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It's my party

Opportunities for older adults to influence everyday activities in a nursing home setting

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Opportunities for older adults to influence everyday activities in a nursing home setting

THESIS FOR DOCTORAL DEGREE (Ph.D.)

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Curiosity is one of the many masks of love.

Gabriel García Márquez

ABSTRACT

The overall aim of the thesis was to contribute with knowledge about how influence was enacted and negotiated by nursing home residents in everyday activities. The thesis applied a dialogical approach, incorporating theoretical resources from occupational therapy and social sciences. Methodologically this thesis applies a collaborative approach. The thesis was conducted in a nursing home in Stockholm and encompassed four qualitative studies that informed each other and together provide a comprehensive understanding of the influence of nursing home residents on everyday activities. The studies involved the nursing home community as a whole, including residents, staff and policy documents. The methods included narrative ethnography, collaborative design, both with nursing home residents and staff, as well as a critical discourse analysis. The findings from the four studies were synthesised through a hermeneutical analysis. From the analysis, three general findings emerged: The first general finding *Problematising the experience of "Everything will work out just fine"* shows that everyday activities in the context of a nursing home play a pivotal role in helping the residents feel at home in the world and for the maintenance of their identities. However, everyday activities are managed top-down with limited collaboration with the nursing home residents because of the strong institutional character of the setting. This then leads to everyday life being experienced as fragmented and disrupted. The second general finding *Regaining crucial qualities of everyday life* illustrates that when nursing home residents are treated as being resourceful, they can significantly influence their everyday activities and contribute to a sense of community. Such influence in everyday activities can enable the residents to reconnect with qualities of everyday life such as familiarity, fellowship and joy. In this regard, nursing home staff play a crucial role in both creating and upholding opportunities for the residents to enact their influence in everyday practices. The third general finding *Understanding passive activity: The juncture between every practices and policies* uncovers how everyday activities are located at the juncture between societal discourses and everyday practices. This gives a broader understanding of a number of underpinning dynamics that position nursing home residents as passive recipients of care.

A conclusion of this thesis is that the influence of nursing home residents on everyday activities may be possible but is not evident in current practices. Another conclusion is that

influencing in everyday activities could provide a more recognisable character to everyday life, a key issue when living with cognitive decline and other chronic conditions. Taking into account that everyday activities played a key role for the nursing home residents, it is crucial to critically revise the role of occupational therapy, as a discipline, in nursing home contexts.

SAMMANFATTNING

Avhandlingens övergripande syfte är att bidra med kunskap om hur personer som bor på vård- och omsorgsboenden handlar och agerar kring inflytande i vardagsaktiviteter. Avhandlingen grundas i ett dialogbaserat förhållningssätt samt i teoretiska resurser från aktivitetsvetenskap och samhällsvetenskap. Studierna genomfördes på ett vård- och omsorgsboende i Stockholm och omfattar fyra kvalitativa studier som bygger på varandra och tillsammans bidrar med förståelse av hur personer som bor på vård- och omsorgsboenden handlar och agerar när det gäller deras och andras inflytande i vardagsaktiviteter. Studierna involverar vård- och omsorgsboendet som helhet och inkluderar boende, personal och policydokument. Metoderna som användes var narrativ etnografi och kritisk diskursanalys samt deltagande metoder i samarbete med både boende och personal. Resultaten från de fyra studierna syntetiserades genom en hermeneutisk analys. Från denna analys framkom tre övergripande resultat: Det första resultatet: *Att problematisera erfarenheten "Allt kommer att bli bra"* visade att vardagliga aktiviteter spelade en avgörande roll för att och hur personer som bor på ett vård- och omsorgsboende känner sig hemma och kan vidmakthålla sina identiteter. Eftersom vård- och omsorgsboendet har en tydlig institutionell karaktär så präglades vardagsaktiviteter av att de boende hade ett begränsat inflytande vilket leder till att de upplever vardagslivet som splittrat och fragmenterat. Det andra resultatet *Att återta avgörande kvalitéer av vardagslivet* illustrerade att när de boendes kunde de utöva inflytande över aktiviteter och även till att uppleva en känsla av samhörighet med kontexten när deras resurser togs tillvara. Resultatet visar även hur sådant inflytande i vardagsaktiviteter kan bidra till att boende återknyter till kvalitéer i vardagslivet som förtrolighet, vänskap och glädje. I detta avseende spelade personalen på vård- och omsorgsboendet en viktig roll för att skapa och upprätthålla möjligheter för de boende att utöva inflytande. Det tredje resultatet *Passiviserad aktivitet: ett resultat av mötet mellan vardaglig praktik och riktlinjer* visar hur de boendes vardagliga aktiviteter i skärningspunkten mellan samhälleliga diskurser och den praktik som präglar boendet. Detta ger en bredare förståelse för den underliggande dynamik som kan leda till att personer som bor på vård- och omsorgsboenden blir passiva mottagare av vård i vardagen.

En slutsats av avhandlingen är att det kan vara möjligt för personer som lever på vård- och omsorgsboenden att utöva inflytande i vardagsaktiviteter men att det inte är någon självklarhet i nuvarande praktik. En annan slutsats är att inflytande i vardagsaktiviteter kan

bidra till att vardagslivet blir mer igenkännbart för boende, vilket är av avgörande betydelse för personer som lever med kognitiva nedsättningar och andra kroniska tillstånd.

Avhandlingen pekar på att vardagens aktiviteter spelar en nyckelroll för personer som lever på vård- och omsorgsboenden. Med tanke på att vardagsaktiviteter är fokus för arbetsterapi som profession och vetenskap leder detta till slutsatsen att arbetsterapins roll på vård- och omsorgsboenden behöver omvärderas och revideras.

LIST OF SCIENTIFIC PAPERS

- I. Mondaca, M., Josephsson S., Katz, A. & Rosenberg L. (2017). Influencing everyday activities in a nursing home setting: A call for ethical and responsive engagement. *Nursing Inquiry*, 25(2), e12217
- II. Mondaca, M., Josephsson S., Borell, L., Katz, A. & Rosenberg L. (2018). Altering the boundaries of everyday life in a nursing home context. *Scandinavian Journal of Occupational Therapy* 1–11
- III. Mondaca, M., Josephsson S., Johansson K. & Rosenberg L. (2018). In search for “the humane”: Staff’s perspectives on everyday activities in a nursing home. Submitted to *Aging and Mental health* (under review)
- IV. Mondaca, M., Josephsson S., Rosenberg L. & Johansson K. (2018). Is a nursing home a place for aged or aging people? Competing discourses about influencing everyday life (in manuscript)

TABLE OF CONTENTS

PERSONAL INTRODUCTION.....	1
INTRODUCTION.....	3
BACKGROUND.....	5
Theoretical resources.....	5
Occupational Perspective.....	6
Everyday activities.....	9
Contextualising Swedish elder care.....	11
Everyday activities in the context of the nursing home.....	13
Influence.....	14
Influence as a distinct concept from autonomy, independence and self-determination.....	15
Summary of the introduction.....	17
RATIONALE.....	19
RESEARCH AIMS.....	20
METHODS.....	21
Research setting.....	23
Participants.....	24
Data gathering and analysis.....	26
FINDINGS.....	31
Synthesis of the findings.....	34
Problematising the experience of “Everything will work out just fine”.....	34
Regaining crucial qualities of everyday life.....	36
Understanding passive activities: The juncture between everyday practices and policies.....	37
GENERAL DISCUSSION.....	40
Endangering the subjectivities of nursing home residents.....	40
Engaging collaboratively as an alternative to striving for autonomy.....	42
Everyday activities located at the juncture between subjectivity and social structures.....	45
CONCLUSION.....	47
METHODOLOGICAL CONSIDERATIONS.....	49
The Design.....	49
Inclusion of participants.....	52
Data gathering and data analysis.....	53
ETHICAL CONSIDERATIONS.....	57
CLINICAL IMPLICATIONS.....	61
FUTURE RESEARCH.....	63
ACKNOWLEDGMENTS.....	65
REFERENCES.....	67

PERSONAL INTRODUCTION

When I started my PhD studies at the nursing home in Stockholm, I entered a field that was relatively unknown for me. As an occupational therapist, I had worked clinically before with persons living in institutions in different settings, persons living with severe psychiatric conditions and political prisoners. These previous experiences had a big impact on my understanding of the value that everyday activities might have in person's lives and the impact that highly-routinized environment could have on everyday practices. My goal as a clinician was clear then, to provide opportunities for engagement in everyday activities that could make the day worthy to be lived. As a researcher, I had been involved previously with nursing home staff, but not with residents. My role this time was different, my focus was to understand nursing home residents' opportunities to shape their everyday lives. This included also to understand the role that the staff could have in making this possible, and even more how such a group of residents could actually create and be part of everyday activities that reflected their energy, struggles and potentialities. Furthermore, I even ambitioned to understand some societal aspects that could be affecting everyday practices at the nursing home.

Before diving into the fieldwork at the nursing home, I felt both curious and unsure about how the residents and staff would react to my presence and to the project. I reminded myself to be attentive and that the core issue was that I would have encounters *with people*, nothing more and nothing less. This basic approach helped me to adopt an uncomplicated way to be involved in everyday situations with the nursing home residents and the staff, that turned out to be beneficial throughout the studies. I felt welcomed at the nursing home, that was good. However, I was always happy to leave the place and enjoy the privilege of doing other things and being in other places. That was problematic for me as researcher, because I knew now that these opportunities were limited to the nursing home residents I have met. I had become an engaged witness. This unsettledness became a driving force to deeply examine the opportunities, barriers and assumptions infusing the dynamic at the nursing home. This driving force acquired different forms during the time I spent there, at the beginning by being the person that have the time to listen, or by being the person that was not in a hurry and later by becoming a facilitator of collaborative projects.

This thesis presents in different forms the encounters with residents, staff, policy documents and theoretical resources, and I aim to engage you in these stories and dialogs about what I saw, what I understood and what I learned about nursing home everyday practices.

INTRODUCTION

One of the resources I acquired as a PhD student is the ability to think *with* stories and in particular with what Frank (1) has called “companion stories”. Companion stories are stories that for some reason “stand out” and that stayed with me, firstly during my fieldwork for the ethnographic study and later during the participatory studies conducted at a nursing home (NH). These stories often represented problems or tensions from a moral perspective. For example, how could a trip to the dentist become something almost extraordinary for a nursing home resident? How could nursing home residents feel unsure about whether they would be granted permission to invite other residents to their own apartments to hold a book club meeting? These types of stories generated questions that haunted me on my visits to the nursing home. These types of “companion stories” represented problems in the everyday situations of residents that could easily be overlooked, but that this thesis is trying to address—to understand older adults’ opportunities to influence their everyday activities in the context of an NH.

On my third week of visiting the nursing home during the ethnographic study, I started to become more familiar to some of the residents. I was often welcomed by one woman who had advanced dementia. She no longer had the ability to communicate in a traditional manner. Instead, she usually looked at me first, touched my clothes and concluded: “*Ah, you’re from outside*” the NH. After this, she immediately started singing: “*It’s my party*”¹ and began dancing accordingly. I interpreted this greeting as a sign of her being glad to see me or maybe of seeing someone “*from outside*”. She didn’t really remember who I was, or what I was researching. She ritually welcomed me with this song every time she saw me. Surprisingly for me, on one occasion she continued singing “*It’s my party*” and changed the lyrics as follows: “*They’re going to see that I still keep up*”. She ended this strophe by pointing with her mouth towards some of the staff near us in the corridor, as they were the intended recipients of the message. My own interpretation of this message was that despite she was living with multiple challenging conditions, she had something to offer, she had something to contribute with and she wanted to do so, it was after all her life, her party. This

¹ Original song released in 1968 and made popular by Lesley Gore. Swedish version *Leva livet*, made popular by Lill-Babs.

“companion story” has been with me during all this years, because it beautifully shows nursing home residents’ sensibility towards what happens in everyday life and even illustrates that there are subtle ways to enact their resistance.

BACKGROUND

Theoretical resources

This thesis is theoretically grounded in occupational therapy and occupational science and specifically intersects critical gerontology. It focuses on the opportunities of older adults living in the context of nursing homes to enact their influence in everyday activities.

Critical gerontology concerns identifying the wider societal influences of problems that affect ageing in society, theories used to examine these problems and the consequences of the use of diverse research traditions and knowledge building (2, 3). This concern is suited to the dialogical approach (4), adopted throughout this thesis, by making use of several theoretical resources that will help expand the discussion about influence in everyday activities, linking enacted local practices with societal discourses.

The point of departure of the dialogical approach is based on the ontological assumption that people are in a constant and emerging construction of identities, which are never finalised (4). This approach is grounded on Bakhtin's ideas about identities being formed through engagement with others, and that the others one has engaged with are imprinted in one's own identities and vice versa. The dialogical approach understands dialogue as the recognition of the other's unfinalisability, and therefore rejects the idea of final categorisations and fixed identities. This approach draws attention towards the response of others to what we do as well as to our own embodied responses to them and to our surroundings (5). In this sense, the focus is on momentary living events out in everyday interactions, that constitute dialogical events. This approach creates the opportunity to have a certain mobility in language and to engage with theoretical resources out of the occupational therapy field, presenting an openness for creativity and redefinitions. My intention with this thesis is to open up a dialogue about the opportunities of older adults to influence everyday activities in NHs. I use dialogue in this thesis that is inspired by Bakhtin, as an act of engagement to a "poliphony of voices" and actions, represented by multiple situations, participants and discourses studied in an NH setting. Through this dialogue, I intend to contribute to "dreaming ahead" to better care for older adults living in NHs in Sweden or elsewhere. In this dialogue I incorporate residents, nursing home staff,

policy and theory. However, my primary focus is on the NH residents, in particular their everyday activities and how these are negotiated and enacted in this context. Everyday activities can provide great opportunities to detect “the pulse of utopian energies in the here and now” (6) and also to constitute resistance to practices that deviate from humanistic perspectives. The methodological choices within this thesis are grounded in the intention of capturing the pulse in practices in which the residents’ opportunities to influence are at stake. Taking dialogue as a form of argumentation, it follows that I do not propose complete solutions or final knowledge of the topic of influence in everyday activities within this thesis, but hopefully pose some new questions.

