In recent years, large administrative as well as professional changes have taken place in the fields of health care and medical care. Institutional care, which was previously fairly extensively provided, has diminished while home care has expanded. Since there are no studies focusing on what competence is needed in home care, the aim of this study has been to describe the content of caring competence as it manifests itself in professionals in home care.

A qualitative research method has been used with semistructured interviews and observations and the specific content of professional activities in these two data sources have been triangulated. The research group consisted of 19 assistant nurses (age range 24-56) and 18 registered nurses (age range 24-60) working in a home care unit not linked to a hospital. All the participants in the study were women who represented a wide range of practical experience from different areas in the health and medical care sector.

The analysis of the data material enabled two main themes to be described, namely, distinctive features of caring and variation in actual knowledge among registered nurses and nurse assistants in home care. The distinctive features consist of the patient being viewed from a holistic perspective and the patient having an influence on the content of caring and his/her caring situation. Close relatives participate in the caring process, particularly on two occasions: at the final stage of the patient’s life and in conjunction with behavioural changes caused by senile dementia. Caring often extends over long periods of time and this results in varying degrees of emotional involvement in the patients medical as well as social life situation. Caregivers working in home care work alone and are thus responsible for the quality components of their work. With the home as a workplace, one must make sure that no unnecessary changes, which may negatively influence the life situation of the patient, are made in the home environment. Finally, working in home care provides job satisfaction. Caring knowledge involves being able to identify needs and act in response to these needs, to vary one’s approach depending on the specific situation and to master the rapid changes in medical as well as technical components of the caring process. Situation-adapted knowledge as well as judgement and medical knowledge are prominent features of the home care. There is a conception that few persons utilise a broad spectrum of knowledge. Individual knowledge is the result of increasing professional experience. The need for increasing knowledge involves keeping abreast developments in areas where rapid changes in knowledge occur as well as in certain specialised areas including recent aspects and development within caring sciences.

The results show that the knowledge area of caring in home care is mainly based on seeing what is unique in each individual. The patients are viewed from the perspective of their individual life history and placed in a social and cultural context. Close relatives are seen as co-players in the caring process. Caring competence includes knowledge that enables the caregiver to identify and evaluate varying caring situations, thus giving her the ability to adapt the caring process to the specific medical, psychological, and social situation. Certain areas of this competence are more distinctive than others in home care. Such specific competence involves creating and maintaining relations with the patient. This process requires a well-developed ability to communicate, as well as the ability to reflect and make adequate decisions in potentially conflict creating situations. The study shows that competence in home care is a complex ability, which is continuously developing, and that considerable changes take place over time. Accordingly, it would seem reasonable to incorporate knowledge of this kind in the professional training of health care personal involved in home care.