

Application of Knowledge of the Unique Individuality of Nursing Home Residents by Nurse-assistants in Daily Care

A multiple case study

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DUTCH SUMMARY

Titel: Toepassing van de kennis die een verzorgende heeft over de uniciteit van verpleeghuisbewoner in dagelijkse zorg

Inleiding: Verzorgenden zijn in de positie om de uniciteit van een verpleeghuisbewoner te bewaren in de dagelijkse verpleeghuiszorg. In situaties van toenemende lichamelijke afhankelijkheid, is een van de belangrijkste manieren om de uniciteit van de verpleeghuisbewoner te bewaren: het behoud en de bescherming van hun lichaam. Dit vereist kennis van de verzorgende over de uniciteit van de verpleeghuisbewoner. Het belang van kennis in de verpleegkundige praktijk is bewezen, maar de toepassing van de kennis van uniciteit van de bewoner in de dagelijkse zorg is nog zelden onderzocht.

Doel: Onderzoek naar de toepassing van kennis over de uniciteit van de verpleeghuisbewoner door de verzorgende in de dagelijkse zorg.

Onderzoeksvraag: Hoe past de verzorgende de kennis die ze heeft van de uniciteit van de verpleeghuisbewoner toe in de dagelijkse zorg?

Methode: Multiple-case studie, waarbij data is verzameld uit zorgleefplannen, observaties en interviews met de verzorgende en verpleeghuisbewoners. Data-analyse is gedaan aan de hand van de thema's uit de theorie van Kukla.

Resultaten: Kennis over de uniciteit van de bewoner wordt in de dagelijkse zorg meestal automatisch toegepast door de verzorgende, maar staat ook beschreven in de zorgleefplannen.

Conclusie: De verzorgende past kennis toe over de onderscheidende manier van bewegen van de verpleeghuisbewoner, hun lichamelijke wensen en behoeften, hun lichamelijke verschijning en hun gevoel van eigenwaarde en ze geven lichamelijk genot in de dagelijkse zorg. Verzorgenden beschermen en respecteren de lichamelijke privacy en grenzen van een verpleeghuisbewoner en passen hun ritmes van communicatie en dagelijkse besteding aan op die van de verpleeghuisbewoner.

Aanbevelingen: Meer onderzoek naar de uniciteit van de verpleeghuis bewoner in de dagelijkse zorg, zodat de zorg meer geïndividualiseerd kan worden en de zorgleefplannen persoonlijker kunnen worden.

Trefwoorden: Kennis, Uniciteit, Verpleeghuisbewoner, Verzorgende, Dagelijkse praktijk

ENGLISH ABSTRACT

Title: Application of Knowledge of the Unique Individuality of Nursing Home Residents by Nurse-assistants in Daily Care

Background: Nurse-assistants are in the position to sustain or hold in personhood the unique person in the context of nursing home care. In situations of increasing physical dependence, one of the most important ways to hold a resident in personhood is by sustaining and protecting their body. This requires knowledge of the unique individuality of the nursing home resident. The importance of knowing to nursing practice has been well established, but the application of knowledge of the unique individuality of the resident is rarely been investigated.

Aim: To investigate the application of knowledge of the unique individuality of nursing home residents in daily care, by nurse-assistants.

Research question: How is the nurse-assistants knowledge of a nursing home resident's unique individuality applied in daily care?

Method: A multiple-case study was carried out and data was collected from formal care plans, observations and interviews with nurse-assistants and residents. Data was analysed according to the themes of Kukla's theory.

Results: Knowledge of the unique individuality is written in formal care plans, but is mostly applied automatically by nurse-assistants in the daily care for residents

Conclusion: The nurse-assistants applies knowledge of the resident's distinctive ways of moving, their embodied desires and needs, bodily presence and sense of self and give physical pleasure in daily care. Nurse-assistants protects and respects the resident's bodily privacy and boundaries and adjusts its rhythms of one's conversation, gesture and touch.

