dahlberg et al., 2008). The epistemology of lifeworld theory also originates from an understanding of how humans co-exist in the world. Dahlberg and Dahlberg describe how subjective experiences would not be possible without a relationship to the world which is always shared with others (Dahlberg & Dahlberg, 2019). The phenomenon of caring relationships evolves, not from a subjective understanding of the world, but from the intersubjective world with its shared structures, such as language, traditions, norms, and values. However, as every human being's lifeworld is a part of the same world, the lifeworld is not the same for every human being, meaning that every lifeworld is unique. That is exactly why the experience of the lifeworld should always be approached with curiosity and openness (Dahlberg et al., 2008: 63). Dahlberg and Dahlberg suggest lifeworld experiences exist in the movement between a subjective experience and the objective and shared world (Dahlberg & Dahlberg, 2019). Within this movement evolves the investigation of the phenomenon of caring relationships in homecare.

# 6. Methods

## 6.1 Research participants

Study I is a meta-ethnography aimed at identifying and synthesising older people's and registered nurses' interpretations of competence in homecare to offer new understandings of the concept of competence in homecare for older people by synthesising data from the database of choice. Synthesising the interpretations and experiences of both older people and registered nurses enables a deeper understanding of how competence is interpreted, specifically in the growing field of homecare.
Following the meta-ethnography, the participants in Studies II, III, and IV were chosen in accordance with a lifeworld perspective, based on their ability to describe a rich variation of the studied phenomenon: caring relationships in homecare for older adults (Dahlberg et al., 2008). Methodological considerations have been made in accordance with variety, as variation regarding the participants' socioeconomic background, age, and gender is typically preferred, yet no restrictions were made based on those elements. As the depth and richness of the experiences of the phenomenon were the most important aspect in all studies, no restrictions were made regarding participants' country of origin, culture, nationality, gender, education level, marital status, or employment status.

The participants in this research represented different generations (with ages ranging from 31 to 90 years). The participants comprised 26 women and 6 men, and even though variation in gender was not a criterion, it was achieved in each study. Data variation was also enhanced through the inclusion of participants from Sweden in Study IV. In Study I, the articles included in the meta-ethnography included participants from the Netherlands, Norway, Wales, Sweden, Canada, and South Korea. Studies II and III were performed in Denmark and only included participants from Denmark. All the participants included in this thesis had sufficient experience into the phenomenon of caring relationships in homecare, as they were either homecare nurses (Study II) or older adults living with homecare (Studies III and IV).

Study I included both the perspectives from homecare nurses and older adults. The participants in Study II included homecare nurses from two different municipalities in Denmark, including 1 man and 9 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. The participants in Study III included older adults receiving homecare in one municipality in Denmark (among them 1 man and 9 women aged between 70 and 88 years). Study IV included 22 lifeworld interviews: 10 older adults (1 man and 9 women) receiving homecare in a municipality in Denmark, and 12 older adults (4 men and 8 women) receiving homecare in the same municipality in Sweden, in total ranging from 70 to 90 years.

The participants in Study II were recruited by the homecare offices, who asked all nurses whether they wanted to participate. The nurses then chose whether to take part in the interviews. All nurses included in the study had experience in working in homecare for older adults and were therefore able to describe the phenomenon of caring relationships in homecare, based on their lived experiences. The participants in Study III were recruited by the homecare office. The homecare office in the municipality in question was in charge of contacting older adults, and once they had agreed to participate, the researcher was given their contact information and progressed by initiating additional contact (in compliance with the rules on GDPR in Denmark). This means that the homecare office may have selected only older adults that they believed would benefit this study, excluding others with equally interesting experiences of the phenomenon.

## 6.2 Data collection

The primary method of data collection was through personal lifeworld interviews with homecare nurses and older adults living with homecare. Using an open interview strategy, the interviews were conducted following the reflective lifeworld research approach in line with the methodological principles of openness, flexibility, and bridling (Dahlberg et al., 2008). The interviews focused on homecare nurses' and older adults' lifeworlds and lived experiences of the phenomenon of caring relationships in homecare.

It is worth taking into account that is it impossible to undertake qualitative data collection without acknowledging the role of the researcher in the unfolding of the daily life of participants (Dahlberg et al., 2008; O'Reilly, 2005). The role of the researcher was therefore considered throughout this process, maintaining an awareness of the positions that naturally follow with the interviewer/interviewee roles. An awareness regarding pre-understandings in both roles were also maintained throughout the process, by being sensitive and respectful to the meaning of the lived experiences being described. These pre-understandings could be related

to the tradition and the historical impact of the nursing profession and to the cultural norms that exist when entering an older adult's home. This process also included self-reflection regarding the role of the researcher, as an interviewer, as an outsider, and as a guest (Dahlberg et al., 2008).
The interviews were shaped as a conversation between the interviewer and the interviewee, where the participants were invited to elaborate on their understanding of the phenomenon (Dahlberg et al. 2008). With the interviews taking place as reflective dialogues, it is important that the researcher maintains an open attitude towards the phenomenon in question while attempting to direct the participant's attention towards said phenomenon. The researcher must be cognizant of not taking anything for granted and try to grasp and deepen the meanings that come to be explored in the interview. However, lifeworld interviews can offer open and honest room for interaction between the researcher and the participants. While there is no formal structure and predefined questions, the researcher poses the same initial open-ended question for all participants, keeping the phenomenon in mind. This is followed by spontaneous follow-up questions and comments according to the answers still related to the phenomenon. Follow-up questions, such as 'Can you explain more?' 'Can you give examples of…?' and 'When you say this, what do you mean?', were included.

## 6.3 Data analysis

The data analysis followed the methodological principles of a meta-ethnography (Study I) and of a reflective lifeworld approach (Dahlberg et al., 2008) with a phenomenological analysis with two different methodologies and results: an essential meaning (Studies II and III) and a general structure (Study IV).

The phenomenological analysis that was conducted in Studies II and III was accomplished by allowing the phenomenon of caring relationships in homecare to guide the analysis, together with a focus on lived experiences. By paying attention to the lifeworld as it is experienced by homecare nurses and older adults, it is possible to learn more about the caring relationships in homecare (Dahlberg et al., 2008). In Studies II and III, the analytical process was characterised by an iterative movement between the whole (the interviews) and the parts (the meanings found in the data) to describe the "new whole" (the essential meaning) (Dahlberg et al., 2008). This included several readings of the interview transcripts to gain an understanding of the text as a whole. This was followed by a focus on parts of the data by dividing the whole into smaller segments (meaning units), to be able to

cluster these meanings together. If the clusters seemed to belong together in relation to the phenomenon, the essential meaning of the phenomenon began to appear, and constituents were created. Constituents capture the essential meaning while describing the variations and nuances of the essential meaning of the phenomenon (Dahlberg et al., 2008).

Study IV also adopts a Reflective Lifeworld Approach (Dahlberg et al., 2008) and was approached methodologically via two steps. First, in order to gain an in-depth understanding of the phenomena, the essential meaning from Study III and the overall theme from a Swedish study (Jarling et al., 2018) contributed the empirical foundation. This was done to form a general structural of the phenomenon, to move beyond the most obvious meanings and explore the underlying existential dimensions. Secondly, a philosophical examination of the general structure was conducted to further explore the understanding of the phenomenon. With the phenomenon in focus, meanings were explored within the essential meaning and in the overall theme, leading to a further exploration for patterns of meanings between the two results. This part of the analysis originates from Merleau-Ponty's understanding of a phenomenon as always being revealed in its totality and in its relationship with its particulars (Merleau-Ponty, 2011/1945; Dahlberg et al., 2008). In reflective lifeworld research, this dualism is described as "figure and background". Here, meanings from one of the results stand out as a "figure" against meanings from the other results as a "background", and vice versa. As such, the movement contributes to the discovery of potential patterns of meanings based on both differences and similarities. The philosophical examination was then carried out as a dynamic process where selected meanings from the general structure were explored in more depth using philosophical texts.
The analysis process in Studies II, III, and IV is based on openness and flexibility towards the phenomenon, by maintaining a reflective attitude. This reflective attitude has previously been described in this thesis as "bridling". By bridling, the researcher strives towards awareness towards, and acknowledge of, subjective experiences, leaving room for the phenomenon to show itself. As such, bridling aims to ensure that the researchers' preunderstanding will not influence their understanding of the phenomenon (Dahlberg et al., 2008). Lastly, the data analysis provided an in-depth and thorough understanding of each phenomenon, by approaching an essential meaning (in Studies II and III) and by exploring a general structure of a certain phenomenon (in Study IV).

## 6.4 Studies

### *Study I*

#### Study design (meta-ethnography)

The first study is a meta-ethnography aimed at identifying and synthesising qualitative studies focusing on older people's and homecare nurses' interpretations of competence in homecare to approach new understandings of the concept of competence in homecare for older people.

A meta-ethnography has six phases: i) getting started, ii) deciding what is relevant, iii) reading the studies, iv) determining how the studies are related, v) integrating the studies, and vi) synthesising the translations (Noblit & Hare, 1988). The review is reported in accordance with eMERGe guidelines to improve the completeness and clarity of meta-ethnographic reporting (France et al., 2019).

The CINAHL database was searched using the terms "home care" OR "home health" OR "home nursing" AND skills OR experience OR competenc* AND older OR elderly OR geriatric OR gerontology. The limits applied were older people aged 65+ and English language only, while reference searches from the new articles and author searches were conducted simultaneously. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were used as guideline for the process to ensure transparency in the methodology. The Critical Appraisal Skills Programme (CASP) checklist for qualitative studies was used, to assess the quality of the papers included. A total of 505 records were identified through CINAHL, and 5 records were pulled from reference searches of included papers. Of these, eight articles ended up being included in the analysis.

#### Analysis

The methodology of a meta-ethnography contains both a method of data collection and guide for analysis. The six phases were followed thoroughly, and the analysis process resulted in a *synthesis* (Noblit & Hare, 1988). A total of eight articles were included, and once the chosen studies were read, the extraction of 'raw data' from the studies for the synthesis began. Raw data are described as the first -and second-order constructs, where first-order constructs represent the primary data reported in each paper (the participant quotations), and the second-order constructs represent the primary author's interpretations of the primary data

(metaphorical themes or concepts). Third-order constructs then represent the reviewers' higher-order interpretations, developed from a collection and analysis of first- and second-order constructs.
In the process of determining the relationships between studies, core concepts were identified, and were then clustered into categories. To integrate the studies, each concept was compared across papers to check for the presence or absence of commonality. This led to the development of the higher third-order constructs. The development was a process of going back and forth between the findings and the primary studies (Noblit & Hare, 1988).
The first- and second-order constructs were compared, leading to the generation of new concepts. By reading the primary data synthesis alongside the translations table, the original third-order constructs were developed further (Noblit & Hare, 1988; Satter et al., 2021). This resulted in the selected studies being sufficiently similar in their focus to allow for reciprocal translation synthesis. The synthesis process included a line-of-argument synthesis which became apparent during the broader synthesis, as the concepts from the studies described different perspectives on the same phenomenon, rather than contradicting each other (Satter et al., 2021).

## *Study II*

### Study design

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 in Denmark.

The inclusion criteria for participant recruitment used the following inclusion criteria: homecare nurses 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; therefore all nurses were able to describe the phenomenon of caring relationships in homecare, based on their lived experiences. A total of 10 homecare nurses participated: 5 in-person interviews were conducted with homecare nurses working in a large city in Denmark, and 5 video interviews were conducted with homecare nurses working in a smaller town in Denmark. The homecare nurses included 1 man and 9 women between the age of 31 and 60 years. The homecare nurses' work experiences varied from 2 months to 23 years, with an average of 9.8 years of work experience.

Qualitative data collection was based on lifeworld interviews (Dahlberg et al., 2008). 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 using video calls. All interviews were completed during working hours and lasted between 15 and 53 minutes each, with an average duration of 27 minutes. Each interview began with inviting the homecare nurse to elaborate openly on 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?" The aim of these open-ended questions was to encourage the homecare nurses to reflect openly on the phenomenon while encouraging them to share additional understandings based on their lived experiences. The in-person interviews took place during shifts when time permitted, resulting in a variation in the duration and depth of each interview, as more time also allows for conversations to develop in more detail. During the interviews, it was important to remain sensitive to the homecare nurses' prerequisites and expressed needs, due to their heavy workloads. The interviews were transcribed verbatim, and parts were translated into English (from Danish, originally) to enable the research team to have direct access to the data and contribute to the analysis.

