

S T A D I A

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Expectations of Elderly People on the Nurse-Client Relationship and Interaction in Home Care

“When I see the nurse’s smiling face it feels like sunshine on a rainy and gloomy day”

Degree Programme in Nursing and Health Care
Bachelor of Health Care
Final Project
Autumn 2006

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Degree Programme in		Degree	
Nursing and Health Care		Bachelor of Health Care	
Author/Authors			
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Title			
Expectations of Elderly People on the Nurse-Client Relationship and Interaction in Home Care			
Type of Work	Date	Pages	
Final Project	Autumn 2006	33+15 appendices	
<p>ABSTRACT</p> <p>The purpose of the thesis was to explore expectations of elderly people on the nurse-client relationship and interaction in home care. The aim is to improve the quality of care to better meet the needs of the clients.</p> <p>A qualitative approach was adopted. Semi-structured theme interviews were used for data collection. The interviews were conducted during spring 2006. Six elderly clients of a private home care company in Southern Finland acted as informants. Content analysis was used as the method of data analysis.</p> <p>The findings suggest that clients expect nurses to provide professional care with loving-kindness. Trust and mutual, active interaction were expected from the nurse-client relationship. Clients considered it important that the nurse recognizes each client's individual needs. The nurse was expected to perform duties efficiently, but in a calm and unrushed manner. A mechanic performance of tasks was considered negative. Humanity was viewed as a crucial element in the nurse-client relationship. Clients expressed their need to be seen as human beings. Seeing beyond the illness was considered important. A smiling nurse was described to be able to alleviate pain and anxiety. Clients hoped to have a close relationship with the nurse. The development of a close relationship was considered to be more likely if the nurse is familiar and genuine.</p> <p>Clients wish the nurses to have a more attending presence. Clients suggested that the work areas of the nurses could be limited so that they would have more time to transfer from one place to another. Clients felt that they would benefit from this as well. The nurses were expected to be more considerate. Clients wished for more information regarding changes that affect their care. They wished to be informed about changes in schedules and plans. Clients hoped for continuity from the nurse-client relationship.</p> <p>Considering the expectations of clients promotes client satisfaction. Home care providers have an opportunity to reflect their own care behaviour on the findings. To better meet the needs of the clients, nurses could apply the concept of loving-kindness in their work, and strive for a more attending presence.</p>			
Keywords			
nurse-client relationship,interaction,caring, home care,clients' expectations			



Koulutusohjelma		Suuntautumisvaihtoehto	
Hoitotyö		Sairaanhoitaja	
Tekijä/Tekijät			
Katarina Sjögren ja Anna Malloy			
Työn nimi			
Vanhusten Odotuksia Hoitosuhteelta ja Vuorovaikutukselta Kotihoidossa			
Työn laji	Aika	Sivumäärä	
Opinnäytetyö	Syky 2006	33+15 liitettä	
<p>TIIVISTELMÄ</p> <p>Opinnäytetyön tarkoitus oli selvittää vanhusten odotuksia koskien vanhuksen ja hoitajan välistä hoitosuhdetta ja keskinäistä vuorovaikutusta kotihoidossa. Tavoitteena on hoidon laadun kehittäminen asiakkaiden tarpeita vastaavaksi.</p> <p>Tutkimus toteutettiin laadullista tutkimusmenetelmää käyttäen. Tiedot kerättiin puolistrukturoidulla teemahaastattelumenetelmällä. Haastattelut suoritettiin kevään 2006 aikana. Haastateltavat olivat kuusi yksityisen eteläsuomalaisen kotihoitoyrityksen asiakasta. Analysointimenetelmänä oli sisällönanalyysi.</p> <p>Tulokset osoittavat, että asiakkaat odottavat sekä ammatillista, että rakastavaa ja hellää hoitoa. Hoitosuhteelta odotettiin luottamusta ja molemminpuolista aktiivista vuorovaikutusta. Haastateltavat pitivät tärkeänä, että hoitaja huomioi asiakkaan yksilölliset tarpeet. Hoitajan toivottiin tekevän työnsä tehokkaasti, mutta rauhallisesti ja kiireettömästi. Töiden mekaanista suorittamista pidettiin negatiivisena. Inhimillisuus koettiin keskeiseksi osaksi hoitosuhdetta. Asiakkaat odottivat hoitoa, jossa he tulevat kohdelluiksi tasavertaisina ihmisinä, ei ainoastaan sairaina. Hymyilevän hoitajan kerrottiin pystyvän lievittämään kipua ja ahdistusta. Asiakkaat toivoivat hoitosuhteen kehittyvän läheiseksi. Tämän mahdollistaa asiakkaiden mielestä tutuus ja luontevuus.</p> <p>Asiakkaat toivovat hoitajalta tietoisempaa läsnäoloa. Asiakkaat ehdottivat, että hoitajien työalueita rajoitettaisiin, jotta näillä olisi enemmän aikaa siirtyä paikasta toiseen. Asiakkaiden mielestä tämä toimisi myös heidän edukseen. Hoitajien toivottiin olevan huomaavaisempia. Heidän toivottiin olevan valmiimpia kertomaan hoitoon vaikuttavista muutoksista. Asiakkaat toivoivat saavansa enemmän tietoa aikataulumuutoksista. Myös hoitajien vaihtumisesta tiedottamista pidettiin tärkeänä. Hoitosuhteeseen toivottiin jatkuvuutta.</p> <p>Asiakkaiden odotusten huomioon ottaminen lisää asiakastyytyväisyyttä. Tulosten avulla hoitajat voivat arvioida käyttäytymistään hoitotilanteissa. Vastatakseen paremmin asiakkaiden odotuksiin hoitajat voisivat lähestyä heitä rakastavalla ystävällisyydellä, ja olla enemmän läsnä hoitotilanteissa.</p>			
Avainsanat			
hoitosuhde, vuorovaikutus, kotihoito, välittäminen, asiakkaiden odotukset			

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1 INTRODUCTION

The need for home nursing services is on the increase since most of the elderly people wish to live at home. There is also a lack of placements in the elderly care institutions due to the increasing amount of aging people. The most important goal set for social- and health care by the Ministry of Social Affairs and Health for the years 2004–2007 (2003) is to support living at home.

Competition in the home care market is increasing, and thus the need to provide good quality care to satisfy consumers is essential (Riccio 2001). It is important to listen to the wishes that the clients have regarding their care. Clients' satisfaction is related to their expectations about the care. Dissatisfaction arises when one's expectations are not met. (Johansson – Oléni 2002.)

Effective nurse-patient relationships are central to quality nursing care. The quality of care is reflected in the nurse-patient relationship. (Dowling 2006.) Sometimes nurses are not aware of how patients perceive the nurse-patient relationship which makes them assume, without asking, what the real needs of the patients are (McCabe 2004). According to Sofaer and Firminger (2005) there can be significant differences in how patients and health care professionals view quality care.

Communication is an essential part of nursing. In a nurse-patient relationship communication is more than transmission of information; it also involves conveying and recognizing feelings, and letting the patients know that their feelings have been acknowledged. (McCabe 2004.) The writers have become aware of the possible impacts of the nurses' choice of behavior and communication through their work in elderly home care. They are interested in learning more about the wishes and expectations of the elderly people regarding the care that they provide.

This Bachelor's thesis is a qualitative study. The purpose is to explore the expectations of elderly people on the nurse-client relationship and interaction in home care. The aim is to improve the quality of home care to better meet the needs of the clients.

2 LITERATURE REVIEW

2.1 Home care

Home care and home nursing are health services provided at a person's home. Sometimes home care and home nursing can be joint (Ministry of Social Affairs and Health 2006). According to World Health Organization "home care can be defined as an array of health and social support services provided to clients in their own residence. Such coordinated services may prevent, delay, or be a substitute for temporary or long-term institutional care". (Thomé – Dykes – Hallberg 2003.)

Home care helps an individual who needs help to cope with daily activities due to sickness or declined performance. The workers of home care are home helpers, housekeepers, nurses or practical nurses. In addition to providing physical help they also observe the wellbeing of the client and give advice on issues related to the services. Home care is used by all age groups but the share of elderly people is continually increasing. Home nursing includes performing nursing activities and taking samples. Supporting the client's relatives is also a part of the work. Even quite demanding nursing care can be given at home, since many people wish to stay at home until they pass away. The workers of home nursing include public health nurses, specialized nurses, registered nurses and practical nurses. (Ministry of Social Affairs and Health 2006.)

The overall objective of home care is based on the view that staying at home is the best alternative for a person to attain independence and to improve or maintain quality of life and wellbeing. The broad objectives of home care are to improve and maintain quality of life, optimize functional health status and achieve independence, with care based on the recipients' individual needs and preventive actions and assessments. Home care should consider the physical, psychosocial, social and cognitive dimensions of the client. (Thomé et al. 2003.)

According to the National Framework for High-Quality Care and Services for Older People by the Ministry of Social Affairs and Health (2001) the ethical principle of elderly care is valuing the elderly person, respecting his autonomy, and attending to his individual needs.

