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# 'Best fit' caring skills of an interprofessional team in short-term goal-directed reablement: older adults' perceptions

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**'Best fit' caring skills of an interprofessional team in short-term goal-directed reablement: older adults' perceptions**

This paper reports a study conducted to illuminate older adults' perceptions of multiproffesional team's caring skills as success factors for health support in short-term goal-directed reablement. The fact that older adults are given perquisites to live in their own homes puts great demands on the professional care given them at home. An option offered could be short-term goal-directed reablement delivered by an interprofessional team. This means after periods in hospitals to strengthen their multidimensional health, older adults' reablement processes are supported to return to their daily life as soon as possible. Crucial in making these intentions a reality seems to be identifying the professional's approach that works as success factors for health support in the reablement process. A descriptive qualitative design with a phenomenographic approach based on interviews with 23 older persons who had received short-term goal-directed reablement at home after a period at hospital was used. The study was approved by an ethical board. The analysis revealed four major referential aspects of multiproffesional team's caring skills as success factors for health-support in short-term goal-directed reablement: a motivating caregiver, a positive atmosphere-creating caregiver, a human fellowship-oriented caregiver and a caregiver that goes beyond the expected. In this study, all caring skills in the continuum are perceived as positively loaded necessities in different situations during the reablement process. Caring skills as success factors are initially shown at a practical level, such as how the professional caregivers encourage and motivate the older persons in different training situations. At a deeper level, the caregivers open their hearts and have the capacity to go beyond the expected in the professional caregiver–patient relationship. The multiproffesional team's best fit caring skills during the home reablement process need to be addressed as evidence base in the area of elderly home care.

**Keywords:** community care, older people, qualitative descriptive, everyday rehabilitation, patient-centred care, recovery.

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## Introduction

This study focuses on reablement service and the professional team's caring skills, encompassing different professions and personnel. The professional team offers rehabilitative advices as well as caring for the older adult. Nurses (including enrolled nurses) are the largest group of professional caregivers in municipal health care working with older adults (1). As early as Nightingale's theory in 1859 (2), the nurse's function was described as balancing a restoring health process and the adaption of the environment, to save the patient's life energy to recover. This is becoming increasingly applicable when more people grow older in our society. An increasing number of older adults are given perquisites to live in their own homes and have the possibility to continue active lives with maintained independence and influence over their daily lives (3). Extended research is requested to facilitate

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and improve caring for everyone 'blinded for anonymity' (4). Such research should take into account the preconditions for evidence-based practice in the daily municipal health care, including the perspectives of older adults. Searching for the appropriate caring skills as well as individual and contextual barriers of reablement in municipal home care is of much importance for quality of care (5). A team-based model of home-based care is the best way to meet complex biomedical and psychosocial needs of the homebound (6). This study focuses on the specific professional approach older adults prefer when caring relations are built and carried out and identifies the professional caregivers' success factors in the reablement process. Caring skills in the home context can be understood as 'The ability to do something well; expertise' (7).

## Background

Most of the research that includes nursing aspects or the nurse's role in the recovery process has been focused on different hospital settings. Atwal et al. (8) show that though recovering is a key component in nursing, the older patients in acute wards experience nurses as being too busy so that they leave much uncompleted, which in turn impacts on the recovery process. Earlier research also shows that though nurses may be seen as 'nice', most patients long for more and deeper relational connections with their caring staff (9). Patients also have difficulties to differentiate between those they call nurses and if they are Registered Nurses, enrolled nurses, physiotherapists or other professionals. They often consider healthcare staff as one group when being asked about caring skills and their need of supportive relationships (10).

Caring research (11, 12) shows that staying in hospital/institutional rehabilitation units is no more effective than 'usual' care at diverting older adults from hospital or long-term care. Nor does it have major effects on activity level or well-being. As Martin et al. (13) claim, the home is seen as the ideal environment for recovery and rehabilitation. Rehabilitation professionals in institutions must work hard to adapt their exercises and activities to daily life at home as much as possible.