## A phenomenological lifeworld analysis

A reflective lifeworld research approach in line with Dahlberg et al. (2008) was approached in the analysis and was guided by the principles of an open, flexible and 'bridled' methodology. The analysis was characterised by remaining close to the data, while exploring the phenomenon and its meanings in a descriptive way.

The analytical process was based on constantly moving between the whole (the interviews) and the parts (the meanings found in the data) to describe the "new whole" (essential meaning) (Dahlberg et al., 2008). Reading the interview transcripts several times created an understanding of the experiences of caring relationships in homecare, as described by the homecare nurses. The readings initiated an approach of "bridling" while obtaining a reflective attitude towards the phenomenon (Dahlberg et al., 2008).

The analysis progressed by dividing the whole text into smaller segments (meaning units) to only examining specific parts of the data at a time. The meaning units were then clustered together by searching for meanings that seemed to belong to each other in relation to the phenomenon. As the clusters were established by a

process characterised by sensitivity and openness to the nuances in meaning, the essential meaning of the phenomenon began to appear. This was enabled by treating the text as a new whole, providing an abstract understanding of "what makes the phenomenon the very phenomenon" (Dahlberg et al., 2008: 245). To explore variation in the phenomenon, constituents were then created. Constituents capture the essential meaning while describing the variations and nuances of the essential meaning of the phenomenon in focus simultaneously (Dahlberg et al., 2008). The constituents were explored using original quotations from the homecare nurses (Dahlberg et al., 2008; van Wijngaarden et al., 2017).

## *Study III*

### Study design

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

The criteria for participation in this study were being an older adult receiving homecare from homecare nurses. A total of 10 older adults participated (1 man and 9 women aged between 70 and 88 years), all of whom were living in the same municipality in Denmark.

Using an open interview strategy, lifeworld interviews were conducted following the reflective lifeworld research approach (Dahlberg et al., 2008). Eight interviews were conducted in-person in the person's home, while two took place by phone. All interviews were audiotaped, and the phenomenon was explored with an open and reflective attitude, maintaining an open, flexible, and bridling approach (Dahlberg et al., 2008). Each interview began with the older adult being invited to talk openly about the phenomenon of caring relationships, asking: "Can you tell me about the homecare nurses who come to your home?" 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?". The interviews lasted up to 120 minutes, with an average duration of 50 minutes. In-person interviews were a prerequisite for most of the older adults, while conducting phone interviews was a prerequisite for others. All in-person interviews were conducted in the older adults' own homes, in accordance with their wishes. Besides the interviews included in the study, five additional interviews were set up with older adults, who cancelled their interviews due to hospitalisation, without the possibility to reschedule.

### A phenomenological lifeworld analysis

A phenomenological lifeworld analysis was conducted according to the methodological principles of the reflective lifeworld research approach. The phenomenon of caring relationships in homecare guided the analysis, with a focus on lived experiences (Dahlberg et al., 2008). The lived experienced derived from the interviews served as the basis of the analysis. The analysis process was described as a movement between the whole, the parts, and the new whole of the data. Maintaining an open, 'bridled' and flexible approach was important in order to ensure that new meanings could emerge from the older adults' lived experiences, while allowing for reflection (Dahlberg et al., 2008). This type of analysis was also adopted in Study II and is described in detail above *(Study II—A phenomenological lifeworld analysis)*.

## *Study IV*

### Study design

The aim of the study is to deepen the understanding of the phenomenon of existential dimensions of caring relationships in homecare from the perspectives of older adults.

This study is focused on the essential meaning from Study III, and on the overall theme derived from interviews conducted with older adults in Sweden (Jarling et al., 2018). The qualitative empirical data is then based on interviews with older adults in both Denmark (Study III) and Sweden (research by Jarling et al., 2018). The criterion for participation in this study was the experience of being an older adult receiving homecare in either Denmark or Sweden. The dataset comprised 22 lifeworld interviews: 10 older adults (1 man and 9 women) receiving homecare in the same municipality in Denmark, and 12 older adults (4 men and 8 women) receiving homecare in the same municipality in Sweden. Qualitative data collection involved conducting lifeworld interviews (Dahlberg et al., 2008) with the older adults who participated in the study.

In Study III, the phenomenon was explored with a reflexive attitude using the methodological principles of openness, flexibility, and bridling, followed by a phenomenological analysis (Dahlberg et al., 2008), as described in detail in the above section on *Study III*. In the Swedish study (Jarling et al., 2018), the phenomenon was explored by using the qualitative content analysis method described by Graneheim and Lundman (2004).

In the present study, the analysis (the general structure and philosophical examination) is grounded in the essential meaning from Study III and overall theme from Jarling et al. (2018).

## Analysis

The essential meaning and overall theme of the two empirical studies were analysed along with a phenomenological meaning analysis in accordance with the methodological principles of reflective lifeworld research (Dahlberg et al., 2008).

The analysis process began with readings of the essential meaning and overall theme of the two studies. Keeping the phenomenon 'existential dimensions of a caring relationships in homecare' in mind, we searched for meanings in the essential meaning and in the overall theme, which led to a search for patterns of meanings between the two results.
This part of the analysis was performed with attention paid towards discovering patterns of meanings that were partly made up by differences and similarities, as well as an awareness of it being an active process that aims to explore how each meaning works both as figures as well as part of the background (Dahlberg et al., 2008). As such, this process originates from a movement between 'figure and background', where meanings from one of the results stand out as a 'figure', and is held up against meanings from the other results as a 'background', repletely. This process was guided by new research questions that arose from the findings from the two empirical studies, formulated with the purpose of viewing them against the background of a new meaning structure. The research questions were: How do encounters with healthcare professionals influence an understanding of the existential dimensions of a caring relationship in homecare? What is the significance of the existential dimensions of a caring relationship? How does it affect older adults' health and well-being, and how can it be meaningfully integrated into the development of a caring relationship? With these research questions as the basis of the analysis, the patterns of meaning were intertwined by iterative movement between 'figure and background' within and among the meanings from both the empirical results. A general structure of integrated synthesis and abstraction emerged as a new whole.

The analysis was also supplied with a philosophical examination, where selected meanings from the general structure were explored in more depth using philosophical texts. Heidegger's philosophy was applied to give strength and offer a more in-depth understanding of the empirical data. The dynamic movement between the general structure and the philosophical texts here serves as both figure

and background. This means that by placing the general structure as a figure against a background of the philosophical texts, a greater understanding of the phenomenon emerged. By placing the philosophical texts as the figure and the general structure as the background, the search could be directed to more specific parts, and questions our understanding of that very same phenomenon.

# 7. Results

This section presents an overview of the results from the four separate studies, each contributing to the overall aim of this thesis; namely, investigating the lived experiences of caring relationships in homecare for older adults from the perspectives of homecare nurses and older adults. The findings of the individual studies highlight how each study offers detailed insights into the perspectives of caring relationships both internationally (I), but specifically within Danish and Swedish contexts (Studies II, III, and IV). Moreover, as the result of Study I interpreted competence in caring for older adults as caring relationships, it served as the foundation for exploring the phenomenon of caring relationships even further. Each study offers an in-depth exploration of the lived experiences of either homecare nurses (I, II) or older adults (I, III, IV), aiming to understand the meaning of caring relationships in homecare.

## 7.1 Results of Study I

The meta-ethnography investigated the meaning of competence in homecare for older adults. It aimed to identify and synthesise qualitative studies focusing on older people's and registered nurses' interpretations of competence in homecare, and to offer new understandings of the concept in homecare for older people.

Through the translation process (phase 6 of the meta-ethnography) of the eight included studies, three themes were identified: i) temporality—the feeling of being of value; ii) dignity—a person, not just a patient; and iii) mutuality of being —togetherness. The three themes and the synthesis are presented below:

When temporality is interpreted as a competence, it is due to its ability to make connections. The results highlight the significant role of temporality in homecare, including human perception, experience, and the social organisation of time, meaning that human beings form social relationships through and with the allocation of time.

The results also show that when dignity is interpreted as a competence by both older adults and registered nurses, this is due to a mutual acknowledgement. Seeing each other not just as patients and professionals but first and foremost as fellow human beings makes room for dignified care, and constitutes dignity as a competence in homecare.

Togetherness as described through the lens of a mutuality of being, and is also interpreted as a competence by both older adults and homecare nurses. By being present in the meeting, homecare nurses and older adults experience a mutual feeling of togetherness.

With the metaphor ‘a becoming in the meeting’, the study shows how the interpreted competencies all relate back to what is created in the exact meeting between human beings. ‘Becoming’ means becoming something other than you were before in relation to others. A ‘becoming in the meeting’ expresses the importance of human beings acknowledging each other’s presence in homecare and in the world. A homecare meeting is potentially having a forced nature, which does not always provoke a sense of becoming, but if the meeting between a homecare nurse and an older adult is nurtured, caring relationships can be formed not only through physical presence but through a sense of togetherness.

## 7.2 Results of Study II

Study II reveals the essential meaning of caring relationships for older people as experienced by homecare nurses in Denmark. 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’. This is further conveyed by the following constituents: ‘caring for the whole person’, ‘a sense of ‘at-homeness’ through trusting ‘the other’’, ‘experiencing continuity as caring’, and ‘prioritising the time to care’.

The essential meaning shows that cultivating caring relationships in homecare is a rewarding and valuable process that enhances the holistic and humanising aspects of providing care for older adults. The home creates the foundation for a caring relationship, as humans are bound to embodied space of the home, tying human existence and value to a sense of at-homeness. This refers not just to the home in a physical sense but as an emotional state that intertwines the existential aspects of being an independent human being with the feelings of being safe and being at home. By being together, at home, it becomes possible for homecare nurses to understand the importance of existential care, leading the older adults’ world to become the foundation of caring.
The results of the study also demonstrate how the organisation of homecare contradicts the experience of caring competencies, as the constituents, including time

and continuity, are strongly related to the organisation of homecare both financially and as related to the workforce. For homecare nurses, continuity and consistency in the workforce are linked not only to the physical quality of care but also to the existential aspects of caring for another person.

## 7.3 Results of Study III

Study III describes the essential meaning of the phenomenon of caring relationships in the context of homecare for older adults in Denmark, based on their lived experiences of caring relationships with homecare nurses. This phenomenon can be described as 'being in an in-between state in which one's existential freedom is enabled or restricted'. This is explored further in the three constituents; 'space for authenticity and vulnerability', 'creating conditions for existential freedom', and 'being in an in-between space between knowing and not knowing'.

The essential meaning expresses how older adults are being forced to relate and adapt to homecare nurses as freedom givers or takers. As the findings suggest, enabling existential freedom means older adults are able to live an authentic life on their own terms, while maintaining active participation. However, having restricted one's existential freedom contributes to feeling limited in the ability to live an authentic life, as life is now filled with uncertainty. Being *in-between* suggests that a caring relationship in homecare involves balancing this uncertainty, as a caring relationship manifests itself as a forced relationship from which one cannot escape.

The results also show that older adults who are dependent on homecare associate homecare nurses with restrictions and limited freedom, thereby aiming to exercise an existential freedom. An older adults' existential freedom is described as the individual person's ability to detach themselves from the uncertainty that homecare naturally imposes on life. However, to ensure freedom, older adults must navigate the relationship with homecare nurses and negotiate care needs. The essential meaning also shows that the process of negotiating care needs in order to experience existential freedom exists only in the light of experiencing empathy. Pointing towards caring relationships as a process of negotiation and participation in which both nurses and older adults are active participants adds a very important nuance to this holistic view on homecare.

Lastly, creating conditions for an authentic life fosters the experience of well-being. In order for older adults to live well in old age, they must be given the

possibility to act freely and authentically in order to not feel like objects of care, which highlights how the phenomenon of caring relationships becomes important in our understanding of well-being in homecare for older adults.

