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Assenting to exposedness – meanings of receiving assisted bodily care in a nursing home as narrated by older persons

Bodil Holmberg RN, MNSc (PhD Student)[1], **Ingrid Hellström** RN, PhD (Associate Professor)[1,2], **Astrid Norberg** RN (Professor Emerita)[1,3] and **Jane Österlind** RN, PhD (Senior Lecturer)[1]

[1]Department of Health Care Sciences/Palliative Research Centre, Ersta Sköndal Bräcke University College, Stockholm, Sweden, [2]Department of Social and Welfare Studies, Linköping University, Norrköping, Sweden and [3]Department of Nursing, Umeå University, Umeå, Sweden

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Most older persons moving to a nursing home need to receive assisted bodily care, which means being in a position of vulnerability. However, few studies have explicitly focused on the meanings of receiving assisted bodily care from the older persons' perspective. This study aimed to elucidate meanings of receiving assisted bodily care, as narrated by older persons living in a nursing home. Twelve men and women, aged 80 or older, living in a Swedish nursing home, participated in the study. Data were generated by narrative interviews and analysed with a phenomenological-hermeneutical method. The regional ethics committee approved the study. In the analysis, one main theme emerged: 'Assenting to exposedness'. This theme comprised five themes, 'To have hope in hopelessness', 'To relinquish one's body into others' hands', 'To be between power and powerlessness', 'To oscillate between one's own responsibility and demands', 'To be in an ongoing interaction', and ten subthemes. In conclusion, receiving assisted bodily care means to be exposed, but not passively. Rather, it means to be self-determinant for as long as possible, to perceive the body as lived. When the body must be relinquished to others, it might be objectified, leading to care-suffering. To avoid this, the older persons use a certain competence, acquired through life, to decide when to take action or when to assent. However, this is but one of the several possible interpretations, which may be considered a limitation.

Keywords: assent, assisted bodily care, exposedness, hermeneutics, lifeworld, lived body, nursing home, older persons, phenomenology, self-determination.

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Introduction

Older persons may accept moving to a nursing home (NH) as an inevitable consequence of illness and lost capacity (1). This may be challenging and distressing, as bodily decline prevents them from managing independently (2). Thus, deteriorating bodily functions raise the need of receiving assisted bodily care (R-ABC) from assistant nurses (ANs). In this study, R-ABC means to be assisted while dressing, undressing, eating, maintaining personal hygiene (3) and while being transferred due to mobility problems (4). This means receiving assistance with things that most people prefer to do in private (3). For those with diminished capacity, R-ABC may be a relief, providing comfort and wellbeing (5). Then, 'little things', such as putting lotion onto dry skin, may be an important source of wellbeing (5–7). However, turning the older person's body into an area that is accessible to others is a situation that would be unacceptable in other contexts (2, 3, 8–10). This may violate the older person's dignity (11), making them withdraw from seeking help, attempting to avoid being regarded as helpless (12). Loss of bodily control may comprise a wish to die (1, 9, 13) if one feels objectified, perceiving a loss of 'self' (1, 9). This may relate to a societal habit of viewing the body from a reductive perspective that separates body from mind, not seeing them as an entity (10), strengthened by a societal ageist attitude that generalises older persons as weak (12). Consequently, being members of modern society, older persons may carry this attitude, defining themselves as less able. In R-ABC, the body becomes a landscape of care subjected to the authority of ANs, who focus upon malfunctioning parts of the body (8, 14), dealing with excrement, urine, illness, deterioration and death (9, 14).

Correspondence to:
Bodil Holmberg, Department of Health Care Sciences/Palliative Research Centre, Ersta Sköndal Bräcke University College, P.O. Box 111 89, Stockholm SE-100 61, Sweden.
E-mail: bodil.holmberg@esh.se

Thus, R-ABC comprises situations of vulnerability that may result in shame due to bodily weakness (2, 3, 15) and may problematise the older person's relationship with the ANs, who are younger and stronger (2), consequently evoking feelings of self-disgust (16) and fear of burdening others (1, 15, 17). Furthermore, ANs may feel embarrassment when touching the naked body (10, 18), leading them to feel guilt when they are not able to hide feelings of disgust (8). This may be promoted by a societal attitude that honours youth and beauty, thus avoiding bodily declination, and considers the care of older bodies to be dirty, low-status work (18), preferably hidden behind screens due to its private character (10). However, because the provision of assisted bodily care requires maintaining control of negative emotions (10), the importance of ANs' attitudes has been raised, as they describe their work with the older persons to be foremost focused upon the provision of assisted bodily care (13).