Occupational Perspective

This thesis focuses on nursing homes residents, and their everyday activities, who encounter a new way of living: collectively, in an institutional setting, with other residents living with cognitive decline or some other chronic conditions. Epistemologically, this thesis is situated in a dialogical tradition (4) by envisioning a way of knowing that seeks to understand through engaging in dialogue with others, recognises the role of historicity and situatedness of interpretation, is comfortable with ambiguity and pursues the transformation of disadvantaged groups and disempowering practices. A problem with most empirical studies is that the social context and the interaction between researcher and participants are often not taken into account (7). Consistent with the epistemological stance of the inquiry, this thesis includes the situatedness of the researcher and actions related to social sustainability in the research context (8).

By applying an occupational perspective, this thesis focuses on the everyday activities of nursing home residents (9). In agreement with many occupational therapy and occupational science scholars (9-12), this thesis is grounded in the understanding that “what people do” can create meaning and is key to people’s identities. However, I resist choosing a single definition of occupation or activity for two main reasons: The first reason is that most of the definitions and accounts about occupation are based predominantly in Anglophonic contexts and are thus informed by the religious, economic, political, educational ideas and theoretical developments that characterise these theoretical locations (13). One example of this is that the study of occupation has primarily been from a normative perspective (14) and strongly

associated to individualism as a core value (15). The assumption of individualism is particularly challenged in this thesis, because individualism implies the liberal idea that individuals will look after themselves (16), a contradictory assumption in health care in general and elder care in particular. There is a recent and growing critique towards individualism in occupational science (17, 18). However, despite these promising advances, the Anglophonic hegemony creates tensions in me, a “hybrid” scholar (19), regarding occupational therapy training in both South American and European contexts that are characterised by contrasting practices, epistemologies and paradigms regarding people’s doings.

The second reason for my reluctance to present a single definition of “what people do” is in agreement with Hasselkus (9), that as soon as we try to define what people do, reductionism immediately comes to the fore by presenting limited and insufficient dimensions regarding “what people do”. This is related to what Hockings calls “distortions in knowledge production” (16), that by defining “what people do” we lose part of the complexity and the dynamic of doing. Distortions in knowledge production carry the risk of fragmentation, reductionism and compartmentalised understanding of occupations, altering the holistic and transformative foundations of the discipline of occupational therapy. By often being located in biomedical settings in Anglophonic contexts, occupational therapy has been forced into mechanistic discourses which are in conflict with humanistic ideologies that are fundamental to occupational therapy theory and practice (20). However, as meaning-making is deeply rooted in the practice of occupational therapy, occupational therapy has often succeeded in making services sensible to this “humane” dimension, even if this was through what Mattingly describes as “undercover practices” (21). By necessity, occupational therapy developments in South American contexts have been deeply rooted in human rights, as well as community-based and psychosocial practices (22, 23), strongly shaped by historical and socioeconomic conditions and requirements of the context where occupational therapy was at service. These practices inform my understanding of occupation.

Throughout this thesis, I use the term “everyday activities” to refer to what people do with an exception for study II, where I use the term “occupation”, because this study is published in an occupational therapy journal. Occupational therapy and occupational science literature

might make several distinctions between activities and occupations or even use the terms interchangeably. I chose to term what people do as “everyday activities” for two reasons: firstly, a practical and communicative reason. The terms “everyday activity”, “meaningful activity” and even “activity” are widely used in the field of gerontology regarding nursing home residents (24-33), a multi-professional field that constitutes one of the locations of this thesis and the forum for the dialogue I intent to promote. The second reason relates to the common use of “occupation” within occupational therapy and occupational science literature. “Occupation” is used as meaning-making in people’s lives (10, 11) or as the synthesis of “doing, being, becoming and belonging” (34), all of which imply an already assigned meaningful value to occupations. However, I understand “everyday activities” as being potential and emergent *opportunities* for meaning-making, a tiny distinction that can be particularly relevant in institutional settings. This distinction positions “everyday activities” *at the edge* of meaning- making, as an exercise to accentuate its contingent and fragile location in processes that unfold in everyday practices in institutional settings. In simple terms, this means that “everyday activities” have the potential to become occupations, but this will be highly dependent on institutional practices when related to persons who are in disempowering positions, such as the residents of nursing homes.

Nursing homes residents are often framed as being frail from a biomedical perspective and the way in which this life situation might be intensified while being intersected by power relationships characterised by institutional settings is rarely addressed (35, 36). I take a critical stance in order to examine how these intersections can shape processes of influence in everyday activities beyond individual experiences. I solved this in this thesis, by incorporating local practices, policy and discourses (37). By adopting a perspective that incorporates macro-level dimensions in relation to local enacted practices, elements beyond individual components that could restrict nursing homes residents’ opportunities to influence everyday activities could be highlighted.

This sets the tone of this thesis, to expose the transformative opportunities regarding influencing everyday activities for nursing home residents. From my position, as a “hybrid” scholar, this critical perspective recently adopted by occupational science is linked to the original transformative agenda that occupational therapy embraces regarding persons in vulnerable and disempowering positions in society (23, 37, 38). It is from this same “hybrid” position that I explicitly adopt a human rights perspective (22, 39) in this thesis, to navigate in this field, which is translated in both the theoretical resources utilised to further articulate the

issue of influence in the everyday activities of nursing home residents and in the methodological choices acknowledging transformational practices, incorporating residents and staff as collaborators.

Everyday activities

Everyday activities are closely related to everyday life, a field discussed by many scholars of sociology, anthropology, occupational therapy and other disciplines. There is a tacit understanding that “everyday life” is indeed a complex arena, difficult to capture in definitions and research. Within occupational therapy and occupational science, everyday life has been presented as an obvious domain in which activities unfold. Everyday life is seen as being loaded with meaning, while also being superficially seen as misleadingly trivial (9, 40). This obviousness has caused the discipline to refer to “everyday life” generically, assuming that the occupational therapy community shares a universal understanding of the term (23). In this thesis, everyday activities are understood to be a constellation of actions, objects and relationships that evolve and emerge from the immediate context (41, 42), and which have sociohistorical roots (22). Everyday activities are usually taken for granted or labelled as mundane. These activities are enacted in concrete sociohistorical practices and can take different shapes and meanings. The meaning of everyday activities will vary from one context to another and will be shaped by an individual’s context and circumstances such as age, gender, culture, socioeconomic position.

Home environments, work or public areas constitute the primary realms of everyday activities. Scott (43) defines everyday activities as structured and spontaneous and of particular importance to creating and sustaining a sense of stability, predictability and enjoyment in the local world of people’s practices. Jacobsen (6) presents everyday activities as a largely neglected realm of the familiar, ordinary and unnoticed. It is noteworthy to mention that the unnoticed immediately becomes visible when confronted with how other people carry out similar actions, demarking a person’s identity. This demarcation of a person’s identities by doing things in different ways is important in this thesis for two reasons: Firstly, to understand if the institutional setting allows this diversity in “what people do” and secondly to understand what resources are used by NH residents to uphold everyday activities that reflect who they are.

Continuing this reasoning about the relationship between what people do and who people are, later in this thesis I use the concept of subjectivity to better articulate this relationship. Subjectivity is a concept primarily used in social sciences but which has also been recently linked to identity and occupation within occupational science (44, 45). Lawlor (46) provides important insights into the role of everyday activities in clinical occupational therapy settings, arguing that subjectivity is a domain in which processes of meaning, representation and personal interpretations of experience occur. Instead of helping to decipher who people are, subjectivity helps to understand the *process* of identity formation. This means the way in which individuals negotiate and situate themselves in relationship to others in social practices and how this positioning helps to define who we are (47). This concept might have flaws but it also presents a certain openness to a dynamic and contingent understanding of everyday activities. It also serves to consider the question of where identity arises, to what extent it is related to what we do and to what degree it is something over which we have any influence. In this thesis, everyday activities will be understood to be a set of actions located at the juncture between individual realms and social structures, between self and society (6).

Enriching the understanding of everyday activities, Giddens (48) argues that reflective awareness, or to know what one does, is a characteristic of humans. However, much of what allows us to carry out our daily lives is undertaken as practical consciousness (in a non-conscious way of acting), bounded by the taken-for-granted routines. He states that we act conventionally but what sustains everyday life is the interconnection of unnoticed everyday activities. He gives a pivotal meaning to this interconnection of activities, stressing that their role is to form a positive view of the self, the world and the future, what he calls “ontological security”. According to Giddens, this sense of trust in the world is deeply rooted in a person’s development and is embedded and reinforced through everyday activities throughout life. It is possible to assume that diverse life events can threaten this ontological security throughout life and that entering an NH or living with dementia or another form of cognitive decline presents this risk.

Contextualising Swedish elder care

The rapid ageing of humanity is perhaps the most salient and dynamic aspect of modern demography globally (49) and Sweden is no exception in this matter. The current model of care for older adults in Sweden was introduced in the 1950s when municipalities introduced homecare services and long-term care in nursing homes for older adults. During this period, many large nursing homes were built. In 1992, eldercare services underwent a major organisational change, where responsibility for older adults was moved from county councils to municipalities, and this system still remains in force today (50, 51). The municipalities were given overall responsibility for services and care of people with special needs in both regular and special housing, including nursing homes. This responsibility also involved the provision of a sufficient number of nursing homes for older adults who could no longer manage to look after themselves in their own homes and were in need of supervision or care 24 hours a day (52). The goal of the Swedish care policy for older adults is to facilitate and promote a safe environment and to be encounter with respect (2, 3). The care system for older adults is required to meet national standards, including meaningful activities and social interaction with other residents, staff and relatives as important elements of care in this policy framework (4).

Approximately 83,000 older adults live in special housing in Sweden, of which 80% are 80 years old or older (53). Among other alternatives, NHs are a type of housing for older adults in Sweden that are profiled towards older adults living with multiple chronic conditions. Almost half of Swedish municipalities are attempting to find a balance between the demand for and provision of residential care facilities. Contrasting this, 150 municipalities are in deficit (52). As a response to this deficit, from 2018, new nursing homes will be built in 98 municipalities in Sweden in the near future (52). This will also prepare the scenario for 166, 323 older adults currently receiving homecare services (53) who sooner or later will require a apartment at a nursing home.

Nursing homes are offered as an option after a decision is made based on an assessment of the person's needs at a municipal level. Municipalities are the main providers of nursing home services, while the private sector accounts for about 20% of the services, even though

municipalities maintain overall responsibility (52). In general, care services and standards in Swedish nursing homes are high (5) with care staff available around the clock to support residents through daily tasks and to provide care. Rehabilitation services are offered by occupational therapists and physiotherapists connected to the nursing homes, whereas physicians can provide medical care via the national insurance system. Care includes laundry services, cleaning, meals and management of medication. Most nursing homes offer private apartments to their residents. These apartments comprise a kitchenette, bathroom with shower and space for personal possessions. Organised activities and entertainment are often offered as part of the care framework.

Nursing home residents often live with multiple chronic conditions and other forms of cognitive decline. Consequently, they can have difficulty expressing their needs (54) and desires in an already organised environment (55). NH residents are often framed by the literature as frail and, even if this concept is not used in this thesis, it provides some information about the characteristics and conditions of older adults who move to an NH. The main criteria for a person to move to an NH are that the person is severely restricted in managing everyday activities at home (56) in a safe and satisfactory manner, even when assisted by the health services. This is often the result of the person living with three or more chronic conditions (57) or having three or more hospital admissions per year (58). In Sweden, common health problems of NH residents when entering an NH include cognitive decline, mobility and musculoskeletal pain, hearing and vision impairment, lung and cardiovascular diseases and mental health problems (56). These characteristics have local variations across the country (59). Characteristically, frail older adults are framed as a group with a combination of health and other social issues that evolve into life situations that require diverse healthcare and/or social care services. Although older adults living with cognitive decline can experience difficulty in expressing their needs, research shows that they still wish to be involved in decisions regarding their care and everyday matters (60, 61).

Providing professional care for NH residents is described as challenging and demanding by NH staff (62, 63). NH staff have to respond to the current policy framework of person-centred care (64), in which everyday activities are presented as an important aspect of care (65). This could cause tension when taking into account the fact that the care focus of NH staff is still grounded in the medical model.

Everyday activities in the context of the nursing home

Before moving to an NH, the person's own home has been identified as the major living space for older adults (66). This living space dramatically changes when moving to an NH, where its appearance is less familiar and everyday activities are less connected to personal meanings. An NH is also a place that is shared with other residents and healthcare staff. It is possible to argue that NH residents experience both physical and psychosocial changes and a constant state of negotiation between bodily changes, the ability to handle the immediate world and their identity while growing older in the NH (67). These negotiations are characterised by contradictions and uncertainty that unfold in emergent everyday activities (68). Everyday activities at nursing homes have an amplified role because small events form a great part of the NH resident's lives, giving an ethical and moral connotation to everyday life activities, otherwise "unnoticed". (36, 69). I argue in this thesis about the importance of everyday activities in creating both a sense of stability and ontological security. This unique condition requires closer analysis in order to better understand how older adults continue to constitute their subjectivities in this setting.

