



# Home-based nursing: An endless journey

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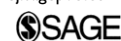
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## Abstract

The aim of this study was to explore metaphors for discovering values and norms held by nurses in home-based nursing care. Ten interviews were analysed and interpreted in accordance with a metaphor analytical method. In the analysis, metaphoric linguistic expressions and two entailments emerged, grounded in the conceptual metaphor 'home-based nursing care is an endless journey', which were created in a cross-domain mapping between the two conceptual domains of home-based nursing care and travel. The metaphor exposed home-based nursing care as being in constant motion, thereby requiring nurses to adjust to circumstances that demand ethical maturity. The study focuses on the importance of developing further theories supporting nurses' expressions of their experiences of everyday ethical issues.

## Keywords

everyday ethics, home-based nursing care, journey, metaphor, motion

## Introduction

Home-based care constitutes a challenging environment for nurses, laden with ethically difficult situations. Magnusson et al.<sup>1</sup> and Peter<sup>2</sup> identified important ethical issues in home-based nursing care, such as the significance of place and questions of patient privacy. According to Peter et al.<sup>3</sup> there is also a call for further investigation of nurses' moral agency in this environment. One way of identifying ethical issues is to study the diverse positions (roles) that nurses adopt in the nurse–patient relationship, as well as both patients' and nurses' descriptions of their positions, together with the ethical implications for home-based nursing care.<sup>4,5</sup> Another is to explore metaphors held by nurses working in home-based nursing care. The use of metaphor in language is particularly helpful when trying to understand what is uncertain, vague, and difficult to articulate.<sup>6</sup> Considering how individuals talk about their experiences and what they say acknowledges language as a symbolic medium in its own right.<sup>7</sup>

## *The role of metaphors*

A number of scholars have used metaphors as interpretative tools in qualitative and quantitative research.<sup>8–11</sup> Carpenter,<sup>11</sup> for example, argues that metaphors may work as a creative strategy helping researchers to analyse and interpret data. They can be used to structure data, see a well-known process in a new light, recognize situation-specific interventions and evoke emotions.<sup>11</sup> The literature on conceptual metaphors as a heuristic for qualitative analysis is illuminative and growing, revealing new insights into familiar and unfamiliar concepts.<sup>10</sup>

The metaphors we use are culturally determined and can expose embedded belief systems such as assumptions and values.<sup>12</sup> Metaphors are, however, so embedded in everyday language that people are mostly unaware of their presence, use and influence.<sup>11,13</sup> Thus, the analysis of metaphors is considered to reveal what is valued and held implicit.<sup>14</sup> However, metaphors not only reveal our embedded belief systems, but also shape our understanding of phenomena and lead us to think of the world in specific ways.<sup>15,16</sup>

Metaphors obtain their special significance through the interplay of two systems of associations and implications, which results in a shifting of both systems.<sup>15</sup> Thus, a metaphor acts as a ‘lens’ through which a new realm is viewed. Commonplace assertions about the original realm are applied to the new realm. The metaphor thus provides associations and conclusions other than those of a literal rewriting.<sup>17</sup> When we say, for example, that ‘the nurse is an advocate for the patient’, some features of the nurse would be seen through this lens, such as rationality, knowledge of rules and moral devotion. It is the relation to the context, according to Black,<sup>15</sup> that provides the filter for the lens. The intention of a metaphor is not to establish an absolute similarity between two phenomena, but to create associations between them.

Black<sup>15</sup> thus makes a distinction between the focus and the frame of a metaphor: the focus is the part to be taken metaphorically and the frame is the part retaining its ordinary meaning. Every utterance or text in which it is possible to identify a focus and a frame is a metaphor. For example, the word ‘advocate’ is literally understood as a person who works in a courtroom. A sentence containing this word can, in another context such as health care, be understood as a metaphor. The crucial point is that the metaphor does not merely express similarities, it creates and expresses the similarities. An essential condition is that the sender and the receiver have the same ‘frame of reference’ and share the same language and background, for example, nurses.<sup>18</sup>