To our knowledge, R-ABC in NHs has not been explicitly studied. There have been calls for further research within end-of-life care in NHs (7, 19, 20), but existing literature is mainly outgoing and reported from a caregiver's perspective (21). Thus, to be able to increase older persons' wellbeing in everyday life, it is important to elucidate the meanings of R-ABC from the perspective of the older persons who receive it.

Aim

The aim of this study was to elucidate meanings of receiving assisted bodily care (R-ABC), as narrated by older persons living in a nursing home.

Method

In line with its aim, the study used a lifeworld design (22). This comprised a focus upon how the older persons experienced their world. Narrative interviews generated the data and were analysed using a phenomenological-hermeneutical method (23), inspired by the philosophy of Ricoeur (24).

Participants and setting

The participants were recruited from a NH in a Swedish community, where bodily care was foremost provided by ANs (Table 1).

Each older person lived in an individual one room flat with a private bathroom. Written information about the study was sent to the manager and nurse of the NH. The nurse provided written and oral information about the study to older persons (n = 22) who met the inclusion criteria (Table 2).

In all, eighteen older persons agreed to participate. About one week later, the first author (BH) visited the older persons to establish contact, answer questions about the project, and collect their written consent to participate (Table 3). However, after those visits, two persons were excluded as they were judged not able to fully express themselves or interact in a conversation. Consequently, sixteen persons were included in the study.

Table 1 Setting

Setting specifics	*Number*
Accommodation units	4
Sum of residents	32
Residents in each unit	8
ANs/unit daytime weekdays until 4 pm	2
ANs/unit weekday evenings from 4 pm	1+1 ambulatory, covering all units
ANs/unit weekends until noon	2
ANs/unit weekends from noon	1
ANs covering all units during night 9 pm–07 am	2
Median residential staying time[a]	17 months (range 14 days–6.75 years)

[a]Calculated from room-renting data conveying the years 2010–2017.

Table 2 Inclusion criteria

Aged > 80 years
Suffering from multimorbidity; >2 chronic diseases
Daily receipt of assisted bodily care
Able to understand written and oral information
Able to express oneself and interact in a conversation

Data collection

Individual interviews were conducted during six months in 2017. As chosen by the older persons, the interviews took place in their rooms. To stimulate narratives, three open-ended questions were used (Table 4). The interviewer focused on listening, using bodily language to stimulate the narratives and allowing the participants to speak freely without being interrupted. To deepen the narratives, follow-up questions were posed, as exemplified in Table 4.

Initially, sixteen open-ended interviews were performed. However, as longer interview sessions were deemed too tiring for eleven of the participants, those were repeatedly interviewed on several occasions. Altogether nineteen follow-up interviews were performed, during one to four sessions, with each of the participants. Finally, 35 interviews were collected and transcribed verbatim by BH. However, when assessing the data quality of the interviews, seven interviews, collected from four of the participants, were judged not to contain sufficient