The report from the National Board of Health and Welfare (14) illuminates the importance of what in Swedish is labelled everyday rehabilitation (vardagsrehabilitering), for example reablement that includes a health promotive perspective which is broader than general home care and rehabilitation. The goal of reablement is to strengthen or keep health and functional ability in daily life. Reablement as a concept contains actions both by the person and the professionals approaching the person to secure patient independency and autonomy in life. Reablement is a concept also used when referring to short-term goal-directed home-based rehabilitation of older adults, sometimes also termed restorative care. Short-term goal-directed reablement focuses on improving independent functioning in daily life that is perceived as important by the participant (15). In reablement research, previous studies have described professional caregivers' perspectives of the next of kin when the patient's home is the context of caring (16). Research has also focused on older adults' physical improvements and predictors of outcomes after the reablement process (17, 18). There is one study of older adults' experiences of their driving forces in the reablement process (19). However, there is no study of older adults' perspectives of the professional caregivers' skills in the reablement process.

The possibility to receive short-term goal-directed reablement has increased (20). Earlier research often focuses on rehabilitation after specific injuries and not prevention aimed at keeping general independency for older people (21). However, evaluations of short-term goal-directed reablement have shown the positive effect both on older adults' physical functions and lower cost for the municipality in the form of fewer home care hours (22).

Person-centred care has come to be seen as one of the nurse's core competences. It is an approach based on the therapeutic relations between caregivers, patients and other important people in patients' lives. The foundation of person-centred care consists of values such as respect for the person, the person's right to self-determination and equal understandings (23). Person-centred care is advocated where accurate interventions according to physical condition or health status are acknowledged and older adults' own values are integrated (24–26). The person's participation as well as health and well-being can be understood in a broader holistic view of health which includes the person's multidimensional life goals. A holistic health picture like this associates health with striving for personal development, self-realisation and well-being (27). Nordenfeldt (27) claims that health refers to the person's ability to realise and apply certain vital goals in different areas of life. The person is seen as an active subject living in a network of social relations and that everyone has a wide variety of needs and wishes. Health can be seen as a phenomenon that affects the individual's ability to act. Unfortunately, as Attre (28) and Larsson et al. (29) report, there seems to be an imbalance between older adults' goals in life, their expectations of care that differ to professional caregivers' goals and expectations, which seem to affect the caregivers' ability to approach and encounter the persons in a manner that support their health process. Reablement is an overall interprofessional approach (30), but the present study focuses on the older adults' perspectives of caring skills among the professional caregivers in the reablement process and how these preferred skills are described.

### *Aim*

The aim of the study was to illuminate older adults' perceptions of multiproffesional team's caring skills as success factors for health support in the short-term goal-directed reablement.

## Design

A descriptive nondualistic qualitative design with a phenomenographic approach was used, which here should be understood as an ambition not seeking the obvious common but describing the different perceptions of phenomena (31). In the present study, individual in-depth interviews with 23 older persons experiencing short-term goal-directed reablement after a period at hospital were used to gain understanding of their perception of the phenomena. The empirical research question was to describe the different ways the participants understood their experience and thereby perceived the professional caregivers' approach when encountering them in the reablement process, as well as identify their preferable best fit caring skills, and thereby according to them success factors, for health support in the short-term goal-directed reablement.

### *Intervention*

The intervention was a short-term (3 months) goal-directed reablement, conducted by a team with professional caregivers. A control group was set up that received traditional homecare, although they were not followed up by interviews. The overall project had a multimethod design that included measurements of the older person's multidimensional health, and the ability to perform daily activities as well as physical ability. An interprofessional team with 21 personnel all employed by municipal social and health care services representing the professions of nurse, enrolled nurse, physiotherapist, social worker and occupational therapist were all included in the team of professional caregivers, as well as social assessment officers/care managers who handled the assessment. The majority of the professional caregivers were enrolled nurses that worked (on schedule 07:00-21:00) as rehabilitation assistants, RA (according to Stanmore et al. (32)), and were trained in basic levels of nursing (1.5 years). After joining the interprofessional team, they studied nursing theory, physiotherapy, occupational therapy, psychology and social work specific for this intervention for 1 month.

