

Title

The personnel's experiences with the implementation of an activity program for men in municipal health services.

Corresponding author

Vigdis Abrahamsen Grøndahl, ^{RNT, MSc, PhD, Associate Professor}

Faculty of Health- and Social Sciences, Østfold University College, 1757 Halden, Norway

E-mail: vigdis.a.grondahl@hiof.no

Phone: +47 93052634

Co-authors:

Eli-Anne Skaug, ^{RNT, MSc, Assistant Professor}

Faculty of Health- and Social Sciences, Østfold University College, 1757 Halden, Norway

E-mail: eli.a.skaug@hiof.no

Marit Skaflestad Hornnes, ^{RNT}

Unit for Health and Care Haugvoll, Sarpsborg Kommune, 1700 Sarpsborg, Norway

E-mail: marit.hornnes@sarpsborg.com

Ann Karin Helgesen, ^{RNT, MSc, PhD, Associate Professor}

Faculty of Health- and Social Sciences, Østfold University College, 1757 Halden, Norway

E-mail: ann.k.helgesen@hiof.no

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The personnel's experiences with the implementation of an activity program for men in municipal health services.

Abstract

The aim of this study was to explore the personnel's experiences with the implementation of an activity program for male residents in municipal care services. The design was inspired by a grounded theory approach. The data were collected by means of two focus group interviews with 11 participants in total. The findings showed that the personnel experienced that continuity was a prerequisite to being and remaining motivated when taking part in the activity program. Therefore, a lack of continuity was an obstacle. The categories 'to be prepared', 'to be responsible for a sense of fellowship', and 'to gain new perspectives' illuminate the personnel's experiences. Different conditions had an impact on how the personnel experienced the implementation of the activity program and whether they stayed motivated for being a part of the program in the future. More attention should be given to ward routines that, with only minor changes, may strengthen the activity leader role.

Introduction

Residents in Norwegian municipal care services have a legal right to have their basic needs met, and this includes being offered varied and individualized activities.¹ Public documents emphasize that health and care services should offer high quality care and further emphasize the need for increased physical and social activities.² The service should be customized to residents' individual needs, with an emphasis put on health promoting activities and prevention.³

As facilities within the municipal care services, nursing homes serve different functions. On the one hand, the nursing home is supposed to be a home for the old and frail with a substantial need for care in a facilitated environment. On the other hand, the nursing home is an institution and offers medical treatment and rehabilitation.⁴ Most nursing homes offer a variety of activities for the residents, but basic care and treatment seem to take precedence over activities of a physical, social, and cultural nature.^{5,6} While residents rated care quality higher than the personnel in one study, both residents and personnel rated the quality of the activities offered poorly.⁷ Variations in stimuli and activities were highlighted as factors influencing residents' quality of life.⁸ However, personnel and residents had divergent views on the desired activity. While the personnel thought that residents preferred activities where the personnel played the active part, the residents expressed a desire for activities where they themselves were active.⁹

Involving personnel in issues concerning a change to more activities for residents in nursing homes can address a number of challenges and barriers; however, the research conducted into this is scarce. One study found a negative correlation between activities and the ratio of both

unlicensed staff and registered nurses (RN). An increase in both types of personnel resulted in a decrease in activities.¹⁰ The researchers explained the negative correlation between the number of unlicensed staff and the number of activities by their lack of competence, and the negative correlation between the number of RNs and number of activities by the fact that the RNs were trained in more medical aspects of quality that lead to a lower focus on activities.¹⁰ Another study focusing on restorative care activities described nurse assistants' experiences as a lack of time to motivate the residents to take part in activities, cognitive impairment among the residents, lack of knowledge of this diagnosis, the residents' problems with performing the activities, fear of being accused of abusing the residents, and lack of support from the nurses as barriers to perform activities.¹¹

Male residents in nursing homes can be seen as having been placed in a women's world, in that the majority of the residents and personnel are women. Approximately 30 percent of nursing home residents are men,¹² while ten percent of the personnel are men.¹³ Consequently, activities offered in nursing homes are often dominated by female activities and interests,¹⁴ and are rarely tailored to men's past experiences. Gender among the personnel, in this case a majority of female personnel, can be seen as a barrier to conducting activities tailored to promote person centered care among male residents.¹⁵ There are, therefore, grounds for assuming that male residents in nursing homes are particularly at risk of not benefitting from individualized activities,¹⁶ and consequently they are more likely to be pacified than women.¹⁷

In spite of a great amount of public documents highlighting the importance of activities for residents in municipal care services, rather few research studies focusing on the personnel's

experiences with such activities were found. Given these conditions, researchers from the regional university college teamed up with the personnel from one nursing home in order to explore the personnel's experiences of taking part in an activity program for male residents.