Table 3 Participant characteristics

Participant no.	*Gender*	*Age*	*Manages completely independently*	*Manages independently but with supervision*	*In need of assistance with*
1	Man	91		Eat cut food, shave, brush teeth	Showering, using the toilet, transferring, to/from/in wheelchair, dressing/undressing, serving of food
2 Died 1 month after last interview	Woman	89		Eat cut food, brush teeth	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
3	Woman	98		Eat cut food, brush teeth	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
4 Died 3 months after last interview	Woman	92	Eat, brush teeth, use the toilet, transfer with rollator		Supervision while showering
5	Woman	83	Brush teeth	Eat cut food	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
6	Woman	83	Eat cut food	Brush teeth	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
7	Woman	95	Eat	Brush teeth	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
8	Woman	98	Eat, brush teeth, use the toilet, transfer with rollator		Supervision/ some aid while showering
9	Woman	94	Eat, brush teeth, use the toilet, transfer with rollator		Showering, dressing/undressing
10	Woman	87	Eat, brush teeth, use the toilet, transfer with rollator		Showering, dressing/undressing
11 Died 2 weeks after last interview	Woman	94		Eat cut food, brush teeth	Showering, using the toilet, transferring to/from/in wheelchair, dressing/undressing, serving of food
12	Man	91		Eat cut food shave	Showering, using the toilet, brushing teeth, transferring to/from/in wheelchair, dressing/undressing, serving of food

Range: 82–98 years, mean age: 91 years.

Table 4 Interview questions (IQ) and example of follow-up question (FQ)

IQ	Can you tell me about an ordinary day?
IQ	Can you tell me how you experience your body?
IQ	Can you tell me of an occasion when staff provided you bodily care?
FQ	You said it was an awkward situation. Can you tell me more about that?

narratives, thus being excluded from the analysis. Consequently, 28 interviews from 12 participants were included in the analysis.

Data analysis and interpretation

A phenomenological-hermeneutical method was used to analyse the transcripts (23). The method comprises three nonlinear phases in an ongoing dialectic movement between the whole and the parts: naïve reading that

Table 5 A simplified example visualising how data were brought together into the main theme 'Assenting to exposedness'

Meaning units	*Themes*	*Main Theme*
'I think life is over... (smiles) I like it anyway, 'cause I am kindly treated, get good food and clean clothes as often as I wish. And they (ANs) sometimes sit down to talk for a while, or propose little things...a trip to the store...that stimulates me a bit... then I think that life is not completely over yet... that cheers me up' (Participant 10)	To have hope in hopelessness	Assenting to exposedness
'Have you seen this? (shows bruise on her elbow) ...I got it when I fell from the transporter... because the AN did not get close enough to the bed... I always have to instruct them: lower the bed...but I don't have eyes in my neck...One thing that's good here are the night-ANs...they know how to do this...they stand on each side of the bed, they know exactly how to do it... I need to say nothing' (Participant 2)	To relinquish one's body into others' hands	
'They want to shower me. I want to do it myself, but they won't allow me, because I could fall... I have been used to showering every day... so now in the mornings, when they (ANs) have not been around, then I say: "Today I've half-showered!" That's what I call it. Then I shower from here (marking her waist), while I hold on with one hand...Cos I think it's fresh to make oneself a little cleaner...They say nothing about it, so I guess it's okay'. (Participant 8)	To be between power and powerlessness	
'P:(Looks at her watch) No, now I will press the buzzer. I need to get help to visit the toilet R: this morning I think you were waiting for quite a long time sitting at the toilet... then you did't press the buzzer? P: No, then I knew that there were more people that they had to help, then one has to chill a bit'. (Participant 3)	To oscillate between own responsibility and demands	
'It's important to feel that you have a close contact (with ANs)...to have, how shall I explain it... a friendly treatment...so that one feels close, can relax and get along well.. when it's the opposite way, then nothing is good I would say'. (Participant 9)	To be in an ongoing interaction	

