

# **The significance of meaningful and enjoyable activities for nursing home resident's experiences of dignity**

## **Abstract**

**Background:** Living in a nursing home may be challenging to the patients' experience of dignity. Residents' perception of how their dignity is respected in everyday care is important.

**Aim:** to examine how nursing home residents experience dignity through the provision of activities that foster meaning and joy in their daily life.

**Method:** A qualitative design was used and 28 individual semi-structured interviews conducted with nursing home residents from six nursing homes in Denmark, Norway and Sweden. The data were analysed with qualitative content analysis. Independent ethical committees in all participating countries granted their approval for the study.

**Findings:** The participants highlight two dimensions of the activities that foster experiences of dignity in nursing homes in Scandinavia. These two categories were 1) Fostering dignity through meaningful participation and 2) Fostering dignity through experiencing enjoyable individualized activities.

**Conclusion:** Activities are important for residents to experience dignity in their daily life in nursing homes. However, it is important to tailor the activities to the individual and to enable the residents to take part actively. Nurses should collect information about the resident's preferences for participation in activities at the nursing home.

**Key words:** health promotion, older people, Scandinavia, nursing, caring science

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## Introduction

In the present study, a research group in Scandinavia explored dignity as experienced by older people living in nursing homes and explored the connection between activity and dignity in nursing home residents. The preamble of the International Council of Nurses' Code of Ethics places emphasis *inter alia* on dignity: *Inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect* (1: p. 36). In an editorial, Gallagher (2) claims that more research on dignity deficits in care is needed in order to understand what contributes to these deficits. It is equally important to understand what factors may promote dignity in care for older people. Gallagher refers to the UK Health Commission (3: p. 9) statement of the ethical importance of dignity: *All users of health and social care services need to be treated with dignity and respect. However, some older people can be particularly vulnerable and it is essential that extra attention is given to making sure that givers' of care treat them with dignity at all times and in all situations. To fail to do this is an infringement of their human rights.*

However, an understanding of dignity in health care provision to older persons, and how to promote it, is not straightforward. Macklin (4) initiated the debate in *BMJ* in which she claimed dignity to constitute nothing less than respect for autonomy. As such, she saw dignity as a useless concept. Despite this debate, Norway introduced a "dignity guarantee" for residents in nursing homes in 2010 (5) whereby the nursing home resident's right to have his/her dignity respected is guaranteed. Among other things, this includes having a private room, having the right to days with meaningful activities and the possibility to get outdoors and take fresh air regularly. This is in line with The NHS Constitution in Britain in the Health Act of 2009 whereby all patients have the right to be treated with dignity and respect in accordance with basic human rights (6).

Health authorities in Scandinavian countries stress the importance of activities in daily life (7). Activities are also considered important to promote health in later stages of life (7). The residents' personal preferences for activities are regarded as important, but opportunities to take a walk in outdoors, to enjoy entertainment such as music, television or radio, to attend concerts or visit museums, and social activities with other people are all mentioned as relevant leisure activities. The link between experienced dignity and activity has yet to be established empirically.

## **Background**

Giving older people in residential care homes purposeful occupational tasks could give them a sense of dignity and satisfaction (8). Participation in occupational activities promotes physical activity, social stimulation and a sense of identity that may slow age-related decline. It could also enhance functional capacity. In their study, O'Sullivan & Hocking (8) found that many residents experience occupational deprivation described as neglect. This may decrease personal health and well-being. Reasons for this neglect were social attitudes, inadequate funding and inappropriate systems of care contrary to the desired policy of positive ageing (8). On the other hand, Skaar & Söderhamn (9) found that cultural activities, including holidays in Spain for nursing home residents with dementia resulted in the residents experiencing meaningful days and well-being as well as feeling good at the moment, a sense of belonging and recognition for the residents.