## 7.4 Results of Study IV

Study IV describes how the existential dimensions of the phenomenon of caring relationships in homecare for older adults can be understood in light of Heidegger's philosophy. The general structure of the phenomenon shows that the existential dimensions of caring relationships in homecare for older adults can be described as trust, freedom, adaptation, security, and a sense of belonging; and at the same time, as a forced nature, dependence, alienation, uncertainty, and a lack of belonging. Collectively, these co-existing feelings translate into an experience of at-homeness and homelessness within the caring relationship.

The general structure shows that the existential feeling of at-homeness includes both the physical feeling of being at home, and the emotional and social feeling of belonging; whereas feeling lost within the system as well as in one's body are intertwined with a feeling of homelessness in one's own home. A feeling of homelessness in older adults can contribute to feeling out of place, both physically and emotionally. The general structure further suggests that at-homeness and homelessness intertwine feelings of belonging in the world with a sense of alienation and uncertainty. The struggle between wanting to live life to the fullest in an authentic way while being dependent on the help of others invading the personal space, represents the movement between at-homeness and homelessness that constitutes the existential dimensions of a caring relationship in homecare.

Furthermore, the philosophical examination of the general structure shows that *being* has existential value only when shared with/or acknowledged by others. In homecare for older adults, feelings of at-homeness and homelessness co-exist within the caring relationship. The findings suggest that there is some sort of movement between the two, and the movement can be understood in the light of Heidegger's understanding of *dwelling*. As such, the feeling of at-homeness is always supplemented with a feeling of homelessness, where the iterative movement is intended to add layers to the understanding of being in the world, and to the existence of a caring relationship. Finally, the results show how the interconnectedness between humans and their surroundings becomes important in understanding the existential dimensions of a caring relationship.

## 7.5 Summarised understanding

This dissertation illuminates the phenomenon of caring relationships in homecare for older adults, in part internationally, but mostly in Denmark and Sweden. The phenomenon is shaped by the physical caregiving meetings and the existential and embodied space that is presented as 'the home'. The home is a physical place filled with emotional meanings that cements its importance in homecare for older adults. Across the studies (I–IV), the findings uncover the essential meaning of the caring relationship in homecare, revealing the deeply embedded nature of caring as a question of existential value; namely one of freedom and at-homeness. The existential issues that arise from the development of an understanding of the phenomenon of the caring relationship in homecare all centre around the understanding of the home. With the home as the basis for exploring caring relationships, it became obvious that the meaning of the home affects the understanding of human relationships in caring. Grounded in caring science, theory, and existential phenomenology, this dissertation links the relational aspects of being cared for in one's own home with the experience of relationships that originate from the home in a cultural and traditional sense.

Caring relationships in homecare take place, first and foremost, as a becoming in the meeting; with you becoming something other than what you were before, in relation to others. This happens due to homecare nurses entering an older adult's home. Caring relationships are therefore something that did not exist before that exact meeting that happens within the home.

To homecare nurses, a home is filled with emotional and existential value that they need to grasp. It is not just a physical place. It tells a story; a story of who the older adult living there was, of who they have become, of what they have experienced—and especially of who they have experienced their life with. Homecare nurses strive to balance carefulness and curiosity when entering a home, while also balancing the professional and personal approach in caring. A home reflects the person living there, and by seeing the older adults in their own homes, it becomes possible for nurses to create the existential and embodied space in which a patient's world becomes the foundation of caring and forms the caring relationship. Homecare nurses are well aware that the home is often described as the last element of control, which, besides being a physical place, refers to the embodied feeling of being 'at home' as an emotional state that connects the existential aspect of being human with the sense of *really* feeling at home. Accordingly, 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.

For older adults, a caring relationship with homecare nurses both enables and restricts their existential freedom. Caring relationships are understood as a process of negotiation, as older adults value the fact that they become active agents in relation to others, within a mutually dependent relationship in what must remain *their* home. As existential freedom means being able to live an authentic life on one's own terms and being an active participant in one's own life, the home is once again in the centre of understanding not only the caring relationship in homecare, but also how being cared for affects humans. As the home becomes a workplace, older adults feel limited in their ability to live an authentic life through being dependent on others in a non-negotiable way in one's own home without the possibility to 'escape'. It is in the home that processes of negotiation take place; negotiations about care needs, about independence, and about physically being looked after and cared for. These negotiations are a way of balancing the intertwined needs that often conflict in homecare—the need for nurses to do their job contrasted against the needs of the older adults. To thrive in one's caring relationships, older adults must feel at home emotionally, socially, and physically, while the homecare nurse must feel acknowledged and valued in providing care that improves the older adult's physical and emotional well-being. Furthermore, these negotiations highlight how the meaning of caring relationships in homecare is not either/or, but an intertwinement of caring experiences. Feeling at home in a caring relationship leads to an understanding of caring relationships that points towards older adults as more than just patients, and as homecare nurses as more than just a workforce.

# 8. Ethical considerations

This research is part of the H2020 MSCA-ITN/INNOVATEDIGNITY Project, and was funded by the European Commission under grant agreement no. 813928. All activities comply with the INNOVATEDIGNITY Project Ethical Scrutiny and Advisory Board, the World Medical Association Declaration of Helsinki (WMA, 2025), the Swedish Research Council, and adhere to the Charter of Fundamental Rights of the European Union (European Union 2000).

All research activity involving human participants was subject to formal ethical approval. For conducting research in Denmark, ethical approval was granted by the Institutional Review Board at Aarhus University in Denmark (approval number 2021-18). Permission to conduct the research was further approved by the manager of the participating homecare offices. In the Swedish context, ethical approval was obtained from the Swedish Ethical Review Authority (approval number 2023-02101-01). The data in Study IV comprised the interviews from Study III and interviews from a Swedish context. The interviews from Sweden were initially included in a previous study (Jarling et al,. 2018), which was approved by the Ethics Committee of the Medical Faculty at the University of Gothenburg (Dnr 484-16).

Before agreeing to taking part in interviews, participants were provided with an outline of the research project through an information sheet. Before each interview, participants 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, together with reassurance of the confidential treatment of their data. This was obtained by pseudonymising all data, with no identifiable information appearing in any of the published records.

## 8.1 Specific ethical considerations in homecare for older adults

All qualitative projects place individuals and activities within a special framework, and participants must have the opportunity to recognise that framework (Hastrup et al. 2014). When working with older adults and homecare nurses, it is important to secure understanding and consent. Collecting data in the field of old age, where the participants were subject to themes such as possible illnesses and

death in the near future, required understanding and sensitivity towards the older adults' everyday life. As such, it is almost inevitable not to blur the lines between the role of the researcher and of personal life, and sometimes research had to leave room for personal stories to be shared during interviews, in order to create an environment of trust and security. 'Entering' someone's lifeworld must be done with a great deal of humility and caution, as you are allowed access to the most vulnerable aspects of another human being (Rubow 2010: 243).
Furthermore, how to anonymise research participants was considered thoroughly beforehand. It was important to be attentive towards the fact that it was not always sufficient just to anonymise by name (Hastrup et al. 2014: 43; O'Reilly 2005: 68). Sometimes it was relevant not to mention specific personal details to show appropriate care for participants. Therefore, the findings only mention personal details such as gender, age, and living conditions, and work experience if that information was relevant to a narrative or to the construction of an argument. During qualitative data collection the researcher sought to discover, document, and analyse a certain cultural practice. However, in undertaking a qualitative data collection, the role of the researcher in the unfolding of the daily life of the participants must always be acknowledged (Dahlberg et al. 2008: 325-326; O'Reilly 2005: 99-100; Hastrup et al. 2014: 249-251).

## 8.2 Research participants and informed consent

All participants received written information about the studies in accordance with the principle of autonomy and to limit possible uncertainties. In Study II, verbal information was also provided to the homecare nurses during an in-person presentation at the homecare office. All participants voluntarily offered to participate after they received the research information. The researcher did not have a personal or professional relationship with any of the participants prior to the beginning of the research process. The participants were approached with respect to their work and private life, resulting in the interviews taking place at locations of their preference. Before each interview began, the participants received detailed written consent forms describing their rights.

The consent form included written information about the participants' right to withdraw at any given time, the protection of confidentiality and anonymity, and protection of their data and privacy. Moreover, it outlined the criteria for inclusion and exclusion, as well as the expected timeframe and duration of their participation, along with the expected research outcome. This was done first to ensure their

understanding of their involvement; and secondly, to minimise any potential inconveniences associated with data collection and future research processes. To further ensure that the participants had access to support and clarification if needed, the consent form also included contact information for both the researcher and the study supervisor. After ensuring that the participants understood all the information stated in the consent form, they would give their consent either in writing or verbally. In the phone interviews in Studies II and III, the consent form was read out loud by the researcher. This too was the case with most older adults included in Study III, as their ability to read was limited. All information was given to the participants in their native language. Working with older adults, the researcher made an effort to make sure that they understood that they were taking part in a research project and not receiving a visit from healthcare staff. Afterwards, the interviews were recorded, and the researcher kept handwritten notes of the discussions.

## 8.3 Data management

All data material is stored in accordance with the research principles at Borås University and follows storage rules. All interview recordings and transcriptions are stored and pseudo-anonymised. All information are stored in accordance with the rules on GDPR as outlined in University of Borås' privacy policy (https://www.hb.se/en/Shortcuts/About-the-site/Privacy-Policy/), and are stored in a lockable place where only authorised persons will have access. During the project, the researcher was responsible for ensuring that data storage was carried out in a proper and secure manner. This was achieved by storing all the data after pseudo-anonymisation. After the project was completed, the research data was transferred to, and preserved in, the University of Borås's central archive. All data material will be archived with no end date and will be archived without unauthorised persons being able to access it. Afterwards, the central archive at the University of Borås has the responsibility for protecting the data against, for example, unauthorised access, corruption, or destruction. The data controller will, from that point onwards be the University of Borås, under data protection officer Åsa Dryselius (asa.dryselius@hb.se).

# 9. Discussion

## 9.1 Methodological discussion

This thesis includes four studies: a systematic literature review (Study I), and three qualitative empirical studies (Studies II, III and IV). The aim of the thesis was to explore the phenomenon of caring relationships in homecare for older adults. A qualitative lifeworld approach was chosen to gain a deeper understanding of the lived experiences of caring relationships among homecare nurses and older adults living in Denmark and Sweden. The methodological considerations regarding objectivity, validity, transparency, and generalisability in qualitative phenomenological research, will be further elaborated.

### *Ontology and epistemology*

Before moving forward to the studies' methodological considerations, it is important to understand what it means to do research, and why it is done the way it is. Here, it is important to briefly touch upon the concepts of ontology and epistemology. The simplest description of ontology is *the study of being* (Crotty 1998) which is a way of understanding *what* exists in the world and the way in which it exists (Crotty 1998). Ontology examines *what kind of things* exist in the world and investigates their classification into categories (Ladyman 2001). Epistemology is most commonly described as *theory of knowledge* (Crotty 1998) and tries to understand the meaning of knowledge and how we know what (we think) we know (Ladyman 2001). The essential questions of both ontology and epistemology are highly relevant in doing qualitative research, as the different branches of science emerge out of a certain ontology and suggest a certain epistemology, and affect the way we understand, produce, and present knowledge.

Exploring the lived experiences and existential issues of human beings in relation to a specific phenomenon requires both ontological and epistemological foundations and reflections to understand what it means to be human (Palmér et al,. 2024). The reflective lifeworld research approach that is described in this thesis is developed out of an ontology and epistemology that originates from phenomenology, lifeworld theory, and existential philosophy, which allows the researcher to follow phenomena, meanings, and lived experiences (Dahlberg et al,. 2008; Todres et al,. 2009; Palmér et al,. 2024). Moreover, most existential knowledge

is concerned with the meaning of living (Galvin 2021), which is especially relevant in trying to understand caring relationships in homecare. Qualitative research such as the reflective lifeworld research approach has made an important contribution in researching caring through the meaning of living through lifeworld experiences.

## *Objectivity*

The empirical studies (II, III, and IV) followed the reflective lifeworld research approach, which suggests adopting both a certain epistemological and methodological approach to research (Dahlberg et al., 2008). The reflective lifeworld research approach follows a phenomenological epistemology and methodology in human science research; one in which the question of meaning is primary (Dahlberg et al,. 2008; Palmér et al,. 2024). With its basis in phenomenological philosophy, the reflective lifeworld research approach also aims to emphasise the lifeworld of the individual human being, while searching for meaning in, and reflecting on, lived experiences (Dahlberg et al., 2008).