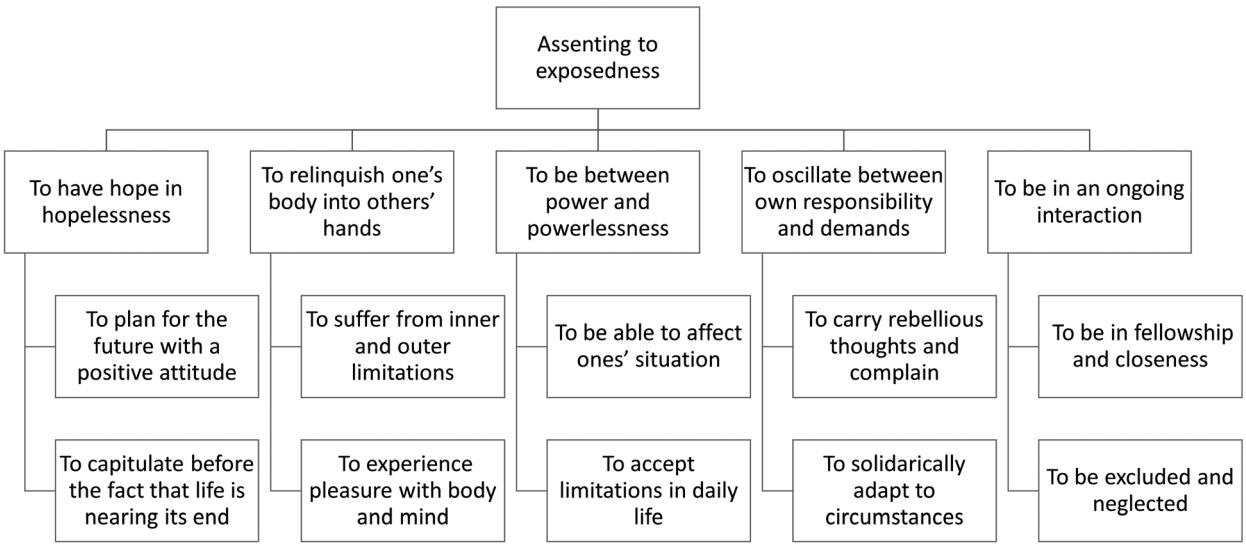

Figure 1 Main theme, themes and subthemes.

leads to a naïve understanding; explicative structural analysis (Table 5), where themes are constructed; and comprehensive interpretation that results in a comprehensive understanding.

Initially, the transcripts were read repeatedly in order to grasp an understanding of the whole, written down as naïve understanding. Secondly, meaning units related to the studied phenomenon were identified, condensed and

compared for similarities and diversities, and merged together into subthemes, themes and one main theme (Fig. 1). Finally, the naïve understanding and the structural analysis were critically reflected upon in the comprehensive understanding. Through this interpretation, a deeper understanding of the phenomenon was obtained.

Ethical considerations

Ethical considerations were taken into account in line with the Declaration of Helsinki (25). The participants were informed that they participated voluntarily and that they could withdraw at any time without stating a reason and signed a written consent form before the interview started. The Regional Ethics Board of Stockholm approved this study (Dnr 2017/8-31/1).

Findings

Naïve understanding

Receiving assisted bodily care is marked by weariness and resignation to the fact that life is nearing its end. It hosts ambivalence, as it is a grace received with gratitude when one's own incapacity has become a trap, but, simultaneously, it means to be exposed to the mercy of other people and circumstances. R-ABC means being a prisoner of ageing and caregivers, imprisoned in one's own body and daily routines. This prison is impossible to escape; thus, one is forced to assent and surrender to bodily and external circumstances. This means trying to avoid being a burden, to understand and never complain, and to choose – or be forced – to put aside one's own ideas.

Receiving assisted bodily care is togetherness and security in a natural encounter, characterised by closeness, knowledge and humour, guided by habit and practical care, where one's own incapacity is downplayed and the relationship takes centre stage. R-ABC is about being in a state of waiting in lonely abandonment, but, when given time, can soothe the loneliness. R-ABC is a pleasure when touch is careful and tender, appealing to the senses, a joy when it provides stimulation in the midst of boredom, and hope when it means new opportunities. It means dignity when being able to participate, as one used to, or at least having a say in what is done. But, when R-ABC is impersonal, disharmonious, hasty and careless, when empathy and sensitivity are missing, or physically or psychologically unpleasant, then R-ABC is powerlessness, distrust and humiliation, dejection and vulnerability. Then, dignity is removed.

Structural analysis

The main theme, '*Assenting to exposedness*', emerged in the structural analysis and comprised five themes as follows: *To have hope in hopelessness, To relinquish one's body into others' hands, To be between power and powerlessness, To oscillate between one's own responsibility and demands* and *To be in an ongoing interaction,* along with ten subthemes (Fig. 1).

