Received: 4 January 2021 | Revised: 4 June 2021 | Accepted: 7 June 2021

DOI: 10.1111/nin.12445

ORIGINAL ARTICLE

Nursing Inquiry WILEY

The position of home-care nursing in primary health care: A critical analysis of contemporary policy documents

Ann-Kristin Fjørtoft[1,2] | Trine Oksholm[2] | Oddvar Førland[3] | Charlotte Delmar[2,4] | Herdis Alvsvåg[2]

[1]Center of Diaconia and Professional Practice, VID Specialized University, Oslo, Norway

[2]Faculty of Health Sciences, VID Specialized University, Bergen, Norway

[3]Centre for Care Research Western Norway, Western Norway University of Applied Sciences, Bergen, Norway

[4]Department of Nursing Science, Institute of Public Health, Health Faculty, Aarhus University, Aarhus, Denmark

Correspondence
Ann-Kristin Fjørtoft, Center of Diaconia and Professional Practice, VID Specialized University, Postboks 184 Vinderen, 0319 Oslo, Norway.
Email: Ann-Kristin.fjortoft@vid.no

Abstract

Internationally, primary health care has in recent years gained a more central position in political priorities to ensure sustainable health care for the population. Thus, more people receive health care locally and in their own homes, where home-care nursing plays a large role. In this article, we investigate how home-care nursing is articulated and made visible in contemporary Norwegian policy documents. The study is a Fairclough-inspired critical discourse analysis seeking to uncover the position of nursing in the prevailing political ideologies on current primary health care. In the documents, we identified several complementary and conflicting understandings about home-care nursing. Home-care nursing is presented as a basic part of a municipality's health services, but at the same time, its content and contribution are unclear and almost invisible. We argue that the absence of nursing leads to significant perspectives being left out and tie this to the fact that some patient groups and tasks seem to be disadvantaged. The political placement of home-care nursing in the health-care landscape is thus not just about nursing as a professional practice but also concerns fundamental care values in our society in relation to disadvantaged groups and work tasks.

KEYWORDS

discourse, health policy, home care, nursing practice, primary health care

1 | INTRODUCTION

Health-care services are changing, reflecting the population's health needs and governing health policies. In the last 20 years, more health-care services have been transferred to primary health care due to an aging population, more chronically ill patients with long-term complex conditions, and increased pressure to reduce public spending. This development is taking place in many countries across continents (Ashley et al., 2016; Genet et al., 2011; Landers et al., 2016; Merrick et al., 2012; Murashima et al., 2002; Rostad et al., 2020; Tarricone & Tsouros, 2008). Primary health care and long-term care in the community have thus gained a more central place in the current health-care landscape, with an increasing proportion of health services taking place outside hospitals and specialist health care.

This international development trend is supported by the World Health Organization (WHO), which has long argued that more health services should be transferred to primary health care and locally where people live (WHO, 2020). This recent report also underscores nursing as vital in providing health care to the population. WHO has named 2020 the International Year of Nurses and Midwives, thereby emphasizing nurses' unique importance in meeting the population's health needs (Borglin & Richards, 2020; WHO, 2020).

Health-care systems and terminologies vary from country to country, so we want to clarify some key concepts in the study. "Primary health care" is health care in the local community and covers a wide range of health-care services throughout the life span, ranging from promotion and prevention to treatment, rehabilitation, long-term care, and palliative care (WHO, 2019). "Home health care" is a part of primary health care that is carried out in the patient's home, of which "home-care nursing" is a substantial part (Genet et al., 2011). In this study, home-care nursing will refer to both a service and a professional practice. Home-care nursing as a service is performed by nursing staff with different levels of education, while home-care nursing as a professional practice points to the work of registered qualified nurses.

Studies show that more nurses work in primary health care than ever before, and they are a key part of the staff in home health care (Ashley et al., 2016; Landers et al., 2016). In addition, several studies have shown that nurses hold a crucial position in today's health-care system, both in caring for individual patients and in coordinating care work (Allen, 2018; Barrett et al., 2007; De Vliegher et al., 2015; Fjørtoft et al., 2020; Melby et al., 2018; Sekse et al., 2018). More patients living at home with serious and complex conditions have led to increasing demands for nursing competence in home-care services (Flöjt et al., 2014; Halcomb et al., 2016). Although studies show the increased need for nurses and nursing competence in home health care, we question the extent to which this is reflected in public policies. This study addressed that question by investigating how home-care nursing is articulated and positioned in Norwegian policy documents. Through this, we discuss political understandings of nursing as a part of current and future solutions in primary health care.

1.1 | Background

In this study, we analyzed governmental public policy papers, so-called white papers. White papers are documents, often in the form of a report, containing accounts of the government's understandings, plans, and ambitions within a specific policy area. According to Baachi (2009), there is an underlying assumption that politics is something good aiming to fix things, which, again, assumes that there are problems that need fixing. Thus, exploration of problem descriptions can be relevant for gaining insight into how a policy field is understood (Baachi, 2009; Dean, 2010). Policy documents such as white papers are seen as powerful documents that intend to create and maintain a particular understanding of reality to which all involved parties must adhere (Andersen et al., 2017; Fairclough, 2003; Moffatt et al., 2014; Walton & Lazzaro-Salazar, 2016).

Governing the population's health and health-care services is comprehensive and rather demanding. The term "wicked problems" is used to describe such complex, unpredictable, open-ended, or intractable issues (Head & Alford, 2015), and public policy can be seen as a way to govern a landscape of wicked problems that requires a multitude of solutions. In addition, it is not always possible to fix health-related problems, but they must rather be handled from day to day by those who live with the health problem and the professionals and services involved.