In qualitative research that focuses on the experiences of others exists a potential risk that the researcher's preunderstanding of the phenomenon will affect the research (Palmér et al,. 2022). Preunderstandings originate from all previous experiences in life, which function as background when trying to understand a new phenomenon. In the search for knowledge, human beings tend to want to relate new experiences to previous ones (Palmér et al,. 2022). In qualitative caring science research, such as lifeworld research, this is often associated with both the objectivity and validity of a study, as all researchers have some preunderstanding of the phenomenon being studied. In this thesis, and all the research activities involved in it, objectivity was achieved through an open and reflective attitude that served to highlight our relationship with our preunderstandings (Dahlberg et al. 2008). This was achieved through cultivating and awareness and open discussions within the research team, as well as by applying the concept of bridling. Bridling is the phenomenological approach to exploring meaning within lifeworlds (Dahlberg et al,. 2008) that involves acknowledging preunderstandings in order for the researcher to maintain an open attitude in the research process (Palmér et al,. 2022; Dahlberg et al., 2008). In contrast to Husserl's term of bracketing, which aims to strip away any biases, by bridling preunderstandings, the researcher acknowledges these biases and focuses on an awareness of the relationship with it (Dahlberg et al,. 2008). Throughout the research process and all the

activities included within it, a reflective and open attitude was adopted, both considering the interview process and the process of analysing the data. By staying close to the participants' experiences' of the phenomenon, it is possible to obtain a more reflexive attitude in our search for meaning, while also aiming for objectivity. This also aligns with the epistemology of phenomenological research, which allows the researcher to follow a certain phenomenon (Dahlberg et al., 2008).

The empirical studies (Studies II, III, and IV) followed the principles described above; namely, maintaining a reflexive attitude by carefully bridling pre-understandings with self-reflection and awareness of the phenomenon. This process was supported by dialogues within the research team. Being part of a research team (in the INNOVATEDIGNITY Project as well as at the University of Borås) with diverse professional and cultural backgrounds helped create awareness towards individual biases. Through constant discussions with research groups, the supervisors, and co-authors, it was possible to maintain reflexivity and self-reflection. The supervisory team and co-authors also included researchers that represented diversity, leading to a broader perspective in the interpretation of data.

In the meta-ethnography included in this thesis (Study I), objectivity was established mostly by adhering to the specific methodology of the meta-ethnography (Noblit & Hare, 1988). Accordingly, the literature review was reported in accordance with eMERGe guidelines to improve the completeness and clarity of meta-ethnographic reporting (France et al., 2019), while ensuring objectivity and transparency. Objectivity was also enhanced by including the whole research team in decisions regarding inclusion and exclusion criteria, after which the research team and the university librarian agreed on a database. The database of choice was the most extensive and comprehensive database of literature on nursing and caring. In order to ensure objectivity in the search process, the database was then searched using a search strategy developed with the aid of the university librarian. The search terms were "home care" OR "home health" OR "home nursing" AND skills OR experience OR competenc* AND older OR elderly OR geriatric OR gerontolog×. The limits applied were older people aged 65+ and English language only. The 65+ age limit was applied in accordance with guidelines from the European Commission (European Commission 2020) and the United Nation (United Nation 2020).

## *Validity and transparency*

Validity is associated with meaning in phenomenological studies. It deals with trying to understand what people *mean*, rather than just referring to what they say or do. Only in this way is it possible to learn more about how people interpret what is meaningful in their lives or in regard to a certain phenomenon (van Wijngaarden et al. 2017). In phenomenological research, validity is achieved through a focus on safeguarding and valuing the individual's own interpretations of what is meaningful in their lives (Wijngaarden et al., 2017). There is no knowledge—and thereby no meaning—without someone who *knows* in a particular way (Hastrup 2004). As such, knowledge is a social phenomenon, and being directly involved with participants' descriptions of the phenomenon requires thoroughness and caution in the way the researcher seeks to uncover the participant's particular way of knowing (Dahlberg et al., 2008). This is achieved by remaining transparent about reasoning throughout the thesis, as it explores the meaning and feelings of others.

The interviews conducted in the course of this research adopted an approach of open dialogue and a focused on guiding participants towards the phenomenon of caring relationships in homecare. This process included balancing the open structure while maintaining control and initiating the conversation to try to facilitate communication of the lived experiences of the phenomenon (Dahlberg et al., 2008).

Regarding the choice of location, most interviews were done in-person either in the home of an older adult or at a meeting room in the homecare office. The in-person interviews provided opportunities for contextual understanding, allowing the researcher to witness the participants in their own home or in their work environments. These contextual understandings were important in order to create awareness towards potential biases and preunderstandings. In Study II, the researcher was present at the homecare office, in the same room as all the homecare nurses working on administrative tasks after homecare visits, for four weeks. This offered insights into their working conditions and meaningful conversations that did not take place as actual lifeworld interviews. As such, physical presence enhanced the richness of the collected data. However, it was a prerequisite for some homecare nurses and older adults to hold the interviews by phone, using either voice or video calls. Some interviews with homecare nurses in Study II were held through video calls, while some interviews in Study III were held over phone calls. Adapting to the wishes of the participants was an advantage, as they felt safe and more confident in the environment in which the interviews took place

(Dahlberg et al. 2008). Both the nurses and the older adults who were interviewed by phone were confident in how the online meetings and interviews were held.

The participant selection process in the empirical studies (Studies II, III, and IV) was performed solely by the homecare office. This influenced the knowledge acquired (and its meaning), as potential participants were left out. In Study III, the homecare office was solely in charge of contacting older adults, providing the researcher with a 'contact list' afterwards. This was done in compliance with the rules on GDPR in Denmark and Sweden, as the homecare office was not allowed to directly give out contact information without securing the older adults' consent beforehand. This was also the case in Study IV, which included an empirical study from Sweden. In ensuring both validity and transparency, it is worth mentioning that this could have affected the results, as the homecare office potentially selected only older adults that they thought would benefit the research in a favourable way, purposely excluding others with equally interesting experiences of the phenomenon.
Through the choice of the homecare office, older adults living with cognitive impairments were also excluded, even though this was not a prerequisite for the researcher. This was done with the intention of safeguarding their patients, their reasoning being to ensure that the participating older adults fully understood the implications of their participation. This too, potentially affected the results, as older adults living with cognitive impairments such as dementia, could have offered equally valuable experiences of the phenomenon on caring relationships in homecare. However, according to the reflective lifeworld research approach and phenomenological epistemology, the research focused on the phenomenon and not on the individuals. Still, all interviews included rich and varied descriptions of the phenomenon (Dahlberg et al., 2008), and by either being a homecare nurse or an older adult living with homecare, all participants were able to meaningfully describe the phenomenon.

These meaningful descriptions of the phenomenon that are brought to the surface in lifeworld interviews are presented as rich and valuable data in the analysis process (Palmér et al., 2022). To accomplish this, Palmér et al., suggests that the researcher needs to maintain an open attitude by controlling their pre-understanding of the research phenomenon. In the research included in this thesis, this was accomplished by bridling all forms of personal beliefs, experiences, theories, and assumptions that would possibly mislead the development of meaning (Dahlberg et al., 2008; Palmér et al., 2022). In the analysis process and presentation of the findings in this thesis, this was approached by presenting the findings through

direct participant quotations, attached with a more structured meaning (Wijngaarden et al., 2017). Participant quotations served as the most essential part of describing the meaning of the lived experiences, essentially leading to the essential meaning of the phenomena. This process included an abstraction of the meaning attached to the participant quotations, which allowed for the inclusion of rich, descriptive data in a nuanced exploration of the phenomenon (Dahlberg et al., 2008). Moreover, it was possible to remain close to the participants' lived experiences by following the analysis process of moving between the whole and parts of the data (Dahlberg et al., 2008).

Validity in the meta-ethnography (Study I) was pursued by adhering to a specific methodology (Noblit & Hare, 1988) in order to map the literature within the chosen subject area, including critical appraisal tools such as the PRISMA statement and CASP tool. In addition, the university librarian was involved in the beginning of the search process, enhancing both objectivity and validity through their expertise in search strategy and help in choosing a database. Our rationale for searching only one database was two-fold. First, the papers that were included were the ones that provide the most comprehensive data to address the review question, incorporating very descriptive interpretations into a review. One of the strengths of meta-ethnography is to identify a purposive rather than an exhaustive dataset (Doyle, 2003). Secondly, the aim of the meta-ethnography was not to study whether the cases were similar, related, or conflicting, but to draw out rich descriptive interpretations of the concept of competence. However, focusing on thick descriptions rather than a complete dataset, can also be perceived as a limitation of meta-ethnography as a scientific method, as there is a chance of overlooking existing knowledge (Doyle, 2003).

## *Generalisability*

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 (van Wijngaarden et al. 2017). This way of thinking could be applied to the study samples in Studies II and III, with 10 participants in each study, and to the thesis as a whole with 2 empirical studies. As such, qualitative research in general is often subject to criticism, claiming that it is neither valid nor transferable 'enough' with its relatively small study samples (Dahlberg et el., 2008: 329). This stems from a division between human existence and science and leads to the question of what constitutes 'evidence' in research. Within this division,

human existence is perceived as interesting and important but not as science—and accordingly, not as evidence (Dahlberg et al., 2008: 329). However, if researchers are interested in meanings, human existence itself must be considered a science, as meanings live within and among humans in the world. As such, with human existence at the starting point, lifeworld research in this thesis is set out to explore meanings that evolve within homecare nurses and older adults that live with homecare—not to discover a 'truth' that would be perceived as 'evidence'—but to illuminate and understand meanings by projecting and advancing certain cultural patterns (Hastrup et al., 2004: 242). In qualitative research, such as phenomenological lifeworld research, a core strength is to be able to present and share the silent and implicit knowledge that exists within humans as 'evidence' (Hastrup et al., 2004: 262). This is not just about presenting the word *as it is* but about exposing the knowledge within it to interpretation and abstraction, which at once leads back to the data while also leading towards a new understanding (Dahlberg et al., 2008).

Following the reflective lifeworld research approach, by describing the essential meaning of a certain phenomenon, it is possible to reach knowledge that goes beyond individuals and provides an essential meaning structure and not just separate categories. Therefore, the development of an essential meaning (Studies II and III) and a general structure (Study IV) is a core strength of phenomenological studies. Within an essential meaning and a general structure lies a certain generalisability; otherwise, the meaning would not be essential or general (Dahlberg et al. 2008). Furthermore, presenting the findings as an essential meaning or a general structure allows for generalisability that goes beyond the context of the studies. Even though the context in the empirical studies is limited to findings from Denmark and Sweden, both are still part of a Scandinavian, Nordic, and a European context of health and well-being in old age. This allows for generalisation and may possibly provide insights into issues that are relevant to other Scandinavian or European healthcare systems. Moreover, by supplementing the essential meaning and the general structure supplemented with a philosophical examination or discussion (in Studies III and IV), the studies have aimed for at level of abstraction that makes the context less important while making the results more transferable to other contexts that deal with existential dimensions of caring relationships, freedom, and/or at-homeness.

The inclusion of participants in this thesis varied from older adults in Sweden and Denmark to nurses in two separate municipalities in Denmark. In only including older adults from the same Danish or Swedish municipality (Studies III and IV),

there is a risk of potentially also choosing a municipality with a majority of participants of a certain sex or ethnicity, or with a higher or lower income or education level, compared to the rest of the country. Still, holding the findings together as a general structure in Study IV allows for generalisability among older adults' perspectives on homecare. The decision to include the perspectives of both older adults living with homecare in Denmark and Sweden (Studies III and VI) expanded the context, as adding different national and cultural viewpoints, further enhances the possibility for a broader understanding of the experience of caring relationships.
Study II included nurses from two different municipalities in Denmark, further enhancing the generalisability. However, homecare nurses' perspectives on caring relationships in homecare might be affected by their location, and even though Denmark is a relatively small country, the division between its large cities and rural areas merits some awareness. The fact that homecare nurses' experience varied significantly (from 2 months to 23 years in Study II) also enhances the possibility for generalisability, as it adds to the diversity of the included perspectives and promotes rich descriptions of the phenomenon under investigation. The choice to include both novice and experienced nurses was a conscious decision intended to improve the validity and the generalisability of the study as well as to garner broader descriptions of essential meaning.