The presence of rigid structures and routines (36, 69) that characterise professional practices at the NH sets the tone and pace of NH residents' everyday lives. Everyday activities that might be ordinary in other settings represent ethical issues in this setting. Ethical issues such as "When can we go for a walk?", "Should I sleep with the bed rail up or down?" and "Can I invite people to my room?" are just some of the many examples of moral matters for NH residents who could be inhibited, neutralised or enabled (36). These types of minor decisions in daily life set the boundaries for NH residents. Additionally, the staff receive little practical guidance on how to foster and enable influence in everyday activities and participation in such contexts (70). This practical expertise becomes elusive, despite policy frameworks that attempt both internationally (71-73) and nationally (74) for NH residents to participate in everyday issues.

Another relevant aspect regarding everyday activities in an NH setting relates to the person-centred approach. In response to a strong biomedical perspective that dominates care practices at NHs (55), the person-centred approach emerged in research about older adults living with cognitive decline or dementia (78). Critique to Kitwood's approach focuses on the

neglect of the challenges of power relationships between care givers and NH residents. Care responsiveness towards the needs, values and personhood of NH residents has been the goal of multiple disciplines in this field. Due to the roots of this approach, in practices, academic disciplines and socio-political movements (75), the consistency between policy, models of practices and real practices has been a crucial issue. Important contributions to the person-centred approach have emerged from dementia care research (76-78), nursing research (79, 80) and occupational therapy (81-83). There is overall consensus about the relevance of person-centred care and how this approach should guide clinical practices. However, it is in everyday practices that this approach becomes elusive (81, 84). Everyday activities have more recently been highlighted as being a key aspect of the person-centred approach in nursing home settings (85-87). However, research shows that NH residents are involved to a limited extent in the design of activities performed at NHs (88, 89). Moreover, the description of everyday activities as simple tasks with marginal collaboration with NH residents (36, 90) renders this understanding and clinical use of everyday activities problematic.

Influence

The concept of influence is underpinned by a collaborative understanding of action and as a possible theoretical amendment to a person-centred approach. NH residents progressively experience deterioration of their cognitive abilities, something which affects their ability to interact thereby affecting their basic opportunities to collaborate. This requires the inclusion of joint activities (55) and partnerships (61) as relevant aspects in order to adapt person-centred care to this specific context. Joint activities could be seen not just as taking turns in verbal utterances but taking turns in actions that occur in small events in this context. Influence could be then understood in this study to be an expression of power that emerges in everyday practices, as a contribution to a joint activity on the residents' own terms and opportunities. This idea is founded in Foucault's (91) understanding of power relationships as actions upon others' actions. This means, in practice, nodding in response to a question, the chance to take a short stroll or choose who to sit with at lunch. Studying influence as a manifestation of power can be also accomplished by studying the forms of resistance and attempts by NH residents to disrupt existing power relationships (91, 92). In this sense, resistance could be understood to be a provisional attempt to resist power or overcome momentary disempowering relationships. Acts of resistance have seldom been highlighted in the study of influence on everyday activities in NH contexts (36).

Influence as a distinct concept from autonomy, independence and self-determination

In recent decades, there has been a clear focus in policies on independency, autonomy and participation within healthcare provision for NH residents, both globally (72) and locally (93, 94). These policy frameworks highlight terms such as “participation”, “user involvement” and “influence in decision-making” as key aspects of healthcare practices for NH residents. There is an ambition within these frameworks to make healthcare services responsive to individual needs and preferences by granting decision rights to NH residents who receive care services. However, “user involvement” has been criticized as being a vague term (94) that says little about the practical dimensions of such processes in real-life situations. In the literature on NH residents, the term “influence” is often used interchangeably with “autonomy” and “self-determination” (95, 96). Autonomy in particular is presented as a pivotal aspect to strive for in healthcare service provision. It is noteworthy that autonomy is seldom conceptually problematized as a goal to be achieved in the context of everyday practices of NH residents. The literature stresses the importance of differentiating between the meaning of autonomy in relation to chronic conditions or disabilities by distinguishing between decisional autonomy and executional autonomy (97). Decisional autonomy is understood to be the ability to make decisions without external restraint, e.g. making an active decision regarding when, how and with whom to eat breakfast. Executional autonomy is defined as the ability and freedom to act on the basis of decisional autonomy, for example *to manage* to eat breakfast as you wish. This definition of autonomy heavily relies on the cognitive capacity to make decisions. This is problematic regarding NH residents because cognitive decline is a common condition. In line with this understanding, the term “self-determination” is used in the literature as a concept to describe the involvement of older adults in decision-making when managing their everyday activities (95), emphasising cognitive processes and abilities such as to choose, act accordingly and decide independently (98). As described above, it is possible to see that both autonomy and self-determination are underpinned by the value of individualism and suggest a negative value for dependency and lack of autonomy.

It is difficult to clearly separate the term “independence” from “autonomy” and it is often used interchangeably or is intertwined in the literature. Within occupational therapy research, (99) the term is used without consensus about theoretical and practical implications.

Independence (100) is sometimes even understood to be the physical dimension of autonomy. A common understanding of independence is the capacity to do practical things without assistance (101). However, a nuanced understanding of independence is provided from the perspective of older adults in different care settings, highlighting that the sense of independence they experienced appears to be linked to the resources they can access in order to help them fulfil their daily needs (102). This understanding of independence introduces a less dichotomist approach to independence-dependence and consequently gives focus to the capabilities of older adults. Research conducted in Sweden among single-living, very old adults, described dependence as “being in the hands of others”. The study participants feared losing their freedom, a sense of control and spontaneity regarding their everyday activities (103) if other people were involved with helping them manage their everyday lives. This contrasts with notions such as interdependence (97, 104, 105) and “togetherness” (106-108), which express a need for a connection when doing as a fundamental part of human relationships and meaning-making when growing older. With this understanding, interdependency and the need of others acquires a more existential and collaborative connotation. Interdependence has been used instead of independence and autonomy in recent research into gerontology to highlight and reflect the premise that, in reality, human relationships are based on collaboration, exchange and partnership (7, 61, 102). Nolan (105) argues that in order to manage their everyday lives when they live with multiple physical disabilities or other chronic conditions, older adults must rely on others. He therefore claims that it is untenable to use terms such as “autonomy”, “independence” and “self-determination” uncritically in the context of care for older adults.

The term “influence in everyday life” (36) recognises interdependence with others (97, 104, 105) as a key aspect in the context of healthcare services for NH residents. Influence over everyday life has recently been a subject of interest within research into older persons living at home (109, 110) and in nursing home settings (36, 88, 109). Influence over everyday life can be understood as a process of shaping everyday activities according to own values and capabilities (111, 112). Harnett (36) identified the importance of attempts to influence that were initiated by NH residents. In her study, these attempts are described as disrupting, disturbing, or matching the institutional culture of the NH. Even if these findings highlight the value of small actions pursued by NH residents, it remains unknown how influence is enacted in everyday situations beyond individual attempts, but from a situational, relational and occupational perspective in this context. Another dimension of

residents' influence in everyday activities has been explored by Persson et al. (109) in different nursing homes in Sweden. In this study, staff members felt they gave more attention to institutional efficiency than to supporting opportunities for the residents to influence everyday matters. This has also been explored by Boelsma et al. (88), focusing on the residents' involvement in care settings. Boelsma et al. (88) highlighted the importance of giving attention to "small things" in order to achieve alignment between the practices' needs and the residents' values and preferences. The "small things" described in the study are frequently considered by care staff to be insignificant or trivial when juxtaposed with institutional routines. These "small things" are activities embedded in everyday life, such as mealtime situations and group activities. However, there is a knowledge gap regarding how influence is enacted and how these "small things" that matter to the residents are negotiated in nursing home settings.

Summary of the introduction

To conclude, the literature review shows that to understand the opportunities for nursing home residents to negotiate and influence everyday activities, there is a need to gain further knowledge about the processes involved in everyday practices. The literature review presents several processes that reasonably address the complexity of the enactment of influence. Among these processes is the issue of living collectively in an institutional setting, the challenges encountered in engaging in everyday activities due to living with cognitive decline and other chronic conditions, the processes of identity maintenance in an institutional setting, as well as power issues between NH residents and routines governed by the institutional character of nursing homes.

The literature review shows that everyday activities in nursing homes are an important aspect of person-centred care, while also not being an area that has been prioritised in practices. An explanation for this lack of prioritisation of everyday activities as a key aspect of the opportunities for nursing home residents to maintain ontological security has not been sufficiently explored. The literature also shows that everyday activities are often implemented in instrumental ways, focusing more on functional aspects of health and less on issues that concern participation. There is limited knowledge about how influence in everyday activities

plays out in nursing home contexts and consequently how it could be enabled and upheld by nursing home communities.

Another conclusion of the literature review is that there are ambitions and policies, both globally and locally, which strive to enable the influence of nursing home residents in everyday matters. Despite this general consensus, there are several concepts that are used uncritically considering the particular living conditions of NH residents. Concepts such as independence, autonomy and self-determination have been highlighted as being misleading in the context of NH because of the elusive character they adopt in practices. More recently, concepts associated with interdependency, joint actions and collaboration have emerged as alternatives that could better reflect the nursing home resident's needs and potential.

In conclusion, there is a need to better understand the opportunities of NH residents to influence everyday activities in order to support and guide practices that are aligned with person-centred care and participation.

RATIONALE

Based on the literature review, there are several areas in which further knowledge is needed in order to gain a better understanding of the opportunities for nursing home residents to enact and negotiate influence in everyday activities. The thesis aims to acknowledge the following areas:

- At the nursing home setting many discourses about ageing, participation and health interplay. However, there is still limited knowledge about how discourses are played out in everyday practices. In line with this, it seems important to identify the consequences of the current discourses in the everyday activities of nursing home residents.

- To understand how nursing homes could address the diversity of nursing home residents' needs and desires regarding everyday activities and to better understand the resources that nursing home residents possess to uphold everyday activities that reflect who they are.

- Despite many advances in person-centred care, knowledge about how to design everyday activities in collaboration with nursing home residents is scarce.

- Recently, the relational stance between nursing home staff and nursing home residents has been gaining attention in research and clinical practices. However, how the role of everyday activities and the role of nursing home staff play out in this relational framework remains unclear.

- There is a considerable body of knowledge about the challenges that nursing home residents might face in enacting their influence. However, this knowledge is mostly based on individual accounts, which limits the understanding of the complexity of the emerging and contextual processes in everyday practices. This presents an important area in which to further develop knowledge by addressing collective and societal factors that affect influencing everyday activities beyond individuality.

RESEARCH AIMS

The general aim of this thesis is to contribute with knowledge about how influence is enacted and negotiated in everyday activities among nursing home residents.

The specific research aims in this thesis were:

-To shed light on how influence can be situated contextually, and how it can emerge and be negotiated through everyday activities of people living at a nursing home (Study I).

-To explore how residents' engagement and influence in an occupation can emerge in a nursing home setting (Study II).

-To better understand how a dialogue about the influence of nursing home residents on their everyday activities evolve among diverse practitioners and to identify the consequences of such an understanding in practice (Study III).

- Study IV was designed to identify existing discourses related to everyday life of nursing home residents and to highlight the potential consequences of their interplay in practice. Specifically, the study focuses on how these discourses might be connected with the possibility of NH residents influencing their everyday activities (Study IV).

METHODS

This thesis comprises four qualitative studies that were mutually informing. A collaborative thread characterised Studies I, II and III in different ways. In Study IV, I take a critical approach applying a critical discourse analysis. For an overview of the four studies, see Table 1.

Table 1 Overview of the studies

Study and Participants	Approach	Methods	Analysis
Study I Nursing home community	Narrative ethnography	Participant observations, conversational interviews and fieldwork	Narrative analysis (Katz & Mishler, 2003; Polkinghorne, 2005)
Study II 12 Nursing home residents	Participatory approach	Participant observations, fieldwork and interviews	Interpretative analysis (Gustavsson, 2000)
Study III 19 Nursing home staff	Dialogical approach	Participant observations, focus group and follow-up interviews	Dialogical analysis (Tsoukas, 2009)
Study IV Two policy documents and empirical data Studies I, II, III	Qualitative interpretative	Ethnographic data, policy documents	Critical discourse analysis (Fairclough, 2003)

The choice of conducting collaborative research was made in view of its emphasis on addressing social processes in context (8). This is relevant in an NH context due to the interplay of multiple processes given the complex conditions of NH residents, the institutional character of the NH and policies that regulate everyday practices. Moreover, collaborative research aims to be a form of collective reflective inquiry that is undertaken by

participants in order to improve justice in their own social practices (113). This approach permitted the critical study of the collision between social systems (e.g. organisations, institutions, other social structures) and enacted practices (including forms of social life, interpersonal relations and groups relations) that created meaning and identity for NH residents. Collaborative approaches seek to examine the spaces between social structures and life worlds; this was precisely what these studies have aimed to achieve. In Studies II and III, I made use of methodologies that created new spaces for dialogue and reflexivity at the NH. In addition to creating new knowledge, the collaborative approach aimed to contribute with social transformation in the settings in which the research was conducted. This was not just a shortcut in order to close the gap between research and clinical practices but an issue of power sharing and sustainability. Acknowledging power issues in this thesis was managed through validating other forms of acquiring knowledge (91, 114, 115) embodied by both NH residents and staff. In these studies, both the knowledge and expertise of NH residents regarding how to manage everyday lives in the setting and the expertise of staff in dealing with situations that encompass issues of influence on a daily basis were given a key role. This collaborative approach also aimed to view research accounts as resources to mobilise and transform social practices through action. Action was expressed progressively across the four studies. Action was included in Study I by assuming a situated position as a researcher, thereby engaging in participant observations. In Studies II and III, action took a form that was embedded in the participants' context through the collaborative creation of a new activity at the NH. Finally, in Study IV, action was expressed through the creation of a dialogue between enacted practices and policies.