### *Participants – data collection*

Participants in the overarching project were recruited by invitation letters administrated by the social assessments officers. Inclusion criteria were people 65 years of age or older' who had applied for municipal home care in the central areas of a middle to large municipality (n = 100 000) in south Sweden. Exclusion criteria were cognitive dysfunction, life-threatening illness such as cancer or primary organ failure and/or serious mental illness or other status that would prevent the research persons to express their experience verbally. The interviews were performed after the intervention of short-term goal-directed reablement, before participating, a possible participant was asked by their social assessment officer whether they were interested in taking part in a follow-up interview included in the project. If a person found it interesting to continue taking part in the research, one of the researchers phoned them and described more about the possible interview and asked a second time whether they wanted to take part, if they said yes, time and date for the interview were decided.

The interviews were conducted by four members of the research group (the authors of the manuscript, all PhD and with years of experience of interviews), approximately 3–6 weeks after the intervention period in the older person's home. The interviews lasted from 25 to 75 minutes depending on the older person's ability to narrate their understanding of the phenomena. The questions were based on an interview guide with semi-structured questions (available upon request). The opening question was – How did you experience the interprofessional team? What were their most important skills according to you? Followed by – Please give examples of situations when you think you were properly approached or treated in a way that promoted your reablement.

*Ethical considerations.* An application (6 §, 2003:460, according to VRFS 2012:1) regarding the included studies was approved by the ethical board in Uppsala 2015/350. All the informants were informed that participation was voluntary and that all collected data would be handled confidentially. Further ethical aspects were considered based on the World Medical Association Declaration of Helsinki (33).

### *Data analysis*

The phenomenographic analysis was conducted according to Phil, Fridlund and Mårtensson's (34) descriptions of seven phenomenographic steps that were repeated several times and discussed in the research group before the analysis was deemed satisfactory: (a) *Familiarisation,* with the text that was read a number of times, (b) *Condensation*, identification of significant statements that represent the older persons perceptions of the phenomenon (in this case, multiproffesional team's caring skills as success factors for health support in the short-term goal-directed reablement, (c) *Comparison*, when the identified significant statements were compared to illuminate the variation or the coherence of the older adults' perceptions of

the phenomenon, (d) *Grouping,* similarities in statements were grouped together (for example, as expressions of fellowship or encouragement), (e) *Articulating,* a first essence description was created, (f) *Labelling,* in relation to the essence in which the referential aspects were understood as the meaning derived from an internal horizon that is, the inner meaning of the phenomena (35), and structural aspects derived from the external horizon that is, how it is shown, of the phenomena, (g) *Contrasting,* and comparison of similarities and differences in variations of the aspects.

## Results

The analysis revealed four major referential aspects of multiproffesional team's caring skills as success factors, namely health support in the short-term goal-directed reablement: (a) a motivating caregiver, (b) a positive atmosphere-creating caregiver, (c) a human fellowship-oriented caregiver, (d) a caregiver that goes beyond the expected (See Table 1).

### *A motivating caregiver*

Focus on how the older adults perceived the professional caregiver's way of helping them creating motivation, with a range in the success factors; for health support, from the older adults' views of and belief n the professional caregiver's character, to the more common feeling of creating something together by trusting the older adult's capacity. Structural aspects derived referring to this described the professional caregiver *being positive, being driven* and *being encouraging.*