As the aim of the meta-ethnography (Study I) was to identify and synthesise qualitative studies focusing on older people's and registered nurses' interpretations of competence in homecare, international perspectives were included, as was variety in the participant selection. As such, the final synthesis allowed for a broader understanding of the phenomenon, which allows for generalisability both directly and contextually (van Wijngaarden et al. 2017).

All methodological choices made in this thesis originate from the epistemological and methodological principles of Reflective Lifeworld Research, where openness and flexibility were approached in data collection, in the analysis, and lastly, in presenting the findings. The researcher aimed at maintaining a 'bridling' attitude which was achieved through attentiveness and self-reflection regarding the phenomenon.
All methodological considerations taken together, the research in this thesis contributes to opening up lifeworlds for inspection that are often obvious but taken for granted (Hastrup et al., 2004). As such, lifeworld research promotes new ways of thinking and historical interpretation and understanding. The methodological considerations outlined in these sections have all contributed to the objectivity, validity, transparency, and generalisability of the findings in this thesis, and allow

for other methods to contribute to opening this field of research up even further, within the same framework.

## 9.2 Discussion of findings

The aim of this thesis was to explore the phenomenon of caring relationships in homecare for older adults from the perspectives of homecare nurses and older adults. As a collective understanding of all the findings included in this thesis, the summarised understanding serves as the foundation for the following discussion. The summarised understanding allows for the investigation of caring relationships as deeply personal and subjectively lived experiences. In the field of caring science, the human being is understood as a whole person embedded in a lifeworld shaped by culture, relationships, and existential dimensions (Arman et al. 2015).

In exploring the phenomenon of caring relationships in homecare, the summarised understanding reveals that caring relationships are not only shaped by the physical caregiving meetings but also by the existential and embodied space that is presented as 'the home'. Despite the struggles that older adults face when growing older, both older adults and homecare nurses are well aware of the importance of perusing caring relationships as part of their mutual responsibilities. Across the studies (I–IV), the findings uncover the essential meaning of caring relationships in homecare. These are collectively explored in the summarised understanding, revealing the deeply embedded nature of caring as an existential dimension. This existential dimension underlines the need for relationships, freedom, at-homeness, and agency in the new and often uncertain context that homecare is. Moreover, these existential dimensions were not only experienced by older adults but also by the homecare nurses, who, despite their ambition to provide dignified care, often struggled to tie up all the loose ends in the complex and busy caring system.

### *Caring relationship as familiarity*

As shown in the summarised understanding, an important aspect of being cared for at home is the actual notion of the home, and its meaning in the caring relationship. In research associated with caring relationships in homecare, older adults value participation and company to prevent loneliness (Hedman et al. 2019; Nordin et al., 2023). Even though participation and company are valued, the relationship tends to be asymmetric (Møller et al. 2017; Jarling et al. 2018). From the

perspectives of older adults, dependence, loss of integrity and autonomy, and vulnerability are also described as having an influence on the caring relationship (Møller et al. 2017; Martinsen et al. 2022; Gerdin et al. 2023); while homecare nurses strive to deliver care based on ethical values such as respect, dignity, and personal values to provide person-centred care (Hedman et al. 2019: 281). To both homecare nurses and older adults, the medical, biological, and existential aspects of care are integrated (Hörberg et al. 2019). These are just some of the points in the discussion on caring relationships in homecare already touched upon in this thesis. To shed new light on this matter, we return to an exploration of the home and the relationships that occur within it, using the cultural and traditional meanings sounding a home.

This summarised understanding suggests that the meaning of the home affects the understanding of human relationships in caring, due to the connection between the relational aspects of being cared for in one's own home and the experience of familiarity that originates from the home in its cultural and traditional sense. As such, it is important to understand what a home is, separated from the people and relationships within it. Focusing on the home offers a way of grasping the significance of relationships through an exploration of the everyday local context with the intimacies, memories, and struggles that occur there. As such, the home becomes important in understanding the relationship in homecare and its existential dimensions. From a caring science perspective, the home is understood through the patient perspective, meaning that the notion of the home becomes valuable, as it is already part of the older adult's individual lifeworld (Galvin & Todres 2012; Arman et al., 2015).

However, the notion of the home also contains historical, cultural, and traditional meanings that affect how humans understand their relationships. These meanings might be embedded in the patient perspective, but when suggesting the home as the foundation for caring relationships, it's central to understand and illuminate how a home affects its residents. Historically, it is typically within the physical home that the earliest notions of relationships are presented to human beings as family ties (Carsten 2004). This discussion explores how these very early understandings of how the relationships within a home influence how humans understand relationships in a broader sense and context. When the cultural meaning of the home are attached to ideas about family as well the material home or material items that such homes contain (Selmer, 2017; Lien & Abram, 2023; Abram & Lien, 2024), it influences how human beings act towards each other within a home —separate from whether you enter someone's home, or someone is entering your home. It is embedded within the human understanding of the home that we have

some sort of relationship with the people in it; not only with the people living in it, but also with the people visiting. In the following two sections, caring relationships in homecare are explored not *as* family ties and kinship, but *because of* the familiarity of relationships in the home. Understanding the home based on the familiarity of the relationships that happen within it gives rise to exploring caring relationships in homecare as having a certain value, due to the context in which they occur.

## The local context of the home and its way of creating a sense of well-being

Anthropologist Janet Carsten begins her book "After Kinship" with an exploration of the house. But why? To Carsten, the answer is obvious: "because for many people, all the different processes involved in living in houses, taken together, make kinship" (Carsten 2004: 55). This statement might offer an explanation as to why it is perceived as so sensitive and fragile when 'outsiders', such as homecare nurses, enter a home. In the summarised understanding, the home has been described as a physical place and an existential and emotional state. Carsten describes the house as a material shelter as well as a ritual centre (Carsten 2004: 55). The home brings an interesting perspective into an understating of caring relationships due to its ability to frame everydayness. Everydayness both suggest the importance of what goes on within the house' four walls but also renders it liable to being dismissed as familiar and ordinary—as something we could easily take for granted. Carsten focuses on houses as a way of underlining the varied local meanings that kinship captures as well as a key to understanding its practical everyday significance. In moving around the home over time, residents learn and embody differences in age, gender, and seniority. They experience how a home can be the foundation for harmonious memories, which is why it can also be fragile and vulnerable (Carsten 2004). All these elements contribute to the home as something older adults must 'protect' from 'strangers', as a place that allows—almost forces—relationships to be formed.

The way the home is conceptualized alongside the images of close kin and embodies our sense of belonging (Carsten 2004), and relates to Galvin and Todres' notion of comfort as embodied dwelling (2011). Comfort as a bodily experience fosters an experience of well-being. It is described as a literal physical sense of "being at home" in one's body, by experiencing the body as *warm, full, relaxed, still, satiated, and rooted* (Galvin & Todres 2011). Here, a sense of well-being is experienced as the embodied feeling of comfort, while the home, according to Carsten (2004), contains and creates the embodied experience of belonging that

connects the home with a sense of well-being.
Well-being has been highlighted as the fundamental human potential for living, when focusing on health as embedded within an existential context (Dahlberg et al., 2009). Existential well-being in homecare is often explored through existential loneliness (Bolmsjö et al., 2019; Sundström et al., 2019; Nordin et al., 2023). In one case, existential loneliness is perceived to arise when older adults experience the death of relatives and friends, leaving them with no one from their own generation with whom they can share memories, thoughts, values, and important life events (Sundström et al., 2019). This aligns with Carsten's (2004) understanding of the home as contained within the images and memories of close kin, as a way of embodying our sense of belonging. In another case, support for existential loneliness is described as moving between seeing the home as either a physical or an emotional situation (Nordin et al., 2023). Even though the experience of existential loneliness differs from the existential feeling of at-homeness, as described in the summarised understanding, they complement each other. As the summarised understanding shows, the home is a physical place, yet filled with emotional and existential meanings.

In the summarised understanding, the home is described as a reflection of the person living there, which allows for homecare nurses to create the existential and embodied space in which a patient's world becomes the foundation of caring and forms the caring relationship. Accordingly, Dahlberg et al. suggest that well-being is a fundamental motivation within the human heart (Dahlberg et al., 2009). Nevertheless, in the summarised understanding, caring relationships are understood as a process of negotiation, as older adults value the fact that they become active agents in relation to others, within a mutually dependent relationship in what must remain *their* home. Dahlberg et al. describes how a lifeworld-led care, that offers a deeper, existentially informed framework for understanding the patient's world, also emphasises the importance of both agency and vulnerability in health and well-being (Dahlberg et al., 2009).

## The process of kinning in homecare

Understanding the home based on the familiarity of the relationships that happen within it leads to an exploration of family relationships as something more that biology (see Schneider 1984), and merely as *relatedness.* Relatedness is described as a nurturing process, and not as something that is given only through birth or marriage (see Carsten 2000). Howell introduces the concept of *kinning* as an active process, rather than as relationships fixed in time by birth, marriage, or death Howell's work centres around children who are subject to international adoption

(Howell 2003, 2006), but Abram and Lien suggest that these processes apply to nearly all dynamic understandings and reconstructions of family relationships (Abram & Lien 2023). These theories serve as a way of illuminating and understanding the effects the familiarity of the relationships that occur within the home have on how human beings form relationships. When the summarised understanding suggests the notion of the home as important in exploring caring relationships in homecare for older adults, these theories bring a perspective of historical, cultural, and traditional relevance into play in understanding why.
According to Carsten, the home can be described as houses of memory and kinship (Carsten 2004). As the summarised understanding suggests, this might also be the case with homecare for older adults. For many people, childhood memories of the home traditionally hold extraordinary power. This is often attributed to the valuable yet vulnerable happenings within the household; the processes of feeding and nurturing, the emotionally demanding social relations of close kin, and the way social rules and codes are obtained through everyday repetitive happenings (Carsten 2018; 2004). Besides this, a home also often processes memories as material artefact, in the form of heirlooms and old photos, which carry heavy affective value, and ties people together in kin relations (Selmer 2017). Abram and Lien also suggest that these memories and emotions are not only attached to material items for what they are, but also for their role in negotiating relationships (Abram & Lien 2023). Homes and heirlooms become intertwined in the making and experience of family life (Abram & Lien 2023). This also place the home as having significant meaning in the way humans understand their relationships.

This aligns with the summarised understanding that suggests that caring relationships in homecare are shaped by the physical caregiving meetings and the existential and embodied space that is presented as the home. Abram and Lien also point toward a theoretical perspective that enables us to see how material objects, such as the home, play a part in the understanding of our relationships (2023). The importance of the home and the familiarity of the relationships that occur within are reflected in the way both older adults and homecare nurses understand their caring relationships in homecare. This is because the home has a relational effect on the humans within it. The way humans have traditionally and culturally been shown, and have learned, how to form all sorts of relationships, influences both what it means to let a homecare nurse into one's home, as well as what it is like to enter a home. If the home contains that much meaning and has the possibility to shape our understanding of relationships, it is perhaps not that surprising that caring relationships in homecare are complex and difficult to fully grasp.

However, it does tell us something about how the home, in its material and immaterial form, has the possibility to translate into affective and embodied experiences of belonging between homecare nurses and older adults.

## *Caring relationships and the meaning of their existential dimensions*

As described in the summarised understanding, the existential issues that arise from the development of an understanding of the phenomenon of caring relationship in homecare often centre around an understanding of the home. The summarised understanding also suggests that a feeling of at-homeness is inevitable in experiencing caring relationships in homecare. Moreover, the sense of at-homeness was a prominent and recurrent theme among the homecare nurses in Study II and the older adults in Studies III and IV, as well as a theme in the meta-ethnography (Study I). Even though these are shared experiences that point towards at-homeness in understanding the existential dimensions of a caring relationship, it is important to emphasise that neither homecare nurses or older adults are homogeneous groups, and that variations may occur.