To investigate how the landscape of home care and its wicked problems are presented in policy documents, this study took a discursive approach. We investigated prevailing discourses on the issue of home-care nursing in the policy documents, treating discourse as the language used within a certain perspective and context (Fairclough, 2003, 2013). This approach adheres to an understanding of discourses as both constructed and constructive in that discourses are shaped by practice and, at the same time, actively shape and change practice and power relations (Fairclough, 2013). Thus, the discourses in the policies convey a picture of how the reality of health services is understood, and at the same time, they are part of shaping the spaces of opportunity in practice.

1.2 | The Norwegian home-care context

The study investigated home-care nursing in Norwegian political documents, and it is thus relevant to describe the Norwegian home-care context. In Norway, overall health policies, with overall resource prioritization and allocation, are formulated by the government (Romøren et al., 2011). At the same time, the responsibility for planning and providing health services to the population is delegated to Norway's 356 local municipalities. National priorities are expressed through policy documents, and guidelines and are supported by legal orders and various financial incentives (Vabø, 2012). Health-care services in Norway, like many European countries, have in recent years been increasingly influenced and governed by a neoliberal mindset of market orientation and consumerism (Dahl et al., 2015; Szebehely & Meagher, 2018).

Norway has a so-called universal welfare model like the other Nordic countries, which means that services are largely free and available as needed (Brennan et al., 2012; Jacobsen & Mekki, 2012; Szebehely & Meagher, 2018). Citizens pay taxes throughout their working lives, which helps to finance these public health services. This means that Norway has a health service that is mainly publicly financed and is provided to the population based on assessments of their health needs. Home health care is rendered as part of municipal primary health care and includes various services, such as nursing, rehabilitation services, and palliative care (Vabø, 2012). In recent years, the number of people receiving home-based services in Norway has increased significantly, and home-care nursing is the largest part of those services (Statistisk sentralbyrå [Statistics Norway] [SSB], 2020).

2 | METHODOLOGICAL FRAMEWORK

The methodological framework used in this study was inspired by British linguistic professor Norman Fairclough's description of critical discourse analysis (2009, 2013). A discursive approach explores language use in a specific social context, searching for latent and explicit constructions of the issue being studied (Fairclough, 2003; Fealy et al., 2018). Prevailing discourses in a text can thus point to a

hegemony of the "right" understanding of reality and reveal power relations (Fairclough, 2003, 2013). This study's discursive approach is based on social constructivism, where knowledge is constructed through social interaction and language in a given place and time (Burr, 2015). This means we see language and practice as intertwined, and hence, political statements about home-care nursing both construct and are constructed by how practice is played out.

2.1 | Data collection and texts

The analyzed texts consisted of three white papers published by the Norwegian Ministry of Health and Care Services (NMHCS) between 2009 and 2019. The documents were selected because they are contemporary policies from the last decade with primary health care as the main theme. We first selected *White Paper 47* (NMHCS, 2008–2009) because this represents a pivotal reform in Norwegian health policy and a change of direction for health-care services toward more responsibility for local municipalities. Then, we identified and sifted through four subsequent political documents that deal with the development of priorities for primary health care. The next selection criterion was whether the document contained explicit articulations about home-care nursing, and that led us to choose the last two policies, which are continuations of the initial reform. *White Paper 26* (NMHCS, 2014–2015) deals with the primary health services of the future, particularly with regard to competence and collaboration. *White Paper 15* (NMHCS, 2017–2018) is aimed at older persons, but we believe the input is relevant beyond the target group although older people make up a large proportion of the patients receiving home-care nursing. The three documents taken together show the political strategies and priorities for current and future primary health care, including home-care nursing (see Table 1).

2.2 | Data analysis

For the analysis of the selected documents, we used Fairclough's three-dimensional model (2003, 2013). The dialectical–relational model helped us gain insight into a social practice that becomes apparent in the language used in the documents. Thus, the analysis continuously alternated between a close reading of the texts, exploration of emerging discourses, and connections to broader societal conditions. According to Fairclough (2013), the relationship between concrete social events (texts) and more abstract social structures (social conditions) is mediated by social linguistic practices (discourses). In critical discourse analysis, there are several relevant tools for exploring social language use, and Fairclough (2003) points out that the choice of tools will depend on the research purpose and the nature of the discussion. We will briefly explain our analytical approach and selection of tools in the study.

The first part of the analysis was an investigation of word choices, concepts, and assumptions in the texts concerning home-care nursing. The next analysis part involved an exploration of the social practices that the language represents. We explored how the texts are communicated and how linguistic practice is produced. Here, we investigated representations of problems and solutions in the texts, which is central in policy documents (Baachi, 2009). Furthermore, we investigated how the policies refer to other texts (intertextuality) and what discourses they draw on (interdiscursivity). In political documents, the intertextual and interdiscursive are often intertwined, and analysis of this can help to show patterns and changes within a political field (Fairclough, 2009; Koskela, 2013). Through this, we sought to identify the prevailing discourses and patterns that reveal how home-care nursing is positioned in the policy documents. The third part of the analysis was an explanation of the discourses in relation to a broader sociocultural context and relevant theories.

TABLE 1 Policy documents included in the study

Policy documents	Focus and objectives
Norwegian Ministry of Health and Care Services. (2008–2009). *White Paper 47: The coordination reform—Proper treatment at the right place and right time.* 149 pages	The Coordination Reform. A comprehensive directional reform aimed at more sustainability and quality of health services. Aims to develop better and more cohesive health-care services through, among other things, transferring more responsibilities and tasks to primary health care in municipalities and strengthening coordination between health-care services.
Norwegian Ministry of Health and Care Services. (2014–2015). *White Paper 26: The primary health and care services of tomorrow—Localized and integrated.* 168 pages	Follow-up to the Coordination Reform, with proposals for how municipal primary health care can be developed to meet current and future challenges. Contains proposals for how to facilitate interdisciplinary and comprehensive primary health-care services with good quality and competence.
Norwegian Ministry of Health and Care Services. (2017–2018). *White Paper 15: A full life—All your life.* 184 pages	The Live Your Whole Life Reform: A quality reform for older persons. Aims to develop a more age-friendly society. Consists of specific solutions in areas where services for older persons are considered inadequate: • Activity and socialization • Food and meals • Health care • Continuity of services

2.3 | Positioning as an analytical perspective

As an analytical tool in the discourse analysis, we chose positioning theory to elucidate how home-care nursing appears in policy documents. Positioning theory contributes with an analytical perspective that helps determine how individuals or groups position themselves or are assigned positions in relation to others (Harré & Moghaddam, 2003; Harré et al., 2009; Kayı-Aydar, 2018).