Study I was designed to shed light on how influence can be situated contextually and how it can emerge and be negotiated through the everyday activities of people living at a nursing home. A narrative ethnography (116) was chosen to gain access to particular situations that could inform this inquiry. A narrative analysis based on Polkinghorne (117) was used and the findings are presented as narrative exemplars.

Study II was designed to explore how residents' engagement and influence in an occupation could emerge in a nursing home setting. As the emphasis of this study was on the process of *how* influence in everyday activities was possible, a collaborative approach was adopted (118). The use of the theoretical resource "third space" (19) served to create a hybrid context

that merged the everyday lives of the residents with a location for the research inquiry. The findings of this study were analysed collaboratively with the participants as much as possible during each session and a hermeneutic interpretative approach based on Gustavsson (119) was also used.

Study III was designed to better understand how a dialog about the opportunities of nursing home residents to influence their everyday activities evolved among diverse practitioners and to identify the consequences of this understanding in practice. For analysis of the data, a dialogical approach (120) was adopted.

Study IV was designed to identify existing discourses related to everyday life for nursing home residents and to make visible the potential consequences of their interplay in practice. Specifically, the study focused on how these discourses might be connected with the possibility of influencing the everyday activities of NH residents. Data were analysed following a critical discourse analysis (121).

Research setting

All four studies in the thesis were conducted at an NH located in an urban area in Sweden. The NH was managed by the municipality and had a total capacity of around 200 residents. The part of the NH involved in these studies could accommodate 54 residents. The building had three floors, one of which was specifically for people living with dementia. The two other floors were open to residents with a variety of diagnoses and chronic conditions. Each floor could accommodate 18 residents and was divided into two connected wings. Each wing had two corridors with four and five apartments, respectively. These apartments were about 20 m² and were rented by the residents. Each apartment comprised one room with a small pantry and a toilet/shower area. The rooms were spacious and bright, had space for a clinical bed and some personal furniture that the residents brought with them from their homes when they moved in.

Each wing had three common areas used by both staff and residents: a dining area, a small living room and a kitchen. All wings looked the same, except for the wall colour and slightly

different decorations. The residents could move from one wing to another (with varying levels of assistance). Doors to the lifts/main stairway of the building, to other floors, balconies and to outside areas were locked and alarmed. In order to enter and exit to the NH, an electronic key and a code were needed, and neither residents nor significant others were provided with these. This meant that mobility within the NH was restricted to the floor on which the person was living. To enter or exit another part of the building, residents would need to be accompanied by a staff member.

During day shifts, two registered nurses were responsible for all residents. At night, the staffing level decreased from five to one nursing assistant for each floor and one registered nurse for all 54 residents. Nursing assistants who, in some cases, had completed one or two years of college education and diverse work experience at NHs, interacted most frequently with the residents. Physiotherapists, occupational therapists and a geriatrician visited in accordance with a pre-established schedule and had individual plans for the residents. The focus of the occupational therapists was on the prescription of assistive devices, modifications to the residents' apartments and organisation of the group activities that took place once a month. The nursing assistants supported the majority of the residents in the activities of daily living.

The residents' daily lives at the NH included meal routines, medication and hygiene, as well as a scheduled group activity once a week. Residents from the same floor would gather together for about one and a half hours to participate in bingo, memory games and singing. Aside from these activities, the NH was characterised by passivity and silence among the residents. This dynamic was sometimes interrupted by TV watching or small talk between residents and nursing assistants, significant others (e.g. spouses, children or friends) visiting the residents or through other activities (e.g. gymnastics with a ball, reading out loud a newspaper,) carried out sporadically by the nursing assistants.

Participants

In Study I the unit of analysis was contextually-situated everyday activities and there was therefore no preconceived idea about the number of participants taking part. In situations of

relevance to the research question involving staff and relatives, they were also included as participants. However, the focus was still mainly on the residents and their opportunities to influence everyday activities. The residents ranged in age from 74 to 103 years and the duration of their stay at the nursing home was between 2 weeks and 5 years. The perspective chosen in this narrative ethnography was that the residents were the protagonists of each observed situation.

In Study II a group of twelve residents participated. Seven participants (three men and four women) attended the book club regularly and five residents attended less regularly. The participants ranged in age from 74 to 90 years and the duration of their stay at the nursing home varied from 3 weeks to 5 years. All participants lived with one or more chronic conditions and also lived with some form of cognitive decline or a dementia diagnosis. The study also included a nursing assistant who co-facilitated all the meetings as a participant.

In Study III a group of 19 practitioners from diverse clinical backgrounds and who worked at the nursing home participated. The group included 16 nursing assistants, one occupational therapist, one nurse and one caretaker. This heterogeneity provided different views about everyday activities. Participants joined a series of workshops on six occasions with a subsequent focus group and individual follow-up interviews.

Study IV included two policy documents and empirical material from Studies I, II and III as data. The policy documents were used as current guidelines for practice at NHs in Sweden and locally and were referred to by the NH management group as a framework for the organisation regarding residents' influence on everyday activities. These documents were set in dialogue with the empirical material outlined in Table 2.

Table 2 Material for Study IV

Type of document	Specific material
a. National Policy Document	“User influence within elder care”. The National Board of Health and Welfare (94)
b. Local Policy Document	Official organisational plan 2016–2017
c. Empirical data	Field notes and visual material from three studies (6 videos of group sessions with staff in the context of a participatory project and pictures of diverse notice boards taken in the context of an ethnographic study, field notes from ethnographic studies and two participatory studies).

Data gathering and analysis

In Study I data were gathered over a period of six months through ethnographic fieldwork that included conversational interviews, participant observations and photographic registers (122, 123). Fieldwork was conducted regularly, five hours each day, varying between day and night shifts, different hours of the day, some weekends and some holiday period.

Participant observations were conducted on different floors with the ambition of exploring a broad range of everyday activities with diverse residents. Situations for data gathering were selected purposively, based on the residents’ everyday activities that were considered as having a rich observational potential. These situations evolved over time and included for example waiting for a meal or just passing the time. Gradually, the residents invited me to their apartments, where other situations and conversations unfolded, such as telling the story of a picture on the wall, presenting the stories behind some objects or telling me about their difficulties in engaging in everyday activities. In parallel, I conducted participant observations in daily clinical staff meetings and also in the monthly information meetings for

significant others. Participant observations (123) and conversations during the fieldwork period were used as the main source of data.

The data gathering approach was inspired by the practice of social poetics (124, 125), which seeks to grasp what is happening in front of our eyes in living and situated moments and by paying attention to “mundane” activities. This practice is framed as a dialogical (124) by putting in dialogue unfolding situations with the researcher’s situatedness. Methodologically, this was translated to take into consideration “what stayed with me” from the situations in which I participated in and conducted a further analysis of the potential meaning of it, or as a guiding trace to follow up further during upcoming participant observations. Data were analysed guided by a narrative method grounded in Polkinghorne (117). The analysis comprised three analytical steps: writing and analysing the field notes journal (123), which included field notes and photographs gathered during the fieldwork; secondly, writing and analysing “vignettes” (short stories about a specific situation) were used as starting analytical resources of situation framed as “striking” and, thirdly, writing and analysing exemplars (125), which presented compelling situations that reflected the challenges faced by the NH residents.

In Study II data were generated through fieldwork that included the residents and the staff participating in the book club. The book club was designed in collaboration with the NH residents and was used as a theoretical resource that comprised both the residents’ everyday lives and a site for the research inquiry. This concept was framed as a “third space” (19), a theoretical resource that originally emerged in post-colonialist research and is defined as a site for collaboration, struggle, negotiation and contestation. This space, both symbolically and specifically was proposed as a site that could create a new situatedness and opportunities to engage with other NH residents with similar interests. One of the NH apartments serve as a specific location at which to conduct these meetings. The participant observations focused on three aspects of each book club meeting: preparation for the book club meeting, the book club meeting itself and after the book club meeting, when the participants returned to their respective apartments. Detailed descriptions of the observations were written as field notes after each meeting. Data were analysed following a hermeneutic interpretative approach, using Gustavsson’s framework in particular (119). Following Gustavsson’s approach, data were interpreted using three main steps: The first step was to capture the most striking aspects of each session related to the focus of the study. The second step was to contextualise the data in a wider variety of the participants’ everyday situations at the NH. This meant that

previously framed situations were put in dialogue with analytical questions such as: *Does this happen in other specific situations?* and *Which unique qualities of everyday life is this situation expressing?* The third step focused on contextualising the emerging findings from the analysis and exploring them in the light of existing knowledge about occupations at nursing homes, nursing homes as an institution, and engagement in occupations.

In Study III data were gathered from five workshops and one focus group (126). Five individual follow-up interviews were conducted three months after the workshops. The character of the workshops was dialogical and experiential (120, 127) and focused on the participants' expertise and day-to-day challenges concerning everyday activities with residents. Data were videotaped and audiotaped. All workshops built on each other and were planned according to the group development. A reflective analytical dialogue between the researchers that had, in this specific context the role to facilitate the workshops, followed each session and additional field notes were taken. Inspired by a dialogical approach (120), the analysis focused on the collaborative group process while the participants were unfolding and creating a new understanding of everyday activities together and with the NH residents guiding and grounding their reflections. As part of the action this approach was aiming to achieve, the participating staff were guided in creating activity projects in collaboration with their peers, grounded in the NH residents' desires and interests. The series of workshops concluded with the presentation of activity project prototypes, which had previously been critically discussed with peers. These projects were followed up three months later through brief individual interviews. The whole data set was analysed according to Tsoukas (120) and attention was given to the detection of "conceptual expansion" and "conceptual reframing" about the potential meanings and consequences of the everyday activities of residents living at the NH.

In Study IV empirical data from the first three studies of this thesis (interviews, participant observations, fieldwork diaries and photos of the NH notice boards) were put in dialogue with two policy documents. The analysis was conducted differently depending on the material: policy documents and notice boards material were analysed, inspired by Fairclough (121), and several questions were posed for the texts, including: Who is talking in this text? What are the main messages of this text? Who are the intended recipients of this text? What does the text say as a whole? Are the texts on the notice boards compatible or do they contradict

each other? Where are the tensions between different sections of the text? How do the different sections fit together? How are the residents presented in the text? Moreover, specific tools of critical discourse analysis were used. One of the tools was used to study the **Representation of social actors**: Who is included/excluded (by suppression or backgrounding, by irrelevance or redundancy, by political or social significance), represented as a pronoun/noun (I, they, we vs. a noun), grammatical role (participant within a circumstance or as a possessive noun or pronoun)? Another aspect of the analysis was to identify if the social actor was presented as being active or passive; who is the actor in the process? (passive meaning being affected by the actions of others, active meaning being presented as agentic or in action), personal/impersonal, named/category, specific/generic (the residents/all residents). Another strategy used was the identification of **Modality**, defined as the relationship between the document's author and action representations in the document. This shifted the focus towards the type of verbs used by the document authors e.g. describe, advocate, demand, accept reject. A third tool was the identification of **interdiscursivity**, defined as the presence of different discourses and genres articulated together in communicative events (e.g. user/client/patient/person).

Empirical data (interviews, participant observations, fieldwork diaries and photos of the NH notice boards) that captured everyday practices were analysed to better understand the *enacted discourses* observed in everyday social practices. Attention was given to communicative events (121) in everyday practices that revealed issues about the influence at stake in everyday activities (4) for older adults living at the NH. Communicative events are understood as events that could reproduce or destabilise structural discourse patterns set by policy frameworks and even discourses that do not reflect policy documents. The guiding questions were: What does this practice say about the everyday life of the residents? What discourses underpin this practice? Which other forms and effects does this discourse have on everyday practices? What ethical issues are at stake for the residents in this specific practice? To which discourse does this practice belong? Does this practice collide or resonate with prevailing discourses?

To finalise the analysis, an additional analytical step was made to present a synthesis of the findings of the four studies. This step was taken following a hermeneutical analysis (119). It was carried out in order to reach an integrated and deeper understanding of the processes of

influence of NH residents in everyday activities. This was achieved through reading the findings of the four studies and setting them in dialogue with the thesis research questions that were aiming to uncover new knowledge about how influence is enacted and negotiated in everyday activities among nursing home residents. The findings were explored and analysed using Gustavsson's (119) metaphor of "traces" and how there were common elements in the findings that complemented each other across the studies. Three traces were derived from this analysis that were identified as being relevant to providing new knowledge.