Helgesen et al. (10) explored the experience nursing personnel had with patient participation in nursing homes. The sites were special care units in Norway for persons with dementia. The interest in patient participation was to examine whether making one's own decisions is essential to dignity and self-esteem. The factors influencing participation were the educational level and commitment of the nursing personnel along with the frequency that they were on duty. In addition, organizational conditions were mentioned such as care culture, leadership

and number of personnel necessary for patient participation, together with the ability of the resident to make decisions. Lohne et al. (11) also found that health care personnel emphasized influence and participation as important factors that improve dignity for nursing home residents. On the other hand, Hall & Høy (12) found that caring for older persons is a matter of 're-establishing dignity' through 'seeing the patient as a unique person', 'assisting in getting rid of the bed' and 'supporting patient appearance'. They state that caring for older people is to create everyday circumstances that allow the older person's dignity flourish. This is in line with the findings of Skaar & Söderhamn (13). The latter studied how persons with dementia disorder on a holiday trip to Spain experienced cultural activities. The residents experienced increased social competence, increased stamina and coping ability and good balance between activity and rest. The patients' language abilities improved, better Activity of Daily Living (ADL-) functions, and they were calmer during the holiday trip.

In a concept analysis of the meaning of preserving dignity, Anderberg et al. (14), claim that in caring for older people it is important to know what kinds of caring activities lead to preserved dignity. They state that dignity is a concept that relates to basic humanity. It consists of both inherent and external dimensions common to all humans and at the same time unique to each individual. It has social and cultural aspects. In their analysis, they revealed the facilitators for preserving dignity: individualized care, restored control, respect, advocacy and sensitive listening. Nurses should have professional knowledge, responsibility, and reflection and should work in a non-hierarchical organization. If dignity is preserved for the older person, the consequences may be a strengthened life-spirit, an inner sense of freedom, self-respect and successful coping. Ekelund et al. (15) have identified these, in addition to self-determination as an important factor for older people dependent on health care services. However, Kinnear et al. (6) studied facilitators and barriers used by health care professionals to preserve dignity. They found that dignified care was provided at three levels, namely the

organizational level, ward level and individual level. Important factors for respecting dignity were time, staffing levels, training, ward environment, staff attitudes, support, involvement of the family and reflection. These factors represented hindrances or facilitators for respecting dignity in patients in the UK.

Dignity is described in several ways, for example as Haddock (16) does using a concept analysis of dignity whereby dignity is described as a reciprocal understanding of each other's humanity along with an acceptance of each other's unique personality. Walsh & Kowanko (17) found that respect, privacy and control are central elements of dignity. According to Shotton & Seedhouse (18), they claim that dignity implies that persons should be put in situations in which they can use their potentials to the maximum. Edlund (19) has also performed a concept analysis of dignity and found that dignity is twofold: an absolute or objective dignity which cannot be violated and which all human beings have simply by virtue of being a human being. In addition, everyone has a relative or subjective dignity that may be respected or violated. However, if it is violated it can be restored. Although several articles about dignity have been published, we have not found any describing the significance of activities for older people in nursing homes.

## **Aim**

Because of the lack of research in the field, the purpose of this study was to examine how nursing home residents experience dignity through the provision of activities that foster meaning and joy in their daily life.

## **Method**

This study has an explorative and descriptive design using Kvale and Brinkmann's method of content analysis (20).

### **Setting and participants**

A total of 28 residents, eight male and twenty female, ranging from 62 to 103 years of age, were recruited to participate in qualitative interviews. The participants came from six different nursing homes in Scandinavia: five residents from one nursing home in Denmark, fifteen residents from three nursing homes in Norway and eight residents from two nursing homes in Sweden. The nursing homes accommodated from 36 to 120 residents with wards housing 15 to 30 residents and were situated in both smaller (less than 10,000 inhabitants) and larger cities (more than 10,000 inhabitants). In one nursing home, the residents shared rooms with one other resident, but in all the other nursing homes, each resident had a private room.

### **Data collection**

Nine researchers from the research group conducted the study during the period 2010–2011. The researchers used an interview guide with open-ended questions giving the participants the opportunity to explore their thoughts about the theme of the study. The interviews lasted between 40 to 70 minutes. The interviews were tape-recorded and transcribed verbatim. The interviews were conducted in the nursing homes in a quiet place without disturbances. The interview guide focused on everyday life in the nursing home and the factors that the participant identified as fostering dignity as well as potential threats to dignity. They were initially asked to tell about their life at the nursing home before the concept of dignity was introduced in the interview.