The positioning process is contextual and dynamic and consists of speech acts, stories, and positions that are intertwined and mutually influential (Harré & Moghaddam, 2003; Kayı-Aydar, 2018). We considered the positioning perspective to coincide with a discursive approach and investigated speech acts and prevailing story lines to see how different positions are ascribed to home-care nursing. From this perspective, we explored how nursing is placed among the solutions to problems in primary health care. Positioning is thus closely linked to power relations in that some professions and areas of work are rendered more prominent than others (Dean, 2010; Harré et al., 2009).

3 | RESULTS

Our analyses revealed both the presence and absence of home-care nursing in the selected policy documents. Next, we present the results of our three-level analysis. First are findings on the textual level of words and prominent assumptions relevant to home-based nursing. Based on this, we present identified discourses about home-care nursing and its assigned positions.

3.1 | Words describing home-care nursing

We started the analysis at the textual level by searching patterns in the way words and terms were linked to home-care nursing. A first impression was that nursing was mostly absent in the documents and explicitly articulated only a handful of times. The term "home-care nursing" was mainly used to refer to a specific service, for example, when describing the historic development of home-care nursing in Norway.

Searching for articulations of home-care nursing was not a straightforward endeavor, and the text analysis revealed a significant vocabulary of more than 20 terms describing the service. The terms were mostly a combination of "health" and "care services" put together with "home-based" or "municipal." The most used terms in the documents covering services including home-care nursing were as follows:

- Municipal health and care services
- Health and care services
- Care services
- Home services

The terms were used correspondingly in all three documents. They are contextual, pointing to the fact that services take place locally in homes and are part of municipal services. The services are mostly referred to as care or health services and are thus broad descriptions that do not specify which services they include or which professions perform them. The term *care services*, for example, is used extensively in all three policies:

> Care service is mainly used as a collective term for various forms of home services and home-care nursing (*White Paper 47*; NMHCS, 2008–2009, p. 56).

Home-care nursing is explicitly mentioned as a care service and further designated as a basic and growing primary health-care service. Beyond this, home-care nursing appears only implicitly through descriptions of work areas such as basic care and at-home follow-up of patients with complex needs.

3.2 | Assumptions about problems and solutions

White papers are characteristically a text genre in which governments instruct municipalities what to do. This involves, among other things, extensive use of modal auxiliary verbs like "must" and "is obliged to." As such, the policies provide mandates for municipalities in specific health-care services and reflect assumptions that indicate underlying ideologies about what is desirable, necessary, crucial, and possible within a given field (Fairclough, 1992). Although the three documents are different, we found them to be characterized by a common understanding of the problems and directions of solutions. They draw on and are a continuation of earlier policy documents and explicitly relate to former white papers and public reports on health-care issues. Further, the three documents build on and refer to previous documents, especially in explaining current challenges and the way forward.

Change is a central theme or nodal point in these documents that is particularly evident in assumptions about current problems and their solutions. This is reflected through intertextuality and interdiscursivity, which are central to critical discourse analysis, showing patterns and changes over time (Fairclough, 2013). The assumptions and ideologies in the documents are largely based on previous political reports and decisions together with research, other countries' experiences, and "good examples" of development work and innovation. Particularly the latest report, *White Paper 15* (NMHCS, 2017–2018), contains many examples of good solutions.

A prominent problem statement in the documents is that health-care services are too expensive. The overall goal in the policies is thus to ensure economic sustainability alongside high-quality health-care services for the population. A major political solution is to transfer services closer to where people live so that more people receive care from municipalities rather than specialist health services.

> The municipal services are important and will in the years ahead become increasingly important to meet the overall challenges and the population's need for health and care (*White Paper 26*; NMHCS, 2014–2015, p. 9).

TABLE 2 Salient assumptions identified in all three documents regarding solutions in primary health care and home-care nursing

Assumptions about solutions to problems in primary health care	The place of home-care nursing in the solutions
There is a need for better collaboration to ensure good, coherent patient paths, and interdisciplinary teamwork is emphasized for patients with complex health needs who live at home.	Home-care nursing is explicitly presented as part of the interdisciplinary work, and it is further stated that nurses can have a coordinating function.
Current services are too much characterized by treatment of diseases and complications, and it is strongly desired that all services should be more health-promoting and preventive.	Health promotion and prevention are implicitly part of home-care nursing's work, although nurse contributions are little articulated.
The population should be active and involved in their own health and health care. It is a goal to strengthen patients' ability to become self-sufficient at home, and care technology and rehabilitation are presented as important solutions.	Although technology and rehabilitation are an increasing part of home-care services, home-care nurses are not explicitly mentioned when it comes to innovative solutions in this study.
The competence in home health care must be increased to handle new tasks transferred from specialist health services.	It is explicitly stated that home-care nurses need more and broader expertise to care for patients with more serious and complex conditions.

A governing ideology is that health-care services should take place in the municipalities, preferably in patients' homes, because that is both better and cheaper. Patients are discharged from hospital and more advanced treatment earlier, with follow-up expected to take place at home. The complexity and scope of tasks have increased over time, creating "sustainability challenges" in municipalities (*White Paper 26*; NMHCS, 2014–2015, p. 15).