Aim

The aim of this study was to explore the personnel's experiences of the implementation of an activity program for male residents in municipal care services.

Methods

Design

A 12-month activity program was implemented in one nursing home in the eastern part of Norway. The purpose was to offer male residents individualized and increased activities. The activity program comprised two offers: a conversation group and a tour group. The conversation group lasted 60 minutes once a week throughout the year. The group gathered in an assigned room in the nursing home. Two personnel from different wards were responsible for the activity. They should prepare for conversation and discussions and ensure that all men were included in the conversation. In addition, two personnel assisted during the activity. In total, the activity was offered 31 times, and around six to seven men participated each time. The tour group lasted 90 minutes once a week during the summer. The group went outside for a walk or took a road trip by hired bus. The personnel were responsible for choosing where to go and what to do. The number of personnel from different wards taking part in the tour group depended on the number of residents participating. The number of personnel varied between three and seven on each tour. The activity was offered in total 16 times, and around five to six men participated each time.

All of the personnel were supposed to take part in the activity program as part of their daily work. The activity leader role rotated among the personnel, and it was also dependent on who was at work the day the activity took place. Written guidelines on how to organize the activities were developed.

In order to explore how the personnel experienced being activity leaders, a qualitative study inspired by a grounded theory (GT) approach in accordance with Corbin and Strauss¹⁸ was conducted.

The setting and participants

The study was conducted in one municipal care services authority, comprising a nursing home, a living community, and a sheltered housing unit. The personnel who had participated in the activity program were invited to participate in the study. The team co-operator (registered nurse) in the nursing home delivered verbal and written information about the study to the personnel and asked if they wanted to participate. In total, 57 staff members had taken part in the activity program as leaders, wherein 19 of them took part two times or more. A total of 11 personnel agreed to take part in the study and were randomly divided into two groups. There were 10 women and one man among the participants. The age ranged from 30 to 63 years with a mean age of 46.7 years old. Two of the participants had a bachelor's degree in nursing and in disability learning nursing, respectively, eight were auxiliary nurses, and one worked as an occupational therapist. They had been employed from two to 30 years in the municipal care services (median nine years). Nine of the participants worked in the nursing home, one worked in the living community and one worked in the activity section of the nursing home. They had all been a part of the activity program as leaders of the activities. The

frequency of participation varied from one to 11 times, with three of them participating once only.

Data collection

Data were collected by means of focus group interviews in autumn 2014. The first group consisted of six participants and the second group of five participants. Two researchers conducted the interviews. An interview guide with themes concerning the personnel's experiences of implementing an activity program for male residents in municipal care services was used. The interviews started with obtaining biographical data and open dialogues in which the participants were encouraged to talk freely about their experiences (e.g. *'Could you please tell us about your experiences of implementing an activity program for men in the municipal care services?'*). The interview guide was used as a reminder for the researchers to ensure all the topics were covered. In order to obtain rich and meaningful data, probing questions were sometimes asked by both researchers to extend or narrow the field of interest (e.g. *'Could you please elaborate on that?'*). The interviews took place in a quiet room at the nursing home, and both interviews were conducted without interruption. The interviews were conducted immediately following the 12-month project period. The first author was in charge of the first interview, while the second author was in charge of the second interview. At the very end of the interviews, which lasted 75 and 60 minutes, respectively, a summary of the content was presented to the participants in order to ensure that their experiences were understood correctly. Both interviews were recorded, transcribed verbatim and saved in rich text format.