FINDINGS

The aim of this thesis was to contribute with knowledge about how influence is enacted and negotiated in everyday activities among nursing home residents. Firstly, the findings of each study will be summarised and presented. Following this, a synthesis of the findings of the four studies will be presented. To perform this synthesis, a hermeneutic analysis (119) was applied, which is further explained in the methods section, inspired by the metaphor of “traces” proposed by Gustavsson (119)

The main findings in **Study I** suggested that everyday activities could be seen as being more than just trivial in a nursing home and that they could represent a vital arena for the enactment of influence. A striking example of this is the meaning assigned to a visit to the dentist by one of the nursing home residents, framed by her as “an almost perfect trip” where her attempt to influence a moment during the trip was inhibited by strict institutional and embodied routines. Further, the findings of the study suggested that there was a complex orchestration of small events that took place in everyday situations. This suggested unnoticed situations unfolded in everyday life, should be carefully handled and could potentially be transformed from the trivial into the influential and valued by the NH residents. Additionally, everyday activities could create openings for the enactment of influence if the residents’ dependency on others is understood as being a chance for connectedness, partnership and collaboration. However, because rigid institutional routines and the strong presence of the biomedical model, changes in the nursing home culture appear necessary. The prioritisation of other tasks and routines by the nursing assistants, instead of willingly attending to a resident and knowing how to relieve the resident’s pain could be seen in this study as an expression of the contradictions generated by a model more preoccupied with rigid routines than the residents’ own resources and expertise. The resident’s expression: *It is the indifference that hurts*” presents the ethical issue at stake, when the resident’s pain situation and expertise regarding how to feel better were being overlooked and while other routines were prioritised.

Study II identified that new arenas of enacted influence were possible to support by building everyday activities that were grounded in the residents’ values and interests and identifying

ways of complementing their capabilities. A book club emerged as an activity and space that validated the residents' resources and way of being. The residents' ambiguity, hesitation and difficulty in creating and participating in this activity generated new insights into the contingency and fragility of engagement in this context. The hesitation expressed as *Are you sure we can invite other people to our apartments?* could be seen as presenting one aspect of the residents embodied institutional model that prevents them from enacting their influence in everyday activities with confidence, or in a familiar manner. The book club, framed as a "third space", provided opportunities for the residents to try out new ways of acting in the nursing home, to be encountered as fellows by other residents and to enact their influence by adopting a collaborative stance. This space allowed the residents to support each other, to laugh and to envision alternative future activities. A key aspect of this collaborative approach was to explicitly address the residents as partners and to validate the strength they achieved together. A clear example of this was the aspiration to engage in more new activities outside the NH, such as taking an outdoor walk in the autumn, visiting NK (a large store in Stockholm) and looking at the Christmas decorations or visiting the Nordic Museum, among many other activities. While being in the group, the NH residents could inspire each other and amplify their expertise and strength by engaging in activities together that were grounded in their own circumstances and values. The major challenge with regard to making this "third space" sustainable in a nursing home context was to gain legitimate space in everyday life.

Study III identified that the perception among practitioners regarding their ways of working with everyday activities was shaped by the institutional character of the nursing home and was not fully under their own control. Three main issues were identified that caused the practitioners to struggle and put them in ethically-demanding positions. The first ethically-demanding position concerned following routines without making any personal effort to address other emerging requests from the residents or to respond in a collaborative manner. This way of handle everyday situations concerning the NH residents was described by the staff as a dilemma. The dilemma between using "shields" that prevented engagement or acting in a clandestine manner, to avoid bypassing a humane dimension of their relationship towards the residents. Engaging collaboratively with residents took no explicit form at the nursing home, which forced the staff to adopt informal ways of achieving it. In this study, this is called the "clandestine manner". The second ethically-demanding position to be identified was described as "What is our stance? Seeking common ground on which to stand regarding everyday life activities". This finding demonstrates the lack of guidance in

working towards a person-centred approach that includes everyday activities that are shaped by the residents. The third ethically-demanding position was described as the challenge to “Recognise expertise and seek connections with the wider community”. Finally, the group also recognised that they jointly possess an extraordinary practical knowledge about how to go about creating opportunities for influencing in the everyday activities of the residents. In this dialogue process the staff developed activity projects that were collaboratively designed together with the residents. In these activity projects, the staff expressed their vision of the nursing home being a place that was more permeable to the community, with more exchanges with neighbourhood associations, volunteers and other social actors, for example. This openness was presented by the staff as a vision where the residents could have new opportunities to engage in everyday activities related to the community.

Study IV identified three discourses through the analysis. The first discourse was “Everyday life staged at the front: We care about caring”. This discourse presented the nursing home as a place where the residents’ everyday life was at the centre. However, this discourse contrasted with enacted practices that unfold in everyday situations. One example of this limited opportunity to engage in everyday activities was the visit to the library, presented as a relatively easy activity in which to engage, but which, in reality, presented many different obstacles. The second discourse uncovered was “Vulnerable and agentic: deciphering the paradox”. This discourse showed the contradiction of assuming empowering ambitions in policy towards the role of the residents despite the context of vulnerability. Contradictions in practices revealed that the empowering ambition had not been critically examined in this context, particularly with regard to the condition of dependency. The third discourse identified was “Everyday life back staged: Nothing to report”. This discourse suggested that despite policies that promoted influence, person centeredness and participation, the medical model strongly impacts how everyday practices are shaped at the nursing home. This discourse suggested that everyday life was regarded as less relevant than aspects of the medical discourse. What these three discourses have in common is the ambition to include agency and a humanistic approach as a key dimension of everyday practices at nursing homes. However, the institution struggled to put these ambitions into practice because of the presence of a strong medical discourse in everyday practices. Moreover, this discourse created tensions and contradictions, which unfolded in specific, everyday situations. This was exemplified when staff could not give priority to walks, or time to engage in conversations, or

other desires of the residents that somehow were regarded as menial in comparison with medical issues.

Synthesis of the findings

A synthesis of the findings of the four studies is presented below. The synthesis headings are mutually constituted and emerged in relationship to each other, despite being presented separately.

Problematizing the experience of “Everything will work out just fine”

The findings in Studies I, II III and IV suggested that due to the challenges (cognitive, communicative, physical and contextual) faced by the NH residents it is important to create, maintain and enable everyday activities that give space to the residents to be the persons they are. The findings in Studies I, II and III suggest that everyday life at an NH has a fragmented, disrupted character. This is expressed, for example, by one of the female participants in Study I as *It is this part of life I don't understand* when referring to the everyday activities at the nursing home. She struggled to find a place for her own concerns and what was going on at that particular moment at the nursing home. Such disruptions could be seen as obstructing the emergence of diverse facets of subjectivity for the residents and making everyday life practices less familiar for the NH residents.

The findings in Studies I and II suggest that because NH residents spent most of their time at the NH, everyday activities acquired an amplified role. Everyday activities were identified as preserving identity and social relationships. Further, the findings in Studies I, II and III proposed that influencing in everyday activities could play a key role regarding the possibility of experiencing ontological security, which can be articulated by the expression “everything will work out just fine”. As shown by these findings, influence in everyday activities can be understood as the exercise of action upon other's action in everyday life. This is exemplified in Study II when the residents participating in the book club questioned the absence of one of the book club participants who had not been permitted to participate in the book club meeting

because she had become too excited about it. The residents' reaction to this reason for not being permitted to participate in the meeting was to challenge the view of the nursing assistant. This caused a new reaction from the nursing assistant. She did not persist with the same line of argument and adopted a calmer tone. This was interpreted as a new insight gained by the nursing assistant about what she had just said and the response from the book club participants.

According to the findings in Studies I and II, the perception that “everything will work out just fine” does not necessarily require a cognitive dimension but could be sensed by the Nh residents. It is in this regard that everyday activities, close encounters and social interactions in the immediate context can either reinforce this sense of trust in the world or make it more unstable. The findings in Studies I, II, III and IV suggest that everyday activities play a key role in providing cues that could enable this sense of trust in the world. This is expressed in Study IV when, for example, the woman asked me if I really had time to go for a walk with her, showing her awareness of the habitual accelerated pace of the nursing home staff. Her attempt to verify whether I really had time to go for a walk could be seen as an effort on her part to confirm her appraisal of the situation. Moreover, the findings also showed that residents enacting their influence in everyday activities was an unfamiliar logic in the institutionalised routines of the nursing home. The findings in Studies I, II, and III in particular suggested that it is not easy for NH residents to influence everyday activities and that the residents' tactics of adapting to the institution is an understandable survival strategy. This adaptation was, for example, expressed through two residents who insisted that I should verify whether it was possible to invite other residents into one of their apartments.

The findings in Studies I, II and III and IV also suggest that upholding the sense that “everything will work out just fine” in the context of a nursing home required in return the responsive engagement of other persons involved in everyday practices. This is exemplified, for example, in Study III when one nursing assistant described an episode where she made it possible for a resident to read to other residents. In this episode, she described the different actions and degrees of proximity towards the resident to make this possible in an emergent situation. In this case, the response of the staff towards the resident was to engage with, support and encourage the resident. At the same time, the nursing assistant observed that everything was working out fine, before going away for a brief moment. Without the nursing

assistant's orchestrated sequence, the reading activity could have ending differently or not even happened at all.

Regaining crucial qualities of everyday life

The findings in Studies I, II and III emphasised that certain qualities of everyday life such as connectedness, familiarity and fellowship are threatened by the rigid presence of the medical model that positions the residents as passive within their everyday lives. The findings in Studies I, II, III and IV also suggested that everyday activities are much more than a source of activation but are a foundation for the maintenance of subjectivity. In Study II this was exemplified through the hostess role enacted by one of the residents and participants of the book club. Through the book club activity, she rapidly regained a certain familiarity by, for example, showing the book club participants her small apartment and making them feel welcome. The expression of these dimensions of herself emerged naturally in this context created by the book club. According to the findings, functions such as connecting, supporting and enjoying life and people constituted important dimensions gained through everyday activities. This was exemplified in Study III when one staff member described a situation with a resident. In the context of a shopping trip, the staff decided to make an exception to the NH routines and have dinner in a fast food restaurant after the shopping trip. The staff described the resident's delight and satisfaction when they decided together on the spur of moment to eat a hamburger at a restaurant. This was framed by the nursing assistant as a situation that was similar to something that would naturally have taken place with her own family.

The findings in Studies II and III also highlighted the complexity of creating and upholding a sense of familiarity and ordinariness in an institution, a place without any previous reference as a way of life for most people. An example of this struggle to uphold a sense of ordinariness was expressed in Study III when staff described how they struggled to find the time to address the residents' desires, such as preparing them to receive a visitor, because of their administrative duties. The findings of Study II indicated that other dimensions of the residents' way of being and doing came to the fore when they were supported in regaining their influence in everyday activities. In this case, the book club permitted the expression of diverse emotions, support between residents and the possibility to envision future activities.

According to the findings in Studies III and IV, it was challenging for the staff imbue everyday activities with a tone of familiarity because of the multiple competing discourses in play. As expressed by some of the participants in Study III, *to like working with activities is taboo*, which is a contrastive expression in relation to the emphasis on activities displayed, for example, on the notice boards at the nursing home. However, when taking the findings in Studies I, II, III and IV together, it shows how small events in everyday activities could serve, at least temporarily, to enact influence in everyday activities. This was exemplified in Study III by one of the staff describing how he managed to transform a resident's desire to travel to New York into a meaningful moment at the nursing home by looking at a photo album together with the resident. According to the findings in Studies III and IV, the ability to enable opportunities for the residents to influence is a matter of the staff's own initiative thus far so far, highlighting ethically-demanding positions that the staff face. This was exemplified in Study III, when the staff group started a dialogue about their own position, perspective and opinion about everyday activities. They concluded that they receive limited practical guidance on how to enable influence in everyday activities in the NH, demonstrating that responsibility for everyday activities is elusive.

Understanding passive activities: The juncture between everyday practices and policies

The findings in Studies I, II, III and IV revealed that a reductionist and instrumental understanding of everyday activities affects the residents' opportunities to influence the nursing home setting. This is traduced in practices in which the residents are being positioned as passive recipients of pre-established everyday activities. This reductionist understanding was expressed across the four studies in different ways, such as activities being literally on the bottom of the list of duties of nursing assistants, or expressed by the rigidity of institutional routines that applied to the "coffee break" that was proposed by a resident after a trip to the dentist, and which was dismissed. This reductionist understanding of everyday activities was seen to create a dissonance between current policies and practices. The reviewed policy documents emphasised issues that concerned influence in everyday activities, participation and empowerment, which contrasted with the limited enacted practices concerning these issues.

The findings in Study IV suggested that structural aspects linked to everyday activities are seldom problematised in relation to nursing homes contexts. This is noteworthy because of the unique and particular challenges that this setting presents for enabling influence in everyday activities in current practices. These challenges were linked, for example in Study I and Study II, to the highly-routinised atmosphere that characterised the nursing home, the fragile and contingent nature of engagement in this setting, among other particularities that characterised both the institution and the residents' situations.

The findings in Studies I, III and IV contributed to the understanding of a particular feature of everyday activities, namely their location at the juncture between subjectivity and social structures. This means that everyday activities were identified not just as individual performances but as being infused with societal discourses. It is noteworthy that, by not being adjusted to this particular context, these discourses transformed everyday activities in ways that put in passive roles the NH residents. The findings in Study IV suggested that the residents' experiences, ways of being and acting at the nursing home are affected by competing discourses at play in the nursing home. This was, for example, expressed in Study IV by the way in which the management presented the nursing home's core guiding values on the notice boards for visitors. This presentation was influenced by discourses about active aging and a medical discourse simultaneously. As a consequence, the active aging discourse had a tendency to present a set of activities provided for the residents which, in practice were not necessarily conducted but, most importantly, were not grounded in the residents' interests and resources.

According to the findings in Study IV, the way in which everyday activities are played out in practice can be ascribed to a variety of discourses and subject to several interpretations. The findings in Studies I, II, III and IV support the idea that everyday activities in the context of nursing homes could be seen as a terrain in which ethical issues, for both residents and staff, are at stake. For example, the findings in Study IV suggest that social structures, represented by policies about influence and everyday activities, engender practical consequences for the residents' opportunities to enact their influence in everyday activities. One major consequence according to the findings in Studies I, III and IV was the acknowledgement of the residents as passive subjects, *aged* residents instead of *aging* residents, risking a more dynamic understanding of the residents' subjectivities, of who they are, or could be.