Recommendations: Further research into the unique individuality of nursing home residents in the daily care to provide more individualized care and personal care plans.

Keywords: Knowledge, Unique individuality, Nursing home residents, Nurse-assistants, Daily care

INTRODUCTION

Older people have expressed a strong preference for a good quality of care in the residential care sector¹. According to these older people a person should be involved in his own care². Older people emphasized the importance of nursing acknowledging their individual needs³ and values such as autonomy, individualisation, personhood and well-being⁴.

When older people move to a nursing home the acknowledging of individual needs and values are under stress⁵. Nursing home residents (further referred to as residents) have been confronted with drastic changes which have resulted in them becoming dependent on nursing home care. Due to illness or other physical ailments, residents often have neither the strength nor ability to protect themselves from psychosocial or physical harm⁶. In the worst case residents are not recognised or acknowledged for either who they used to be or who they have become⁷.

Riedl, Mantovan and Them⁵ state that residents need the help of professionals to maintain their unique individuality when they move to a nursing home. The daily care for nursing home residents is mostly provided by nurse-assistants^{8,9}. Nurse-assistants are therefore in the unique position to acknowledge the unique individuality of the residents in the daily care, by continually attuning their care to this unique person in this unique situation. In so doing, nurse-assistants are sustaining or holding in personhood the unique person in the context of nursing home care¹⁰.

The unique individuality of person is identified by their embodiment¹¹, their relationships with others¹², and the unique ongoing story (narrative) of their life¹³. In situations of increasing physical dependence, one of the most important ways to hold a resident in personhood is by sustaining and protecting their body¹¹. Kukla¹¹ claims that 'holding someone in embodied personhood is a project that extends beyond the narrative and intentional domain'. Appropriate holding supports the body of the resident; attends to his/her distinctive ways of moving; attends to his/her embodied desires and needs; protects and respects their bodily boundaries and privacy; gives and receives pleasure; pays attention to the bodily presence and sense of self; and adjusts its rhythms of one's conversation, gesture and touch¹¹. In order for appropriate holding of the embodied personhood, the nurse-assistant must know the residents' unique individuality¹⁴.

Zolnierek¹⁵ claims that the importance of knowing to nursing practice has been well established. Evans¹⁶ found that expert care of fragile elderly adults was guided by knowing the patient. Further, knowing the patient was central to individualizing care such that the patient felt cared for and cared about¹⁶. However, research into the application of knowledge of the unique individuality of nursing home residents in the daily care by nurse-assistants is very scarce.

This study, therefore, investigates the application of knowledge of the unique individuality of nursing home residents in the daily care. A care ethical framework¹⁷ is used to gain insight in providing good daily care. The theory of Kukla¹¹ is used to deepen the understanding of how to hold a nursing home resident in embodied personhood. This theory, which has not been used in previous literature, reveals new insights about the application of knowledge of the unique individuality of residents in the daily care by nurse-assistants.

PROBLEM STATEMENT

Older people emphasized the importance of nursing acknowledging their individual needs and values. Moving to a nursing home can stress the acknowledging of their individual needs and values. Nurse-assistants are in the unique position to preserve the unique individuality of residents in the daily care, by continually attuning their care to this unique person in this unique situation. This asks for knowledge of the unique individuality of the resident. This study investigates the application of knowledge of the unique individuality of nursing home residents in daily care.

AIM

To investigate the application of knowledge of the unique individuality of nursing home residents in daily care, by nurse-assistants. This contribute to further individualizing of nursing home care.

RESEARCH QUESTION

How is the nurse-assistants knowledge of a nursing home residents' unique individuality applied in daily care?

METHODS

Study design

A qualitative multiple-case study was carried out. Multiple cases were selected to gain an extensive and in-depth description¹⁸ of the application of knowledge of the unique individuality of a nursing home resident by a nurse-assistant in daily care. A case consisted of the nurse-assistant and the nursing home resident for whom she provides and coordinates care.