A major claim is that primary health care work must be done differently, which is described as "new and better solutions" in *White Paper 15* (NMHCS, 2017–2018, p. 15). We identified four areas of solutions that mean "working better" according to the policies and present them in Table 2 together with home-care nursing's placement in them.

The interdisciplinary perspective is strongly emphasized, and nursing is less visible in the prevailing assumptions about solutions. Home-care nursing only appears implicitly in the descriptions of priority areas such as health promotion, care technology, and rehabilitation. In contrast to dominant descriptions of working differently and more specialized, it is stated that this should not be at the expense of basic care tasks:

> The efforts in relation to any new future municipal tasks must be implemented in such a way that the existing and basic care tasks are not downgraded by new tasks (*White Paper 47*; NMHCS, 2008–2009, p. 56).

This stands out as an isolated statement in one of the policies and is not elaborated. However, in the most recent of the analyzed documents (*White Paper 15*; NMHCS, 2017–2018), much emphasis is placed on basic needs like nutrition and physical activity.

3.3 | Discourses on home-care nursing

Based on investigations of the words and dominant assumptions in the texts, we have identified several, and to some extent contradictory, discourses on home-care nursing in these policies.

3.3.1 | Cheap and high-quality public service

Home-based nursing is a public municipal health service, and according to the analyzed texts, must therefore be both high quality and cheap. The service is expected to implement political goals and at the same time be cost effective.

> It is desirable that the services contribute to reducing the need for health and care services (*White Paper 26*; NMHCS, 2014–2015, p. 56).

Like other primary health services, home-care nursing is required to work toward reducing the need for services by, among other things, helping patients become as self-sufficient as possible and preventing further health failures. At the same time, the service must be professionally sound and in line with patients' needs. Home-care nursing has many patients needing long-term care who can become self-sufficient only to a small extent, which conflicts with a financially driven discourse. This discourse on home-care nursing is contradictory because being as cheap as possible can clash with professional discourses about care quality.

3.3.2 | An invisible and basic service

In the policies, home-care nursing is referred to as a basic service and "a core competence that every municipality must have to fulfill its statutory obligations" (*White Paper 26*; NMHCS, 2014–2015, p. 62). Yet we found that nursing was almost invisible in terms of specific content and special contributions in the documents. Based on this, we identified a political discourse on home-care nursing as a basic and invisible service.

Although nursing is described as fundamental to municipalities' health services, it is little articulated and almost absent when it comes to good examples of development work. Primarily, general practitioners and rehabilitation services such as physiotherapy and occupational therapy are highlighted. Home-care nursing implicitly appears in the documents

when reference is made to basic care and assessment of care needs. Otherwise, home-care nursing is mentioned only as a basic service with a long history in Norway of being a municipal or church service for the elderly and sick at home.

3.3.3 | Part of interdisciplinary collaboration

Another position ascribed to home-care nurses is as part of the collaboration around patient pathways and care. Patients with complex conditions need interdisciplinary efforts, and home-care nursing alone is no longer sufficient for many (*White Paper 26*; NMHCS, 2014–2015, p. 14). Still, it is repeatedly pointed out in the texts that nurses are necessary to ensure coherent patient pathways. Nurses are mentioned as possible coordinators for interdisciplinary teamwork, but beyond this, their function is somewhat blurry:

> In future there is a need to clarify the content of the nursing function and how this is integrated into the rest of the health and care services (*White Paper 47*; NMHCS, 2008–2009, p. 56).

As part of emphasizing the interdisciplinary perspective, it is stated that health professionals, including nurses, need broader competence. In the documents, it seems this broader knowledge is linked to the capacity for interdisciplinary work and seeing patients as more than a disease to be treated. Beyond this, it is not clearly articulated what the professional competence and contribution of nursing is.

3.3.4 | General and specialized nursing care

The last discourse we identified was a contradictory discourse on home-care nursing as both general and specialized nursing care. In *White Paper 15* (NMHCS, 2017–2018), this is reflected in a description of the range of tasks and conditions home-care nursing must handle:

> It is a range from completely unproblematic to acute, life-threatening conditions (p. 48).

In all documents, frequent reference is made to required competence, which conveys a picture of current and future services as the policies see them. There is much articulation on the need for broad generalist competence, yet at the same time, the services increasingly have more patients with specialized medical needs at home. It is repeatedly stated that there is a need for both higher and broader competence in current and future home-care services.

We found a prevailing assumption that there is too little competence in municipalities' health-care services. For example, in *White paper 26* (NMHCS, 2014–2015, p. 126), research is referenced as revealing a lack of competence in municipalities when it comes to the elderly with complex diseases (Bing-Jonsson et al., 2015). All three policies refer to the need for more competence among home-care nurses to follow up on patients with complex and unstable conditions.

4 | DISCUSSION

The aim of this study was to investigate how home-care nursing is presented in policy documents and what place it is given in today's health-care landscape. We discovered several complementary and contradictory discourses on home-care nursing in the selected policy documents, and we will now discuss those findings in light of neoliberal governance ideals and critical discourses on care and care work.

From a critical point of view, the discourse analysis sought to reveal how current understandings, power relations, and positions are constructed through language (Fairclough, 2013; Kayı-Aydar, 2018). Language is important, and word choice in prevailing discourses thus point to what is considered important in the policies. One finding is that nursing is almost nonexistent in the documents, despite home-care nursing being presented as a basic service. Home-care nursing is generally referred to as part of municipalities' primary health services, and the term "care service" is most often used to describe home-care nursing. The word "care" is used frequently in the three policies, often in combination with "services" or "health." At the same time, "care" is, to a lesser extent, given a distinct meaning as the concept or description of services' quality. The widespread use of "care" does not necessarily mean there is a political investment in care and care work. The past year's major challenges related to the COVID-19 pandemic has made health and care work a larger part of social and political discourses and recognition. Critical voices, noting that "care" has become a political buzzword, state that warm sentiments and applause are inadequate and call for more radical policy changes (Chatzidakis et al., 2020; Wood & Skeggs, 2020). Chatzidakis et al. (2020) further argue the need for care policies that recognize human frailty, vulnerability, and mutual interdependence. This contrasts with the language in the political documents dealing with efficiency and market-oriented consumerism.