Furthermore, this way of addressing the residents was identified as something that threatened their integrity and confronted the staff with demanding ethical dilemmas. This is expressed in diverse ways in the studies, for example in Study I, when a female resident with back pain mentioned that she was even more affected by the indifference towards her pain than the pain itself; or in Study II, when one of the book club participants was restricted from participating because of her enthusiasm. Many ethically-demanding positions related to this type of situations were discussed by the staff in Study III. A particularly striking aspect was discovering that the staff dealt with these issues in a “clandestine manner”, i.e. doing small things for or in cooperation with the residents beyond the established routines, assigned duties, as well as sometimes deviating from the norm. This “clandestine manner” was a striking indication of the staff’s ethical commitment, attempting to make things right and addressing the residents as fellow human beings.

GENERAL DISCUSSION

Findings from this thesis contribute with knowledge about how influence is enacted and negotiated in everyday life activities among nursing home residents. Knowledge about key qualities of everyday activities when influence is enacted or enabled in the context of a nursing home come to the fore when applying collaborative approaches. Furthermore, new knowledge is developed about the discourses that underpin practices about everyday activities in this context and how these discourses interplay and engender consequences for the residents and staff.

Endangering the subjectivities of nursing home residents

The findings of this thesis showed that nursing home residents are not just entitled through policies about influence and participation to influence in their everyday lives, but also that they are willing and capable of doing so if the context pursues the creation of a supportive atmosphere (7, 61, 65, 128, 129). However, despite guidelines, regulations and residents' capabilities, everyday activities at the nursing home tend to position the residents as passive recipients with limited opportunities to influence, which is a familiar problem in gerontology (36, 65, 70, 130-132). This is exemplified across the four studies in different ways. In Study I, the three exemplars show, with different nuances, how attempts by the residents to modify ongoing institutional routines through small events that emerge from their own situations were overlooked. One resident attempted to relieve her pain, another resident attempted to make a visit to the dentist more enjoyable and a third resident made it clear how disconnected she was from a cultural activity going on around her. These exemplars illustrate how through deflecting the residents' attempts to influence their everyday activities, everyday life risks also become disrupted. This is particularly important in a nursing home context where identity preservation and a person-centred approach have been considered to be key dimensions of care (24, 78, 86). The findings showed that when everyday activities are perceived as being "professionalised", without a familiar, mundane tone, everyday life at the nursing home could be at risk of being perceived as disrupted and fragmented. Moreover, these findings support the idea that a disrupted everyday life is hard to decipher, as presented by one of the participants in Study I: *It is this part of life (being at the NH) that I don't*

understand. Based on the findings, it seems key to maintaining identity, to recognise “what is going on” and being familiar in the immediate context.

It can be argued that when the residents’ everyday lives are denied genuine opportunities to enact influence, the risk of endangering the residents’ subjectivities can emerge, resulting in an ethical issue (133). This ethical issue is illustrated in Study I, envisioning the potential consequences of future attempts to influence when these are denied in practice. Would the resident insist on a coffee break the next time she leaves the NH for an appointment? Would other nursing assistants be as perceptive to an ongoing situation and be capable of making an exception to the routine and eat dinner in a fast food restaurant without having planned it beforehand, as in the example of the staff in Study III? This thesis make use of ontological security (48) as a theoretical tool to better understand this ethical dimension. Ontological security refers to the basic trust a person has in the world, the immediate context and relationships that form part of ordinary life. According to Giddens (48), ontological security is deeply rooted in the way that people experience and become familiar with the world. Ontological security is defined as a life-long landscape of experiences, this include growing older in a NH setting. In this thesis, particularly in Studies I, II and III, it was possible to see how the institutional character of the nursing home, the organisation of everyday activities and living with cognitive decline destabilised ontological security and made the immediate world difficult to grasp. It could be argued that everyday activities, in this sense, have a role beyond being tasks that interest the residents. It could be further argued that the role of everyday activities is pivotal to the maintenance of ontological security – what, in the synthesis of the thesis’ findings, I call the embodied sense that “everything will work out just fine”. This could be the background to why both residents and staff agree that small things matter (36, 88, 109, 134-136) in this setting, by somehow constituting the glue that holds everyday life together.

It is in this sense that the way in which everyday activities are understood, organised and enabled becomes an ethical issue because of their role in creating and maintaining subjectivity (137). Having the opportunity to enact influence in everyday life activities then point towards *how* ontological security could be enabled through everyday activities to compensate for its destabilisation in a NH setting on a daily basis. It is important to note that *how* ontological security could be enabled should be understood as an ethical demand that

will require profound philosophical and practical considerations in the culture of nursing homes.

Engaging collaboratively as an alternative to striving for autonomy

The findings in Studies II, III and IV suggest that there is a need to problematise the attempts to achieve individual autonomy and decision-making in nursing homes (134, 138-140) and incorporate notions that include interdependency (105, 141) and collaborative practices (7, 61, 128, 142), which can embrace both resources and the needs of nursing home residents. Such collaborative approaches could be seen as shifting the boundaries of everyday activities and transforming the institutional character into the more familiar and mundane. This approach could be seen as being aligned with the genuine conditions of nursing home residents and as an attempt to make the residents feel at home in the world (143), safeguarding their ontological security. The contribution of these findings rests on providing empirical material about the opportunities of collaboration with nursing home residents in order to create a different situatedness in everyday practices, giving space for a dynamic expression of subjectivities. This means allowing the residents to be more than aged people, but people with curiosity, interests, humour and mourns. At the same time this dynamic understanding of NH residents could permit the experience of many other processes that form part of the development of chronic conditions and challenging situations in everyday life. These findings support the idea to link everyday activities with a dynamic understanding of subjectivities, understanding the person as always creating subjectivity with others, and therefore identities, are not seen as being fixed or definitive (4). This perspective paves the way for a more unstable, emergent and ambiguous character of subjectivities and is therefore promising for collaboration. This also responds to the critique of the attempt to achieve autonomy in these settings.

This emergent character of identity and subjectivity could be linked to similar characteristics of engagement. Linking engagement with collaborative action is not new in this field (7, 61, 65, 68, 128, 144-146). However, the transformation of everyday practices that includes nursing home residents as partners has somehow remained marginal and in tension with institutional settings (61, 147). The underlying aspects that challenge the inclusion of residents as partners in collaborative actions is unclear, but the findings in Studies II, III and

IV inform about contradictory discourses and logics that operate in everyday practices. One major aspect that influences these difficulties in addressing residents as partners is the strong presence of the medical model, which sets both the tone of everyday life at the nursing home and also addresses residents as passive recipients. One important finding in Study II was the difficulties and institutional resistance towards the collaborative approach of the residents with the book club. This “third space” was seen by the staff as something that challenged institutional procedures, routines and traditions within the nursing home and was difficult to accept at the beginning. This embodied resistance towards a more mundane experience of everyday activities, in which the residents could enact their influence, was somehow understood as belonging to another type of logic, not the logic of the institution. As study I demonstrated the hesitation not only manifested in the staff but also in the residents, who somehow incorporated the logic of the nursing home. This could be understood as an understandable adaptation strategy (148) in order to handle life in the setting.

In this thesis, the collaborative approach was enacted in different situations, for example, in Study II by book club residents and in Study III by the staff’s “clandestine manner” of behaving in order to provide a more sensible response to the residents and the activity projects envisioned by the staff. This collaborative stance could be understood, on this occasion, to be a reversed adaptation of the institution towards the lived experience of the residents (68, 149). However, this collaborative stance had a tentative, fragile and still emergent character in this context. This collaborative stance could be framed as being exceptional in the sense that it contrasted with the fragmented and instrumental qualities of everyday activities at the nursing home. These exceptions permitted the creation of a space in which the residents could reconnect with experiences of humour, joy, fellowship and support (150). The book club meetings were perceived by the NH residents as being open and also a contained space where it was possible to talk about problems. It could be argued that this space allowed the expression of multiple subjectivities (137).

Qualities of engagement in everyday activities, through the situatedness provided by the book club and other collaborative situations, were not just resisted by the institutional culture but were also surprising to the staff. This was expressed by the nursing assistant who followed the complete process of the book club when she said: *I never expected to see this here at the nursing home*, referring to the empowering processes enacted by the residents. This finding in

Study II is closely connected to the finding in Study III – the staff searching for the “humane” – regarding the search for certain qualities in everyday life such as connectedness and reciprocity as key aspects for the residents. In light of these findings, it becomes interesting to examine how these qualities of everyday activities are sought as part of the person-centred care approach and quality of life standards (151) at nursing homes. These findings suggest that enabling these qualities of everyday activities is challenging and elusive in practice. If qualities such as partnership, joy and familiarity ought to be elicited by everyday activities in NHs, a redefinition of “what people do” at the NH, beyond instrumental functions assigned to everyday activities, is necessary (140).

Another aspect that the findings of this thesis touch upon is the relationship of the nursing home with the wider community. Are nursing homes permeable to influences of the community (28) like many other institutions? This question was also initially considered by the staff in Study III. Their ambition to identify practices closer to humanistic views and a sense of belonging to the community was reflected in the activity projects that they engaged in as part of the study. Moreover, the staff reflected on and were critical of the inhibitory effect of institutional routines on everyday practices. They even described routines as serving to create “shields” that prevented collaborative engagement between staff and residents in everyday practices. In contrast, the search for more exceptional “humane practices” was still carried out by staff at the nursing home. The staff were committed to the residents and managed to circumvent other institutional mandates in a clandestine manner that could address the residents’ desires and needs but also provide a certain level of job satisfaction and professional pride – that they had acted in a person-centred manner. It is in this sense that a radical change in nursing home practices (132) has been argued as being necessary, in order to prioritise collaborative practices and transform them into more sustainable aspects of the nursing home. Engaging collaboratively, might be even be understood as a positive way of “being in the hands of others” (103) or “togetherness” in this particular setting (106-108).

Everyday activities located at the juncture between subjectivity and social structures

Within nursing home research, activities are often seen as tasks or as a factor that contributes to well-being, quality of life or thriving for older adults living at nursing homes (24, 85, 86, 151-153). The findings in Study IV suggest that everyday activities in an NH setting could even respond to societal discourses that are in tension. Even though social structures in relation to everyday activities are increasingly recognised in OT/OS research (154-156), a rather limited perspective on everyday activities has been applied to NH research. In this research field in particular, there is limited knowledge about the dialectical relationship between subjectivity and everyday activities (157, 158), that is, how subjectivity, understood as being the dynamic exercise of meaning, relates to everyday activities. The findings of Study IV describe, for example, how discourses are embedded in social practices at the NH, creating contradictions. The discourse called “Everyday life back staged: Nothing to report” describes how the medical model that is more preoccupied with physical health dominates the formal conversations of staff about NH residents, leaving aspects of everyday life hidden.

There is also limited knowledge within OT/OS regarding everyday activities located at the juncture between social structures and enacted practices in nursing homes. The findings of this thesis place everyday activities at this juncture. This is exemplified in Study IV through the notice boards messages regarding everyday activities. These messages to visitors were in line with discourses on active aging but did not necessarily correspond with enacted practices in which the NH residents were passivated. Everyday activities located at this juncture could be seen as a place in which discourses, ideals, logics and ambitions join. In this case, everyday activities are enacted in a specific context and also respond to certain social structures. This is exemplified in Study I when the staff decline the change to routines on a trip to a dentist, not permitting the coffee break proposed by the NH resident. In this case, it could be argued that institutional routines that aim to guide practices contradict, for example, the ambition of person-centred care. Placing everyday activities at this juncture allows a broader understanding beyond individual experiences. Junctures can also be seen as a place and moment for connection, which will somehow prove the resonance between social structures (expressed through policies and discourses) and everyday practices. The findings in Studies I, III and IV show that there are tensions between enacted practices and policies, framed as competing discourses in Study IV, as demanding ethical positions for the staff in

Study III and as ambiguities regarding the staff's role towards NH residents in Study I. All these examples show the discordancy between the offered opportunities to engage in everyday activities at the NH and policy documents that regulate this. The demanding position highlighted in Study III by NH staff offers the possibility of understanding and applying an ethical dimension associated with influencing in everyday activities. This ethical dimension is articulated as enabling the opportunities for NH residents to decide and have a say in mundane situations such as time for a coffee break, an opportunity to rest or the chance to join a group.

The findings in Studies I, III and IV contribute with empirical data about the potential conditions and consequences of discourses about aging and influence on everyday practices. The presence and interplay of competing and sometimes dominant discourses is an important issue to highlight because it sheds light on the complexity everyday activities as mundane and meaning bearing (6, 9, 31, 134, 159-161). This complexity might better inform the challenges of trying to accommodate everyday life practices that will better resonate with the residents' life worlds (162). In this sense, everyday activities could create openings to actualise needs, capabilities and desires and therefore continue to have a chance of unfolding other dimensions of the residents' subjectivities. This ambition is in line with person-centred approaches, which are promoted in policies and recommendations related to nursing homes. However, such approaches do not emphasise everyday activities as constitutive of subjectivity and limits the understanding of everyday activities as sources of activation (163) or an alignment with the residents' individualities.