Linguists such as Lakoff and Johnson<sup>19</sup> connect metaphor usage to everyday language and show how our perception and thinking are influenced by metaphors. According to them, even our thoughts are more or less metaphorical. That is, the metaphors we already use influence what we will take notice of in any given situation. They declare that metaphors allow us to understand one area of experience, ideas, and concepts (called the target domain), with terms from another area of experience, ideas, and concepts (called the source domain). Lakoff and Johnson emphasize that the metaphorical process does not occur only at the level of language itself, but in conceptual metaphors, formed at the level of cognition through the process of mapping one cognitive domain on to another. In the conceptual metaphor theory, mapping is a crucial cognitive move that language users set up to make complicated or complex concepts understandable. The term ‘conceptual metaphor’ means ‘cross-domain mapping’, a process in which one conceptual domain is mapped on to another.<sup>10</sup> For example, the conceptual metaphor ‘argument is war’ is built up by cross-domain mapping. In line with Lakoff and Johnson,<sup>19</sup> Kochis and Gillespie argue that domains are defined by metaphoric linguistic expressions defined as ‘a linguistic manifestation such as a word, a phrase or a sentence, which in combination with related expressions functions on the surface as an indication that a conceptual metaphor and its interference might be operating below’ (p.571).<sup>10</sup> That is to say, metaphoric linguistic expressions manifested in the text are utterances of conceptual metaphors. One example is the conceptual metaphor ‘argument is war’, which is underpinned by a set of unspoken assumptions and their logical relations, called

entailments. In the metaphor 'argument is war', metaphoric linguistic expressions such as; 'I won the discussion', 'defend your position' and so forth reveal the entailment that argumentation is purposeful and permeated with power. Thus, identifying conceptual metaphors can be carried out through exploring metaphoric linguistic expressions.

In the nursing field, metaphors have often been used to describe the moral imperatives that provide directions to the purpose and understanding of nursing.<sup>8</sup> However, studies of metaphors used in home-based nursing care are limited and only one has been identified.<sup>7</sup> This study did not focus explicitly on values and norms embedded in the explored metaphors. Further investigation is therefore needed.

There are many terms for the care patients receive in their homes, for example: visiting nurse, home health care, home care, home care services, etc. This study uses the term home-based nursing care because it explicitly expresses a form of care provided by nurses to people in their homes.

## **Aim**

The aim was to explore metaphors as a means of discovering values and norms held by nurses working in home-based care.

## **Method**

An explorative, qualitative design was used to examine metaphors used by nurses working in home-based nursing care.

### *Selection of informants and settings*

The informants consisted of one male and nine female registered nurses working in home-based nursing care. The nurses were selected by their supervisors and all agreed to participate. Their age ranged from 42 to 59 years. Three informants specialized in district nursing, one in intensive care, and the other six in medical or surgical care. All were experienced in providing care in both institutional and community settings. Their professional experience varied between 6 and 28 years.

### *Procedure*

The study was conducted in the spring of 2005 in a municipality in western Sweden. The supervisors of two home health care agencies were contacted. A meeting was arranged with the chief and group supervisors and informants at each agency, when oral and written information about the study was provided. The informants were told that participation was voluntary and that confidentiality would be maintained. All those who agreed to participate were telephoned to arrange a suitable date, venue and time for the interview. The interviews were carried out just before and immediately after the informants had visited their patients. A few broad, open-ended questions were initially presented to them before making their home visits, asking them to describe and reflect on their care for specific patients. This was later followed by a request for a more detailed explanation or questions focusing on significant statements relating to their patients' health care goals. The interviews, lasting 60–90 minutes, were audio-recorded and transcribed verbatim.

### *Data analysis*

The analysis was inspired by Kochis and Gillespie.<sup>10</sup> According to these authors, metaphor analysis can be performed in three steps. First, a text is read and reread to obtain a broad picture and gain an overall

**Table 1.** Examples of metaphoric linguistic expressions and the entailments that form the conceptual metaphor

Conceptual metaphor	Entailments	Metaphoric linguistic expressions
Home-based nursing care is an endless journey	Patients embark on a health journey towards an uncertain destination	she had many illnesses in her baggage you can see that he is on the right path it's going downhill for her his state of health goes up and down there is no other way
	Nurses accompany patients' health journey by planning, controls and communication	choosing the path we have to go further we go there and change bandages we are checking in on her, now and then listen to the patient's signals it is a straightforward communication

impression. In the second step, metaphoric linguistic expressions are identified and listed in order to find patterns or clusters, so-called entailments. Metaphoric linguistic expressions and their entailments are organized into groups by similarities or differences. The third step goes from the explicit surface manifestations of metaphoric linguistic expressions and their entailments to a broader underlying dimension of conceptual metaphors. Thus, according to Kochis and Gillespie,<sup>10</sup> the theory proposes levels of meaning in data that are not fully instantiated on the surface of spoken or written text. In this step, the entailments form a conceptual metaphor that binds the entailments together.