Economic sustainability is an important objective in policy documents and a driving force for the described solutions. Admittedly, it is emphasized that services to the population must be high-quality, but they must also be cost effective. This may explain the fact that home-care nursing is infrequently articulated, given that this study has traditionally been associated with long-term care and unsolvable health needs requiring persistent and expensive services.

There are various discourses on good solutions to the challenging wicked problems of health care, and several studies point to prevailing political trends with increased marketization presented as a solution to sustainability problems in elder care (Burau et al., 2017; Cullen, 2019; Dahl et al., 2015). In our study, we found some dominant economically oriented discourses and solutions aimed at reducing costs in municipal health care by working smarter and better. These discourses are supported by expressions with distinctly

market-oriented values, like "new and better" solutions (Cullen, 2019). The findings of our study also show how the political documents convey a governing ideology that problems should be solved and health problems must be prevented or treated and rehabilitated.

As part of the assumptions about solutions, there is also strong emphasis on the population being "active and self-sufficient" (*White Paper 15*; NMHCS, 2017–2018, p. 83), which can be another argument for reducing health-care expenses. This is in line with the neoliberal thinking governing much of the politics in Western countries, regardless of political affiliation (Björnsdóttir, 2009). This ideology emphasizes that individuals must be self-sufficient and able to make rational and active market-oriented health choices. Feminist theorists have long asked for increased recognition of care work, pointing out how neoliberal ideologies and solutions based on the image of self-sufficient rational individuals largely overlooks the realities of human dependence and vulnerability (Butler, 2015; Held, 2006; Waerness, 1987). This strong emphasis on individuals who can take responsibility for their health and services needs does not fully reflect who needs nursing care at home today. Here, we see conflicting discourses on home-care nursing as basic care for elderly and chronically ill patients, while at the same time, there is a prevailing emphasis on everything being prevented or fixed. The ideology of independence seems to overshadow the fact that illness and deteriorating health make people dependent on care from others.

Assumptions about solutions can also be seen in connection with the kinds of care work highlighted in the policy documents, which mostly highlight diseases and problems that can be fixed or prevented, described as "growth care" as opposed to "maintenance care" (Waerness, 1984, 1987). Although basic care is mentioned as a necessary public service in primary health care, the documents are dominated by discourses on "growth care," the health problems that can be solved or prevented. This in turn means that "maintenance care"—follow-up of health conditions that are chronic and often long-term—is disadvantaged. Many patients who need home-care nursing have health conditions that cannot be fixed and require long-term care. Moreover, a good proportion of home-care nursing recipients are unable to be self-sufficient, active, and responsible for their own health, as described and valued in the policies. This includes, for example, patients with dementia who live at home and require frequent follow-up, depending on others to communicate their needs. Frail older people with complex needs seem to have fared worse after the coordination reform in Norway (Hvalvik & Dale, 2013), and this entails demanding care responsibilities for both the family and health services (Andersen et al., 2020; Bing-Jonsson et al., 2015). We believe the absence of home-care nursing in the documents may be substantially about home-care nursing as the mainstay of compensatory help for patients needing long-term care. With a neoliberal-oriented discourse, long-term care can be considered a cost item with no potential for improvement. The authorities would likely rather focus on more cost-efficient services, such as treatment, prevention, and rehabilitation.

Consequently, the care perspective appears less communicated in the political documents, along with the positions of groups doing care work, such as home-care nurses. According to Harré et al. (2009), positions are often linked to and legitimized with certain rights and obligations expressed as a societal mandate in the policies, which makes them an assigned order and lends them legitimacy. It is thus timely to ask whether this mandate is in line with the population's need for nursing and the profession's values. Here, we found a contradiction in nursing explicitly mentioned when it comes to work areas that are less prominent, but omitted when it comes to priority areas. Regarding innovative and specialized treatment, rehabilitation, and prevention, the contribution and place of home-care nursing is implicit and not elaborated.

Our analyses revealed that home-care nursing is minimally highlighted in the policies, which corresponds to a recent study finding that nursing is less visible and seldom explicitly mentioned in policy documents in the Nordic countries, and is only implicitly included in health-care strategies (Tønnessen et al., 2020). Home-care nursing is the largest part of primary health care; it is therefore striking that nursing holds such an invisible position in policies about current and future services. The absence of nursing in the documents contrasts with recommendations from the WHO (2019) and empirical studies about nurses' position in today's home health services (Fjørtoft et al., 2020; Landers et al., 2016; Melby et al., 2018). Although these studies show that nurses hold a crucial position in assessing and following up on patients at home, along with coordinating health services, our findings indicate an ongoing need to further articulate and clarify nurses' contributions. Home-care nursing takes place at the interchange between everyday life at home and professional and prevailing public discourses in today's primary health-care service. It may again be timely to include critical feminist and care perspectives pointing to women's work and home care being invisible and undervalued in society (Björnsdóttir, 2009). This may explain why home-care nursing, which is both female-dominated and takes place in the home, is nearly invisible in policies on future solutions, reflected in political documents describing the work as "basic," without further elaboration.

Regarding specialized treatment and innovative solutions, home-care nursing has not been made explicit other than as part of interdisciplinary collaboration and the need for more specialized nursing competence. This underscores how the content and competence of nursing need to be clarified and communicated to policy-makers and society. Policy-makers need more knowledge about home-care nursing's contribution, and nurses need to communicate this more. Studies convey the diversity of tasks in today's home nursing and how this makes the home-care nurses' work seem unclear (Halcomb et al., 2016; Melby et al., 2018). This may be the cause of challenges in communicating home-care nursing's unique contribution.