CONCLUSION

This thesis aimed to better understand how influence is enacted and negotiated in everyday activities among nursing home residents. From a theoretical perspective, it is possible to conclude, based on the findings of this thesis, that everyday activities could play a key role in creating and maintaining a sense of trust in the world. This trust in the world for nursing home residents is understood in this respect as the sense that “everything will work out just fine”, when opportunities to influence are created on a daily basis. Another conclusion of this thesis is that the attempt to create opportunities to influence is not easy in real practices, neither for the residents nor for the staff working at the nursing home. These challenges to enact influence are addressed both by residents and by staff but are addressed very differently. In this sense, the struggles of residents to shape everyday activities is better understood in light of the multiple discourses in play, sometimes in harmoniously, sometimes competitively and creating tensions and contradictions.

Another conclusion of this thesis is the belief that influence in everyday activities is possible for nursing home residents but is not a given dimension in current practices. In this sense, the framework of policies about influence and person-centred care is not necessarily reflected in everyday practices continually. However, another important insight of this thesis is that both residents and staff, in different ways, resist the institutional character assigned to everyday life. Residents and staff could create small events that serve to disrupt institutional routines and re-establish a sense of familiarity. Another form of resistance towards the institutional character that a nursing home can assume, shown in the findings in Study III, is the “clandestine manner” of acting that was adopted by the staff in order to respond to the residents’ desires and needs. This “clandestine manner” is hope giving in the sense that some staff will address the limited opportunities for the residents to influence by acting accordingly. However, it is also problematic that staff will individually have to assume responsibility for creating opportunities for the residents to influence and set the character of everyday life activities.

A third important conclusion of this thesis is about the qualities gained in everyday activities when residents can enact their influence. The recognisable and mundane character of day-to-

day practices reflected experiences of joy, resourcefulness and partnership. These qualities, which are seldom highlighted in research into the everyday life of nursing home residents, could be seen as being key to the creation of meaning and the maintenance of subjectivities. The role that everyday activities could have upon subjectivities among nursing home residents requires a critical revision of the current philosophies, discourses and practices that underpin and guide this context.

A final conclusion of this thesis is the need to review the role of occupational therapy within this field and critically reflect on the possibility of contributing with knowledge on the relevance of everyday activities and as an ethical duty of our profession in this particular setting.

METHODOLOGICAL CONSIDERATIONS

The Design

In this thesis, new knowledge was developed on how influence is enacted and negotiated in everyday activities among nursing home residents using qualitative methods. A narrative ethnography (Study I), a collaborative approach (Studies II & III) and a critical discourse analysis (Study IV) formed the design of this thesis. Methodologically, the idea behind the use of these approaches was to initiate and progressively strengthen a collaborative thread (Studies I, II, III) and use the insights gained from these studies to apply a critical discourse analysis that included empirical data (Studies I, II, III) and policy documents about influence in everyday activities for people living at nursing homes (Study IV). Study IV, as an overview of the empirical material of the thesis in relation to policy, allowed connections to be made between life events, everyday experiences and social structures. By this choice of design, the research questions could be explored and several relevant social actors involved. Furthermore, the choice of methods also considered issues of social sustainability (114) in the setting.

The four studies build on each other; the findings in each study were used as a basis for the next study. Study I showed that NH residents had many interests in activities they would like to continue pursuing and many other interests they would like to explore. However, due to the institutional character of everyday life, it became challenging for the residents to influence the activities that were available at the nursing home. Furthermore, the available activities were designed top down and without basing them on the residents' capabilities or on their particular interests. The residents were assigned a passive role in this matter. In Study II, I made use of the insights gained in the previous study about both the conditions for engagement in the setting and also the residents' interests and desires. A collaborative approach was applied to create a space in which the residents could have a real chance to enact their influence in everyday activities and, by doing so, shift some of the existing power relationships (114, 164-166). The concept of "third space" (19, 167) was a useful methodological tool to create a space that served to explore the research inquiry and could create meaning in social practices. This theoretical tool incorporated in the study was in response to my hesitation in using more normative terms such as "intervention", which did

not completely convey the idea of what I was doing. The “third space” adopted the form of a book club, an activity planned collaboratively with the nursing home residents during the first study. When concluding my participation in the book club, I informed the participants about the upcoming study with the staff. The residents were asked for their advice about what should be considered important aspects of everyday activities to be further discussed with the staff and the reasons behind it. In this sense, the closure of the book club informed about the most sensitive content for the upcoming study, but also provided multiple insights into how to acknowledge the residents as partners (61, 168), an aspect seldom seen within health care for older adults (169) and particularly in nursing homes (142).

Study III allowed me to establish a collaborative relationship with the staff who worked with residents at the nursing home. The insights gained through Study II were key to developing an approach that promoted dialogue and reflexivity (120, 127, 170) among the staff. This design relies theoretically on the methodological use of the concept “authentic praxis” understood by Freire (127) to be a combination of action and reflection in a collective setting, with focus on the residents’ influence of everyday life activities, a key issue within the staff’s role with the residents. This design presented an initial challenge related to traditional power positions. The participants came with the expectation of “coming to be lectured” or “trained” in everyday activities, positioning themselves as passive recipients and not as agents of knowledge generation. This initially created a certain unfamiliarity, which was gradually overcome.

Finally, Study IV made use of all the empirical material from the previous studies (I, II & III) and two key policy documents were added to establish the relationships between social practices regarding influence in everyday activities and current policy. Study IV helped to gain new insights into the layers involved and the discourses that operated in practice. This study presented challenges as I am a novice myself in critical discourse analysis method.

It is important to discuss two main issues regarding the choice of design. The first issue is the use of an occupational perspective, on what the residents and staff did in particular situations (171) in all the studies. What people do was the focus of inquiry but also served to focus on and apply in the participant observations and collaborative actions. Focusing on

what people do made participant observations more natural and data was enriched with situational insights (172) by positioning the researcher and the participants in the same shared situation. This situatedness as a way of building further knowledge required, in return, the rigorous application of reflexivity (122, 123, 173) in order to untangle the complexity of the observed situations. I think that the occupational perspective in combination with participant observations and collaborative research constitute a promising strategy that allows most of the situation to be used, beyond people's verbal utterances, but actually focusing on people's doings, including the researchers' reactions and contextual dimensions as material for analysis.

The second issue that is important to discuss concerns the collaborative thread that runs throughout this thesis. In the thesis, collaborative studies are seen as a powerful strategy to build partnerships between the researchers and stakeholders, and as a way of integrating research into clinical practices (174). Because of fieldwork and participant observations that were conducted in Study I, trust between the participants and researchers became a key aspect in enabling the subsequent launch of a collaborative study based on the residents' desires and interests. The issue of trust is not to be taken lightly in collaborative research (114), particularly in a nursing home context. Trust towards the researchers took time to achieve and it was important to maintain a reasonable balance between the residents' expectations and the research actions. This was facilitated by my regular presence during the everyday activities of the residents at the beginning of this thesis when I was conducting field work. Becoming familiar with the residents and staff and becoming aware of the rhythm, routines and activities of the nursing home was invaluable.

In Study II, the collaborative thread became more significant, the book club was established in accordance with residents' desires, interests and capabilities. The design, content and form of each session was planned with the participants and conducted according to the particularities and conditions that emerged on the specific day. This required a constant negotiation between me, the participants and other actors at the nursing home. Issues of power relationships constantly emerged and required a reflexive stance. Questions that I struggled as a researcher arose, including: *How many times should I remind the participants about the book club today? Should I insist if she/he is hesitant She/he seems upset about this topic. How should I/others intervene? They want to meet in an external place next time. Can I*

go along with that? Who else should I involve? Many more questions emerged in Study II. I will argue that in each single decision about these types of questions, the collaborative stance was at stake and needed to be upheld. These types of negotiation were the core of the “third space” and was key to revealing aspects related to the enactment of influence.

Study III also had a collaborative character. This time, the focus was on expanding the understanding about everyday activities with a group of diverse practitioners at the nursing home. The collaborative thread in this instance emphasised the process of exploration, reflection and taking action in the participants’ particular settings. This collaborative thread was marked by explicitly recognising each other’s expertise and by sanctioning and influencing each other’s projects. Issues of power were also actualised in this study, for example: *Who knew about the everyday life of the NH residents? Who was the expert in this setting?* The participants’ expectations of being “provided” with knowledge instead of being addressed as knowledge creators initially challenged them and, in reaction, they challenged the design of the workshops. My work as a collaborative researcher challenged me by involving miscellaneous roles as leader, as negotiator with the management, while also keeping in mind the research inquiry.

Inclusion of participants

In Study I, the issue of inclusion was of particular interest because of the focus on situations in an institutional setting. The unit of analysis was situations that unfolded in everyday life, which could involve multiple actors. Permission to conduct participant observations and fieldwork was granted top down, i.e. by the management. This meant in practice that staff, residents and relatives had to be notified and asked, in turn, for their consent to be part of the study. In the case of the residents, verbal consent was adapted and accommodated (149, 175) to their capacity. Sometimes this meant simplifying and exemplifying the purpose of the research; other times this meant repeating the information. Nevertheless, I always assumed this to be a chance to establish trust and build a relationship with the residents. Regarding the staff, as the decision to grant access to everyday situations was made by a hierarchical superior, special attention was paid to thoroughly explaining the research even the possibility of being relieved of the process of data gathering if my presence or actions were felt to be strange, uncomfortable or problematic. This form of granting permission to conduct ethnographic studies could be regarded as problematic and further efforts could be made to

include the NH community in earlier stages of the research process so that research goals can be attuned with those of the NH community (113).

Study II included a group of 12 nursing home residents who had expressed an interest in being part of the book club, defined as both a new activity at the nursing home and fulfilling the research objectives. Including NH residents living with dementia or other forms of cognitive impairment as partners was a choice that intended to shift their otherwise marginalised position within research (114, 115). Inclusion criteria were simply stated as an interest in being part of the group. Cognitive, physical decline and dementia diagnoses were accepted as being part of the conditions of the participants and I accommodated the setting accordingly. This meant that, in practice, a more stable group (9 residents) participated and some other residents attended on a less regular basis and according to their health and energy at the time. The relationship that was built with the participants during the first study and the narrative character of these meetings facilitated the residents' participation by providing a comfortable environment. This has been described as a necessary and promising strategy when conducting research in nursing home settings (175).

Study III included a group of 19 practitioners who voluntarily expressed an interest in working with researchers regarding everyday activities of NH residents. This interest was reinforced by the nursing home management by regarding the time spent at the workshops and focus group as work time. This was a key element in ensuring the attendance of the participants. Negotiations to ensure attendance were part of the researcher's role prior to the launch of the project. This is an important aspect that exemplifies the multiple roles that a collaborative researcher (114, 115, 176) has to assume.

Data gathering and data analysis

Data from the four studies were gathered and analysed using diverse qualitative methods. This allowed me to gain a deeper range of skills and also helped me gain an informed opinion about the similarities and differences among qualitative methods.

In Study I data were gathered using traditional ethnographic methods (116, 122) such as participant observations, short interviews and fieldwork. These data-gathering strategies allowed me to progressively immerse myself in this context, which was previously unfamiliar to me. A common characteristic of these data-gathering methods is that they make active use of the situatedness (177) of the researcher. This situatedness implied applying reflexivity during the process of data gathering and data analysis, considering that both processes intertwine. Data gathering and analysis occurred iteratively. In this study, a particular strategy inspired me to pay attention to unfolding situations. Through attentiveness towards “striking moments” (20, 178) of the observed situations, focus was reoriented. In order to have concrete access to “striking moments” I used reflective questions such as “*What stayed with me? Why is this staying with me? Which dilemma or tension is this situation presenting?*”? I found this strategy extremely useful in sharpening the focus on participant observations, where information could sometimes be overwhelming. Data were analysed using a narrative approach and the results were presented as exemplars. The progression from data gathering to only three exemplars (125, 179) was a challenging process that required several analytical sessions.

In Study II, data was gathered through fieldwork, participant observation and interviews (122, 123). The NH residents who participated in the book club refused to be audiotaped, which was respected but presented an additional challenge. Extensive field notes were written directly after each session, which also served as an initial analytical step. For data analysis in Study II I applied a hermeneutic approach inspired by Gustavsson (119) that served to identify traces that could illuminate the issue of influencing everyday activities. An important contribution of this method of analysis was to highlight to reader my analytical steps. The most challenging aspect of this data gathering and data analysis was in adopting a collaborative stance towards the participants. This was solved by being attentive to the “probing” (180) utterances or gestures of the participants when I was presenting my understanding of a given situation. This was the plausible form I found for including the participants in the analytical process, even if in a modest way.

In Study III, data were gathered, audiotaped and videotaped. Additionally, field notes were taken after each session as a way of planning the next session and also as a preliminary analysis. One focus group session and follow-up interviews were audiotaped. The more

complex aspect of this process of data gathering was the active character of each session. This was traduced in lively discussions that were difficult to comprehend by just listening to the audiotapes. In this regard, it was positive to have both field notes and videotape of the sessions in order to return to specific or unclear segments of the audiotapes. This material was revised several times for accuracy. The analysis was conducted by using a progression map on which the statements of different participants regarding relevant aspects that could serve to answer the research question were written. This map served to identify diverse moments in the dialogue (120) and to later identify nuances regarding the understanding of influencing everyday activities. A challenging aspect of this study was that the participants were encouraged as part of the design of the session to suggest activity projects. This stimulated the participants' motivation and engagement with each other's projects. Even though the participants tried to design fairly realistic projects, the follow-up interviews showed that these were difficult to implement in practice. I address this here as a methodological challenge that could be better acknowledged in future research through, for example, additional workshops that could serve as a support to set such activity projects in motion. However, despite the sustainability limitations of this study, the approach to acknowledging the NH residents as partners, capable of participating in the design of activities, was promising.