**Table 1** The aspects of working with evidence nursing frail older people

| *Referential aspects (what)* | *Structural aspects (how)* |
|---|---|
| 1 A motivating caregiver | Focus on the nurse's way of creation of motivation within the older person. Aspects derived: *they were positive, they were driven, and they were encouraging* |
| 2 A positive atmosphere-creating caregiver | Focus on how the older persons perceive different kinds of mood created by the caregivers. Aspects derived: *they were approachable, they were unrushed* and *sensitivity to the common rhythm* |
| 3 A human fellowship-oriented caregiver | Focus on the nurse's way of treating the older person with dignity as human beings with equal value. Aspects derived*: They were like ordinary people, they were a little more familiar, they were personal and showed their private self* |
| 4 A caregiver that goes beyond the expected | Focus on the nurses' good intentions and a desire to do well for another human being. Aspects derived: *they strained a little more, they stood up for me, and they walked the extra mile* |

*Being positive.* There were perceptions by most of the older adults that the professional caregivers radiated joy and positivity. 'Just that they were always so positive. Well, I thought they were great'. This made it easier to really look positively at the rehabilitation goals when the professional caregiver radiated that they saw it that way themselves, which gave them job satisfaction. The positive spirit also led to a variety of short-term goal-directed reablement activities 'Then she said that - Today, I will invite you to coffee at the shopping centre! Not far away. So she invited me to coffee and she was so positive and seemed happy'.

*Being driven.* The older adults claimed to perceive that the professional caregivers were driven. They were perceived as driven by motivation and belief in their job as well as the activity goals. The older adults saw this aspect in all that was done. There was a rehabilitation backbone with everything. The professional caregivers were understood as pushing the boundaries all the time, although they were responsive to how much the older adult could manage.

> But they did it in a way that I had to try to do some things. They said -Do you think you can do this yourself? And so on. So that they let me try and so they thought I managed some things myself but not everything. And I thought that was positive.

*Being encouraging.* Within this structural aspect, the perception was that the caregiver encouraged the older adult in a way that she experienced herself as feeling stronger and more capable. The encouragement led to a wider self-esteem that was often experienced as lost during the period of illness or injury.

> Yes, they tried to get me do things myself. And that I would not feel depressed when it did not go well. Yes, I'd love to help you, they said. -But we will not, you'll do it yourself. Even though their fingers were clenched, they said.

This aspect was also connected to a motivation based on a belief but more on believing in the person's capacity and potential than a belief in the reablement technique.

### *A positive atmosphere-creating professional caregiver*

Focus on how the persons perceive different kinds of mood created by the professional caregivers with a range from the professional caregiver's charisma of softness to the creation of even pace. The atmosphere stretched between the individual's radiance, to the sensitivity of

the common rhythm. Aspects derived were as follows: *approachable, unrushed* and *sensitivity of the common rhythm.*

*Approachable.* A common perception among the older adults was that the soft mood created by the professional caregivers was health-supporting. The participants were keen to emphasise that hard words or insensitive claims were considered as unsupportive in the reablement process. Softness as a success factor for health support worked to allow the older person to have the courage to grow.

> They may not be cocky, like -Here I come! They should be so you can talk to them. So you dare ask them. That's the thing that's important. There is a bit of a difference between the team and the ordinary home service, which are so hard! There is nothing soft there.

*Unrushed.* The professional caregivers created an atmosphere where there was no hurry so that the person could assimilate, turn to their own approach and use it even when the professional caregivers had left for the day. This made the persons feel satisfied even with very small attempts or successes they made by themselves. Time was also seen as a prerequisite for security, both in a physical and psychological sense. 'Oh, they were never impossible. They had time and then when you train and then, they helped one to work out. They made sure it was done right without just hesitating'.

*Sensitivity of the common rhythm.* There was an apparent perception that the professional caregiver's ability to be sensitive to the common rhythm was health supportive. It was important that the caregiver waited for the person to accompany her, both when it came to understanding and when it came to purely physical challenges. One of the participants explained it like this 'They just listened to people. And asked if it was enough or time for more'. The professional caregiver's sensitivity of the common rhythm was also visible in relation to the specifics of professional care in someone else's home. The same older woman said 'One must think about how you behave, that you are a guest when you come home to someone. You cannot just go in like the military and give orders'.