We found coexisting discourses in the policies where home-care nursing is both general nursing care and simultaneously increasingly specialized. In line with this, the policies emphasize the need for general and broad competence at the same time as commenting that changes mean a need for more specialized competence in home-based care. Experiences after the Norwegian coordination reform reveal much more advanced and complex needs to be followed up on by home-care nursing (Rostad et al., 2020), corresponding with international trends (De Vliegher et al., 2014; Landers et al., 2016). Recent experiences (e.g., COVID-19) highlight that home-based

primary health care must be able to take care of both long-term and acute health needs (Levene et al., 2020). This points to the importance of discussing ongoing changes and the place of home-care nursing as part of future primary health care.

Why is it problematic that nursing is absent and little articulated in policies on primary health services? We believe this leads to significant perspectives being omitted or neglected both on paper and in practice. Ceci (2008) argues for multiple understandings of home care and warns of the dangers of trying to apply one governing logic to a complex field. This raises the importance of discussing ongoing changes and the contribution and place of home-care nurses in future primary health care. By exploring the presence of home-care nursing in the texts, we uncovered how some care work and patients receive less attention. This emphasizes the importance of including all relevant perspectives, and here, we believe home-care nursing is crucial. White papers are part of a social context and provide a picture of prevailing public understanding and ongoing changes in fields like primary health care. Politics and practice influence each other and help construct the understanding and what prevails among the relevant actors (Burr, 2015). These political documents contain language and solution descriptions closely linked to a neoliberal market-driven discourse.

Our findings underscore the importance of those who are close to where the consequences of health policy unfold conveying their perspectives and participating in political discourses. Home-care nurses hold a unique position by entering the homes and everyday lives of people with various health conditions who are largely influenced by prevailing health policy. From this viewpoint, Holmes and Gastaldo (2002) note that nurses hold power in their practice because they both carry out policy in practice and have a responsibility to convey policy's consequences. Several claim that nurses must take a greater part in shaping policies to ensure quality care services (McMillan & Perron, 2020; Rafferty, 2018). The use of language and the discourses about home-care nursing in national policies are constructive in that they influence nurses' understanding of themselves and how they shape their practice. When home-care nursing is given an insignificant position in public policies, it can lead to pertinent decision-makers and nurses themselves underestimating the contribution of nursing in practice. We therefore argue that the place nursing is given in policies of future primary health care is an important matter for society, political decision-makers, and home-care nursing and nurses.

The contribution and place of nursing in primary care needs to be better recognized and communicated to society and within the profession. Visible home-care nursing is important for people who require home-based health care, and this applies not least to those who are unable to voice their situation.

5 | CONCLUSION

This study revealed that home-care nursing is articulated only to a limited extent in contemporary Norwegian political documents on primary health care. Political language and ideology emphasizing self-sufficiency and active rehabilitation only partially fits with the practice of home-care nursing and entails that some patients and care work be made invisible and unprioritized. We argue the need for policies to be adjusted to the realities of practice. The findings highlight the need to communicate the place and contribution of home-care nursing, as well as the need to be recognized by society and policy-makers as an important and large part of primary care.

Changes in the population's health combined with recent worldwide health challenges point to the need to discuss policy priorities in primary health care. It is crucial to ensure that long-term care and urgent needs are followed up on in an equally responsible manner. Here, nursing holds an important position that must be further articulated and recognized. This has implications for the health-care services of the population and is relevant to health policy, health-care services, research, nursing education, and not least, home-care nurses in practice.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/recommendations/)]: substantial contributions to conception and design, acquisition of data or analysis and interpretation of data and drafting the article or revising it critically for important intellectual content.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are public policy documents that are openly available at: www.regjeringen.no, and they are listed in the references of the article.

ORCID

Ann-Kristin Fjørtoft https://orcid.org/0000-0002-9152-4314

REFERENCES

Allen, D. (2018). Analysing healthcare coordination using translational mobilization. *Journal of Health Organization and Management*, *32*(3), 358–373.

Andersen, A. B., Frederiksen, K., Kolbæk, R., & Beedholm, K. (2017). Governing citizens and health professionals at a distance: A critical discourse analysis of policies of intersectorial collaboration in Danish health-care. *Nursing Inquiry*, *24*(4), e12196.

Andersen, H. E., Hoeck, B., Nielsen, D. S., Ryg, J., & Delmar, C. (2020). A phenomenological–hermeneutic study exploring caring responsibility for a chronically ill, older parent with frailty. *Nursing Open*, *7*(4), 951–960. https://doi.org/10.1002/nop2.467

Ashley, C., Halcomb, E., & Brown, A. (2016). Transitioning from acute to primary health care nursing: An integrative review of the literature. *Journal of Clinical Nursing*, *25*(15–16), 2114–2125. https://doi.org/10.1111/jocn.13185

Baachi, C. L. (2009). *Analysing policy: What's the problem represented to be?* Pearson Higher Education AU.

Barrett, A., Latham, D., & Levermore, J. (2007). Defining the unique role of the specialist district nurse practitioner. *British Journal of Community Nursing*, *12*(10), 442–448. https://doi.org/10.12968/bjcn.2007.12.10.27265

Bing-Jonsson, P. C., Bjørk, I. T., Hofoss, D., Kirkevold, M., & Foss, C. (2015). Competence in advanced older people nursing: Development of

"Nursing older people—Competence evaluation tool". *International Journal of Older People Nursing*, *10*(1), 59–72.

Björnsdóttir, K. (2009). The ethics and politics of home care. *International Journal of Nursing Studies*, *46*(5), 732–739. https://doi.org/10.1016/j.ijnurstu.2008.10.014

Borglin, G., & Richards, D. A. (2020). Year 2020, truly the "International Year of the Nurse and the Midwife". *Nordic Journal of Nursing Research*, *40*(2), 59–60. https://doi.org/10.1177/2057158520924135

Brennan, D., Cass, B., Himmelweit, S., & Szebehely, M. (2012). The marketisation of care: Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy*, *22*(4), 377–391.