The study analysis progressed according to the above three steps proposed by Kochis and Gillespie.<sup>10</sup> First, the analysis was conducted as an ongoing process, going back and forth in the data to obtain a picture of the whole. Each interview was read and compared with the other interviews in light of the whole. In the second step, metaphoric linguistic expressions such as words, phrases or sentences were identified, and 'tags' were assigned in the margins of the text.<sup>20</sup> These tags were then pasted into different data files. Metaphoric linguistic expressions, that is, sequences, words, and sentences related to each other, were highlighted. This process allowed the identification of patterns of emerging metaphoric linguistic expressions and entailments, leading to the third step, which revealed a cognitive conceptual metaphor. The analysis was conducted by authors SÖ and SM, aided by comments from the other two authors.

### *Ethical considerations*

Consultation and advice were provided by the Ethics Committee at the Medical Faculty, Gothenburg University, Sweden (Dnr.246-05). The nurses were informed of the study's purpose, that participation was voluntary, that information would be handled confidentially, and that they could terminate the interview without explanation if they so wished.

### **Findings**

The analysis finally revealed the conceptual metaphor, 'home-based nursing care is an endless journey', which was related to two entailments of metaphoric linguistic expressions: (1) 'patients embark on a health journey towards an uncertain destination'; and (2) 'nurses accompany patients' health journey by planning, controls and communication' (Table 1). The identification of home-based nursing care as an endless journey indicates that the care changes according to patients' health condition, as is characteristic of a journey's digression when the destination (outcome) is uncertain.

### *Patients embark on a health journey towards an uncertain destination*

The conceptual metaphor was illustrated by the nurses' use of metaphoric linguistic expressions indicating travel and journeys related to departure, the patients' health condition, 'stopovers', and destinations of patients' health journeys.

For departure, the patients required a 'ticket', that is, a referral: 'he received a referral from the attending physician'. The patients' health problems were an essential condition for receiving a ticket, and the nurses' use of metaphoric linguistic expressions pointed out the health problems as baggage: 'she had many illnesses in her baggage'. Thus, baggage can be interpreted as a request for the type of home-based nursing care patients received from the nurses and a condition for stopovers', that is, the level and performance of care patients require throughout their journey.

The baggage (the illness) was expressed by the nurses in metaphoric linguistic expressions such as: 'heart disease', 'newly discovered diabetic', or 'stroke patient' requiring a specific ticket. These were always referred to when the nurses described the purpose of patients' health journey. Metaphoric linguistic expressions used by nurses (e.g. 'she is very frail' and 'he has little capacity') could also be seen as baggage demanding specific tickets for the journey. That is, patients' illness and their physical and mental state of health were not baggage carried 'outside' the patients: the baggage and the patient were considered to be identical and the reason for patients receiving a ticket for their journey.

The stopovers in patients' health journey were dependent on their condition. When patients' health problems improved, the nurses verbalized this by means of metaphoric linguistic expressions such as: 'you can see that he is on the right path'. If a patient's condition was getting worse, the nurses expressed this in metaphoric linguistic expressions such as: 'it's going downhill for her', and 'there are hurdles along the way so you have to provide some backup'. It was also possible that patients' health remained static, which was noted by metaphoric linguistic expressions such as, 'well, just now we can't say anything more about this case, there is no other way', or 'the care took a normal course' if a patient's health condition progressed as expected by the nurses. The nurses also uttered metaphoric linguistic expressions describing the health journey and the stopovers as a process (e.g. 'his state of health goes up and down'), which were related to metaphoric linguistic expressions such as, 'when patients' needs and functions change you have to take it easy so it won't be too hard for them'.

Patients' ability to manage their health journey can also be related to their ability to manage the journey alone and control their capability. Metaphoric linguistic expressions, such as 'she has control of the situation', 'he takes the insulin himself', and 'she is very independent', signified that some patients had an independent ability to manage their journey. In other cases and circumstances, they required help from others: 'many patients want us to do everything', 'she has no control at all', 'we should always be there whenever' were expressions used by the nurses. The ability to travel alone or with help from others was almost always related to patients' mental abilities expressed by the nurses in such as: 'he is mentally alert', 'she is confused', 'she is in good health mentally', and 'she is very independent', or by metaphoric linguistic expressions related to patients' will, for example, 'he doesn't really want to comply, he wants to take care of himself'.