Quality care and service for elderly people includes supporting and maintaining their individual strengths with a rehabilitative approach. The care is based on the client's individual needs and based on accepted, recommended methods as well as written service plans or care contracts. There is seamless cooperation between the service providers and the relatives of the clients.

The aim of the Finnish Elderly Policy is to promote the wellbeing, good care and autonomous coping of elderly people. Equality, autonomy, economical independence and security are central values. Social integration is also an important principle of the policy. A central challenge to the policy is the integration of the modern and active concept of an elderly person into the Finnish society. Within the concept strengths are centered upon instead of illnesses, disabilities and losses. The concept is based on individuality, and it respects the independent initiative, life experience and views of the elderly person. (Ministry of Social Affairs and Health 1999.)

According to the Law on the Patient's Rights and Status (1992/ 785) a patient has the right to receive good health care. His care is arranged so that his human dignity is not offended and his conviction and privacy are respected. The mother tongue of the patient, his individual needs and culture are taken into consideration in the care and treatment according to possibilities. The patient is cared for in a mutual agreement with him.

2.2 Nurse-client relationship and interaction

The beginning of a care relationship should involve closeness and security, and the nurse and patient getting acquainted with each other. The patient should feel that the nurse accepts him. A close nurse is easily approachable, oriented to the patient's needs, and interested in the patient as a human being during the interaction. Closeness involves talking about issues not related to the disease in addition to talking about the illness and care. The patient might find contact making to be easier with a close nurse. (Mattila 2001: 61, 66–68.)

A nurse who does not seem to be interested in helping the patient or interested in his well-being might avoid eye-contact. In these situations the interaction between the patient and

the nurse is distant. A false nurse might be experienced as distant as well. Patients feel cared for when the nurse takes genuine interest in them and at some level puts herself in their place. (Mattila 2001: 61, 66–68.)

A distant nurse-patient relationship is not therapeutic. It does not offer the opportunity to understand the patient and instead encourages a focus on symptoms, pharmaceutical treatment and an expectation that other health care professionals will attend to the individual's wellbeing. A distant nurse might make the patient perceive that he is viewed as an object rather than a person who needs comfort and relief. By being present the nurse might bring about positive health changes in the patient. (Moyle 2003.)

According to Dowling (2006) intimacy in a nurse-patient relationship requires reciprocity, self-disclosure and self-awareness. Reciprocity and self-disclosure involve the nurse and patient getting acquainted. The patient may appreciate the nurse to share some personal details about herself and her family (Attree 2001). As the nurse and patient get to know each other better and share personal information, mutual trust may increase (de Raeve 2002). Engaging in intimate disclosure involves, however, relational and personal risks such as betrayal of personal information, rejection and increased vulnerability (Dowling 2006).

Nursing is an interpersonal process in which the nurse and patient respect each others' individuality and learn and develop as a result of their relationship (Dowling 2006). As the patient expresses his feelings and thoughts the nurse interprets them and acts according to the understanding that is formed (Nordby 2004). Both the nurse and the patient play equally important roles in the therapeutic relationship, but in practice the illness makes many patients vulnerable and dependent on nurses for support (Dowling 2006).

Patients wish for continuity of care as staff is assigned to them (Riccio 2001; Sofaer – Firminger 2005). Continuity of care helps the nurse to understand the patient more deeply. Mutual respect will also increase. (Moyle 2003.) The length of the care relationship may affect the degree of intimacy between the nurse and the patient. Intimacy is achieved by the nurse's use of caring behaviors such as touch, and the client's decision to trust the nurse. The nurse can not plan or force intimacy but should be ready for its occurrence. (Dowling

2006.)

Routasalo (1997: 45) describes patients' and nurses' experiences of touch. According to Routasalo touch is experienced individually, and is accepted when it is necessary for getting help, or when interpreted as being positive in nature. By patients touch can be experienced as gentle, warm and comforting. A nurturing embrace can bring relief from emotional distress, which can not always be gotten through communication or presence (Moyle 2003).

Mattila (2001: 69, 71–73) describes that performing nursing activities in a manner that does not scare the patient strengthens his feeling of being cared for. During the interaction the nurse can either strengthen or weaken the empowerment of the patient. It is important for the nurse to encourage the patient to do things by himself and give positive feedback. The empowerment can be weakened by the nurse if she does not have time to stop and listen to the patient. It is important for the nurse to see the patient holistically, pay attention to him, and act on the basis of his needs.

If the nurse-patient relationship develops well it can have a significant impact on the patient's wellbeing. However, if the relationship becomes too close and intense the patient may become over-dependent on the nurse and lose self-reliance. (McCormack 2003).

A patient's freedom to self-determination is a fundamental and valuable human right. There are different ways of reinforcing the patient's autonomy. The patient's ability to make decisions can be facilitated by sharing information, and by clarifying the boundaries within which care decisions are made. It is important for the nurse to recognize that others' values are of equal importance in decision-making. A nurse should be there and offer personal support and practical knowledge for the patient but allow him to make his own choices. (McCormack 2003.) Patients consider care negative if it does not involve them or makes them feel excluded and unimportant (Attree 2001).

Some patients might want to be partners with the nurse and want their opinions to be taken into account when decisions concerning them are made. They are willing to act as consultants for the nurses based on their expertise on their illness and situation. Some

patients might feel more comfortable with the nurse leading the care and making most of the decisions. (Mattila 2001: 63, 64, 78.)

2.3 Caring

According to the Ethical Guidelines of Nursing a nurse is primarily responsible to the patients for her actions. A nurse's duty is to protect human life and promote the patients' individual wellbeing. She encounters the patient as a person with dignity, and takes his individual values, conviction and customs into consideration. She respects the patient and gives him a chance to be involved in the decision making. The nurse protects the confidential information given by the patient, and treats him as a fellow human being. She listens to him and empathizes with him. (Sairaanhoitajaliitto 1996.)

Open interaction and mutual trust are the basis of a nurse-patient relationship. The nurse treats every patient equally according to their individual needs, regardless of their health problem, culture, religion, mother tongue, age, gender, race, skin color, political opinion or social status. (Sairaanhoitajaliitto 1996.)

Nilsson, Sarvimäki and Ekman (2000) suggest that an understanding of the ageing process is a prerequisite for a nurse caring for older people. The goal is to provide care based on the person's individual condition instead of his chronological age. According to McCormack (2003) the recognition of beliefs and values is important for the patient and the nurse for them to be able to have the kind of caring relationship that they want. Seeing the person's life as a whole may help the nurse in addressing the wishes and needs of that person. de Raeve (2002) suggests that for the nurse to know what to say and when to say something to capture the moment, she must care about the patient as an individual.

According to Watson (1985: 8–10, 19, 32–33) caring can be practiced effectively only interpersonally. The curative factors, such as alleviating pain, should be combined with the carative factors of nursing, such as compassion, empathy, warmth and understanding. It is important to see beyond the illness. Caring should be grounded on a set of universal human values – kindness, concern and love. Authenticity with self and others is the foundation for integrity. Watson talks about the importance of non-verbal warmth, like having eye-contact,

using a moderate volume in speaking, facing the other person, having an open posture, and having facial expressions that are congruent with the other person's emotional state.

Eriksson (1989: 13, 35, 47–48, 59) sees the Caritas-idea as the core of nursing. Patients should be cared for in the spirit of Caritas, meaning that the nurses should be compassionate and give hope, faith and love. In the spirit of Caritas the nurse encounters, understands, interprets and cares for a person who is a multidimensional entity.

Not all caring relationships are caring, but can in fact bring the patient suffering. The patient can experience the nurse-patient relationship as non-caring. Suffering can be caused to the patient by insulting dignity, judging, punishing, controlling and neglecting. The core of care, alleviating suffering, excludes the concept of care suffering. Therefore it is considered the most unacceptable form of suffering, and is to be eliminated. The nurse can alleviate the suffering of a patient by being genuinely and caringly present, and by listening, giving hope, encouraging communication, and being a guide. (Kasén 2002: 4–5, 50–51; Edlund 2002: 3–4.)

2.4 Clients' expectations

Patients' satisfaction with nursing care is strongly determined by their expectations. Satisfaction is based on the difference between expectations and received care, and dissatisfaction arises when one's expectations are not met. (Johansson – Oléni 2002.) There are several factors that influence the patient's expectations regarding health care. These include the nature, number and seriousness of the patients' health problems, the choices available, the patient's previous experiences, his attitudes and demographics, education, as well as his willingness to criticize educated professionals. Another factor affecting the patient's expectations is his knowledge about what should be expected. Patients should be educated about appropriate expectations for care and they should be encouraged to evaluate the quality of the care that they receive. (Sofaer – Firminger 2005.)

According to McCabe (2004) attending behavior is the physical demonstration of the nurse's accessibility and readiness to listen to the patient by using non-verbal communication. The patients see non-verbal communication as an indicator of genuineness

because it demonstrates emotional support, understanding and respect for them as individuals. To be attending the nurse needs to be genuine, warm and empathetic. Because of the positive influence that empathetic communication and the negative influence that non-empathetic communication has on the patient, it is essential that the nurse is aware of the impact of her choice of behavior. Patients wish for a calm, gentle and kind approach from an approachable nurse (Attree 2001).