### **Data analysis**

The research group worked together on the data material analysing by content analysis as suggested by Kvale and Brinkmann (20). The first step in the analysis process was to sort out what the residents were talking about and to identify subjects and themes. The next step was to interpret these subjects on a common sense level. The third and last step is found in the

discussion part where the themes are discussed at a theoretical level using theory and previous research to enlighten the understanding of the themes.

### **Ethical considerations**

The participants received verbal and written information about the project from the administration of the nursing home and they provided written consent. It was stressed that participation was voluntary and that they could withdraw from the project if they no longer wanted to participate. This could be done at any time without giving any reason and without any consequences. The participants were assured that anonymity and confidentiality would be respected throughout the research process and in publishing. The project was approved by the Research ethics committee in South-east Norway (REK no: 2009/145b) and by ethics committees in the other countries represented in the study. In addition, the privacy ombudsman of the Norwegian Social Science Data Services authorized the study (NSD no: 22249).

### **Findings**

The participants highlight two dimensions of the activities that foster experiences of dignity in nursing homes in Scandinavia. These two categories were 1) Fostering dignity through active participation and 2) Fostering dignity through experiencing individualized activities.

#### **Fostering dignity through meaningful participation**

Being part of a social environment in which the participants could actively participate in meaningful activities was important for experiencing dignity. Exclusion was a threat to dignity. However, participation in activities that they had been part of earlier in life still gave meaning to daily life in the nursing home.

One participant explains the significance of being active and meaningful and mentions singing – fostering a feeling of being seen and heard as an important member in the social life

of the nursing home. She explains that she is very fond of singing and that she used to sing in a choir. Furthermore, she shares that she is sometimes asked to sing for the other residents, or along with other residents. This is important for her and she enjoys singing together with other participants. (Participant 1)

Another participant from another nursing home missed participating in singing sections: *[I miss] being able to sing opera here. I have been singing ever since I was a little girl. I sang in choirs and sang solo. That is why I sang a lot of opera.* (Participant 2)

Active participation gives meaning to life and a feeling of dignity. It seems to make the participant proud of being an active member of the fellowship at the nursing home, as expressed by this resident talking about her own participation and the meaning of it: *My daughter tells me: 'Mother participates in everything', she says.* The participant tells proudly that she participates in everything that happens at the nursing home. She says she even wheelchair-dances (Participant 2). However, the participants describe that they disliked gossiping with the other residents, as this is an activity with no meaning. Having a good temper and a positive attitude seems important when experiencing dignity at the nursing home.

One man felt his participation is appreciated and that he feels needed. He is always busy and cannot find time to do all the things he wants to do. He expresses that he needs more time because he writes letters and answers letters that come to him. At the nursing home, he participates in entertainment, gym and bingo. He emphasizes that he has actively participated in helping to arrange the bingo events and that this participation means a lot for him and his self-esteem. (Participant 3)

To be able to participate in activities that area familiar and in which the participants had been engaged before entering the nursing home was an important part of a dignified life in the



nursing home. One participant spoke of her previous life and what was important for her, namely travelling. She says that she used to travel a lot and hoped that she would be well enough to travel again. Even though it costs a lot to travel, it is something she wants to spend money on in order to experience the world and see new places. However, travelling demands much physical effort, and she hopes to be well enough to fulfil her dreams future travel (Participant 4).

Reading seems to be an activity that is important for other participants. It requires little of the participant, but takes one's mind off a sometimes boring day. Several participants stated that they appreciated being able to do something to do on their own, irrespective of what other residents do.. One woman describes how reading is important for her daily life: *I am very fond of reading. I have always read a lot. So it is actually reading that keeps me going. I have a lot of books myself* (Participant 5).

However, lack of activities makes the days long and lack of participation on the part of the other residents is a threat to dignity, as one man describes it: *I sleep a lot and I only sit here all day. I do nothing. I sit in the living room in my own stress-less. I have tried to involve other residents in a conversation but I get no response, so I have stopped doing that* (Participant 6).