Burau, V., Zechner, M., Dahl, H. M., & Ranci, C. (2017). The political construction of elder care markets: Comparing Denmark, Finland and Italy. *Social Policy & Administration*, *51*(7), 1023–1041. https://doi.org/10.1111/spol.12198

Burr, V. (2015). *Social constructionism*. Routledge.

Butler, J. (2015). *Notes toward a performative theory of assembly*. Harvard University Press.

Ceci, C. (2008). Increasingly distant from life: Problem setting in the organization of home care. *Nursing Philosophy*, *9*(1), 19–31.

Chatzidakis, A., Hakim, J., Littler, J., Rottenberg, C., & Segal, L. (2020). From carewashing to radical care: The discursive explosions of care during Covid-19. *Feminist Media Studies*, *20*(6), 889–895. https://doi.org/10.1080/14680777.2020.1781435

Cullen, P. (2019). The discursive politics of marketization in home care policy implementation in Ireland. *Policy and Society*, *38*(4), 606–625. https://doi.org/10.1080/14494035.2019.1622274

Dahl, H. M., Eskelinen, L., & Hansen, E. B. (2015). Coexisting principles and logics of elder care: Help to self-help and consumer-oriented service? *International Journal of Social Welfare*, *24*(3), 287–295. https://doi.org/10.1111/ijsw.12141

De Vliegher, K., Aertgeerts, B., Declercq, A., & Moons, P. (2015). Exploring the activity profile of health care assistants and nurses in home nursing. *British Journal of Community Nursing*, *20*(12), 608–614.

De Vliegher, K., Declercq, A., Aertgeerts, B., Gosset, C., Heyden, I., & Moons, P. (2014). The activity profile of home nurses: A systematic review. *Home Health Care Management & Practice*, *26*(4), 257–265. https://doi.org/10.1177/1084822314527293

Dean, M. D. (2010). *Governmentality: Power and rule in modern society* (2nd ed.). Sage.

Fairclough, N. (1992). *Discourse and social change* (Vol. 10). Polity Press.

Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research*. Routledge.

Fairclough, N. (2013). *Critical discourse analysis: The critical study of language*. Routledge.

Fairclough, N. (2009). A dialectical-relational approach to critical discourse analysis in social research. In R. Wodak, & M. Meyer (Eds.), *Methods of critical discourse analysis* (2nd ed., pp. 162–186). SAGE Publications.

Fealy, G., Hegarty, J. M., McNamara, M., Casey, M., O'Leary, D., Kennedy, C., O'Reilly, P., O'Connell, R., Brady, A. M., & Nicholson, E. (2018). Discursive constructions of professional identity in policy and regulatory discourse. *Journal of Advanced Nursing*, *74*(9), 2157–2166. https://doi.org/10.1111/jan.13723

Fjørtoft, A. K., Oksholm, T., Delmar, C., Førland, O., & Alvsvåg, H. (2020). Home-care nurses' distinctive work: A discourse analysis of what takes precedence in changing healthcare services. *Nursing Inquiry*, *28*, e12375. https://doi.org/10.1111/nin.12375

Flöjt, J., Hir, U. L., & Rosengren, K. (2014). Need for preparedness: Nurses' experiences of competence in home health care. *Home Health Care Management & Practice*, *26*(4), 223–229.

Genet, N., Boerma, W. G., Kringos, D. S., Bouman, A., Francke, A. L., Fagerström, C., Melchiorre, M. G., Greco, C., & Devillé, W. (2011). Home care in Europe: A systematic literature review. *BMC Health Services Research*, *11*(1), 207. https://doi.org/10.1186/1472-6963-11-207

Halcomb, E., Stephens, M., Bryce, J., Foley, E., & Ashley, C. (2016). Nursing competency standards in primary health care: An integrative review. *Journal of Clinical Nursing*, *25*(9–10), 1193–1205. https://doi.org/10.1111/jocn.13224

Harré, R., & Moghaddam, F. (2003). Introduction: The self and others in traditional psychology and in positioning theory. In R. Harré, & F. Moghaddam (Eds.), *The self and others: Positioning individuals and groups in personal, political, and cultural contexts* (pp. 1–11). Praeger Publishers.

Harré, R., Moghaddam, F. M., Cairnie, T. P., Rothbart, D., & Sabat, S. R. (2009). Recent advances in positioning theory. *Theory & Psychology*, *19*(1), 5–31. https://doi.org/10.1177/0959354308101417

Head, B. W., & Alford, J. (2015). Wicked problems: Implications for public policy and management. *Administration & Society*, *47*(6), 711–739.

Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford University Press on Demand.

Holmes, D., & Gastaldo, D. (2002). Nursing as means of governmentality. *Journal of Advanced Nursing*, *38*(6), 557–565.

Hvalvik, S., & Dale, B. (2013). Nurses' experiences of caring for older persons in transition to receive homecare: Being somewhere in between competing values. *Nursing Research and Practice*, *2013*, 181670. https://doi.org/10.1155/2013/181670

Jacobsen, F. F., & Mekki, T. E. (2012). Health and the changing welfare state in Norway: A focus on municipal health care for elderly sick. *Ageing International*, *37*(2), 125–142.

Kayı-Aydar, H. (2018). *Positioning theory in applied linguistics: Research design and applications*. Springer.