Patients appreciate that the nurses present themselves and engage in casual conversations. Being interested in the patients and their family members as people with lives and histories, instead of objects of treatment, is essential. Seeing beyond the disease is important. A patient may feel precious as promises made to him are kept and he is treated as everyone else. Elderly patients do not want to be treated as children, or as weak and inferior. They want their long, valuable histories and experiences to be respected. (Izumi – Konishi – Yahiro – Kodama 2006.)

To facilitate and improve communication and decrease misunderstandings it is beneficial for the patient to have as few caregivers as possible (Johansson – Oléni 2002; Attree 2001). Continuity of care helps the nurse to understand the patient deeper. It also increases mutual respect. Knowing a patient also helps the nurse in providing care that is focused on the individual needs. (Moyle 2003.)

Patients consider it positive when a nurse keeps her promises and has an unhurried approach (Attree 2001). Patients might feel that nurses perceive their tasks more important than the patients. Consequently, they might feel like they can not bother the 'busy nurse'. (McCabe 2004.) Patients wish that nurses offer help willingly, provide holistic care, and demonstrate kindness, concern, compassion and sensitivity (Sofaer – Firminger 2005).

Patients desire competent care. Professionals should strive for excellence by continual improvement and give adequate information and clear explanations to the patients. Patients would appreciate nurses to give health promotion and education to improve their autonomy and self-care. Nurses' technically correct work performance promotes client satisfaction. (Johansson – Oléni 2002; Sofaer – Firminger 2005.) Nurse's professional competence includes sufficient knowledge and skills for caring actions but also a caritative way of

relating (Fagerström 1999: 53). Nurses are encouraged to find a safe equilibrium between caring with empathy and kindness and maintaining a sense of emotional detachment (Dowling 2006).

According to Sofaer and Firminger (2005) it is important for a patient to trust that his caregiver will help reduce feelings of anxiety and vulnerability. Patients expect nurses to communicate their recognition and understanding of the patients' situation. Patients do not expect the nurse to `fix` everything, but by understanding the patients' feelings the nurse can alleviate their anxiety. (McCabe 2004.) If the nurse and patient can develop a relationship built on confidence and trust, healing will occur and the patient's spiritual, emotional and other needs can be more effectively addressed (von Dietze – Orb 2000; Hughes 2000: 112–113.) Patients want to be seen and heard in various situations and get help as required. They are afraid of being forgotten, abandoned and not being seen as the persons that they are. (Bolmsjö – Sandman – Andersson 2006.)

According to Roy's adaptation model dependence- and interactive relationships describe one's social activity that fulfills one's emotional needs. These needs include the need to be loved and to love, as well as the need to get recognition value and respect. Often the nurse has an important role in the social- and support networks of the client, alongside with the significant others. (Parviainen 1998: 62.) Social contact with caregivers may provide the client with a chance to form bonds and friendly, social relationships which may enable him to discuss his worries and express anxieties (Attree 2001).

3 PURPOSE AND QUESTIONS

The purpose of the Bachelor's thesis is to explore the expectations of elderly people regarding the nurse-client relationship and interaction in home care. The aim is to improve the quality of home care to better meet the needs of the clients.

Research questions:

What kind of expectations does the elderly person have regarding the nurse-client

relationship and interaction in home care?

How can the home care visits be further developed to better serve the needs of the elderly person?

4 METHODOLOGY

4.1 Setting and sample

The goal of the Bachelor's thesis was to study lived experiences of people which is why a qualitative research design was used. The goal of most qualitative studies is to develop a deep understanding of a phenomenon as it exists in the real world and as it is built by individuals within the context of that world. (Polit – Beck 2006: 212).

The thesis was carried out in cooperation with a private home care company in Southern Finland and Helsinki Polytechnic, Stadia. A licence to conduct the study was petitioned from the company. The licence was granted on the 2nd of March 2006.

The company provides several health related services. The home care of the company includes cleaning, cooking, helping with personal hygiene and daily activities, as well as guiding and counseling. The home nursing includes for example distributing medications, giving injections, wound care, and following clients' health status. The clients buy the service at their own cost, or they may receive the care from an organization or municipality that buys the service from the company. The clients may get the service due to different health problems or declined ability to cope with daily activities. Some clients may also buy the service to have social interaction. The time spent at a client's home varies. One client may have a visit once in a fortnight while another can have several visits a day.

The sample of the thesis consisted of six clients of the home care company. Five of the informants were female and one was male. The criteria for the informants were that they had to be over 65 years old, live alone and be Finnish citizens. The definition for an elderly person varies depending on the source. In this paper an elderly person is defined as a person

over the age of 65. The informants could not have dementia as a diagnosis or have severe memory-, visual-, or hearing deficits. All the participants fulfilled these requirements.

The informants were selected in cooperation with the area coordinator of the home care company. When selecting the informants it was considered who would make good informants, meet the set criteria for participation, and be reflective and willing to talk with the interviewers in depth. According to Polit and Beck (2006: 269) qualitative studies almost always use small, non-random samples. A random sample is not the best method of selecting people who will make good informants.

4.2 Data collection

Semi-structured theme interviews were used since the subjects of interest are the lived experiences of people and subjective phenomena. Using a semi-structured theme interview is a good way to ensure that a specific set of topics is covered. With a semi-structured theme interview a written topic guide is made before the interviewing. The topic guide is a list about areas or questions that need to be covered during the interview. The guide may include follow-up questions or probes that are used for obtaining more detailed information. In a semi-structured theme interview the interviewer's duty is to encourage the informants to talk freely about all the topics on the guide list. This way the informants have a freedom to answer in their own words and provide as much detail as they wish. (Polit – Beck 2004: 341-342.)

The themes of the interview were made based on the research questions, the purpose and aim of the thesis, and the literature review (appendix 3). Each of the themes included pre-created follow-up questions. New questions rose during the interviews as clients described their experiences. A few starting questions, which were not analyzed, were asked from the informants before addressing the theme questions. A few ending questions, which were analyzed, were asked after the theme questions.

The interview themes were:

§ The characteristics of social life

§ The meaning of the nurse to the social life

§ Qualities of a good nurse-client relationship

§ A positive/ negative home care visit

After discussing with the area coordinator of the home care company about the suitable informants, the area coordinator contacted the selected clients to ask about their willingness to participate. All of the selected clients were willing to be interviewed. The writers then called them to verify their will to participate. The clients were informed about the interview situation. Their understanding of the voluntariness of the participation was ensured. They were also told about the possibility to withdraw from the study at any point. The interviewees were informed that they could not be recognized from the thesis, and their names would not appear on any papers. The time and date of the interviews were selected in cooperation with the clients. All the selected clients participated voluntarily in the interviews.

The clients were sent a consent form on participation in the interviews and an information form concerning the nature of the thesis in Finnish (appendices 1 and 2). The interviews were conducted within two days in May 2006.

Before starting the interview it was ensured that the interviewee had received and read through both the consent- and information form. The undersigned consent forms were collected from the informants. A tape recorder was used to record the information during the interviews. All the informants were asked for permission to use the recorder. During the interviews any significant body language, facial expressions or emotional outbursts were written down in a research diary. The interview situations were unhurried. Each interview took approximately two hours and took place in the informant's home. The informants were interviewed separately.

4.3 Data analysis

After conducting the interviews the contents were transcribed. This was done soon since it

is important to have the interviews fresh in the mind. There were altogether 36 pages of transcribed data. The writers read through the entire transcribed data together and separately throughout the analysis process to ensure that nothing significant was left unnoticed. As the interviews were conducted in Finnish, the data needed to be translated into the language of study, English. This was done when the original expressions were simplified. A part of the original expressions were freely translated into English and added into the Findings-chapter. Some freely translated original expressions appear in appendix 4.

Content analysis was used as the method of data analysis. This method is used for systematic and objective analysis of documents. It is a way of organizing, describing and quantifying the researched phenomenon. The goal of content analysis is to develop a description of the phenomenon in a summarized and general form. Prior to beginning the analysis the researcher must decide whether he will merely analyze the manifest- or also the latent content. (Kyngäs – Vanhanen 1999.) In the Findings-chapter only the manifest content was analyzed. The latent content was analyzed in the Discussion-chapter to some extent.

The three steps of content analysis include simplifying, grouping and categorizing (Kyngäs – Vanhanen 1999). The first step is simplifying the original expressions in the data that are related to the research questions (appendices 4 and 5). Expressions related to each research question were searched for separately. There were two pages of simplified data. The original idea was maintained in the simplifying process. Grouping involves uniting those facts from the simplified expressions that seem to be connected. These groups are named appropriately to describe the content. This is the formation of subcategories. (Kyngäs – Vanhanen 1999.) 21 subcategories were formed based on the groups related to the first research question. Eight subcategories were developed based on the groups related to the second research question.