### *A human fellowship-oriented caregiver*

Focusing on the professional caregiver's way of treating the person with dignity as a human being with equal value seemed important as a success factor for health-support in the reablement process. Aspects derived were as follows *being like ordinary people, being more familiar, personal and show their private self.*

*Being like ordinary people.* It was considered important that professional caregivers behaved like ordinary normal people and did not treat the older people as less knowledgeable or like children just because they needed reablement. 'When you talk and act as you are… usually…as usual. Good contact so we can talk about whatever we want and so on. I think they should be as usual'.

Meeting professional caregivers who could primarily show themselves as persons with weakness and shortcomings was shown as important. In some way, this was perceived even more important when you were at home with the persons and not in an institution.

*Being more familiar.* At the same time, perceptions became visible that there needed to be a more familiar atmosphere in the reablement process to make everyone feel good. 'It became a little more… family-like if you say'.

To let people in their homes and let them come close both physically and emotionally was perceived to presuppose a more familial mood than is normal in a hospital department.

*Personal and show their private self.* There were perceptions that drew it even further and meant that it was desirable that the professional caregiver shared their private self in relation to the persons they come home to. 'We could exchange some nice sentences about the weather and about their situation sometimes and so. I felt reciprocity. Not just the one to help but also the one who consumes help in focus and vice versa'.

The participants found it health supporting to have the type of relationship where they got to know the nurses' situation and both private and personal thoughts of the day.

> Yes, and she was so nice. Yes, she told me she would educate herself, because she wanted to work more like this. And then in the end she was here and would say goodbye to me, and she cried and I cried.

This professional caregivers' approach by treating the persons with dignity and as human beings with equal value was shown in different ways ranging from sharing simple perceptions of daily life to more emotional expressions.

### *A caregiver that goes beyond the expected*

Focus here was on the professional caregiver's good intentions and a desire to do well for another human being, but also a way of showing reverence for the other person. It also showed the desire and belief in the task they were engaged in the short-term goal-directed reablement. The aspects derived were as follows: *strain a*

*little more, stand up for the older person* and *walk the extra mile.*

*Strain a little more.* It was perceived important that professional caregivers could be flexible according to the person's needs and that they could be inventive and really try to make things work for the person's best. This could include quickly changing the routine if it was more suitable for the day, straining for the absolute best for the person. 'If one had forgotten something then they could always get it and they went to the case, did errands and so on. Nothing was written in stone. They had a little more space and flexibility'.

*Stand up for the person.* Standing up for the person in different situations means advocating the older person's participation and free will. This includes being responsible for the care protecting the older person's rights both in the short-term goal-directed reablement process and towards others in the municipal hierarchy. Standing up was also perceived as shielding older adults from situations they were not able to handle.

> They stood up for me!. They've always wondered how I want it. -And you decide, I've heard so many times. -No, you decide and we'll do it. So they have been very accommodating and keen on me having my own will.

*Walk the extra mile.* This perception shows how the older adults longed for professional caregivers to radiate that they were not only there for their salary but because they really cared about the persons as human beings. This attribute was shown in the intervention by professional caregivers doing something they did not have to do or doing something that was not expected or included in their professional duty. 'Oh, they were never impossible... They did make these little ones... Extra stuff...without me asking. And I am very positive about that'.