Koskela, M. (2013). Same, same, but different: Intertextual and interdiscursive features of communication strategy texts. *Discourse & Communication*, *7*(4), 389–407. https://doi.org/10.1177/1750481313498655

Landers, S., Madigan, E., Leff, B., Rosati, R. J., McCann, B. A., Hornbake, R., MacMillan, R., Jones, K., Bowles, K., & Dowding, D. (2016). The future of home health care: A strategic framework for optimizing value. *Home Health Care Management & Practice*, *28*(4), 262–278. https://doi.org/10.1177/1084822316666368

Levene, L. S., Seidu, S., Greenhalgh, T., & Khunti, K. (2020). Pandemic threatens primary care for long term conditions [Editorial]. *BMJ (London)*, *371*, m3793. https://doi.org/10.1136/bmj.m3793

McMillan, K., & Perron, A. (2020). Nurses' engagement with power, voice and politics amidst restructuring efforts. *Nursing Inquiry*, *27*, e12345. https://doi.org/10.1111/nin.12345

Melby, L., Obstfelder, A., & Hellesø, R. (2018). "We tie up the loose ends": Homecare nursing in a changing health care landscape. *Global Qualitative Nursing Research*, *5*, 2333393618816780. https://doi.org/10.1177/2333393618816780

Merrick, E., Duffield, C., Baldwin, R., Fry, M., & Stasa, H. (2012). Expanding the role of practice nurses in Australia. *Contemporary Nurse*, *41*(1), 133–140. https://doi.org/10.5172/conu.2012.41.1.133

Moffatt, F., Martin, P., & Timmons, S. (2014). Constructing notions of healthcare productivity: The call for a new professionalism? *Sociology of Health & Illness*, *36*(5), 686–702. https://doi.org/10.1111/1467-9566.12093

Murashima, S., Nagata, S., Magilvy, J. K., Fukui, S., & Kayama, M. (2002). Home care nursing in Japan: A challenge for providing good care at home. *Public Health Nursing*, *19*(2), 94–103. https://doi.org/10.1046/j.1525-1446.2002.19204.x

Norwegian Ministry of Health and Care Services (NMHCS). (2008–2009). *White Paper 47: The coordination reform: Proper treatment—At the right place and right time*. https://www.regjeringen.no/contentassets/d4f0e16ad32e4bbd8d8ab5c21445a5dc/en-gb/pdfs/stm200820090047000en_pdfs.pdf

Norwegian Ministry of Health and Care Services (NMHCS). (2014–2015). *White Paper 26: The primary health and care services of tomorrow—Localised and integrated*. https://www.regjeringen.no/contentassets/

d30685b2829b41bf99edf3e3a7e95d97/en-gb/pdfs/stm20142015 0026000engpdfs.pdf

Norwegian Ministry of Health and Care Services (NMHCS). (2017–2018). *White Paper 15: A full life—All your life*. https://www.regjeringen.no/contentassets/196f99e63aa14f849c4e4b9b9906a3f8/en-gb/pdfs/stm201720180015000engpdfs.pdf

Rafferty, A. M. (2018). Nurses as change agents for a better future in health care: The politics of drift and dilution. *Health Economics, Policy and Law*, *13*(3–4), 475–491.

Romøren, T. I., Torjesen, D. O., & Landmark, B. (2011). Promoting coordination in Norwegian health care. *International Journal of Integrated Care*, *11*, e127.

Rostad, H. M., Skinner, M. S., Hellesø, R., & Sogstad, M. K. R. (2020). Towards specialised and differentiated long-term care services: A cross-sectional study. *BMC Health Services Research*, *20*, Art. 793. https://doi.org/10.1186/s12913-020-05647-y

Sekse, R. J. T., Hunskår, I., & Ellingsen, S. (2018). The nurse's role in palliative care: A qualitative meta-synthesis. *Journal of Clinical Nursing*, *27*(1–2), e21–e38.

Statistisk sentralbyrå (Statistics Norway; SSB). (2020, June 18). *Care services*. Statistics Norway. Retrieved from https://www.ssb.no/en/helse/statistikker/pleie

Szebehely, M., & Meagher, G. (2018). Nordic eldercare: Weak universalism becoming weaker? *Journal of European Social Policy*, *28*(3), 294–308. https://doi.org/10.1177/0958928717735062

Tarricone, R., & Tsouros, A. D. (2008). *Home care in Europe: The solid facts*. WHO Regional Office Europe.

Tønnessen, S., Christiansen, K., Hjaltadóttir, I., Leino-Kilpi, H., Scott, P. A., Suhonen, R., Öhlén, J., & Halvorsen, K. (2020). Visibility of nursing in policy documents related to health care priorities. *Journal of Nursing Management*, *28*(8), 2081–2090. https://doi.org/10.1111/jonm.12977

Vabø, M. (2012). Norwegian home care in transition: Heading for accountability, off-loading responsibilities. *Health & Social Care in the Community*, *20*(3), 283–291. https://doi.org/10.1111/j.1365-2524.2012.01058.x

Waerness, K. (1984). The rationality of caring. *Economic and Industrial Democracy*, *5*(2), 185–211. https://doi.org/10.1177/0143831X8452003

Waerness, K. (1987). A feminist perspective on the new ideology of "community care" for the elderly. *Acta Sociologica*, *30*(2), 133–150. https://doi.org/10.1177/000169938703000202

Walton, J. A., & Lazzaro-Salazar, M. (2016). Othering the chronically ill: A discourse analysis of New Zealand health policy documents. *Health Communication*, *31*(4), 460–467. https://doi.org/10.1080/10410236.2014.966289

Wood, H., & Skeggs, B. (2020). Clap for carers? From care gratitude to care justice. *European Journal of Cultural Studies*, *23*(4), 641–647. https://doi.org/10.1177/1367549420928362

World Health Organization (WHO). (2019). *Primary health care 2019*. https://www.who.int/news-room/fact-sheets/detail/primary-health-care

World Health Organization (WHO). (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. https://apps.who.int/iris/rest/bitstreams/1274201/retrieve

How to cite this article: Fjørtoft, A.-K., Oksholm, T., Førland, O., Delmar, C., & Alvsvåg, H. (2021). The position of home-care nursing in primary health care: A critical analysis of contemporary policy documents. *Nursing Inquiry*, e12445. https://doi.org/10.1111/nin.12445