The health journey was also described and indicated by the nurses in metaphoric linguistic expressions indicating movement to and from physical destinations, for example, the patient's home ('comes home from the hospital'), and the hospital ('sent to the hospital'), and 'there have been many trips back and forth'. Metaphoric linguistic expressions were also related to movements such as: 'he has been in and out of the hospital', 'he has to go to the hospital for assessment', and 'he has been discharged from the hospital'. The expressions used by the nurses concerning destinations were permeated with ownership that seemed to reject patients as independent beings; for example, 'that is my patient', 'he belongs to Dr Johansson', 'this is our [home-based nursing care] patient', 'it's the hospital's patient', and 'we got her'.

### *Nurses accompany patients' health journey by planning, controls, and communication*

The conceptual metaphor 'home-based nursing care is an endless journey' indicated that the nurses could be seen as fellow travellers in patients' health journey. Metaphoric linguistic expressions such as 'I follow the patient', and 'it feels that we are on the right track' were examples used by the nurses indicating their accompaniment of patients' health journey. This companionship was guided by ethical rules, expressed in such as: 'the patients decide', 'the patients are in focus', and 'never use a situation for your own gain'.

Accompanying patients on their health journey demands a great deal of planning. The nurses voiced planning activity using metaphoric linguistic expressions such as: 'choosing the path', 'we have to look forward', and 'going further'. Expressions such as 'I'll go to him [the patient] later on' indicated that the nurses planned their own travels on the patient's health journey. Sometimes nurses pointed out that 'obstacles got in the way', although they tried to 'stay ahead of things'. Such metaphoric linguistic expressions indicated that priorities of work time were often in conflict with the time at their disposal. 'It can't take that much time' was an example related to an opinion about 'lack of time'. The disposal of time could also be a source of negotiation between nurses and patients. Metaphoric linguistic expressions such as 'it is in the hands of the patients – be prepared to come whenever they call' were associated with those about boundaries expressed by nurses, such as 'I'm stuck in negotiating time limits'.

The conceptual metaphor 'home-based nursing care is an endless journey' suggested that home care nurses could be seen as 'conductors', 'examining' the patients' 'baggage' (illness). Metaphoric linguistic expressions such as 'we are checking in on her, now and then' were related to expressions such as 'it's a new [patient] that has been referred to us'. The nurses' descriptions of baggage examination were permeated by both general and specific expressions of control, pointed out in metaphoric linguistic expressions such as: 'look after', 'look for', 'keep an eye on', and 'check up on her blood sugar'. Conductors also checked and confirmed if the baggage included the right stopovers, that is, the level and performance of care. Metaphoric linguistic expressions such as: 'we go there and change bandages', 'take a bacterial culture', 'give her insulin', and 'take care of the sores and give medicine' were examples of common expressions the nurses used to describe nursing performance in home-based nursing care. If a tickets did not fit patients' baggage, conductors arranged another stopover that better fitted the baggage, as illustrated by metaphoric linguistic expressions such as: 'we eliminate the night call because she does not need this any more', 'if I feel that (the situation) begins to change', and 'then I change my actions'.

However, the conductors were conscious of their power to decide how time had to be prioritized, which was illustrated in metaphoric linguistic expressions such as: 'you try to stay ahead – and they [the patients] are behind, anyway, but we [the nurses] decide on this'. Communication between patients (the travellers) and the nurses (the conductors) was sometimes articulated by positive, constructive and mutual metaphoric linguistic expressions such as: 'listen to the patients' signals', 'it is straightforward communication', 'openness', 'support' and 'the same wavelength'. However, the metaphoric linguistic expressions uttered by the nurses also pointed out that negotiation, nagging and persuading were common activities: 'both of us try to meet half way', 'I can get what I want by persistently nagging about it', 'we constantly tried to influence her', and 'it is difficult to convince her'. Expressions of power inherent in communication between travellers and conductors were illustrated by metaphoric linguistic expressions such as: 'they [the patients] are usually pretty compliant' and 'it's still a victory persuading them [the patients] to do this according to my instructions'. The asymmetrical power relationship was also expressed by such as: 'I just found a way so that she doesn't call us so often', 'I have been successful in changing her attitudes', and 'I have been successful in getting her to go along with this'.