Analysis

Grounded Theory¹⁸ inspired the data collection and analysis. The researchers discussed the interview guide after the first focus group interview with regard to the content of the questions and found them adequate for the second focus group interview. In the open coding process, the text was scrutinized in order to identify the meaning and process of the data. These were then coded. The codes were constantly compared and contrasted by means of discussions in the research team, and grouped into preliminary and more abstract categories. Questions such as who, when, why, where, what, and how were continuously asked in order to gain a better understanding of the data. In the axial coding process, the categories were further clarified and linked to each other. A matrix was created describing the impact of the different conditions on the personnel's implementation of the activity program by means of comparing the content of the categories with variables related to the resident, location, and organizational conditions. Each category was densified during the process of selective coding, and the impact of the conditions on different categories was sought, the core category was identified, and a conceptual model was constructed. During the entire process, memos with thoughts, ideas, reflections, and preliminary connections between codes and categories were written and discussed in the research team.¹⁸ In order to achieve confirmability, the researchers' own preconceptions about the topic were discussed in the research team and efforts were made to bridle these during the entire process to ensure that the categories were grounded in data and not a result of the researchers' preconceptions.¹⁹

Ethics approval and consent to participate

The study was approved by the Norwegian Social Science Data Services, reference number 39349. It was also approved by the head administrator of the nursing home taking part in the study. Verbal and written information about the study was given to the participants by the

contact person (RN) at the nursing home. Confidentiality was secured according to the Helsinki declaration.²⁰

Findings

Continuity – a prerequisite to be and remain motivated

The core category showed that the personnel experienced continuity as a prerequisite to being and remaining motivated when taking part in the activity program. Therefore, a lack of continuity was an obstacle. The categories ‘to be prepared’, ‘to be responsible for a sense of fellowship’, and ‘to gain new perspectives’ illuminate the personnel’s experiences and the importance of continuity in order to be and remain motivated. The core category and categories are closely connected to each other. Conditions concerning the male residents, the location where the activities took place, and the organizational conditions had an impact on how the personnel experienced the implementation of the activity program and whether they stayed motivated to be a part of the program in the future.

To be prepared

The personnel stated that it was important for them to have knowledge of the role as an activity leader as well as the participating men in order to be prepared. To be able to be prepared, they must participate regularly. According to the personnel, the project group had initially stated that all of the personnel should participate and gain ownership of the project. On the one hand, this was positively viewed by the personnel but, on the other hand, subsequently, the personnel rarely had the opportunity to experience working as an activity

leader and getting to know the men because of working shifts. This could lead to a sense of insecurity and demotivation among the personnel.

To have information about the activity leader role

The personnel described that they were lacking sufficient information on how they should lead the different activities. They wanted to gain knowledge on how to act as an activity leader because this role was new to them. The personnel also described colleagues who were afraid or uncomfortable when asked to lead the activities. They wanted to be prepared for the role, but found that they just had to jump into it.

'Since it (the activity role) was rather new, you just had to try. I have been one (activity leader) once.'

The personnel also experienced a lack of common understanding of the role of activity leader, which might be a consequence of insufficient information and a lack of continuity.

'I think it would have been OK if there had been a common understanding of what it is because there isn't (such an understanding).'

To know the men

The participants perceived that it was important to know the men in order to be able to take care of them individually and in the group.

'So if we, in some way, had been able to assess the participants better, ..., and then put them together in a more appropriate way, ..., then I think they might have had more benefit among themselves.'

Assessment of the men's interests was highlighted as a useful method in the preparation to know the men and to make appropriate groups. A 'life history poster' was developed prior to the activity project to cover the men's interests. The participants described, however, that they seldom used the 'life history poster'.

To be responsible for a sense of fellowship

The personnel stated that they felt responsible for making a sense of fellowship among the men and how important that issue had been for their own involvement and motivation. To make a sense of fellowship they had to be distinctive leaders and contribute to a good atmosphere, as the men in the group were very different. For making a sense of fellowship possible they had to act as leaders more than once.

To be a distinctive leader

Being a distinctive leader was emphasized as significant in order for the men to experience the activities as good. However, different ways of being a leader were described, from just taking up the themes that were brought up among the men to planning what the group should talk about.

'Oh, I, the way I saw it was: I grasped what they brought up, and then we continued working on that theme.'

'Usually I have a theme in my head, you might say.'

The personnel described the challenges of having everyone participate in the conversation because some of the men were very talkative and some were quiet.

'Then, it is our responsibility to try to engage them in the conversation.'

The personnel also referred to experiences that they considered to be challenging, experiences that made them feel embarrassed, not necessarily on their own behalf, but when other persons not present are mentioned and characterized by the men.

'I have been a bit on the edge sometimes. It has made me feel a bit disgusted.'