Study IV used data gathered in Studies I, II and III and two policy documents. The critical discourse analysis (121) was a challenging endeavour, not just because I was a novice regarding the method, but because of the large amount of data. Thus, this study was conducted in several phases in order to make a manageable progression. When data gathering from all studies was finished, a preliminary discourse analysis was conducted. In a subsequent phase this was enhanced by incorporating policy documents into the analysis, which serve to relate discourses to practices. This study served to link societal aspects of relevance with local social practices, beyond individual accounts. In Study IV a critical discourse analysis attempted to gain an overview of the empirical studies as a whole and create a dialogue with current policy. The critical dimension of the analysis stressed the potential consequences in practice played out by the interplay of the discourses. It could be said that focusing on the consequences of current discourses adds to the understanding of the complexity of everyday life activities and can therefore be used to act against simplistic and reductionist perspectives on everyday life activities. One reflection on the combined use of empirical data and policy documents is that they are different types of text and this makes the

analysis more difficult. Particularly challenging was the analysis of policy documents, due to my novice position regarding the method. The use of photos of notice boards collected as part of the ethnographic study was tested in the context of a course about critical discourse analysis and appraised as a resource that could provide rich insights. The challenge of including photos of notice boards for publication purposes is anonymity and the language barriers it could present to the intended audience.

A final consideration about the design is use of a dialogical approach in the thesis. This allowed me to use diverse theoretical resources to further explore influence in everyday activities in the context of NH. This dialogical approach, that is foundational for collaborative research practices, allowed me to have a certain mobility in language and seek outside of traditional occupational therapy language. One benefit of doing this was that I could find alternative and useful concepts that better suited both the research inquiry and the methodology applied. A clear example was the use of the concept “Third space” that helped me to articulate what I did with the residents at the NH in the second study. One disadvantage of applying this approach could be that I may have given the impression of being inconclusive, however as understood in the dialogical approach, this dialogue is still ongoing, now engaging you as a reader (4).

ETHICAL CONSIDERATIONS

I encountered several ethical challenges when conducting these four studies. Below I will highlight the most relevant challenges and how I managed to handle them.

An initial key issue regarding the ethical aspects of this thesis was to make information about the studies' aim, methods and focus accessible to the potential participants of the four studies. As data gathering for these studies was conducted in the context of a nursing home, I gave verbal and written information to residents, staff and relatives. As some of the residents were sometimes forgetful from one day to the next, I repeated verbal information on as many occasions as necessary in order to progressively create an understanding of who I was and my role at the nursing home.

The unit of analysis in Study I, a narrative ethnography, were situations (with a specific focus on influence in everyday activities) that unfolded in everyday practices in the nursing home setting. These situations were explored through participant observations. Participant observations created several ethical dilemmas that were necessary to handle by adopting a reflective stance (181). One dilemma was the issue of resident consent. The majority of nursing home residents lived with a degree of cognitive decline or a dementia diagnosis. These conditions required constant attention regarding the willingness or hesitation of residents to be involved in the study. Hesitation, rejection or willingness were sometimes expressed verbally by the residents but on many occasions, were expressed bodily and had to be "sensed" by me. I handled this dilemma by defining each encounter as a new opportunity for me to provide information about the study. These repeated questions posed by the residents and my reaction towards them helped me show both the residents and staff that I had the time and patience to engage with the residents. The design of the study required a periodical presence and participation as an observer at the nursing home. This form helped me to become familiar to the residents, staff and relatives. This familiarity helped to create relationships of trust and continuity with the residents, a key issue while conducting research with residents of nursing homes and people living with cognitive decline or dementia (175). This periodical presence was appreciated by the residents, staff and relatives and gave me credibility as a researcher. Some residents recognised me as a researcher after we had met on

multiple occasions and were even able to explain my presence to other residents in their own words. Other residents continued to wonder about the aim or focus of my presence in their everyday lives and I kept reminding them about it each time.

Another dilemma related to the participation of the staff during the first study. The management group accepted and initially sanctioned the process of data gathering and informed the staff in general terms about the research project. This put the staff in a hierarchical position with little chance of rejecting my presence. Aware of this situation, I participated in several information meetings in which the staff had the opportunity to pose questions and gain access to more details about the research. This information was also summarised in a written document and handed to the staff. Additionally, at the beginning of my fieldwork, when the staff were unfamiliar with me, I reassured them that they would have the option of denying my participation in a given situation if my presence would be likely to cause distress or discomfort in some way. Some of the staff initially restricted my presence. On such occasions the staff informed me about the daily condition of certain residents, for example, if they were sad, tired or had had a bad night.

Study II, a collaborative ethnography, presented many ethical challenges. This study aimed to create a book club with several nursing home residents. One initial ethical challenge was that the residents participating in the book club refused to be audiotaped, for example. The audio recorder caused discomfort among the residents and I accepted their request. Instead of using audiotape, I took extensive field notes written directly after each meeting with the book club participants. Additionally, to guide my understanding of the ongoing situation, I paid particular attention to probing the residents' comments (180) in order to gain a more accurate or nuanced understanding of the unfolding situations. A major challenge was fulfilling multiple functions as a collaborative researcher, facilitating meetings, planning with residents and staff and informing relatives. I was also required to keep detailed accounts of my fieldwork and to adopt an analytical stance towards the emerging knowledge. One challenge, for example, was maintaining a constantly collaborative approach towards the residents and acknowledging them as partners in the decisions that were made during the research process. This approach required a constant state of awareness and a reflective stance. This meant, in practice, that I had to shift iteratively between emic and etic roles. Another issue was that, as part of the process, the residents started planning additional activities they wanted to engage

in. As a collaborative researcher, this placed me in the additional position of being an advocate for these opportunities and negotiating with the management group in order to realise the activities initiated by the book club residents.

Ethical challenges also arose in Study III as a collaborative researcher who had to assume multiple roles, i.e. process facilitator, expert in everyday activities and management negotiator. The aim of this collaborative study was to create a reflexive forum with nursing home staff about everyday activities. A “popular pedagogy” approach (127) was applied to this study. Particularly challenging was the task of keeping the participants’ expectations realistic, in this case, a diverse group of staff who worked at the nursing home. In the meantime, the staff became more aware of the importance of everyday activities and their own roles in the setting. Awareness of one’s own conditions is a known source of frustration within collaborative approaches, which must be dealt with (127). Maintaining the balance between expectations, extent of actions and frustration in this setting was very challenging and it was managed in dialogue with the research group and with the help of the literature. An additional challenge of this study was having to constantly place the residents’ interests at the centre, even if the staff were also perceived as a group in a position of disempowerment in the hierarchical structure of the nursing home.

In Study IV, a critical discourse analysis, I made use of policy documents and empirical material gathered in Studies I, II and III to gain a deeper understanding of the underpinning discourses that affected everyday activities at the nursing home. The participants in the studies, however, were not explicitly informed about this aim because the methodological decision to conduct a discourse analysis based on the material gathered in Studies I, II, and III was made when data had already been gathered. Posing new research questions about the material was not seen as problematic at the time. However, the participants were not consulted about this unilateral decision, which might be problematic *per se* in a collaborative tradition. To avoid any risk of exposure, a general contextualisation of the setting was consciously applied. This tension was partially resolved by framing the discourses as the units of analysis and not particular situations or participants. The findings of this study have not yet been put in dialogue with the nursing home community, but are planned to be, including as a dissemination strategy. This is important from the collaborative perspective adopted in this thesis for two reasons: the first is to generate further discussion and reflections

about distinctive grades of responsibility regarding everyday activities and, secondly, to increase awareness about the impact of discourses on everyday practices. These aspects are relevant from an ethical perspective in order to avoid, for example, staff individually assuming responsibility for the everyday lives of the residents and getting an opportunity to see them in a broader perspective and as a shared societal responsibility. An additional aspect related to this study is that the original intention of the documents was not primarily to be scrutinised in a critical discourse analysis that could, to some extent, expose the organisations who authored the documents.

Finally, I would like to say that the main ethical issue of this thesis was in addressing the residents and staff of the nursing home as *collaborative partners* in the studies, an approach that is progressively gaining more attention (165) in nursing home research.

CLINICAL IMPLICATIONS

This thesis could contribute to clinical practices in many ways. One important aspect is the possibility of designing everyday activities in collaboration with the residents of nursing homes. This thesis, particularly Studies I and II, could serve to guide an approach in which the residents could enact their influence in everyday activities. This is important in order to close the gap between policies that strive to influence everyday activities and residents' participation and clinical practices. Most importantly, according to these findings, NH residents could enjoy everyday practices in which their resources and capabilities could play a key role in enacting their influence in everyday activities. Another important contribution of this thesis is adding the emergent and contingent dimension of “engaging with the residents” to person-centred practices. This dimension of collaboration could contribute to gaining a less instrumental use of the life worlds and desires of nursing home residents and instead serve as a guiding approach that allows emergent situations in which residents can enact influence to be captured. The proposition of small events emerged as a potential way of making collaboration possible in a clinical setting. In line with a collaborative approach were the activity projects designed by staff, also small scale, in a collaboration between the residents and nursing home staff. However, the collaborative stance could be framed as exceptional in the sense that it contrasted with the fragmented and instrumental qualities of everyday activities at the nursing home and is therefore in permanent need of being upheld by clinicians.

This thesis could also serve as guiding material to further develop, educate and create reflective instances with diverse practitioners involved in the everyday activities of nursing home residents. The methodological approaches used in these studies (particularly in Studies I, II and III) that emphasise a collaborative and dialogical stance towards the participants could also be used for educational approaches in similar settings. In particular, the concept of “third space” (19) as used in these studies could open a number of opportunities for creating reflective and collaborative instances with, for example, health professionals, students, practitioners and relatives.

This thesis could even be useful with regard to particular dimensions of engagement to be considered in clinical contexts concerning the everyday activities of nursing home residents. These findings present several insights into how to create and handle individual and group sessions with people living with cognitive decline or dementia and could be helpful in creating collaborative practices in clinical practices.

Regarding the implications for policy making related to service provision for everyday life of residents, these findings indicate that there is a need to expand the understanding of influence in everyday activities beyond the function of structuring the day or providing something to do. These findings highlight the profound importance that everyday activities could have for support, fellowship and connectedness among nursing home residents. In this sense, everyday activities that reflect the residents' desires and capabilities, activities designed in collaboration with residents, could serve to uphold identity and continuity, a key aspect in the context of person-centred practices at NHs.

Finally, this thesis provides insights into what is like to work in institutional settings, the challenges and tensions that changing routines and the character of everyday activities may engender. Such aspects are important to consider when initiating institutional cultural change.

FUTURE RESEARCH

This thesis can serve to generate and spur many future research questions. I envision three possible paths that could be followed in future research. The first is the collaborative path concerning research into the context of vulnerability. The second path is research into everyday life in institutional settings and the third path is research into continuing the dialogue between enacted practices and policies in a nursing home setting.

For the first path concerning collaborative practices in research, this thesis provides important insights regarding the type of research questions that the collaborative approaches used in this thesis could capture. In particular, they have served to capture processes that unfold in everyday life practices that are often framed as elusive. Collaborative approaches in NH contexts could be further applied in future research, for example, exploring how to strengthen person-centred approaches through “engaging with” residents or staff. Future research could continue to explore, for example, how to maintain influence in everyday activities or to create approaches that are compatible with NH residents’ circumstances. Emerging from these findings, for example, is the idea of “everyday buddies” as an initial approach to developing everyday practices and activities between contact persons and NH residents that better reflect the residents’ capabilities and can give more space to flexibility in everyday practices. The collaborative research approaches adopted in this thesis were proven to be a powerful way of creating sensibilities and reflexivity among NH staff, an important issue that could be further explored from a different focus on practices: the environment, encounters within the NH and the understanding of everyday life. As collaborative approaches involve an action dimension, this make research more tangible and accessible to potential participants. Moreover, these approaches serve to address issues of sustainability in research by generating new practices in the context of persons. This offers an extraordinary opportunity to rapidly appraise the clinical relevance and challenges of the context. The concept of “third space” served as a useful tool to narrow the gap between clinical and research practices, and to creatively explore the possibility of new practices. This could be an option for further research. For example, how can the concept of “third space” serve the connection between advances in research and clinical practices? What is the potential of “third spaces” regarding knowledge generation? And could the concept of “third space” serve to shift the traditional power

positions between research and clinical settings and create collaborative clinical and research practices?

The second path for possible future research based on the findings of this thesis is research into everyday life in institutional settings. This thesis was conducted exclusively in one setting, which poses the question of how everyday life is lived in other NH contexts, what is similar to other settings and what is different. I would also like to suggest how occupational therapists working in NHs, view everyday activities and how they see their role regarding the everyday life of NH residents. Furthermore, this thesis also raise questions about how everyday life could be understood in other institutional settings, such as prisons and refugee centres.

In this thesis, the third path about dialogue between enacted practices and policies served to examine how socio-structural elements have visible consequences in practices. This is relevant since it expands the understanding beyond individual and particular contexts. The use of discourses as the units of analysis, as in Study IV in this thesis, could further serve to identify issues concerning agency, hegemony of discourses and tensions generated in practices. This approach also served to identify power dynamics and social responsibility regarding everyday activities and could be further used to explore other topics of relevance in the context of NHs. Further research focus in an NH context could include the following: What are the policies regarding the environment in an NH and how is this handled in practices? What are the dominating discourses regarding ageing, how are these enacted in an NH and how are these discourses in tension with the experiences of NH residents?

Finally, working with this thesis has triggered my ambition to further explore everyday activities from the angle of diverse theoretical resources, which could serve to better understand this fundamental arena of occupational therapy and occupational science.

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