The analysis continues by joining similar subcategories under maincategories that are given appropriate names according to the content (Kyngäs – Vanhanen 1999). The subcategories for the first research question formed five maincategories. The subcategories for the second research question led to formation of two maincategories. The categorizing can continue for

as long as it is possible to combine similar contents. Finally a joined category will be formed by combining the maincategories, and it will be named according to the content. (Kynge – Vanhanen 1999.) In the thesis, joined categories were developed based on the maincategories. The categories are presented in figures 1 and 2.

5 FINDINGS

5.1 Expectations of elderly people regarding the nurse-client relationship and interaction in home care

Data suggests that clients wish for an open, trusting care relationship where feelings and opinions can be expressed. Communication is an essential part of a good nurse-client relationship, and it involves mutual openness. The informants expressed that there is need for chatting and being able to express oneself. The role of a nurse is not merely that of a listener's, but in particular that of a conversationalist's. Clients wished for the nurse to share her opinions and ask questions. As opinions are shared the conversation usually starts to flow. The nurse does not have to be afraid of disagreeing with the clients, since differences of opinions may inspire thoughts in the clients. Clients also found reminiscing pleasant since it can clarify their own experiences and bring joy.

Clients wished for a reciprocal care relationship in which both the nurse and the client are active participants. Clients feel good about being able to give something in return to the nurse, and they are happy to share advice based on their life experience.

It is great when both are open, trust each other, and I can express my feelings and the nurse understands the situation...I think it is mutual openness

It is very nice to notice that you can give something in return

If I ask something the nurse can say more than 'yes'...she can bring out another opinion and then the conversation starts to flow

A part of a good care relationship is to get along well, to have conversations and to be able to ask. To talk about normal things

It is very nice to talk with someone instead of just sitting here quiet all by myself

While chatting and interaction are important for the clients, they often also need physical help from the nurse. Sensitivity to each client's individual needs is important. The clients expected good results and efficacy from their carers. The nurse was expected to perform her chores well and finish them. Clients wished to have the same nurse come as often as possible. Familiar nurses tend to be more independent and self-initiative. They do not have to ask questions all the time because they already know the chores and routines. The duties are therefore performed more effectively. The carers that are open and have experience seem to be more relaxed than those who are very shy and new to the profession. Dedication to the work was viewed as a positive quality that can often be sensed in the nurse's behavior.

It is always easier when the nurse is familiar...She knows where everything is and I don't have to make wishes all the time that 'do this or do that'...there is independence. When I don't know what we could do, she knows what we will do

For some the work just flows more quickly and handy

Many times I have thought that this is hard work to visit an elderly person...but then you can just see that the nurse does it out of her own will

It is important for the nurse to be assertive and firm since this can promote the client's feeling of safety. It was viewed as a part of the nursing profession to care and give instructions. The nurse was expected to remain calm and act professionally even in difficult circumstances. Some clients wished for the nurse to make most of the decisions, while others wanted to be more involved in the decision-making.

Calmness is very important...so that one does not fuss

I was feeling really sick once and the nurse was professional and knowledgeable and took the situation as it was... she took it as one incident and started dealing with it...she was so talented and smart

The nurse was expected to introduce herself when she first visits the client. Introducing oneself means not only presenting one's name but also the level of education. The nurse was also expected to tell which company she is working for. Also a familiar nurse was expected to greet the clients before starting to perform chores.

When a carer comes into my home I would want her to greet me

There are these impolite nurses...when they come in, they don't even present themselves...they just start with the chores...that is very negative

The clients expected the nurse to have a caring and considerate approach. The sole presence of the nurse promotes the feeling of safety in the clients. Delays make the clients feel uncertain of whether the nurse will come or not, and this makes the clients feel unsafe. Clients wanted to be informed about changes in schedules. They felt that time spent for waiting for the nurse is wasted. Clients considered a good nurse-client relationship to include mutual trust, which is reinforced by punctuality and keeping promises. The nurse needs to be considerate and sensitive to the clients' needs, and remember that they are in another person's home. Flexibility was seen as a positive quality in a nurse. She not only works according to a certain protocol, but listens to the clients' wishes and evaluates the situation.

They come at so different times...that makes me think whether they will come at all or if they have forgotten...and there is no number to call

Then I sit here and wait...and they never come...then they call that they are one and a half hours late and say 'yeah, yeah I am coming'

Then there are nurses that never listen. I have been trying to help and explain things but they do whatever they please...I think that is wrong

In my home the nurses should do things the way that I want them to be done

Considering the clients' needs and feelings conveys a sense of respect. Respect can also be shown by eye-contact and by being present in the moment. The clients expected the nurse to have a calm and unhurried presence. Respect also includes being honest. If a nurse fails to finish a task she should not make excuses.

I have come to understand that the nurses are in such a hurry but they are able to hide it

Eye-contact is important if we are chatting face to face

Sometimes they say 'yeah, I did not remember, and I came another way and there was no store closeby' when they were supposed to get me something

Warmth was expected from the nurse. Soft values such as empathy and gentleness were appreciated. Clients feel empathized when a nurse understands their feelings and

acknowledges their condition. It was considered easier to ask for help from an empathetic nurse. Touch was experienced individually by the clients. Some clients considered touch and hugging positive while others simply expected friendliness. It was brought out by the clients that the nurses rarely touch or pat them. This was thought to be related to shyness of the nurses. Clients also presented a thought that nurses may have been told not to touch them.

I think it is nice to touch another person...it has its own value and meaning...sometimes we even give hugs here...it makes you feel warm and nice

Of course it is nice when someone pats you on the shoulder and says 'bye, see you again'...it feels so much better than if they just shout 'bye' from the hall

Humanity was viewed as a crucial element in the nurse-client relationship. The nurse was expected to acknowledge the client as a human being. Seeing beyond the illness or condition was considered important. Clients wish to not merely talk about their health problems with the nurse. They want to be related to as to a healthy person and not be pitied by the nurse. Clients wanted to be seen as valuable individuals and not as objects of treatment. The nurse was expected to be present during the visits, and not express with non-verbal cues that she quickly wants to complete the task and leave.

Reaching humanity is crucial... it might not be reached during the first visit but it develops along the way

It is negative if the nurse relates to me as to a sick person

You get acknowledged as a person...you are not just a package

The nurses that perform duties mechanically remain distant

The nurse not only provides physical help to the clients but brings them joy as well. Clients expected the nurse to be positive and joyful. They expected friendliness and willingness to help. A friendly tone and smiling face were valued by the clients. A positive nurse can cheer up the client and make him forget about his worries. The nurse can alleviate his pain by mere presence. Humour was appreciated, and being able to laugh about disagreements was considered positive.

A sunny and joyful nurse is like medicine to me...it is so much better than my Burana...it makes me feel good

When a nurse is here with me I forget the pain, and when the nurse leaves I feel it again

A good carer is positive. Sometimes when they walk through the door you just see that now comes in a bundle of joy. Many times when you feel very tired you wish that a joyful person would come and cheer you up

Clients wished to have a close relationship with the nurse. Intimacy and emotional connectedness were valued. Clients appreciated the nurse to disclose some personal information as this promotes closeness in the relationship. When the client knows something about the personal life of the nurse she does not feel like a stranger. The nurse was not expected to disclose details about her life but she could for example mention whether she is married or has children. Clients expressed that they may feel more comfortable about revealing their home and personal life to the nurse if they know something personal about her. It depends on the situation how close the nurse can come physically and emotionally. It was suggested that even the development of a friendship between the clients and the nurse would be positive.

With a good nurse we talk about all kinds of things...even personal things. We might share our experiences...it is some kind of interactive communication

Often we had a great time with the familiar nurse...it was a fun moment when she came

It is often easier to become closer and more intimate with the nurse in a continuous relationship. Clients expressed their dissatisfaction with having several different carers. It was found negative and tiring having to explain the tasks every time to an unfamiliar nurse. A familiar nurse knows the client's health problems and is able to act accordingly. She remembers her promises to the client. Clients considered time being often wasted for instructing new nurses.

It would be good if the carer knew me and did not have to ask so often...so much time is wasted and they are always so busy

Intimacy and mutual understanding in the care relationship make the atmosphere more relaxed. Clients expressed that they are often uncertain of how an unfamiliar nurse will

react and behave, and therefore it is hard for them to relax and be themselves. When the atmosphere is good it is easier for the client to approach the nurse.

Of course it's nice to have a familiar nurse come...naturally you don't want to reveal your bottom to a stranger

Conversations are often more versatile with a familiar nurse. Sometimes, however, even an unfamiliar nurse can feel close to the client. There can be a spiritual connection between the two from the first visit on. Clients felt that this connection can not be put into words but it is felt with the heart.

If the chemistries meet they meet from the first moment on. But of course it is clear that if the same carer comes many times the interaction, topics and thoughts become more versatile

Clients perceived that it is important for the nurse to be her genuine self. Acting out and trying too much are considered negative. Being open and receptive are appreciated qualities and they allow for discussion to occur.