A Danish woman expresses her opinion about long days, saying that the only thing that makes the days' worth living is the meals. Even though she does not eat very much, the social togetherness with the other residents is important and means a lot in terms of giving meaning to her days (Participant 7).

Another woman seems to accept a situation with few activities. She says: *During the weekdays, nothing happens. I only sit here looking out the windows. But I like to do this. I*

*love literature but I cannot see well enough to read anymore. However, I can see enough to watch television* (Participant 8).

It seems to be considered active participation when the residents take part in different activities such as singing, dancing, travelling, reading or going to museum or concerts, and these are important for them in order to experience relative dignity in everyday life at the nursing home. Another aspect of the meaning of activities in everyday life is that the activities must be individualized so that residents experience meaningful fellowship at the nursing homes.

### **Fostering dignity through experiencing enjoyable individualized activities**

The participants told about several activities offered in the different nursing homes. Offers included singing lessons, an orchestra, dancing, bingo, travelling to museums etc. However, several of participants emphasized the activities that were suitable for the individual as those that counted most for their experience of dignity.

Experiencing individualized activities makes the days meaningful, according to one woman from Denmark: *I am very fond of dancing. I have danced for 20 years. Now I go dancing once a week. The bus come and picks me up. I am the only one from this place.* She goes on to say that the health care personnel at the nursing home had arranged a dancing evening for all the residents. She had to bring her own dancing partner, and everybody enjoyed the dancing evening. The event was a real success, the participant said. She was happy about it because the personnel had arranged it only because they knew she was fond of dancing, and she felt it was *"a nice gesture"* (Participant 7).

Some participants mentioned personal initiative as a prerequisite for the individualized activity that fostered dignity. One woman in Denmark spoke at some length about activities in everyday life at the nursing home: *The ordinary days are not exciting. If I want something to*

*happen that I care about, I have to take the initiative for it myself. This is sometimes hard. But I have never been fond of socializing so I am used to taking care of myself and entertaining myself. I can always pass the time reading, watching television and listening to the radio, solving crosswords and so on. So I am pretty much alone. In a way, I don't care for the entertainment they offer here. I would have liked to go to a concert, go to exhibitions and the library, but that can't be arranged. However, we have been to an art museum once and I have also been in the Music Hall. Now I am having trouble starting to read again (Participant 9).*

It was important for the participants to have the possibility to choose an activity they enjoyed doing. Even though some of them have to do these on their own without any company, they prefer individualized activities. One woman told about how walking enhanced her feeling that she was enjoying a good day. She had a couple of different residents she walked with, but they were not able to walk anymore. This resulted in her walking alone because the walks made the days more enjoyable (Participant 7).

It is not always the activity alone that fosters dignity. The feeling of autonomy and the possibility to decide for themselves what they want to do and how to spend the days is equally important. One participant discusses what she likes to do and talks about reading and watching TV as activities she enjoys. She has friends visiting her, and she asks them to bring along a bottle of red wine instead of flowers or books. The health care personnel have given her permission to have a glass of red wine by herself in the evening: *It feels good to have a glass of wine in the evening if I want to* (Participant 3). To have a glass of wine in the evening may be seen as an activity that the woman can easily manage to do on her own and which gives her some pleasure and joy. It does not interfere with other residents' interests and she can decide for herself when she wants to relax with a glass of wine while watching television. This gives her a good time and, as she expresses it, "it feels good".

## Discussion

The aim of this study was to examine how nursing home residents experience dignity through the provision of activities that foster meaning and joy in their daily life. We found that active participation in meaningful activities is significant for experiencing dignity when living in a nursing home. This may not be considered new knowledge as nursing home personnel traditionally have always tried to arrange activities for the residents. However, it is new knowledge that the residents themselves emphasize the significance of active participation and the importance of individualized activities that provide meaning and joy in order to experience dignity in everyday life at the nursing home. To have activities that keep the residents in contact with their previous life is important. The activities that are presented at the nursing home are relevant to the experience of dignity; however, the most important thing is active participation in an activity that is known from an earlier stage in their lives because this gives meaning and joy to their present life in the nursing home. We found that at some nursing homes there were many activities made possible for the residents, but it was important that the resident could choose familiar activities to participate in. Having many activities at the nursing home was important only because it made it possible to choose an activity of interest to the individual resident. Active participation made time pass more quickly and made the day meaningful. In addition to personal activity, the individualized activity was important. The personal choice of a meaningful activity makes the days more meaningful and fosters dignity.