Assenting to exposedness

Is about being exposed to an inevitable passing of time that conveys a deterioration of the body. The body has to be exposed to the ANs' glances and touch and to their benevolence and interest, and the routines that comprise their work. As these routines are often dependent on conditions that the ANs cannot affect, this means living in an organisation that limits the conditions under which one lives. The meanings of these aspects are twofold, comprising positive and negative sides. Despite this, the overall meaning is to be exposed, as there is nothing one can do to change things – one can only assent.

To have hope in hopelessness

Means being aware that there is no future, but still accept that the life journey is nearing its end. Hopelessness is dwelling in a body that loses functions, which leads to humiliation due to a loss of control. Hopelessness is finding oneself locked up in the accommodation unit experiencing a diminishing of the senses, increased weakness and bodily pain. Further, hopelessness is mourning one's lost abilities, and fearing and expecting increased and prolonged dependence on R-ABC. Thus, having hope in hopelessness means hoping for a quick death before an extensive dependence on R-ABC. Further, it is assenting to unavoidable bodily deterioration at high age, while still recognising remaining assets and setting up plans for the future, as exemplified by this man in a wheelchair:

> I'm going to start walking a bit more with this rollator, and see how much I can take [...] I'll go out in the hallway and see how far I can go, and so on. I reckon I'll have to take a chick with me the first time, for a while, then she can leave and we'll see [how it goes] (laughing). No, but it's okay, because you have to get going, be up on your legs. I'm going to try. (P1)

Thus, having hope means receiving help to practise with the goal of becoming stronger, or eating nutritiously to gain weight, aiming to increase independence. Further, having goals that comprise something worth waiting for in everyday life, such as looking forward to having a tasty cake with coffee, or getting out of bed to follow what happens in the unit during the day.

To relinquish one's body into others' hands is a pleasure when experienced as soft and warm touch, such as, for instance, when lukewarm shower spray caresses one's

neck. Further, pleasure is when care is delivered by a skilled, well-prepared AN who assists by using smooth hand movements in a calm, caring way. Moreover, pleasure is when the AN is attentive to one's obvious or unspoken needs, such as offering assisted bodily care while talking about other things; thus muting the care needs and making the situation feel acceptable.

> R: Bodily care…what does that make you think of?
> P: I think of […] someone helping me and helping out when they see that it's needed, if I can't get myself out of a situation. And they're often so attentive to that, so that's a help they provide. (P10)

Relinquishing bodily needs is also a pleasure when it entails help with important things that one's own body cannot manage, such as taking an outdoor wheelchair-walk or help with watering the flowers.

However, this relinquishment also means suffering when the body hurts, that is, while waiting too long for help in the bathroom, or while being transferred with aid equipment that cuts into the skin. The suffering is magnified when transfer is managed stressfully and recklessly, which evokes fear and reduces trust in ANs. Relinquishment means suffering when one's wishes are neglected, or when being limited by restrictions designed to prevent accidents. Further, it means suffering to endure showing one's naked body to someone of the opposite sex, worrying about whether its deterioration causes disgust. At the same time, it means struggling against shyness and prejudices related to how one was raised to avoid showing one's body. It also means suffering in being immobile '*like a package*', exposed to other people's favour or neglect. As described by one participant:

> Yesterday when I was about to brush my teeth […] then NN drove me in […] and I had to sit on the toilet seat and brush my teeth. That's never happened to me before. Then I thought, now it's surely gone too far. To sit and spit into one of those kidney dishes and take some water and then spit it here and there…it's terrible […] But, well, I'm basically worth the same as a…as a pig. (P2)

In such situations, to relinquish one's body into others' hands means suffering, as it occurs within a situation of extreme vulnerability and deterioration.