## Discussion

This study aimed to explore metaphors as a way to discover values and norms held by nurses working in home-based nursing care. In the analysis, metaphoric linguistic expressions and two entailments grounded in the conceptual metaphor 'home-based nursing care is an endless journey' emerged, created in cross-domain mapping between the two conceptual domains of home-based nursing care and travel. The focus was on the meaning of the metaphor in its specific context. Thus we regarded the metaphor as a 'lens' providing us with particular insights and data about values and norms that are often tacit and unconsciously maintained.

These findings could be compared with the work of Lakoff and Johnson,<sup>19</sup> which emphasized that the metaphorical process does not occur at the level of language itself but in conceptual metaphors formed at the level of cognition through the process of mapping one cognitive domain on to another. In the conceptual metaphor theory, mapping is a crucial cognitive move that language users set up to make complex concepts possible to understand.

### *Day-to-day pathways*

The metaphor 'home-based nursing care is an endless journey' is a travel metaphor, belonging to a group of travel-related metaphors that share interconnected cognitive assumptions and frameworks. To describe home-based nursing care as an endless journey was to expose how the care constantly oscillated between patients' condition, patients' and nurses' relationships, patients' geographical location, and the various situations that appear during home-based nursing care. The findings in this study addressed ethical issues related to moral agency and its relationship to the everyday ethical challenges that are part of home nursing care. The descriptive phrase 'housekeeping issues' has been used to refer to day-to-day domestic problems that give rise to ethical difficulty and refers to the everyday, routine issues that constitute a major part of the health care work performed by nurses and often ignored and invisible in ethical dogma.<sup>21,22</sup> Such issues are full of ethical concern; they are contextual and relational, and imply never-ending work. They are often invisible, given that there is no visible 'product'.

The values and norms embedded in the metaphor of 'home-based nursing care is an endless journey' indicated the nurses' moral agency in home care and that they experienced housekeeping ethical issues. As care was in constant motion, the nurses had difficulty with following prescribed ethical rules. Instead, they had to forge a path alone. In this they used the ability to navigate from the circumstances and let the actual situation determine the path. This ability demanded a specific kind of ethical maturity, based on judgement of discerning the morally relevant features of particular situations, which in turn was based on their experience, knowledge and creativity. This ethical maturity can be compared with the concept 'responsibility', which, according to Liaschenko and Peter,<sup>21</sup> characterizes an ethically developed moral agent. Ethical maturity and ethical responsibility can be associated with the Aristotelian concept of *phronesis*, an active condition for inexact practical wisdom. According to Silfverberg,<sup>23</sup> *phronesis* is an intellectual virtue, a discernment, a disposition to act grounded in practical experience, a virtue Ramirez calls 'wisdom-of-activity' (p.26).<sup>24</sup> Such practical wisdom enabled the nurses, under constantly changing circumstances in their journeys with patients, to see, calculate and perform in relation to what was good for themselves and conducive to the good of their patients.

### *Ownership and power*

The conceptual metaphor 'home-based nursing care is an endless journey' indicated that nurses were fellow travellers in patients' health journeys in the patients' homes. As patients were often unfamiliar with health care, the health journey involved the exploration of unknown territories and encounters with unfamiliar

cultures, such as nursing care. These patients, therefore, can be seen as disadvantaged compared with nurses, who, through their knowledge, maintain a position of power in their relationship with patients. However, the asymmetry in power between nurses and patients was not static because relationships between them were also in motion. As Lupton<sup>25</sup> points out, patients may move in and out of the roles of being the active partner and the passive recipient of health care, depending on circumstances.

In our study, the patients were the ‘owners’ of their homes. However, the nurses talked about the patients as ‘their patients’, who, in turn, indicated that the nurses were the ‘owners’ of the knowledge required and thereby had power over the patients’ health journey, despite their ‘ownership’ of their homes. Such power asymmetry in the relationship between health care personnel and patients is described in many caring contexts.<sup>26–28</sup> This study indicates that an asymmetrical relationship can also be discerned in home-based nursing care.