The summarised understanding shows that the concept of at-homeness becomes central to fostering meaningful caring relationships and promoting a sense of existential well-being. Much of the research on at-homeness focuses on individuals receiving care in clinical environments or nursing homes, where there is a risk they may feel dislocated or alienated. Efforts are often made to introduce objects and elements into these spaces to create a sense of familiarity and belonging (at-homeness) (Rasmussen & Edvardsson, 2008; Galvin & Todres, 2011; Saarnio et al,. 2017; Saarnio et al,. 2019; Dragosits et al,. 2024). Still, the summarised understanding advocates for a focus on at-homeness within homecare. This can seem counterintuitive, as at-homeness should automatically exist within one's own home—but that is not the case. Therefore, the *home* in homecare is important to consider when aiming for existential well-being and dignified care, both in terms of the homecare nurses providing that care and the older adults living with it. Kathleen Galvin argues that existential well-being is found in the seamless flow of happenings that sometimes goes by unnoticed (2021). She exemplifies this with the experience of *"fresh air, natural light, quiet, sleep and rest, comfort, activity and movement, contentment, sense of place and continuity"*, that are often intertwined by happenings that foster experiences of *"loss of dignity, anguish, humiliation, pain, anger, artificial light, restlessness, thirst, sleeplessness, discomfort,*

*being confined to bed"* (Galvin 2021). This aligns with a feeling of at-homeness that always co-exists with a feeling of homelessness. This means, among other things, that humans often recognise existential well-being in many different forms when it appears to them, while only recognising its absence as suffering (Galvin & Todres 2011). However, even though existential well-being is described as the seamless flow of happenings or as feelings of at-homeness and homelessness, it is important to understand why these feelings become meaningful in a caring relationship.

## Existential ethics within moral laboratories

To better understand the meaning of these existential dimensions of a caring relationship in homecare, we wish to draw attention to Mattingly's concept of a moral laboratory (2014) to learn more about everyday happenings that are often taken for granted. Mattingly defines moral laboratories as *"spaces of possibility, ones that create experiences that are also experiments in how life might or should be lived"* (Mattingly 2014: 15). These are experiments in everyday life in which morality is explored and created, with an extended focus on how morally complex everyday life can be. In the summarised understanding and in the previous discussion, the *home* in homecare is described as a physical space and an emotional and existential state that contains emotions and memories of relationships. In exploring the concept of the home even further, and in deepening the understanding of its meaning in relation to caring relationships, we aim to discuss how homecare can be described as one of these *spaces of possibility*. By viewing homecare under the lens of moral laboratories, it becomes possible to explore the moral—and thereby, the existential—dimensions of caring relationships. This understanding has its foundation in virtue ethics, where individuals strive towards meeting the expectations of certain virtues, aiming for a life that is morally rich, making it possible to achieve *the good life* (Mattingly 2014). Furthermore, the process of negotiation highlighted in the summarised understanding serves as an example on the exchange of virtues, where the caring relationship is constituted within that exchange, if it includes mutual participation from both older adults and homecare nurses.

Simone de Beauvoir presents an ethics that is ambiguous, meaning that ethics is created in the tension between freedom and facticity (de Beauvoir 1948:46–48). In order to create a meaningful ethical existence, individuals must acknowledge and embrace the ambiguity of that very existence. In de Beauvoir's ethics, *freedom* is a process of willing oneself free, which includes a process of recognising and promoting the freedom of others, in order to achieve moral freedom and a

meaningful existence (de Beauvoir 1948: 25). In contrast, de Beauvoir describes *facticity* as how humans still have limitations as objects in the world. Ethics is, according to de Beauvoir, the triumph of freedom over facticity (de Beauvoir 1948: 48), meaning that freedom is a fundamental existential condition that must be actively willed and pursued as the highest form of virtue in existence and everyday life. The ambiguity of existence also exists within Mattingly's moral laboratories, as humans attempt to realise a life that feels morally fulfilled by assessing their lives and considering what is ethically *good* or *right* in a given situation (Mattingly 2014), always reflected in relation to others. As in de Beauvoir's ethics, freedom is not just individual, as to obtain freedom, the task is to promote the freedom of others (de Beauvoir 1948). Only by doing so, can human beings obtain an ethical life that is morally "worthy", as they prevent their existence from being limited to facts/facticity. In the summarised understanding, these aspects of ambiguity are expressed in the negotiations taking place within the home. In negotiating care needs, an exchange of different virtues occurs. The ambiguity is furthermore described in the summarised understanding as the way in which older adults and homecare nurses balance their intertwined needs. The exchange of 'freedom' happening—either expressed as an older adult striving towards freedom, or as a homecare nurse promoting the freedom of others—is described by de Beauvoir as the most important process in achieving moral freedom and a meaningful existence (de Beauvoir 1948: 25).

## Homecare as a moral laboratory

When the concept of moral laboratories becomes relevant in understanding a caring relationship and the meaning of its existential dimensions, it is due to the possibility of exploring what happens in homecare meetings that have an existential value to caring relationships. Through moral laboratories, it is possible to understand how both homecare nurses and older adults constitute themselves as moral human beings through the relationships they have, by experimenting with how life might or should be lived in homecare. Each of these experiments has its own risks and contains moments of critique, but it is not always apparent that anything of significance is going on. This means that there does not necessarily need to be a moral crisis or dilemma in order for these moments to have weight and meaning to the people involved (Mattingly 2014).

As the summarised understanding suggests, homecare is first and foremost a process of 'becoming in the meeting'. The summarised understanding then shows how such a meeting contains moral navigation and exchange, which happens through a negotiation on what constitutes a free individual and what it means to

be free. The actual meaning of existential freedom is decided upon collectively in these moral laboratories, where homecare nurses and older adults exchange and try to meet expectations of virtue, to strive toward the best outcome in the situation, as in de Beauvoir's ethics, where the task is to will others free, in order for human beings to live a morally fulfilled life (de Beauvoir 1948). However, the moral laboratories in homecare are not just laboratories of freedom, but of virtues that constitute well-being.

As such, attention should be drawn to the elements of caring and non-caring manifested as at-homeness and homelessness in an understanding of the existential dimensions of a caring relationship. These too, have an effect on the way humans understand and experience well-being. Galvin and Todres (2011) describe at-homeness through their existential concept of "spatial dwelling". This means that *being at home* is understood as the spatial possibilities of the environment that offers settling or stillness (either metaphorically or literally) in ways that are valued or wanted by human beings. A sense of at-homeness can thus be obtained when the physical surroundings are familiar and comfortable. A sense of at-homeness in a metaphorical sense can be obtained when familiar objects and personal items connect a person to a feeling of belonging (Galvin & Todres 2011). The summarised understanding suggests that both the physical home and the emotional sense of at-homeness potentially become threatened by homecare nurses entering the home with agendas and specific tasks. How homecare nurses and the organisation of homecare can potentially have a threatening effect on older adults' experience of caring and well-being has been explored in recent research. Research reveals that older adults participate in their own caregiving processes to a limited extent, due largely to *time* being an organisational factor that influences the care that older adults live with and that homecare nurses provide (Ernsth Bravell et al., 2021; Voie et al., 2024). Likewise, older adults' lack of autonomy and self-determination is unwillingly threatened by homecare nurses, affecting caring (Bölenius et al., 2023). However, relationships with other people have been highlighted as an important factor in shared decision-making, which would help safeguard older adults' autonomy and self-esteem (Bölenius et al., 2023). Accordingly, in a recent study, care dependency is described as a multidimensional, ethically situated phenomenon that is shaped by relationships, culture, and context (Porcel-Gálvez et al., 2025). Elements such as time and dependency affect relationships in homecare and are thus a representation of the intertwinement between homecare and caring relationships. In the comprehensive understanding of this thesis, this intertwinement is illuminated by exploring a sense of at-homeness. In many ways, the home lays the foundation for a caring relationship to be explored,

which is why the existential dimensions of caring relationships are so strongly connected to a sense of at-homeness.

Viewing homecare under the lens of moral laboratories further enlightens our understanding of the meaning of at-homeness in a caring relationship. In this moral laboratory, the homecare nurses and older adults experiment with, and navigate understandings of, different virtues. The homecare nurses in Study II strive towards being trustworthy to make the older adult feel a sense of at-homeness, while the older adults in Study III strive towards being true to themselves, despite the fear of being judged by the homecare nurses, in order to obtain existential freedom. Following the concept of a moral laboratory, homecare nurses and older adults then negotiate what good care is, by each trying to live up to the virtues of being either a trustworthy nurse, or brave older adult—towards oneself and others. As such, moral laboratories are experiments in how life should be lived and offer insights into how homecare nurses and older adults experiment with discovering a common ground for building a caring relationship in homecare. Viewing homecare as a moral laboratory, in which existential meaning is being negotiated, further establishes the importance of the home in a caring relationship in homecare. The home serves as the foundation for relationships to become existentially meaningful to both homecare nurses and older adults.

## 9.3 Conclusion

*"I have just started to use a walker, and then you are being looked upon as 'old' by society. It is possible to keep your dignity when you are just perceived as 'older'. But when you are old, then it is difficult. And it is like…it is like you lose your identity".*

Growing older is universal and unavoidable. And so are growing *old*, to follow Edith's experience. We are all getting old, and we are getting older than ever before. Therefore, we must understand the complexities of well-being in old age, and how care is experienced, in order to ensure that well-being and dignity are at the heart of future care solutions. This must be achieved by exploring both the care needs of the older adults living with homecare together with what it means to homecare nurses to provide that care.
As this thesis suggests, a significant part of this research area is the existential dimension of being cared for, as the experience of aging is often filled with a loss

of independence and autonomy, leading to vulnerability, potential dehumanisation, and struggles with identity—all elements that affect the way older adults and homecare nurses understand themselves in the process of caring. The thesis suggests that the existential dimension of being cared for is strongly intertwined with the experience of a caring relationship, as humans often understand themselves in relation to others. This includes a process of negotiating care needs, but most importantly the exchange of freedom and at-homeness.
The overall aim of this thesis was to deepen the understanding of caring relationships in homecare for older adults by exploring the lived experiences of older adults and homecare nurses. In answering this aim, the summarised understanding suggests that the physical, emotional, social, and cultural meaning of the home affects the understanding of caring relationships in homecare. As such, a caring relationship embraces an understanding of the home that is closely related to what culturally and traditionally occurs within it, placing both its importance and complexity at the forefront. The summarised understanding suggests that in order to thrive in one's caring relationships, the older adult must feel at home emotionally, socially and psychically, while homecare nurses' awareness must be directed towards how a home reflects the person living there. Only then does it become possible for nurses to understand the home as an existential and embodied space, from which notions of freedom and at-homeness become the foundation for a caring relationship.

In conclusion, the thesis illuminates that by viewing caring relationships in homecare, in the lens of the familiarity of the household, and as spaces of possibility, it is possible to understand the phenomenon of caring relationships as attached to the meanings of the home. By including the existential and cultural meaning of the home in research on caring relationships in homecare, it is possible to move towards a dynamic and relational understanding of well-being in old age, moving beyond the care solutions being something to *outline* or *plan for*. Here, well-being is something that is created rather than implemented.

## *Implications for caring practice*

The findings from the studies highlight the necessity of integrating holistic, existentially- and culturally appropriate approaches in homecare for older adults, from the perspectives of those providing and living with care in old age. The nursing workforce experiences pressure due to an extended need for care in older adults' home, as people are getting older and living with multiple diseases at the same

time. Meanwhile, older adults fear being reduced to a number within that same system. Obtaining a deeper holistic, existential, and cultural understanding of the lived experiences of caring relationships is essential for homecare nurses to address the challenges they face in caring for older adults. Homecare nurses need to be supported in integrating and providing care that prioritises the older adult's personal life, their history, and their autonomy and identity, in order to properly support their existential and emotional well-being at home. Being attuned to the older adults' experiences of freedom and at-homeness can promote more fulfilled, dignified, and compassionate care. Especially within a system of task-oriented routines and time pressure, this experience can also influence how the nurses value their own position. Viewing caring relationships in homecare as a process of negotiation can lead to both homecare nurses and older adults feeling validated in each other's presence, instead of being a stranger in someone's home, or feeling like a stranger in one's own home. This can also allow older adults to feel a sense of dignity and security when experiencing care in their own home, while maintaining agency, autonomy, and identity—feelings that are often threatened by old age as life moves toward its ending.