To be between power and powerlessness

Means to have power and to be able, and not having to burden ANs. Thus, it means to preserve self-esteem and independence by caring for one's own body as much as possible, by being innovative and developing strategies to manage on one's own. Further, it means having to direct and supervise the AN's work, as it means having power when one's wishes about R-ABC are respected. However, this power exists within limits, as it assumes having to assent to others to be more responsible for one's life than oneself. As quoted below:

> I bought a bra the other week, and of course I can't put it on by myself. It fastens in the front with clasps and hooks. I was able to, twice I was able to do it myself, otherwise they would have had to help me get it on […] I thought it [would get easier], we thought that, her that was helping me also did. Yes, little things like that, silly little things […] [make me desperate]. Then I try to call for help and I can, but they are of course so busy in the mornings what with everyone getting up and ready, and then I have to sit and wait (laughs). It feels childish and stupid, yeah. (P10)

Thus, to be powerless means having a diminished impact on one's own body in everyday life. Furthermore, having to assent to others' decisions, that is, to having only one shower a week, irrespective of one's perceived dirtiness. Participants expressed variously what one woman said: *It's not like you can decide anything [yourself]*. To be powerless also means to be abandoned, that is, being left on the toilet for long periods of time, needing to rely on other people's benevolence to realise common everyday projects.

To oscillate between one's own responsibility and demands

Means to work on one's own attitudes towards nudity and to eventually assent to letting other people see and touch one's naked body. Further, this responsibility means having to judge situations and assent to circumstances, that is, being put to bed too early, as one wants to adapt to the unit's routines, and to avoid causing delays to the AN's schedule. Moreover, being responsible means caring for the ANs by studying their workload and asking for help only when knowing that they have time. Consequently, being responsible means striving to assent to long waiting times. Further, in awareness of ANs' constant hurry, it means lowering one's demands and to trouble others only when necessary, and considering that the ANs also have others to help.

> Today when I went to the toilet nothing happened, that's no fun […] I want it to happen when the girls are helping me, since they're here to help me. You want it to happen when they're coming, when it's a good time for them […] It was unfortunate, because they were spending time on me…it's not like they're not busy as it is. (P6)

Having demands means having complaints about shortages in R-ABC caused by long, strenuous waiting times, that is, in the morning, when all older persons

need help at the same time. Having demands means voicing strong opinions about ANs' benevolence and skills. Further, it means having pity but never blaming them for always being delayed. Rather, having demands means having solidarity with the ANs, and considering them to be victims of organisational economic priorities. Thus, having demands means considering oneself and the ANs as being in the same boat, as victims of the same circumstances.

To be in an ongoing interaction

Means a fellowship and closeness with ANs. This normalises situations that might otherwise be embarrassing. The fellowship derives from conversations tinged by a warm and open attitude where humour is frequently used. This creates an atmosphere where one becomes acquainted with the AN. Further, it means being met with understanding, thus being respected and allowed to be oneself. The closeness derives from perceived mutuality, for instance, when an AN voluntarily seeks out one's company, showing concern and attentiveness to personal needs, and treating one as an equal. Therefore, to be in fellowship and closeness with ANs means to be included, able to get on well and relax, as described by one woman:

> . . .it was a collection that came in and we were going to try on this blouse. . .Oh how we've laughed at that, (AN) and I. Then she said, I think those look good, shall we go in and try them on, you and I? [. . .] we went into the same fitting booth and tried them on. And then she said, maybe the one I'm wearing is better for you? And both of us undressed and stood there in our bras and then we started to laugh, [. . .] Here – you and I, she said, in our bras! (laughing) and we're going to try on blouses! Since [then] we have said: It's you and I who've tried on clothes in the same booth, we usually joke. It feels good [. . .] we're the same, [. . .] I wasn't different from her and she wasn't different from me (giggling). (P8)

An ongoing interaction with ANs presupposes bodily needs, such as when the R-ABC interaction takes place. Thus, managing on one's own might mean feelings of desolation and loneliness.

Furthermore, ongoing interaction means loneliness and alienation when one misses familiar ANs, or when help is perceived to be mechanical, and not encompassing an interest in one's person. Additionally, these feelings can arise when language difficulties or one's own deteriorated hearing creates a barrier. Furthermore, the ongoing interaction with ANs means desolation when one's complaints or wishes about the delivery of ABC are not taken seriously. Moreover, R-ABC means vulnerability and exposedness when one recognises ANs' annoyance, or when being verbally reprimanded due to one's repeated calls for help. Because of this recognition, the ongoing interaction with ANs in R-ABC may be inhibited, as one prefers assenting to perceived wrongs rather to be excluded from the fellowship.