When a nurse goes to a new client's home she has to be herself... it is the most important thing...If she starts to act out it takes longer for her to get into the profession

Clients expected the nurse to provide professional care with loving-kindness. Efficient work promotes client satisfaction, but it alone is not enough. Merely performing tasks was considered negative and the clients wanted to have an emotional connection with the nurse. Clients expected to be able to share opinions, feelings and experiences with the nurse. Mutual understanding, respect and trust were considered essential factors in a good nurse-client relationship. Intimacy is more likely to occur with a familiar nurse who is positive, genuine and willing to disclose some personal information.

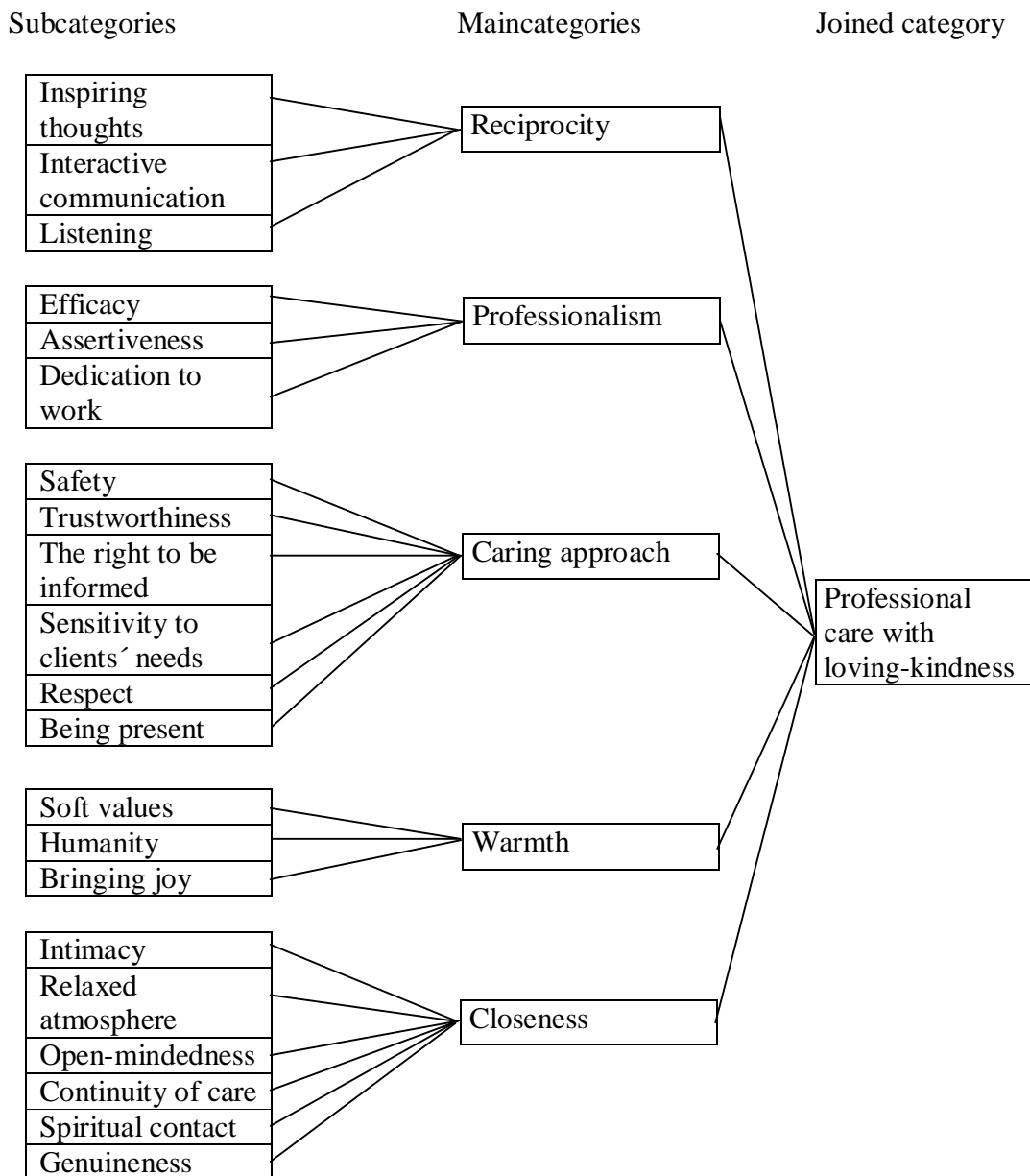


FIGURE 1. Expectations of elderly people regarding the nurse-client relationship and interaction in home care.

5.2 Development ideas of elderly people for home care

Clients wanted the nurse to have a more caring approach. More consideration was suggested. Clients wanted to be able to trust their caregivers. By being punctual and keeping promises the nurse can convey trustworthiness. Clients presented dissatisfaction with the nurses' consideration of time. Often the nurse comes late without informing about

the delay or apologizing for it. Waiting causes uncertainty of whether the nurse will come at all, and this makes the clients feel unsafe. As paying customers the clients expect the nurse to come on time or at least inform about changes in the schedule. They also want to know beforehand which nurse is coming. Clients wanted nurses to remember the importance of keeping promises, even with simple things. It would be appreciated if the nurses were more thoughtful.

I wish that they come when they are supposed to...if it is agreed that they will come at 8am I want them to come at 8 not 9.30

I wish I knew more precisely what time the nurses come. Sometimes when they are late I wonder if they will come at all...that maybe they got sick. Punctuality is important

I wish they would come as agreed and do things that they have promised to do

The time is completely wasted when you just wait for the other person

Clients wished for the care visits to last longer. This would enable the development of a deeper nurse-client relationship with more interaction. Clients felt that at the moment there is lack of interaction during the care visits. As the nurse and client spend more time together the interaction often becomes deeper. This allows for the relationship to grow. Having several different visiting nurses was considered negative. It was strongly stated that there should be continuity of care. The visit of a familiar nurse was considered more joyful and pleasant.

It would be better if the same nurse came. Then you would know the other person...instead of always being with a stranger

You get close with someone that has visited several times...you don't have to think ...you just feel that it is nice

I miss the conversations...I can handle the other aspects of loneliness but I do want someone to talk to

Clients wished that nurses would perform tasks in a more efficient and accurate way. It was considered negative if the nurse did not finish her tasks and left places untidy. Clients did not want to clean up after the nurse. A familiar nurse is often more efficient since she knows the client's needs, where to find things, and feels more comfortable in the client's home.

It is all about the time...I have never had time to get to know them...many of the good nurses have quit coming

Always a different person, day and night, and I always have to tell what to do and where to find things...it is a bit tiring

Clients expressed that often the nurse comes and leaves with a hurry. They were suggested to have a calmer and more unhurried presence. Clients wished that the nurse would act in a calm manner even in hurry. An unrushed nurse is able to perform tasks more efficiently. If the nurse is present in the moment the time is also more meaningful for the client.

The nurse comes and leaves with hurry... I feel like I am just another factor adding to the rush

Everybody is the same... cold hands and 'quickly away from here'

It is nice that nobody is very fussy or like 'oh, there is only so little time'

Clients suggested that the work areas of the nurses could be smaller. Transfer times from one place to another could also be longer. This way more time would be spent with each client. Clients felt that the nurse has to leave earlier than she is supposed to for her to be on time in the next place.

So much time goes to waiting for the bus and travelling

More time for one patient. And smaller areas so that the time wouldn't go for travelling only

Clients wished for the nurse to have a more attending presence. An unhurried and calm approach was hoped for from the nurse. In addition to a more accurate performance of tasks, clients wished for more interaction. Longer visits and continuity of care would be beneficial for the interaction to be more meaningful. The nurse can show her understanding by considering the client better. This includes keeping promises, being punctual and honest and sensitive to the client's needs.

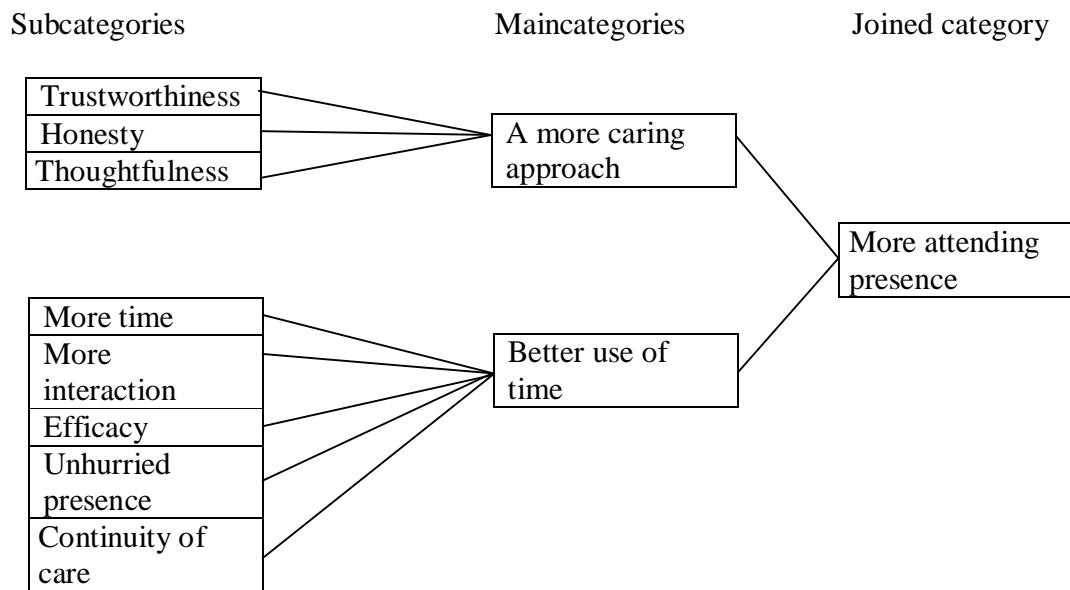


FIGURE 2. Development ideas of elderly people for home care.