Finally, the high workloads, unclear definition of competence, and the unspecific generalist role of the homecare nurse, affect the retention and sustainability of workforce in healthcare systems. These issues need to be addressed to reduce burnout among homecare nurses who care for older adults, and to obtain better work conditions for nurses, while promoting continuity in the care experience of older adults. Having sustainability and continuity in the workforce influences the experience of caring relationships in homecare from the perspectives of both older adults and homecare nurses. Caring relationships in homecare do not only enhance the general well-being of the older adults being cared for but also address the existential dimensions of what it means to care for someone. The commitment to caring relationships has the potential to enhance dignified personal care that is of value and promotes well-being for all involved within it.

## *Suggestions for future research*

The findings of this dissertation suggest the following future research:

- Explore caring relationships in homecare from the perspective of relatives. By adding this perspective, it will be possible to deepen the meaning of caring relationships and well-being in homecare.

- Examine the role of family caregivers and their understanding of a caring relationship in homecare and compare these with the more typical government strategy of *aging in place* in Nordic countries.
- Explore private initiatives in the homecare sector for older adults in Denmark and Sweden. This will offer insights into both the well-being of older adults, but also into what the future of homecare might look like.
- Further compare homecare initiatives across countries to identify how cultural norms affect caring, and obtain transferable knowledge for improving homecare for older adults on a global level.
- Investigate the meaning of the existential dimensions of caring relationships from the perspective of homecare nurses.
- Further investigate the existential dimensions of freedom and at-homeness in caring practices on more general terms, to understand these in caring for others related to agency and dependency in caring encounters.

# 10. References


Abram, S., & Lien, M. E. (2023). Kinning and De-kinning: Houses, Heirlooms and the Reproduction of Family. *Social Anthropology*, 31(3), 1–17. https://doi.org/10.3167/saas.2023.310302

Arman, Maria, Albertine Ranheim, Kenneth Rydenlund, Patrik Rytterström & Arne Rehnsfeldt. (2015). The Nordic Tradition of Caring Science: The Works of Three Theorists. *Nursing Science Quarterly*, Vol. 28(4) 288–296

Balkin, E. J., Grønkjær, M., Martinsen, B., Kymre, I. G., & Kollerup, M. G. (2024). Existential well-being for the oldest old in nursing homes: a meta-ethnography. *Ageing and Society*, *44*(10), 2327–2349. doi:10.1017/S0144686X22001155

Bayliss, E., Edwards, A., Steiner, J., & Main, D. (2008). Processes of care desired by elderly patients with multimorbidities. *Family Practice, 25*(4), 287–293. https://doi.org/10.1093/fampra/cmn040

Bolmsjö, I., Tengland, P. A., & Rämgård, M. (2019). Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing ethics*, *26*(5), 1310–1325. https://doi.org/10.1177/0969733017748480

Borbasi, S., Galvin, K. T., Adams, T., Todres, L., & Farrelly, B. (2013). Demonstration of the usefulness of a theoretical framework for humanising care with reference to a residential aged care service in Australia. *Journal of Clinical Nursing, 22*(5-6), 881-889. https://doi.org/10.1111/j.1365-2702.2012.04256.x

Bridges, J., Flatley, M., & Meyer, J. (2020). Older people's experiences in acute care settings: A systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies, 102*, Article 103469. https://doi.org/10.1016/j.ijnurstu.2019.103469

Bölenius, K., Lämås, K., & Edvardsson, D. (2023). Older adults' experiences of self-determination when needing homecare services-an interview study. *BMC geriatrics*, *23*(1), 824. https://doi.org/10.1186/s12877-023-04533-6

Bölenius, K., Vesterager Stenholt, B., Bjørk, I. T., Reierson, I. Å., Blomberg, K., Husebø, S. E., & Ravik, M. (2024). Practical skills taught in Scandinavian nursing education simulation centres: a cross-sectional survey. *Scandinavian Journal of Educational Research,* 1–14. https://doi.org/10.1080/00313831.2024.2419511

Bødker, M. N., Langstrup, H., & Christensen, U. (2019). What constitutes 'good care' and 'good carers'? The normative implications of introducing reablement in Danish home care. *Health & Social Care in the Community, 27*(5), e871–e878. https://doi.org/10.1111/hsc.12815

Carsten, J. (2000). *Cultures of Relatedness. New Approaches to the Study of Kinship.* Cambridge: Cambridge University Press.

Carsten, J. (2004). *After Kinship*. Cambridge: Cambridge University Press.

Carsten, J. (2018), House-lives as ethnography/biography. Soc Anthropol, 26: 103-116. https://doi.org/10.1111/1469-8676.12485

Claesson, M., Jonasson, L.-L., Lindberg, E., & Josefsson, K. (2020). What implies registered nurses' leadership close to older adults in municipal home health care? A systematic review. *BMC Nursing, 19*(1), 30. https://doi.org/10.1186/s12912-020-00413-1

Corbett, S., & Williams, F. (2014). Striking a professional balance: Interactions between nurses and their older rural patients. *British Journal of Community Nursing, 19*(4), 162–167. https://doi.org/10.12968/bjcn.2014.19.4.162

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* Sage Publications.

Dahlberg, K., Dahlberg,K., & Nyström, M. (2008). *Reflective Lifeworld Research* Lund: Studentlitteratur

Dahlberg, K., Todres, L., & Galvin, K. (2009). Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. *Medicine, Health Care, and Philosophy, 12*(3), 265–71. https://doi.org/10.1007/s11019-008-9174-7

Dahlberg, H., & Dahlberg, K. (2019). Open and reflective lifeworld research: A third way. *Qualitative Inquiry, 25*(9–10), 872–879. https://doi.org/10.1177/1077800419836696

De Beauvoir, S. (1948). *The ethics of ambiguity*. New York: Philosophical Library. Edited by Bernard Frechtman.

De Beauvoir, S. (1996). *The coming of old age*. New York: WW Norton & Company. Translated by Patrick O'Brian.

Desjarlais, R., & Throop, C. J. (2011). Phenomenological approaches in anthropology. *Annual Review of Anthropology, 40*, 87–102. https://doi.org/10.1146/annurev-anthro-092010-153345

Doyle, L. H. (2003). Synthesis through meta-ethnography: Paradoxes, enhancements, and possibilities. *Qualitative Research, 3*(3), 321–344. https://doi.org/10.1177/1468794103033003

Dragosits, A., Martinsen, B., Hemingway, A., & Norlyk, A. (2024). Coming home: older patients' and their relatives' experiences of well-being in the transition from hospital to home after early discharge. *International journal of qualitative studies on health and well-being*, *19*(1), 2300154. https://doi.org/10.1080/17482631.2023.2300154

Ernsth Bravell, M., Bennich, M., & Walfridsson, C. (2021). "In August, I Counted 24 Different Names": Swedish Older Adults' Experiences of Home Care. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, *40*(9), 1020–1028. https://doi.org/10.1177/0733464820917568

European Commission. Eurostat. (2020). *Ageing Europe — looking at the lives of older people in the EU: 2020 edition* (Statistical books). Luxembourg: Publications Office of the European Union. https://ec.europa.eu/eurostat/documents/3217494/11478057/KS-02-20-655-EN-N.pdf/9b09606c-d4e8-4c33-63d2-3b20d5c19c91?t=1604055531000

European Union. (2000). *Charter of Fundamental Rights of the European Union.* https://www.europarl.europa.eu/charter/pdf/text_en.pdf

France, E., Cunningham, M., Ring, N., Uny, I., Duncan, E., Jepson, R., Maxwell, M., Roberts, R., Turley, R., Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G., Pope, C., … Noyes, J. (2019). Improving reporting of meta-ethnography: The eMERGe reporting guidance. *BMC Medical Research Methodology, 19*, Article 25. https://doi.org/10.1186/s12874-018-0600-0

From, I., Nordström, G., Wilde-Larsson, B., & Johansson, I. (2013). Caregivers in older people's care: Perception of quality of care, working conditions, competence and personal health. *Scandinavian Journal of Caring Sciences, 27*(3), 704–714. https://doi.org/10.1111/j.1471-6712.2012.01077.x

Galvin, K. (2021). 'Getting back to the matters': Why the existential matters in care. *Scandinavian Journal of Caring Sciences, 35*(3), 679–684. https://doi.org/10.1111/scs.13022

Galvin, K. T., & Todres, L. (2011). Kinds of well-being: A conceptual framework that provides direction for caring. *International journal of qualitative studies on health and well-being*, *6*(4), 10.3402/qhw.v6i4.10362. https://doi.org/10.3402/qhw.v6i4.10362

Galvin, K., & Todres, L. (2012). *Caring and well-being: A lifeworld approach*. Taylor & Francis Group.

Gerdin, A., Alm, A., Hellzén. O., & Holmström Rising, M. (2023). Encountering patients in their homes: A qualitative study of home care nurses' experiences. *Nordic Journal of Nursing Research, 43*(3), 205–215. https://doi.org/10.1177/20571585231158950

Gillsjö, C., Nyström, M., Palmér, L., Carlsson, G., Dalheim-Englund, A., & Eriksson, I. (2021). Balance in life as a prerequisite for community-dwelling older adults' sense of health and well-being after retirement: An interview-based study. *International Journal of Qualitative Studies on Health and Well-being, 16*(1), 1984376. https://doi.org/10.1080/17482631.2021.1984376

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001

Gustafsson, L.-K., Östlund, G., Zander, V., Elfström, M. L., & Anbäcken, E.-M. (2019). 'Best fit' caring skills of an interprofessional team in short-term goal-directed reablement: Older adults' perceptions. *Scandinavian Journal of Caring Sciences, 33*(2), 498–506. https://doi.org/10.1111/scs.12650

Haavisto, E., Soikkeli-Jalonen, A., Tonteri, M., & Hupli, M. (2020). *Nurses' required end-of-life care competence in health centre inpatient wards: A qualitative descriptive study. Scandinavian Journal of Caring Sciences.* Advance online publication. https://doi.org/10.1111/scs.12864

Haex, R., Thoma-Lürken, T., Beurskens, A. J. H. M., & Zwakhalen, S. M. G. (2020). How do clients and (in)formal caregivers experience quality of home care? A qualitative approach. *Journal of Advanced Nursing, 76*(1), 264–274. https://doi.org/10.1111/jan.14234

Hagerup, A. (2013). *Hjemmesygeplejersken er med på gulvet* [The home care nurse is on the floor]. *Sygeplejersken, (7),* 40–41. Retrieved from https://dsr.dk/sygeplejersken/arkiv/sy-nr-2013-7/hjemmesygeplejersken-er-med-paa-gulvet

Hastrup, K. (2004). Getting it right: Knowledge and evidence in anthropology. *Anthropological Theory*, *4*(4), 455–472. https://doi.org/10.1177/1463499604047921

Hastrup, K., Rubow, C., & Tjørnhøj-Thomsen, T. (2014). *Kulturanalyse—kort fortalt.* Samfundslitteratur.

Health Act (Sundhedsloven), No. 210 of 2005. (2005). *Indenrigs- og Sundhedsministeriet* [Ministry of the Interior and Health, Denmark]. Retrieved from https://www.retsinformation.dk/eli/lta/2022/210

Health and Medical Services Act (1982:763). (1982). *SFS No. 1982:763.* Ministry of Health and Social Affairs (Sweden). Retrieved from https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/halso-och-sjukvardslag-1982763_sfs-1982-763

Hedman, M., Häggström, E., Mamhidir, A.-G., & Pöder, U. (2019). Caring in nursing homes to promote autonomy and participation. *Nursing Ethics, 26*(1), 280–292. https://doi.org/10.1177/0969733017718391

Heidegger, M. (1971). *Building, dwelling, thinking.* In A. Hofstadter (Ed.), *Poetry, language, thought* (pp. 143–162). Harper & Row.

Heidegger, M. (1977). *Letter on "humanism" (1946).* In D. F. Krell (Ed.), *Basic writings* (pp. 193–242). Harper & Row.