Discussion

Comprehensive understanding and reflections

The meaning of R-ABC is to be exposed. This may be unavoidable as the body ages and being cared for by others becomes necessary. R-ABC suggests ambivalence as it is perceived as both a grace and a prison. Thus, the meaning of R-ABC is complex, as it comprises more than the practical tasks that are to be performed with one's body. Merleau-Ponty (26) suggests the body as being both a subject and an object, as we can touch it as an object, but, simultaneously the body is the subject that performs the touch. We possess our body, but it is not comparable to other objects that we can leave behind; rather, it is an anchorage in the world, through which we live and experience our lives. Thus, the body is *lived*. Thereby, an older person does not *have* a body, but *is* a body, demonstrated by the importance of perceived wellbeing in having it cared for and acknowledged in R-ABC. This presupposes that the lived body is acknowledged in the older person's lifeworld. The lifeworld is our natural, taken-for-granted existence, in which we perceive ourselves as lived bodies in relation to others, time, and place, and with which we constitute our own personal meaning (22). Consequently, in the present results, the body is perceived as lived, as long as it is possible to perform some bodily care independently, maybe because touching of the own body confirms that the body is not an object. As dependence increases, R-ABC means to develop strategies to manage independently, and, when no longer possible, to direct and supervise the ANs' provision of assisted bodily care. This might be a final way to have impact of the care of the body as lived (26). Thus, the body is perceived as lived as long as one has an impact on its performance. When the body needs to be relinquished into others' hands, R-ABC with pleasure might mean that the body is still perceived as lived. Accordingly, preservation of the lived body occurs when R-ABC is delivered in a way that interacts with the whole person, preventing the body from becoming an overshadowing object. Humour was found to facilitate interaction in the relinquishment of the body. In earlier research, humour helped the providers of ABC, as well as the receivers, to cope with embarrassment in situations that deal with the naked body and its discharges (10, 18). Further, it acted as a means to affirm and equalise the relationship with the AN, which has been described

as an important criterion for older persons to thrive and feel at home in a NH (27).

Thus, R-ABC means to strive for continued self-determination, as fear of extended dependence is so repulsive that one might wish to die prematurely. Self-determination helps an individual to preserve the self-image needed to explore what is important in relation to death (28). Further, the sense of being able to achieve what one values may bring wellbeing into everyday life (29). Thus, any loss of bodily ability that diminishes self-determination may lead to difficulties in expressing one's identity and thereby lead to the experience of one's own body as an object (9). The body may be understood as embodied and as a lived meaning-maker in coexistence with its surroundings (26). A hampered ability to use the body independently may complicate self-expression, leading to objectification in R-ABC. In the present results, attempts at self-determination were sometimes limited, and the perceived powerlessness made R-ABC seem like a prison, which aligns with other research (30). This imprisonment might also depend on paternalistic elements in ABC, for example, the use of coercion in order to do good and avoid harm (31). This further elucidates the feeling of exposedness experienced in R-ABC, as it shows that ANs may be paternalistic despite empathetic ambitions, while considering older persons unable to manage their own affairs (4). However, having lost the physical freedom, older persons may still have an inner freedom to think and react. This was expressed by the older persons' emphatic complaints relating to a shortage of staff. Again, the ANs were often honoured for their skills, and any wrongdoings in provision of assisted bodily care were ignored to preserve the fellowship. This may depend on an unwillingness to upset ANs, caused by a fear of being punished with withdrawal of R-ABC in vulnerable situations (32). Thus, inner freedom might be reduced, resulting in hampered self-determination.

Occasionally, R-ABC means that the body is objectified, that is, when containing physical pain that requires full attention, or when perceived deterioration of the body means the violation of dignity (1). The lived body, the mind and the world can be described as being intertwined and inseparable (26); thus, objectification of the older person's body may lead to exposedness, and physical and mental pain. This is in congruence with pain understood to include physical, psychological, social and existential aspects (33). When this is the outcome of the R-ABC, it may be labelled care-suffering (34) as care aims to soothe suffering. Its occurrence may be due to ANs' inability to realise the needs of the older person, adopting a socially accepted reductionist view of older persons.