6 RIGOR

The four criteria for establishing trustworthiness of qualitative data have been suggested: credibility, dependability, confirmability and transferability. A study is credible when it reflects the experiences and thoughts of the study participants. Because usually only a few cases are studied in qualitative research it is better to think of validity as credibility. (Polit – Beck 2004: 430.)

Certain factors can enhance the credibility of a study. One is prolonged engagement, meaning that enough time is invested in collecting the data and getting acquainted with the background of the participatory group. Prolonged engagement may help in building trust and rapport with the participants, which makes obtaining accurate and rich information more likely. (Polit – Beck 2004: 430.) The writers were acquainted with the informants through their work in the home care company, and therefore they had already established a connection with them. However, it was acknowledged that the acquaintance of the participants and the writers might affect the participants' willingness to give criticism.

The informants of the study were selected carefully. Only people with no severe hearing -

or visual deficits or memory loss were selected to enhance the credibility of the study. The selected participants are solely-living and receive home care services regularly. They are Finnish citizens over the age of 65. The interviews were conducted according to the timetables and wishes of the clients, however within a few days. The schedules were planned in cooperation with the clients to ensure that the atmosphere would be unhurried.

The themes for the interview were designed based on the aim and purpose of the thesis, the literature review and the research questions. Theory was studied to support the interview- and analysis processes.

The interview situations need to be planned with care. No family members or caregivers were present at the moment of the interview, since this might have affected the participants' willingness to talk openly. Since the interviews were conducted at the homes of the informants, they may have felt more comfortable expressing their feelings. Prior to the interviews it was reassured to the participants that the interviews were for study purposes only. The informants were told that their anonymity would be ensured. The participants were also informed about their right to withdraw from the study and refuse answering questions.

The interviews were recorded to prevent errors in remembrance. It was considered that some participants might be uncomfortable with a tape recorder. Therefore enough time was spent for casual interaction in the beginning. The writers had a diary where strong non-verbal communication like facial expressions, body language and tone of voice were meant to be written down during the interviews. Only one expression was written in the diary.

The interview questions were presented clearly to avoid misunderstandings. The participants were encouraged to ask the interviewers to repeat questions that they did not hear or understand. The intention was to not lead the participants in their answers. This was, however, not fully obeyed due to the lack of experience of the interviewers.

The credibility of the thesis is likely to be enhanced since two people conducted the interviews and analyzed the data. The obtained data was transcribed soon after the interviews when they were still fresh in the mind. The writers' views on the data were

compared and discussed. This promotes objectivity and prevents interpretation of data. The translation of data from Finnish to English was done together to avoid losing the original meaning. Dictionaries were used in the translation. A detailed description of all the phases of a study will increase the credibility of the study (Hirsjärvi – Remes – Sajavaara 2004). The setting and sample, data collection and data analysis are accurately described in the thesis.

Dependability is the second criterion in assessing trustworthiness in qualitative research and it refers to the stability of data over time and over conditions. Dependability of data can be assessed by undertaking a procedure called stepwise replication meaning having a research team divided into two groups. Data sources are dealt with separately in these groups and essentially independent inquiries through which data can be compared are conducted. (Polit – Beck 2004: 434.) Dependability was tested in the study. The two writers compared their views on the data, and the analysis was done in consensus.

Confirmability refers to the objectivity or neutrality of the data. Developing an audit trail which is a systematic collection of materials and documents will enhance confirmability because this way no information will be left out. There are six classes of records that are of special interest when creating an adequate audit trail. These include: (1) the raw data meaning field notes and interview transcripts, (2) data reduction and analysis products meaning the theoretical notes and documentation on working hypotheses, (3) process notes, (4) materials relating to researchers' intentions and dispositions, (5) instrument development information, meaning pilot forms, and data reconstruction products meaning drafts of the final report. (Polit – Beck 2004: 435.) In the preparation of the thesis all the notes were saved. This enabled the writers to review the data and confirm that everything significant was considered.

Transferability refers essentially to the generalizability of the data meaning the extent to which the findings can be transferred to other settings or groups (Polit – Beck 2004: 435). The findings can not be generalized since there were only six informants in the study. According to Polit and Beck (2006: 44) qualitative research does not specifically seek to make the findings generalizable. Nevertheless, qualitative research often seeks understandings that might prove useful in other situations.

The inexperience of the interviewers can affect the credibility of the thesis. In qualitative studies, the researchers are the data collecting instruments, and therefore researcher qualifications and experiences affect the study (Polit – Beck 2004: 434). The literature, that was selected and reviewed prior to the interviews, determined and to some extent restricted the choice of the theme questions. The first theme question was noticed to be unnecessary. It did not provide information related to the topic. Useful information was however obtained.

7 ETHICAL ISSUES

Because the thesis involves human participants there are several ethical issues to consider. The guidelines of the Declaration of Helsinki (1964) were followed in the thesis process. According to the Declaration life, health, privacy, and dignity of the human subject of study should be protected. Prior to conducting a research there should be careful assessment of predictable risks and burdens in comparison with the predictable benefits to the subjects of the study or to others. The predictable benefits should always outweigh the possible risks or burdens. A study is justified if there is a possibility that the subjects of the research will benefit from the results.

The aim of this thesis is to improve the quality of care to better meet the needs of the clients. When selecting the participants it was taken into consideration that they did not have any severe memory- hearing- or visual deficits, which could lead to misunderstandings.

Along with the principles stated in the Declaration of Helsinki, the participation to the interviews of this thesis was voluntary. In the Declaration it is stated that the informants must receive a detailed disclosure of the aim, methods and possible benefits of the study. The informants of the thesis were sent a written information form prior to conducting the interviews. It was assured to the informants that they could refuse answering any questions during the interviews. They were also informed about their right to withdraw from the study at any point without any consequences. This is the process of informed consent. The informed consent processes were documented by having the informants sign a consent

form.

A study licence was obtained from the head of the home care company and Helsinki Polytechnic, Stadia. Home care providers will have a chance to benefit from the results of the study.

The interviews were scheduled in cooperation with the participants to ensure the suitability of the times for them. The scheduled interview times were obeyed. Researchers should always be gracious and polite, and practice sensitivity to linguistic diversity (Polit – Beck 2006: 96). It is important to respect the interviewee by not just coming to conduct an interview and then leaving immediately after obtaining the information (Burns and Grove 2005). When going to conduct the interviews, time was spent with the informants also for chatting about issues not related to the thesis. The interview situations were unrushed. This was thought to promote the informants' willingness to disclose information. The informants were told which questions and answers would be acknowledged in the data analysis and which questions were merely meant for opening the conversation.

As original expressions were simplified in the data analysis, their meaning was maintained. Interpretation of the data was prevented by having two analyzers. Translation of data from Finnish into English was also done together by the two writers. Dictionaries were used in the translation process. Throughout the thesis the references were appropriately recorded to protect the rights of authors.

The identity and privacy of the informants was protected along the guidelines of Declaration of Helsinki. The names, contact information or care information of the informants do not appear in the thesis. The informants can not be recognized from the text. The transcription papers and papers where names appear were destroyed after the thesis had been finalized. The interview tapes were also destroyed. As most of the work was done in public places no names of informants were mentioned to protect their privacy.

8 DISCUSSION

The purpose of the thesis was to explore expectations of elderly clients of home care on the nurse-client relationship and interaction. The aim is to improve the quality of home care to better meet the needs of the clients. The main finding was that elderly clients of home care expect to receive professional care with loving-kindness. Clients presented a development suggestion that nurses could have a more attending presence when they provide care.

Clients expected to have an open relationship with the nurse. They want to be able to express their feelings and opinions freely and be able to trust the nurse. The nurse was encouraged to present her views as reciprocity is important for the clients. Both the client and nurse were expected to be active participants in the relationship. While working for the home care company the writers have come to understand that elderly people often want to give something in return to their caregivers. They might want to offer a cup of coffee or a sandwich.

Interaction and communication were expected from the relationship with the nurse. The nurse was expected to listen to the client and engage in conversations. Clients hope the nurse to be interested in their lives and histories (Izumi et al. 2006). While conducting the interviews it became obvious that clients had a need to talk about issues not related to the interview itself. They seemed to be pleased to have someone to talk to.