To contribute to a good atmosphere

The personnel described the importance of their contribution to achieve a good atmosphere in the group. They perceived that it was significant for the men to meet old acquaintances. What the men had in common seemed largely to be memories of the old days. But some of the men had moved to this town from other parts of the country, and were not familiar with the old days in this town. Then, the conversation group failed to create a good atmosphere and almost excluded some of the men.

'Some have grown up in other places, and do not feel any relation whatsoever to what the other men talk about. So they do not want to continue being part of the activity.'

It was described that some men who did not participate actively in the conversation also expressed joy of the togetherness. Such positive expressions from the men had a positive impact on the personnel's experiences and motivation, and they described feelings of joy when they saw that the men were happy during the activities.

'He does not take part in the conversation because of his medical diagnosis, but he chuckles and laughs, and he also manages to keep up with what the others are talking about.'

The personnel also talked about other men who did not keep up with the conversation and were not interested in taking part in the conversation group after the first meeting.

The men's pleasure of togetherness was described by the personnel in terms of the men's expressed concern if one of them did not turn up to the activity.

'If one of them does not turn up, they ask: 'Where is he today?' They look after each other.'

To gain new perspectives

The personnel described several positive experiences of being part of the activity program as they gained new perspectives. They were surprised, and also very touched, by getting to know other aspects of the men. Furthermore, they thought it was nice to go outside of their own workplace and meet residents and personnel from the other wards. This was something they also experienced as positive for the residents.

Seeing other aspects of the men

The personnel described that the men behaved differently during the activities than they did normally. This experience had a positive impact on the personnel.

'He answered properly, and that was so nice to see...and hear.'

The personnel also described that the behavior of some of the men changed after they joined the activity program. And they discovered aspects of the men that they had not previously been aware of.

'Previously, we hardly made him get out of bed until half past ten or eleven, and now he is up at half past eight or nine because he wants to be ready to get to the activities.'

According to the personnel, some residents might find it challenging to take part in new activities.

'Because it is like passing a threshold to make them take part in something new and scary.'

Gaining familiarity of other wards

The personnel described getting to know the personnel and residents from other places in the municipal care services as one of the positive consequences of taking part in the activity program. It strengthened the feeling of belonging to a community.

'And somehow, you get to know other residents staying in the nursing home better, and the institution seems to be smaller, well, when you are walking in the corridors and you can say hello, hello, yes, like that....'

The personnel also described that it was positive to get out of the wards and to do something other than the daily tasks on the wards.

'I think it is alright to have a break from the ward and meet some other people, too.'

A break in everyday life for the men was also described as a positive experience by the personnel.

'Actually, the ones staying with us are content with everything, just to get out.'

The personnel experienced that it was also important for the residents to know the personnel and the other men who participated. Continuity in the leadership and group were crucial for some men who declined to participate when they did not know the personnel or the other men.

'But to make more men participate, they need to know that there is someone they know attending the activity.'

The impact of conditions on the health personnel's experiences and motivation

Conditions related to the men's health status had an impact on the personnel's experiences of implementing the activity program. Furthermore, conditions related to the location where the activities took place such as the facilities of the room and also the means of transport, together with the length of the activity, affected the personnel's experiences. Organizational conditions which influenced their experiences were the ward routines, time for dinner, finances, and personnel resources. All the conditions also influenced whether the personnel remained motivated toward being a part of the program in the future.

Discussion

The core category showed that the personnel experienced continuity as a prerequisite for being and remaining motivated in taking part in the activity program. Hence, a lack of continuity was an obstacle. The categories 'to be prepared', 'to be responsible for a sense of fellowship', and 'to gain new perspectives' illuminate the personnel's experiences and the importance of continuity in order to be and remain motivated.

The study showed that it was significant for the personnel to feel prepared when taking part in the activity program, and a lack of knowledge about the activity leader role was highlighted as a huge challenge. The personnel's willingness and skills are previously found to be of great importance when introducing new interventions.²¹ Educating the personnel for the role as activity leaders can, therefore, be one criterion for success. The personnel in this study also perceived a lack of common understanding of the activity leader role. Coeducation may be one way to contribute to a common understanding of this role.²¹

One key goal when implementing the activity program was that all the personnel should gain ownership of the project. Therefore, the activity leader role should rotate between the personnel. The idea of ownership is good, but both advantages and disadvantages of such a value-based organizational principle should be discussed in relation to a distribution of tasks, based on the principle of preserving continuity: continuity for those who will adopt the role and also continuity for male residents through meeting the same activity leader. Continuity is found to be a key factor for achieving quality in all care practice.²² In addition to training, a distribution of tasks based on the principle of continuity also provides experience and knowledge about the activity role and may create a basis for better knowledge of the individual resident and a higher degree of person-centered care. To try to ensure continuity when the activity leader role rotates, documentation of residents' interests and functioning, as well as reports from the two weekly activity groups is essential.²³ This kind of information continuity might be used to a greater extent in the current activity program.

