



# Karolinska Institutet

**Institutionen för neurobiologi vårdvetenskap och samhälle**

## Hur sjuksköterskor kan skapa goda vårdrelationer inom avancerad palliativ hemsjukvård

**AKADEMISK AVHANDLING**

som för avläggande av medicine doktorsexamen vid Karolinska  
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## ABSTRACT

Good care relationships between nurses and patients are crucial for achieving good palliative care. How these relationships are created has not been specifically studied in palliative home care. The overall purpose of this thesis was to study (1) the abilities nurses use to create good care relationships; and (2) how good care relationships can be created with dying patients and their relatives in palliative home care. The thesis includes three studies presented in four papers. In Study I (Paper I), eight expert nurses in palliative home care were interviewed about which abilities they use to create good care relationships with the dying people. The results highlight three abilities or concepts: (1) knowledge (theoretical, practical, and experiential); (2) the ability to be perceptive; and (3) the will to do good. In Study II (Paper II), nurses working in palliative home care reflected over these concepts in group supervision. The aim was to promote nurses' ability to reflect on how to create caring relationships with dying patients and their relatives. This was done using an action research approach and, at the same time, testing the usefulness of the emerging theory based on the concepts from Study I. The concepts in the emerging theory were useful as a thinking tool. The nurses had developed their ability to reflect on how to create caring relationships with dying patients and their relatives in home care. The emerging theory was further developed. Study III is presented in papers III and IV. In Paper III, home care nursing encounters in palliative home care were studied through observations of nurses, patients, and caregivers. The purpose was to explore how nurses, patients, and relatives act in planned home care encounters in palliative home care. The results showed that a co-creative process could promote patients' possibility to reach vital goals at the end of life. The home care nursing encounters were characterized by reciprocity in a warm and caring atmosphere. By contrast, nurses' lack of knowledge and time could affect the patients in a negative way, so that vital goals were not always reached in palliative home care. In Paper IV, the co-creative process was analyzed in three home care nursing relationships over time. The aim was to deepen the understanding of the co-creative process described in Paper III and to further explore how the care and the relationship were co-created. The data consisted of observations and interviews conducted in connection with each home care encounter. The results showed that the co-creative process was continuous and that solutions were created through sharing of knowledge. In the process of co-creation, several microprocesses occurred in parallel to promote the patient's wellbeing. The co-creative process promoted good care relationships and good palliative care.