Clients required professional and competent care. They wanted their individual needs to be considered. Self-initiation and assertiveness were expected from the nurse as they promote the client's feeling of safety. Nurses were expected to perform their duties in a firm but calm manner. Clients perceived that calmness promotes efficacy. According to Johansson and Oléni (2002) and Sofaer and Firminger (2005) professionals should continually improve their skills and strive for excellence. Nurses should perform their tasks in a technically correct way. The findings of the thesis support the suggestion of Izumi et al. (2006) that it would be good for the nurses to always greet the client. The findings also present that a new nurse is expected to present herself and her level of education during the first visit.

Clients expected nurses to have a caring approach. Keeping promises and informing about delays promotes the client's feeling of safety. Clients wished to be informed about changes

related to their care. They are often nervous about whether the nurse that was supposed to come will come, or whether the nurse will come at all. Punctuality reinforces mutual trust, which is an essential part of the nurse-client relationship. According to Izumi et al. (2006) a client may feel precious as promises are kept and he is treated with respect. Being sensitive to the client's needs and feelings conveys a sense of respect.

Clients hoped for an unrushed presence from the nurse. Even in hurry the nurse is expected to act in a calm manner. Clients felt that the visits would be more meaningful if the nurse was present in the moment. According to McCabe (2004) a nurse with a rushed presence might make the patient feel like he can not bother the 'busy nurse'.

Clients wished for the nurse to approach them with empathy and gentleness. According to McCabe (2004) it would be good for the nurse to be aware of the influence that her choice of behavior might have. Empathetic communication is considered to bring about positive changes in the client. Attree (2001) presents that clients wish for the nurse to be calm, gentle, kind and approachable. Clients viewed humanity as a crucial element in the nurse-client relationship. The findings present that clients wish for the nurse to cheer them up and bring them joy.

Closeness was valued in the nurse-client relationship. The nurse was encouraged to disclose some personal information since this promotes intimacy. Dowling (2006) suggests that for intimacy to occur, reciprocity, self-disclosure and self-awareness are needed. If both the nurse and the client have an open mind the relationship is likely to become deeper. A close relationship is more likely to develop with a familiar nurse. Authenticity is important for the development of an intimate nurse-client relationship. According to Mattila (2001: 61, 66-68) clients may perceive a nurse that is not genuine as distant.

Clients expected nurses to have a more attending presence. They wished for the nurses to use the visiting time better. More interaction with the client was suggested instead of performing tasks mechanically. Clients expressed their dissatisfaction with having several different nurses. Patients wish for continuity of care as staff is assigned to them (Riccio 2001; Sofaer – Firminger 2005). Continuity of care helps create a deeper understanding of the client and increase mutual respect (Moyle 2003).

Nurses were expected to have a more caring approach. Clients wanted more information about delays and changes regarding their care. Not making excuses for not finishing tasks or performing them accurately was suggested for the nurses. In general, clients wanted the nurse to perform her duties better.

Clients wished for longer visits. They suggested smaller work areas and longer transfer times from one place to another for the nurses. The nurse was expected to be more present and not reveal her hurry.

The findings of the thesis support the existing knowledge on expectations of elderly people on the nurse-client relationship and interaction. Not much research has been done on expectations of elderly clients in home care. This could be an area for further study since the request for home care is on the increase.

The findings can not be generalized due to a relatively small sample. According to Polit and Beck (2006: 44) qualitative research does not specifically seek to make the findings generalizable. Nevertheless, qualitative research often seeks understandings that might prove useful in other situations.

Home care providers may benefit from the findings of the thesis. Nurses have an opportunity to reflect their own care behaviors on the findings of the thesis. The expectations and development ideas of the clients can be applied to the care. It is beneficial for the home care providers to listen to the expectations and wishes of clients since competition in the home care sector is growing. Based on the findings, nurses could apply the concept of loving-kindness in their care, and be more attending in their presence with the clients. It would be good for nurses to remember that even in a hurry they could have a calm presence. An unrushed visit makes the time more meaningful for the client. Nurses could be more considerate and remember to keep their promises. It would be good for nurses to remember that their choice of behavior can have a lasting impact on the client.

It is challenging to begin to improve quality of care. However, if a difference can be made for even one client, the aim of the thesis has been reached.

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Honoured client of home care,

We ask for permission to interview You. We are making a Bachelor's thesis as a part of our nursing studies in Helsinki Polytechnic, Stadia. We study in the Degree Programme of Nursing and the language of study is English. The purpose of the thesis is to explore expectations and wishes of elderly home care clients regarding the nurse-client relationship and interaction. The goal is to get development suggestions to improve the quality of care. The data for the thesis will be collected in interviews. The interviews will be conducted in Finnish during spring 2006. The interviews will be recorded and afterwards the data will be written open, analysed and translated into English. The finished thesis will be in English. The names of the informants will not appear in the thesis and the answers can not be connected to a particular person. The participation in the interview is voluntary. The informants have the right to refuse to answer any questions and withdraw from participating at any point without consequences. The finished thesis will be available in the library of Stadia, Tukholmankatu and in the Helsinki office of Your home care provider. The informants have the right to get additional information about the interviews from the authors of the thesis.

Helsingissä 07.03.2006

Katarina Sjögren

Anna Kihlström

The information form in Finnish

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Arvoisa kotihoidon asiakas,

Pyydämme lupaa haastatella Teitä. Teemme opinnäytetyötä osana sairaanhoito-opintojamme Helsingin ammattikorkeakoulussa, Stadiassa. Opiskelemme kansainvälisellä opintolinjalla, ja opiskelukieli on englanti. Opinnäytetyömme tarkoitus on kartoittaa kotihoidon piirissä olevien vanhusten odotuksia ja toiveita hoitosuhteeseen sekä vuorovaikutukseen liittyen. Tavoitteenamme on saada kehitysehdotuksia hoidon laadun parantamiseen. Opinnäytetyön aineisto kerätään haastattelemalla. Haastattelut suoritetaan kevään 2006 aikana suomen kielellä. Tieto tallennetaan kasettinauhurille, puretaan paperille, analysoidaan, ja lopuksi käännetään opiskelukielellemme englanniksi. Valmis työ tulee olemaan englanninkielinen. Haastateltavien nimet eivät esiinny opinnäytetyössä, eikä vastauksia voi liittää tiettyyn henkilöön. Osallistuminen haastatteluun on vapaaehtoista ja haastateltavilla on tutkimuksen aikana oikeus kieltäytyä vastaamasta esitettyihin kysymyksiin sekä oikeus perääntyä osallistumisesta ilman että siitä aiheutuu heille mitään seuraamuksia. Työn ollessa valmis, se tulee olemaan saatavilla koulumme kirjastossa sekä kotihoitonne Helsingin toimistossa. Haastateltavilla on oikeus saada lisätietoja haastattelusta opinnäytetyön tekijöiltä.

Helsingissä 07.03.2006

Katarina Sjögren

Anna Kihlström

I have familiarized myself with the purpose and content of this Bachelor's thesis and my rights as an informant. I agree to participate in the interview according to the given instructions. If I so wish, I am able to withdraw from the study or refuse to answer questions. The interview material can be used for scientific reporting (for example publications) in the form that a single informant can not be recognised.

Date	Signature of the informant	Clarification of name
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Date	Signature of the student	Clarification of name
------	--------------------------	-----------------------

Date	Signature of the student	Clarification of name
------	--------------------------	-----------------------

The consent form in Finnish

Olen perehtynyt tämän opinnäytetyön tarkoitukseen ja sisältöön sekä oikeuksiini haastateltavana. Suostun osallistumaan haastatteluihin annettujen ohjeiden mukaan. Voin halutessani peruuttaa tai keskeyttää osallistumiseni tai kieltäytyä kysymyksistä missä vaiheessa tahansa. Haastatteluaineistoa saa käyttää tieteelliseen raportointiin (esim. julkaisuihin) sellaisessa muodossa, jossa yksittäistä tutkittavaa ei voi tunnistaa.

Päiväys	Haastateltavan allekirjoitus	Nimen selvennys
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Päiväys	Opiskelijan allekirjoitus	Nimen selvennys
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Päiväys	Opiskelijan allekirjoitus	Nimen selvennys
---------	---------------------------	-----------------

Starting questions:

How often do You have visitors?

How often does the nurse come?

What are Your days normally like?

How often do You usually go to events or visits outside Your home?

What kind of activity would You like to include in Your days?

Key questions:

Theme 1: How would You describe Your social life?

Theme 1 support questions:

What are Your chances to meet other people?

What are your chances to have discussions with other people?

Theme 2: What is the meaning of the nurse in Your social life?

Theme 2 support questions:

How often do You have the same nurse?

What do You think of this? (referring to the previous question)

Theme 3: What characteristics does a good nurse-client relationship include in Your opinion?

Theme 3 support questions:

What kind of interaction with the nurse is important to You?

What kind of interaction with the nurse is less important to You?

Do You feel that you are respected during the home care visit?

Do You feel that you are understood during the home care visit?

How can the nurse make You feel safe?

Theme 4: Could You describe a positive or negative home care visit that You recall?

Ending questions:

How can the visits be developed to better meet Your needs?