Mapping and documentation of residents' interests are important for facilitating activities that meet the individual men's interests and are a prerequisite for experiencing the activities

offered as meaningful. The personnel consider residents' interests differently than the residents themselves⁹ and also perceive the occupation as less meaningful than the residents.²⁴ The personnel in this study stated that 'the life history poster' was seldom used to lead the activity, which may increase the use of women-inspired activities, since the activity leaders were mainly women and this may thus negatively influence the men's possibility of participating in activities designed to support their masculine identities. This is in line with previous research.¹⁵ Increased knowledge of the residents from using the 'life history poster' may provide a basis for personnel to be able to fulfill the responsibility they perceive for achieving fellowship among the men, built on their masculine identities.

The personnel found that they gained a new perspective when they took part in the activity program. They discovered other sides of the male residents that they had not seen or discovered prior to the program. Previous research into person-centered care has shown that getting to know the individual person makes the personnel discover hidden aspects of their patients.²⁵ The personnel in the study also described being touched when they interacted with the men. When activities are tailored to male residents, the situation becomes more personal and person-centered.²⁶ Some of the female personnel sometimes found it difficult to cope with the male residents' way of talking and changed the subject. This shows how important it is to recruit male personnel to municipal care services in order to increase the possibility of making room for masculinity among male residents. One study found that gender-based groups consisting of males increased the males' sense of social identification with others and there was a significant reduction in depression and anxiety.²⁶

The men's health was one important condition influencing the personnel's experiences of implementing the activity program. Most residents in nursing homes in Norway are old, frail and in great need of care and treatment,²⁷ and close to 80 percent of the residents suffer from cognitive impairment.²⁸ The male residents in our study were no exception. Many were perceived by the personnel as not able to participate because of their cognitive impairment and frail physical health conditions. This is in line with previous studies where activity engagement in nursing home residents was found to be affected by the residents' cognitive status and physical function.^{10,29} Nevertheless, one study found that men who took part in an activity program experienced a positive change in everyday life that something happened.³⁰

Another important condition was organizational, i.e. the ward routines, lack of finances and lack of personnel resources. Nursing home administrators often claim that they provide person-centered care, but research indicates that institutional goals and routines take precedence.³¹ Meal times are one example of a ward routine that might negatively influence the length of the activity. If the personnel must attend dinner service due to a lack of personnel in the wards, then the time available for activities must be shortened. Personnel resources and finances are closely connected. Previous studies find that gaps in nurse staffing have a negative influence on the quality of care in nursing homes and that the gap is increasing³² and are also negatively correlated with the level of physical and social activities.¹⁰

Limitation of the study

Efforts have been made to establish an audit trail throughout the entire study. The three researchers discussed their own preconceptions about the topic and made efforts to put these aside during the data collection and analyses in order to secure an as open-minded approach as possible.¹⁸ In this way, the reliability of the findings was strengthened. Eleven participants were included in this study. Despite a small number of participants, new knowledge is obtained on a topic that is little explored. The participants were divided into two focus interview groups. The first and second authors conducted both interviews, and at the end of the interviews, a summary of the content was presented to the participants for verification, which strengthens the reliability of the findings.

Conclusions

This study has highlighted the importance for the personnel of continuity in performing the activity leader role and the importance to be prepared for the role. Furthermore, the personnel's knowledge of the men is essential for facilitating not only a sense of fellowship, but also individual care during the activity program. Ward routines, especially meal times, negatively influence the activity leader role, and the men's frail health might be a challenge for the personnel when choosing appropriate activities and motivating the men to participate in the activities. A model containing information about preparation before the activities, the actual activities themselves, and what to do after each activity should be developed to strengthen the role of the activity leader, and to secure the quality of future activity programs.

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