## Discussion

The aim of the study was to illuminate older adults' perceptions of multiproffesional team's caring skills as success factors for health support in the short-term goal-directed reablement process. The older adults' perspective included four main success factors in the reablement process: (a) a motivating caregiver, (b) favourable oriented caregiver, (c) a human fellowship-oriented caregiver, and (d) a caregiver that went beyond the expected in striving to support the person. The short-term goal-directed intervention in the present study focused on reablement and includes targeted efforts based on the individual's own choices and interests, ranging from managing everyday life at home to being able to participate in activities outside the home. The illumination of the older adults' perceptions of what caring skills that work as success factors for health support in the reablement process are crucial to turn these intentions and efforts into reality. It has been argued previously that olderadults should live as far as possible in their homes, live active lives with preserved independence and influence over their own daily lives (3). The results show the old adults' perceived importance of this independent living as well as the individual's striving for personal development, self-realisation and well-being. That is what Nordenfelt (27) calls fulfilling multidimensional life goals in different areas of life, which the professional caregivers supported and encouraged.

The relationship between the old persons' different ways of understanding is often explored by using a phenomenographic approach. In this study, the descriptions and the internal relations between the categories were sorted hierarchically within the outcome space (34). The relations between the categories were structured hierarchically from common to more extreme perceptions of a similar phenomenon of caring skills. The categories represent different ways of understanding multiproffesional team's caring skills as success factors for health support in the short-term goal-directed reablement process. Initially, and on a practical level, a motivating professional caregiver was appreciated, according to the interviewed older adults, in relation to different training situations. This developed to a more emotional level where the participants perceived that the caregiver showed full affection, was warm-hearted and showed their private self. Category 4 is presented here as the most complex understanding of multiproffesional team's caring skills and describes the professional caregivers' capacity to go beyond the expected in the professional caregiver–patient relationship. Morse et al. (36) claim that the relationship between the professional caregiver and patient occurs on a continuum ranging from the clinical short treatment-oriented relation to a sometimes over-involved caregiver who might over-identify herself with the patient. The results in this study show a similar continuum, from more clinical-oriented skills to skills showing a caregiver that relationally goes beyond the expected. In this study, however, all caring skills in the continuum were perceived as positively loaded and necessary in different situations during the reablement process, providing what Mc Cormack et al. (23) call person-centred care. A person-centred care approach can be understood by what Mc Cormack et al. (23) describe as the person's right to experience self-determination and equal understandings from the caring person. This study confirms that a similar caring approach was perceived desirable for the interviewed older adults. It also becomes visible that person-centred care, by acknowledging physical condition or health status (23–25), that included caring interventions

that pushed the boundaries, also had to show responsiveness for how much the person managed or wished for.

The four referential aspects of multiproffesional team's caring skills that were found in the present study can also be related to the fields of psychology (37) and social work (38) in which (a) a motivating professional caregiver is also necessary when supporting personal growth and change (39). (b) A positive atmosphere-creating professional caregiver is often put forward as a fruitful rehabilitation approach in professional counselling (39, 40). (c) A human friendship-oriented professional caregiver is also similar to some common success factors that have been found helpful in psychotherapy and counselling, specifically the professionals' way of creating empathy and authenticity in the conversation (40). (d) A professional caregiver that goes beyond the expected is also underlined in humanistic psychology and social work counselling, and this includes a caregiver that dare to go outside routines and support the client as a person rather than controlling them and holding on to the organisational rules (39).

The older adults in this study expressed a longing for authentic personal care as other patients do. This authentic personal care has also been brought up previously by Carlsson et al. (41) but then within a hospital-clinic psychiatric setting, where the authors claim the importance of the professional caregivers showing a personal self in the encounter with the patient. What differs in the setting of this study is that our participants perceived the professional care in their own homes, showing the whole picture of their personal lives. As a result, the importance of meeting authentic professional caregivers became more important for the participants in the study. What Carlsson et al. (41) describe as a good professional caregiver–patient relationship when the professional caregiver approaches the patient as a valued person was described in this study as nurses showing themselves as ordinary people, being a little bit more familiar and showing their private self. Leine (42) also shows that relating to the professional caregiver–patient relationship as a partnership in a patient-centred framework provides an individualised practice for each patient where the patient can feel safe and motivated and achieve better health. Eriksson (43) say that caring skills are not a form of behaviour, feeling or state, but the way or the spirit in which it is done. The results in the present study revealed that a health-supportive attribute was the professional caregiver's desire and belief in the task the caregiver was engaged in but also showed a desire to do well for another human being.