Would You like to share something else concerning the topic?

The interview frame in Finnish

Aloituskysymykset:

Miten usein Teillä käy vieraita?

Miten usein Teillä käy kotihoitaja?

Millaisia päivänne normaalisti ovat?

Miten usein käytte kodin ulkopuolella erilaisissa tapahtumissa tai vierailuilla?

Millaista toimintaa toivotte päiviinne?

Avainkysymykset:

Teema 1: Miten kuvailisitte sosiaalista elämäännne?

Teema 1 apukysymykset:

Millaiset mahdollisuudet Teillä on tavata toisia ihmisiä?

Millaiset mahdollisuudet Teillä on keskusteluihin toisten ihmisten kanssa?

Teema 2: Millainen merkitys kotihoitajalla on sosiaaliseen elämäännne?

Teema 2 apukysymykset:

Miten usein Teillä käy sama hoitaja?

Mitä mieltä olette tästä? (viittaus edelliseen kysymykseen)

Teema 3: Millaisia asioita kuuluu mielestänne hyvään hoitosuhteeseen?

Teema 3 apukysymykset:

Millainen kanssakäyminen kotihoitajan kanssa on Teille tärkeää?

Millainen kanssakäyminen kotihoitajan kanssa on Teille vähemmän tärkeää?

Koetteko kotihoitokäynnin aikana että Teitä kunnioitetaan?

Koetteko kotihoitokäynnin aikana että Teitä ymmärretään?

Millä tavoilla hoitaja voi saada Teidät tuntemaan olonne turvalliseksi?

Teema 4: Voisitteko kuvailla jotakin positiivisesti tai negatiivisesti mieleenne jäänyttä kotihoitokäyntiä?

Lopetuskysymykset:

Miten kotihoitokäyntejä voisi mielestänne kehittää vastaamaan tarpeitanne paremmin?

Tahtoisitteko kertoa vielä jotakin aiheeseen liittyen?

It is important for me to be able to present my opinion. I also like it when the nurse brings out her own views

I always try to chat a little...some nurses chat more. Some have not been here before and are shy

Chatting is nice

Mere gossiping...that I cannot stand

We can talk about events

Sometimes they talk about things that are new and interesting to me

Interaction is about chatting and being able to agree and disagree...it might be good to disagree on some things because then I would have something to think about

Reminiscence is nice...it clarifies my own experiences

Sometimes I remember my own youth and it feels nice

The other person is always essential, the other person is the one that comes to care

Then there are those that are all the time asking what they should do

Nurse notices what the patient needs

I have gotten the physical help with what I can't do myself

I feel good that someone has been here...someone that you have had the chance to talk with...and who has done the hardest work that I can't do myself

A nurse who is open and has done this work for a long time has a certain routine that takes away the stiffness

I get help with what I can't do myself

A nurse needs to be a nurse in the sense that she firmly gives instructions

Assertiveness brings safety...then you don't have to try and try and be nervous...it is like a part of the profession that they tell what to do, and they care

They have taken out my garbage, which is very important to me. They get me things that I need from the store

I would want nurses to decide

Safety is based on the trust that I don't have to think whether I should be like this or that

I have told everybody that please call if there are delays

They come whenever they feel like it

Sometimes the nurse calls about the delay and I like it

A good care relationship includes general conversation...nurses ask something. And kindness. You can trust that the given chores will be done

Nurse pays regard to elderly people

The nurse could consider a bit what would be appropriate for the patient and she could make suggestions

I could be told kindly that 'there is no time for this now, but some other time'

A good nurse is a normal person that does not make too many mistakes but is allowed to make some

A good care relationship includes humanity, trust and openness. The nurse is a little bit self-initiative

Nurses are allowed to touch me, it feels good. I have been hugged and touched and it has felt good

It is very seldom that someone pats you on the shoulder or back

When the nurse is empathetic I feel like I can ask for help

Nurses can touch me...it does not feel bad

I don't mind touching as long as the nurse is friendly

We laugh about disagreements

When a nurse is here I get happier...and I hope that I myself don't make the nurse feel like she wants to get out quickly

I am seen as a person and the nurse does not think that I am sick and I have to be pitied...the nurse relates to me like to a healthy person... the nurse can talk about other issues than just the patient's problems

Joyfulness is important

A friendly tone is nice

In a good caring relationship both need to be their own, genuine selves

It wouldn't be bad to become emotionally close with the nurse

It is important to find common ground so that you can discuss...it is important to be receptive

It depends on the moment how close the nurse can come physically or emotionally

When the nurse is open it quicker feels like a familiar person comes to the house

A familiar nurse remembers what she has promised

When there are new nurses coming every time I don't know what to say to them before I learn how they react to things

Things are going damn well if we are on the same page...then we can talk about almost anything

This is such a short time...maybe someone with a four-hour care visit can have a different perception of the relationship with the nurse

It is great when someone who I already know comes for a visit

A familiar nurse knows my problems...if someone unfamiliar comes I have to tell everything again

The conversations are most important to me. And of course that somebody comes to help...and I feel like I can ask for help...so that I don't have to feel like I can't bother her

It would be nice if the nurse acted in a calm manner

If there are surprises they will call...it is essential...so that I won't then wait here and wonder whether they will come or not

It is good to know within a margin of an hour and a half when somebody is coming

It is important to get kind of extra help...with for example doctor visits

Whenever a new nurse comes, she should tell her name, where she comes from and what her education is...many people just come in and say 'okay, so you should get some help now, huh?'

First and foremost I would like the nurses to do their chores better

More chatting with the patient

I wish that the visits wouldn't be so short

When you open the door there is always the doubt whether the person who was supposed to come is coming...I wish I would be informed about changes

If there is only so little time much can not be done

Everything depends on time

The only lack is that the same nurses don't come so often...you would want the same nurse to come so that you would get to know her better...When you start to get along better the nurse gets transferred elsewhere

Pretty often, too often, it is so that the same carer does not come...With a new person you first have to inform her about all the shops and places...and you don't know what the other person is like

It is nice to know something about the private life of the nurse so that you don't feel like you are dealing with a stranger

They give me something that I need and cannot do without

They are always in a hurry because so much time is needed for travelling from one part of the city to another

SIMPLIFIED EXPRESSIONS

APPENDIX 5

1 (2)

§ Same, familiar nurse	§ Getting more acquainted
§ Knowledgeable nurse	§ Having good chemistry
§ Self-initiative nurse	§ Joyfulness
§ Trustworthy nurse	§ Greeting and presenting
§ Not being seen as a“package”	§ Getting help when needed
§ Humanity	§ Unhurried presence
§ Closeness	§ Positivity
§ Openness	§ Disclosure of personal information
§ Intimacy	§ Normal behaviour
§ Warmth	§ Not trying too much
§ Calling if late	§ Mutual respect
§ Spiritual contact	§ Friendly tone
§ Knowing each other	§ Safety through presence
§ Listening	§ Information about delays
§ Engaging in conversations	§ Touch
§ Sharing opinions	§ Cheering up the patient
§ Physical help	§ Smiling
§ Relaxed atmosphere	§ Considering client’s needs
§ Soft values	§ Talking about events
§ Non-mechanical work performance	§ Professionalism
§ Experienced nurse	§ Assertiveness
§ Authenticity	§ Firmness
§ Open-mindedness	§ Caring behaviour
§ Development of routine	§ Gentle suggestions about care
§ Keeping promises	§ Kindness
§ Seeing beyond the illness	§ Laughing about disagreements
§ Not pitying	§ Eye-contact
§ Knowing beforehand which nurse is coming	§ Inspiring thoughts
§ Nurse making the decisions	§ Equality
§ Nurse finishes tasks	§ Accepting presence
	§ Simply coming for a visit

- § Having time
- § Getting along
- § Asking questions
- § Sensitivity to client's needs
- § Not being arrogant
- § Patient involvement in decision-making
- § Respecting patient's space
- § Individuality
- § Limits for nurse's self-disclosure
- § Mutual trust
- § Dedication to work
- § Nurse happy to come
- § Compassion
- § Approachability of nurse
- § Empathy
- § Reminiscing
- § Encouraging opinions
- § Interactive communication
- § Mutual understanding
- § Reciprocity
- § Friendliness
- § Good behavior
- § Efficient work
- § Receptivity of nurse
- § Punctuality
- § Keeping promises
- § Not making excuses
- § Considering patient's needs
- § Thoughtfulness
- § Longer visits
- § Informing about delays
- § Better work performance
- § More interaction
- § Smaller work areas
- § Unhurried presence
- § Continuity of care
- § Meeting client's needs

It is valuable to improve the care of and to make a difference for even one client.

A man is walking on a beach covered with starfish. Starfish die on the sand in the sunlight. One by one the man keeps throwing the starfish back into the water to save them. An onlooker tells him: "Of course it is respectable that you do that, but there are billions of starfish on the beach! What difference does it make to save one?"
The man picks up yet another starfish and gently throws it back into the water. "It does make a difference to this starfish!" (Matthieu Ricard 2004)

Free translation from Finnish to English.