### *Implications for practice*

The use of the metaphor ‘journey’ is not unique in nursing research. It can be recognized in nursing education,<sup>29</sup> nursing practice<sup>30</sup> and nursing theory.<sup>31</sup> In the current study, the departure point for the journey in home-based nursing care was the ticket as an assignment of being a patient in this situation, and thereby being cared for by nurses. However, the end of the journey was uncertain, for both the patients and the nurses. When patients were discharged from hospital care to home-based nursing care, the localization of care was changed. There were differences between ‘being discharged *to* the home’ or ‘being discharged *in* one’s home’. Hence, it was not easy to tell when home-based nursing care ended; that is, having reached the destination of the home-based nursing care journey, given that most of the time there was no other place/destination for discharging patients.

One reason for the problems related to ending home-based nursing care could be the nurses’ uncertainty about the patients’ ability to manage their health journeys by themselves in their homes. A consequence for home-based nursing care could be that nurses have difficulties with ‘letting patients go’ and also that patients’ private place turns out to be a public place with small possibilities for them to make private decisions about their own care. Another consequence for both the patients and nurses is that nurses’ position can be unclear because the intention of home-based nursing care is sometimes more implicit than explicit. What kinds of positions do nurses have, or ought to have, in their patients’ homes?<sup>4</sup> What kind of activities and what kind of responsibility related to patient care do they have, or should they have?<sup>5</sup> The line between private and professional care is thus unclear in home-based nursing care, which can cause problems for both patients and nurses. Such questions are important for nurses to address in further research.

### *Methodological considerations*

According to Carpenter<sup>11</sup> and Sandelowski,<sup>32</sup> an overemphasized interpretation of metaphors can create a misguided representation of people’s experiences. In the current study we tried to be aware of this and not overinterpret the data. For example, we looked for outstanding metaphors through repeated readings because some do not become obvious until a second or third reading.<sup>33</sup> Another way to avoid the overinterpretation of data was through repetition, that is, to search for metaphors that were manifest several times in the text, either identically or touching the same metaphorical concept in a similar way. In order to try to strengthen the interpretation in this way, all authors read, analysed, and discussed the data on several occasions, as recommended by Steger<sup>33</sup> and by Dexter and LaMagdeleine.<sup>12</sup>

Most texts include a huge number of metaphors<sup>33</sup> and we were not able to analyse all the text we obtained; consequently, we had to make choices. Unfortunately, there was no fixed procedure that guided us definitively to the ‘right’ metaphors. We tried to identify alternative conceptual metaphors but the identified metaphoric linguistic expressions and their entailments did not support other conceptual metaphors. Although the



procedure provided a structure for our metaphor selection, other researchers could have selected other metaphors to create different interpretations.

In the present study, the manifest metaphorical linguistic expressions were analysed as utterances of an underlying conceptual metaphor, thereby generating new insight into otherwise somewhat hidden values and norms in home-based nursing care. However, the translation of metaphoric linguistic expressions from Swedish into English was difficult at times. For example, in English you say 'being in hospital', but in Sweden you usually say 'lying in hospital'. Such an example can illustrate translational problems, which have also been pointed out by Hausman,<sup>34</sup> who raised the question: 'Can metaphors be paraphrased in literal terms?' Some philosophical schools propose that they can, particularly when using the logical positivist approach, which stresses the rational, objective aspects of language. According to Schäffner,<sup>35</sup> one possibility for translation is to interpret the metaphoric linguistic expressions on a more abstract level. The example above pertains to what Lakoff and Johnson<sup>19</sup> called an ontological conceptual metaphor. That is, 'being' and 'lying' are both bodily orientated metaphoric linguistic expressions having the same ontological label. In this article, the metaphoric linguistic expressions must be seen as both linguistic entities and cognitive constructions. Although a metaphoric linguistic expression can be problematic to translate, the conceptual metaphor may offer the possibility of translation.

## Conclusion

This study provides insights into values and norms held by nurses working in home-based care. Since these are often implicit and unconscious, exploring metaphors reveals values and norms that can otherwise be difficult to discern. Exploring metaphors can thus complement other methods of examining ethical issues in health care while illustrating the ethical role that language plays.

The metaphor 'home-based nursing care is an endless journey' illustrates how home-based nursing care is in constant motion, thereby requiring the ability of nurses to adjust to changing circumstances. This adjustment requires ethical maturity based on experience, knowledge, and creativity. The current study focused on the importance of the further development of theories supporting how nurses described their experiences of everyday ethical issues.

## Conflict of interest statement

The authors declare that there is no conflict of interest.

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