One might ask if active participation in individualized activities leads to the experience of dignity through experienced interdependence, as described by Løgstrup (21). Through the activities, the residents may experience being part of a fellowship with other people, but also with herself/himself in the recreation of former life experiences. What made life meaningful

through activities earlier in life still provides meaning to life when one becomes an older resident in a nursing home.

The possibility to choose and autonomy are important parts of participation in activities that foster dignity in nursing homes. Interdependence is an ontological understanding of being woven together in a fellowship where activities may be seen as the expression of this dimension in life (21). When one is denied the opportunity to participate or is “forced” to participate in activities that one does not enjoy, dignity is essentially threatened. Hauge & Heggen (22) describe how residents in nursing homes try to protect privacy and prefer being alone in their rooms rather than sitting in the living room involuntarily socializing with the other residents. Being able to choose individualized activities may foster the ability to reduce loneliness experienced in involuntarily fellowships and thereby facilitates experiences of dignity (23). Being together with other human beings is an important part of interdependence but it seems that our participants emphasize the importance of the possibility to choose meaningful and enjoyable activities as more important than fellowship alone.

Høy et al. (24) found three main themes revealed in their study of nursing home residents striving to maintain dignity: being involved as a human being, being involved as the person one is and is striving to become, and being involved as an integrated member of the society. This is in line with our findings that dignity implies active involvement with active participation in meaningful and enjoyable individualized activities, experiencing oneself as a human being in interdependence with other human beings in society.

As part of active participation in individualized activities, Ekelund et al. (15) emphasize self-determination as central. They define *self-determination in relation to community-dwelling frail older people as a process in which a person has control and legal and ethical rights, and has the knowledge and ability to make a decision of his/her own free choice* (15: p. 116). The

same conditions should be held for nursing home residents with legal and ethical rights to participate and choose individualized activities in accordance with their own free choice and preferences. As Skaar & Söderhamn (9, 13) have shown, the possibility to improve well-being and dignity through cultural activities is relevant for nursing home residents even if they suffer from dementia where self-determination may be reduced due to cognitive impairment. Because most residents in nursing homes suffer from dementia, it is important to notice that individualized activities in which they may take part actively is as important for a feeling of well-being and experienced dignity as it is for residents with physical impairment.

### **Methodological considerations**

There are some limitations of this study. Being several researchers conducting the interviews, we may have placed unequal emphasis on different aspects in the interviews. However, we had a semi-structured interview guide and discussed as a group the meaning of and the method by which to use the guide. All researchers were registered nurses with doctoral degrees in nursing or caring science; this may have influenced the interpretation and analysis. However, all the researchers are experienced and have qualifications in qualitative research methods. It may be a weakness that three countries are represented, as there may be cultural and political differences between them. However, our preunderstandings were that Denmark, Norway and Sweden are representative of Scandinavia as a common area. These countries have much of the same culture and ways of organizing health care services, so it should be relevant to study them together. Participants from all nursing homes are represented in the findings.

### **Conclusion**

Activities are important for residents in order to experience dignity when living in nursing homes. Moreover, it is important that the activities be individually adapted and that it is possible for the residents to take active part in the activities and that they experience the

activities as meaningful and enjoyable. Nurses should collect information about the resident's preferences for participation in activities at the nursing home. One implication for nursing practice is that when offering activities at nursing homes, the nurses should familiarize themselves with the residents' wishes and preferred leisure activities so that activities can be individualized for each resident. Another implication is that the residents should participate actively in both choosing and performing activities. Further research is needed regarding how to improve the range of activities offered in order to enhance a dignified and meaningful life for nursing home residents.

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### Conflicting of interests

The authors declare that there is no conflict of interest.

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