Close to this is the Waerness (44) definition of care and the rationality of caring. The specific skills of what caring entails, what caring essentially cannot be without as an essence of care were captured in the interviews of the present study and could be summarised as 'because they really care about the person as a human'. Waerness' theory of the rationality of caring in both health and social care can be boiled down to this intrinsic value of what care is; beyond the asymmetrical relations between a professional caregiver and the person receiving the care, the extra quality of care is in the 'caring about'. Karlsson, Nyström and Bergbom (45) claim that to 'care for' means seeing the patient as a fellow human being which is understood as; to see the patient, to allow the immediately given and to think about the patient. It can be understood as an inner ethical attitude that includes responsibility and respect for the person as a fellow human being with love and mercy. In Swedish, the word for social care 'omsorg' expresses this meaning. This kind of social care consists of both the practical or professional content of care actions and the warmth with which they are performed. Our study showed social caring to be valid in the reablement process, and intrinsic in caring skills and therefore works as a success factor for health-support for older adults.

### *Methodological considerations*

The phenomenographic approach is less interested in individual experiences than in emphasising the reflected collective meaning (46). The credibility of studies like this is, according to Sjöström and Dahlgren (47), based on a precise research process and carefully executed in-depth phenomenographic interviews that are represented as quotations in results to support the understanding. Though as Barnard, Mc Cosker and Gerber (46) claim, asking the participants to narrate their understanding of the phenomena does not in any way guarantee a reciprocal emphasising of the entire context.

Hjelle et al. (20) found in their study that co-operation with the reablement team could strengthen the experienced motivation based on the person's willpower in the reablement process. In this study, we wanted to illuminate older adults' perceptions of multiproffesional team's caring skills as success factors, not the experience of reablement process as a whole since that has been studied by Hjelle et al. (20). Caring skills can be crucial as success factors in people's health process and suffering from care by professional caregiver's lack of skills are well described in earlier research (47, 48).

Although the intention was to invite both women and men to participate in the present interview study, there was only one man available during the period of recruitment the first project year. In addition, less than 30% of the participants in the intervention project hitherto have been men. Earlier research in Sweden also shows a skewed distribution of the sexes in the care of older ages (49, 50). Additionally, there are more women than men over 65 in the population, who live in their own home and therefore can receive the short-term goal-directed reablement interventions. Men seldom live

on their own in older ages and have, according to proven experiences, someone who cares for them at home (often their wife). Earlier research from Andersson and Hansemo (51) shows that older adults' rehabilitation goals vary depending on gender where women's goals more often were linked to domestic activities. However, goals in reablement are personal and may be related to activities in house as well as in the society. However, a person who does not live alone, nor has difficulties with self-care or domestic tasks, is not likely to receive the assessed right to reablement interventions, nor traditional treatment or home care.

## Conclusions and relevance to clinical practice

Overall, this study focuses on which success factors for health support older adults have perceived in the context of short-term goal-directed home reablement. These articulated caring skills can also be seen as core competencies in nursing. The study touches upon the growing context of home care implying that this is an important area which should be acknowledged by professional caregivers as well as health care managers since short-term goal-directed reablement can contribute to improved care and outcomes for older people's recovery. In line with evidence-based practice, we argue that aspects of best fit multiproffesional team's caring skills during the reablement process need to be addressed in nursing, physiotherapy, occupational therapy and social work both in clinical practice as well as in academia and in education on basic levels.

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## Author contributions

Study design: L-K G, E-M A, M L E, V S, G Ö; data collection: L-K G; data analysis: L-K G, G Ö; manuscript preparation: L-K G, E-M A, M L E, V S, G Ö.

## Ethical approval

An application (6 §, 2003:460, according to VRFS 2012:1) regarding the included studies was approved by the ethical board in Uppsala 2015/350.

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