Consequently, R-ABC means that the lived body is unavoidably exposed to time, routines and acts of others. The older persons impassively assent to this, as they feel responsible for constantly assessing staffing levels and their own possibilities to obtain help. Thereby, the older persons seem to use a certain competence to judge what may be in their own power to do, vs. what they cannot influence. This aligns with Merleau-Ponty (26), suggesting the lived body to exist in temporality, being an existence that inhabits time in a constant ongoing 'now', not clearly divided into past, present or future. Thus, as situations develop, the lived body has spontaneous and instant access to memories that can help understand them and can assist in making predictions about their outcome. The older persons in this study may have acquired this competence through life, one that has provided life experience, making them experts in and of themselves. A lifeworld perspective may support this by describing life experience as a source of meaning in everyday life (22). This competence is shown in the older persons' ability to overview and understand the prerequisites of the ANs' workload, and is trusted in everyday life, when judging whether the best solution is to act, or to deliberately assent and wait. Herein, they seem to lack self-determination, but, in assenting from a competent judgement of the situation, they may practise self-determination by delegation, which means not to be apathetic but passive in an active way by transferring decision-making to trusted people (35). Further, the decision to assent may provide wellbeing, because, in coming to terms with life changes, one may experience peace (29). Moreover, as the possibility of making one's own decisions has been shown to have a positive impact on dignity (1), the older persons' independent judgements may be beneficial. Alternatively, a judgement that leads to assent may emerge from their compassion for the ANs, in avoiding disturbing them out of sheer solidarity. This may be related to emotional attunement as a motivator or de-motivator for action, due to its ability to help people to 'read' and understand their surroundings (22).

Methodological considerations

Interviews from four selected participants were removed before analysis, due to insufficiently extensive narratives. There may be several reasons for this; participants may vary in their facility to verbally explore and express experiences (36). Further, the topic was sensitive and sometimes difficult to explain in words, which may have inhibited the interviews (23). As the interviews were co-created by participant and interviewer, the interview quality also depended on the interviewer, whose skills in interviewing improved during the data collection period. This development resulted in fewer interruptions and higher tolerance for silence, which contributed to more extensive narratives.

The trustworthiness of this study may be judged by considering its credibility, dependability, confirmability and transferability (37). The long duration of the data collection period was judged as beneficial, providing an opportunity for a growing intimacy in the interview encounters (38). Prolonged engagement with the participants increased the probability of obtaining credible findings (37). In addition, the analysis was continuously discussed by all authors, and in seminars, increasing credibility. Dependability was ensured by the method's inherent validation, where naïve understanding and the structural analysis validated each other, assembled in a comprehensive understanding by a constant dialectic movement between understanding and explanation (39), until a new understanding was reached. However, this is only one of several possible interpretations (39). The confirmability and transferability of the results are for the readers to assess (37); however, this has been facilitated by presenting a comprehensive description of the participants and the context, and the analysis process.

Conclusion and implications

The meaning of R-ABC is to be exposed, but not in a passive way; instead, it is understood as having an aim to do things for oneself for as long as possible, in order to perceive the body as lived. When the body is relinquished to others, a risk that it will be objectified occurs, leading to care-suffering. To avoid this, the older persons use a certain competence, acquired through a long life, to decide when to take action or when to assent. Following this, the education of ANs might need to focus on promoting a lifeworld perspective, ensuring that older persons, in R-ABC, are provided with wellbeing during the final period of their lives.

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Author contributions

Bodil Holmberg, Ingrid Hellström and Jane Österlind were involved in the study design. Bodil Holmberg collected the data that were analysed in collaboration with all authors. The manuscript was drafted by Bodil Holmberg. All authors revised and approved the final version of the manuscript.

Ethical approval

The Regional Ethics Board of Stockholm approved this study (Dnr 2017/8-31/1).

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