Heidegger, M. (2010). *Being and time* (J. Stambaugh, Trans.; D. J. Schmidt, Rev.). State University of New York Press.

Howell, S. (2003). Kinning: The Creation of Life Trajectories in Transnational Adoptive Families. The Journal of the Royal Anthropological Institute, 9(3), 465–484. http://www.jstor.org/stable/3134598

Howell, S. (2006). *The Kinning of Foreigners: Transnational Adoption in a Global Perspective* (1st ed.). Berghahn Books. https://doi.org/10.2307/j.ctt1x76frr

Hupkens, S., Goumans, M., Derkx, P., & Machielse, A. (2020). *Nurses' attunement to patients' meaning in life: A qualitative study of experiences of Dutch adults ageing in place. BMC Nursing, 19*(1), 1–13. https://doi.org/10.1186/s12912-020-00431-z

Husserl, E. (1970/1936). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Northwestern University Press.

Hörberg, Anna & Lindström, Veronica & Scheja, Max & Conte, Helen & Kalén, Susanne. (2019). Challenging encounters as experienced by registered nurses new to the emergency medical service: explored by using the theory of communities of practice. Advances in Health Sciences Education. 24. 10.1007/s10459-018-9862-x.

Jackson, M. (1996). Introduction: Phenomenology, radical empiricism and anthropological critique. In M. Jackson (Ed.), *Things as they are: New directions in phenomenological anthropology* (pp. 1–50). Indiana University Press.

Jarling, A., Rydström, I., Ernsth-Bravell, M., Nyström, M., & Dalheim-Englund, A. C. (2018). Becoming a guest in your own home: Home care in Sweden from the perspective of older people with multimorbidities. *International journal of* older people nursing, 13(3), e12194

Karlstedt, M., Wadensten, B., Fagerberg, I., & Pöder, U. (2015). Is the competence of Swedish registered nurses working in municipal care of older people merely a question of age and postgraduate education? *Scandinavian Journal of Caring Sciences*, 29(2), 307–316. https://doi.org/10.1111/scs.12164

Ladyman, J. (2001). Understanding philosophy of science. London: Routledge.

Lien, M. E., & Abram, S. (2023). Passing it on: Kinship, temporality and moral personhood in Norwegian "hytte" succession. *Social Anthropology, 31*(3), 33–50. https://doi.org/10.3167/saas.2023.310304

Lydahl, D., & Davidsson, A. (2024). Values of welfare technologies: A qualitative study of how employees in Swedish care for older adults understand and justify the use of new technology. *BMC Health Services Research, 24*, Article 1555. https://doi.org/10.1186/s12913-024-12053-1

Martinsen, B., Mortensen, A. S., & Norlyk, A. (2018). *Nordic homecare nursing from the perspective of homecare nurses: A meta-ethnography. British Journal of Community Nursing, 23*(12), 597–604. https://doi.org/10.12968/bjcn.2018.23.12.597

Martinsen, B., Norlyk, A., & Gramstad, A. (2024). The experience of dependence on homecare among people ageing at home. *Ageing and Society*, 44(2), 282–297. doi:10.1017/S0144686X22000150

Martinsen, R., Ahlin-Søvde, S., Grov, E. K., Andersson, E. K., & Gardulf, A. (2024). Self-reported competence among advanced practice nursing students in Denmark, Finland and Norway: A cross-sectional multicentre study. *BMC Nursing, 23*, Article 301. https://doi.org/10.1186/s12912-024-01930-z

Mattingly, Cheryl. (2014) *Moral Laboratories. Family Peril and the Struggle for a Good Life.* University of California Press.

Merleau-Ponty, M. (2011/1945). *Phenomenology of perception* (D. Landes, Trans.). Routledge.

Møller, A. F., & Norlyk, A. (2017). Ældre patienters oplevelse af selvbestemmelse, når de modtager sygepleje i eget hjem – en fænomenologisk-hermeneutisk undersøgelse [Older patients' experience of self-determination when receiving home care nursing: A phenomenological-hermeneutic study]. *Klinisk Sygepleje, 31*(4), 257–272. https://doi.org/10.18261/issn.1903-2285-2017-04-03

Møller, L. A., & Delmar, C. (2019). *Hjemmesygeplejerskers rolle, opgaver og ansvar i sammenhængende patientovergange fra hospital til primærsektor* [The home care nurse's role, assignments, and responsibility in coherent patient transitions from hospital to primary sector]. *Nordisk Sygeplejeforskning, 9*(2), 156–165. https://doi.org/10.18261/issn.1892-2686-2019-02-08

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies* (Vol. 11). Sage Publications. https://doi.org/10.4135/9781412985000

Nordin, T., Lundgren, A. S., & Nilsson, I. (2023). Constructing loneliness: Home care providers' notions of older adults' social needs and the possibilities of the home care profession to support social participation. *Journal of Aging Studies, 65*, Article 101130. https://doi.org/10.1016/j.jaging.2023.101130

O'Reilly, K. (2005). *Ethnographic methods.* Routledge.

Palmér L, Carlsson G, Nyström M, Gillsjö C, Eriksson I, Dalheim Englund A-C (2019) The meaning of growing old: A lifeworld hermeneutic study on existential matters during the third age of life. *Healthy Aging Research* 8:1–6. http://doi.org/10.35248/har.2019.8.8

Palmér, L., Nyström, M., Ekeberg, M., Lindberg, E., & Karlsson, K. (2022). Pre- understanding—A threat to validity in qualitative caring science research? *International Journal of Human Caring*, 26(4), 1–9. https://doi.org/10.1891/IJHC-2021-0013

Palmér, L., Nyström, M., & Karlsson, K. (2024). Lifeworld hermeneutics: An approach and a method for research on existential issues in caring science. *Scandinavian journal of caring sciences*, *38*(1), 200–209. https://doi.org/10.1111/scs.13201

Porcel-Gálvez, A. M., Iñiguez-Castro, E. O., Martínez-Lacovic, G., & Allande-Cussó, R. (2025). Exploring the Ethical Dimensions of Care Dependency in Older People: A Transpersonal View. *Scandinavian journal of caring sciences*, *39*(4), e70127. https://doi.org/10.1111/scs.70127

Rasmussen, Birgit & Edvardsson, David. (2008). The influence of environment in palliative care: Supporting or hindering experiences of 'at-homeness'. Contemporary nurse. 27. 119–31. 10.5172/conu.2007.27.1.119.

Rubow, C. (2010). *Interviewet som deltagerobservation.* In K. Hastrup (Ed.), *Ind i verden* (pp. 227–245). Gyldendal.

Saarnio, L., Boström, A. M., Gustavsson, P., & Öhlén, J. (2016). Meanings of at-homeness at end-of-life among older people. Scandinavian journal of caring sciences, 30(2), 312–319. https://doi.org/10.1111/scs.12246

Saarnio, L., Boström, A. M., Hedman, R., Gustavsson, P., & Öhlén, J. (2017). Enabling at-homeness for residents living in a nursing home: Reflected experience of nursing home staff. *Journal of aging studies*, *43*, 40–45. https://doi.org/10.1016/j.jaging.2017.10.001

Saarnio, L., Boström, A. M., Hedman, R., Gustavsson, P., & Öhlén, J. (2019). Enabling At-Homeness for Older People With Life-Limiting Conditions: A Participant Observation Study From Nursing Homes. *Global qualitative nursing research*, *6*, 2333393619881636. https://doi.org/10.1177/2333393619881636

Satter, R., Lawton, R., Panagioti, M., & Johnson, J. (2021). *Meta-ethnography in healthcare research: A guide to using a meta-ethnographic approach for literature synthesis. BMC Health Services Research, 21*(1), Article 50. https://doi.org/10.1186/s12913-020-06049-w

Selmer, B. (2017). How to exchange with the dead: The significance of heirlooms in contemporary Danish inheritance practices. In O.-A. Rønning, H. Sing, & H. Vogt (Eds.), *Donations, Inheritance and Property in the Nordic and Western World from late Antiquity until Today* (pp. 294–309). Routledge.

Schneider, D. 1984. *A critique of the study of kinship*. Ann Arbor, MI: University of Michigan Press.

Svenaeus, F. (2000). *Das Unheimliche—Towards a phenomenology of illness. Medicine, Health Care and Philosophy, 3*(1), 3–16. https://doi.org/10.1023/A:1009943524301

Svenaeus, F. (2013). The Body as Alien, Unhomelike, and Uncanny: Some Further Clarifications. Philosophy, Psychiatry, & Psychology 20(1), 99-101. https://muse.jhu.edu/article/511264.

Social Service Act (Lov om social service), No. 170 of 2005. (2005). *Social- og Boligministeriet* [Ministry of Social Affairs and Housing, Denmark]. Retrieved from https://www.retsinformation.dk/eli/lta/2022/170

Social Services Act (2001:453). (2001). *SFS No. 2001:453.* Ministry of Health and Social Affairs (Sweden). Retrieved from http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=60673

Sundström, M., Blomqvist, K., Edberg, A. K., & Rämgård, M. (2019). The context of care matters: Older people's existential loneliness from the perspective of healthcare professionals—A multiple case study. *International journal of older people nursing*, *14*(3), e12234. https://doi.org/10.1111/opn.12234

Szebehely, M., & Trydegård, G.-B. (2012). Home care for older people in Sweden: A universal model in transition. *Health & Social Care in the Community*, 20(3), 300–309. https://doi. org/10.1111/j.1365-2524.2011.01046.x

Sæterstrand, T. M., & Rudolfsson, G. (2019). Using a reflective attitude when meeting older chronically ill patients' care needs in home care nursing. *International Journal of Caring Sciences, 12*(2), 666–673. https://hdl.handle.net/10642/8380

Todres, L., Galvin, K. T., & Holloway, I. (2009). The humanization of healthcare: A value framework for qualitative research. *International Journal of Qualitative Studies on Health and Well-being, 4*(2), 68–77. https://doi.org/10.1080/17482620802646204

Tornstam, L. (2011). Maturing into Gerotranscendence. *Journal of Transpersonal Psychology, 43*, 166–180.

United Nations, Department of Economic and Social Affairs, Population Division. (2020). *World population ageing 2019* (ST/ESA/SER.A/444). https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Report.pdf (Digital Library)

van Wijngaarden, E., Meide, H. V., & Dahlberg, K. (2017). Researching health care as a meaningful practice: toward a nondualistic view on evidence for qualitative research. *Qual Health Res*; 27(11):1738–47. https://doi.org/10.1177/10497 3231771113

Voie, K. S., Wiles, J., Mæhre, K. S., Kristiansen, M., Helgesen, A. K., & Blix, B. H. (2024). The timescapes of older adults living alone and receiving home care: An interview study. *Journal of aging studies*, *68*, 101212. https://doi.org/10.1016/j.jaging.2024.101212

World Health Organization. (2025). *State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery.* https://iris.who.int/server/api/core/bitstreams/a4173924-a18f-49b6-8bd1-9c2a4a098980/content

World Medical Association. (2025). *World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects.* https://www.wma.net/policies-post/wma-declaration-of-helsinki/

Wälivaara, B.-M., Sävenstedt, S., & Axelsson, K. (2013). Caring relationships in home-based nursing care: Registered nurses' experiences. *The Open Nursing Journal, 7*(1), 89–95. https://doi.org/10.2174/1874434620130516003

Zingmark, K., Norberg, A., & Sandman, P.-O. (1995). The experience of being at home throughout the life span: Investigation of persons aged from 2 to 102. *The International Journal of Aging & Human Development, 41*(1), 47–62. https://doi.org/10.2190/N08L-42J5-31D2-JUQA

Xiarchi, L. M., Palmér, L., Nässén, K., Cowdell, F., & Lindberg, E. (2023). Balancing between familiarity and professionalism in caring for older persons: A phenomenological study from the perspective of nursing students. *Nurse education in practice*, *71*, 103695. https://doi.org/10.1016/j.nepr.2023.103695

Öhlén, J., Ekman, I., Zingmark, K., Bolmsjö, I., & Benzein, E. (2014). Conceptual development of "at-homeness" despite illness and disease: A review. *International Journal of Qualitative Studies on Health and Well-being, 9*(1), Article 23677. https://doi.org/10.3402/qhw.v9.23677