Sampling

The study was conducted on four wards in two nursing homes in the West of the Netherlands. These homes were chosen, because they work with a person centred approach. Eight to ten cases had to be sampled to show enough different perspectives on the issue²¹. In total thirteen nurse-assistants and ninety residents could be sampled.

From a clinical perspective the nurse-assistant needs to speak and understand Dutch, received formal training in the coordination of the care for residents, draw up the formal care plan for the resident, had no long-term sickness less than six weeks ago, had not started to work less than three months ago and had to have a permanent contract, in order to provide and coordinate the care for the nursing home resident.

The resident was excluded if dementia was diagnosed, the resident received palliative care, informed consent could not be given, had the admission to the nursing home less than six weeks ago or was in a crisis situation.

The team managers from the wards sampled the residents and nurse-assistants that met the criteria. The researcher approached the sampled nurse-assistants and residents that met the criteria to participate in the study.

Informed consent

First the residents were individually informed about the aim of the study and were asked if he/she wanted to participate. If the resident showed interest an information letter was handed to the resident. After five days the resident was asked to fill in the informed consent form, if there were no further questions.

The nurse-assistants were individually approached by the researcher after the residents gave their consent. The nurse-assistants were informed about the aim of the study. If she wanted to participate she was asked to fill in the informed consent form and a date for the observation and interviews was set.

Ethical approval was obtained by the Human Research Ethics committee of the Isala Clinics, Zwolle, the Netherlands.

Data collection

A care ethical framework¹⁷ was used to gain insight in the daily care. Providing good daily care to a resident, involves more than the performance of tasks¹⁹. It is a complex practice of considerations, intentions, reflections, emotions, decisions and the response of the resident to that²⁰. The framework distinguishes four phases on good daily care: (1) caring about, (2) organising the care, (3) care giving, and (4) care receiving. Four data sources were chosen in accordance with the four phases to gain insight in how knowledge of the unique individuality is applied by nurse-assistants in daily care. From practical purposes the data collection started with phase two.

Data about how the care is organised were collected from the formal care plans of the participating residents (Phase 2). Figure 1 shows the seven themes derived from Kukla's theory¹¹ that were used as topic list for the formal care plans. The topic list helped to structure the data of the formal care plan into the themes of unique individuality of the embodiment.

Observations provided data of the actual care giving (Phase 3). The observations took place in the resident's room during the activities of daily living (ADL) care moment in the morning. From clinical practice experiences, it was assumed that the ADL care moment provided the most information about the embodiment of the resident. Only the care that was given was observed and there was no interaction with the nurse-assistant and resident. During the observations the researcher took notes on a observation protocol (appendix 1) about the setting and behaviour of the participants as well as about the researcher's feelings and reflections on the situation²¹. The notes were useful for writing the report²² and for preventing recall bias²¹. The observation protocol for each case was realized after data were collected from the formal care plan.

Individual, semi-structured interviews were held with both the nursing home resident and the nurse-assistant, who were observed during the morning care moment. The main topic of the interviews with the residents was the responsiveness of the resident on the received care (Phase 4). The main topic of the interviews with the nurse-assistants was the attention to the uniqueness of the resident (Phase 1). Through semi-structured interviews similar data was collected from the interviewees²³. The topic lists for both of the interviews (appendix 2, 3) were developed after the observation and data collection from the formal care plan. The researcher used probing questions or prompts during the interviews to clarify the answers to the questions²². During the interview the researcher made reflective notes to prevent for recall bias²¹. The interviews were tape-recorded, which contributed to the reliability²¹. To prevent for recall bias of the resident and the nurse-assistant, the interviews were held at the same day as the observation.

Data analysis

Observations and interviews were transcribed verbatim. The transcriptions and formal care plans were uploaded and systematized using NVIVO software. NVIVO helped to analyze, manage and shape the qualitative data²¹.

The theory of Kukla¹¹ was used to guide the analysis to deepen the understanding of how a nursing home resident is held in embodied personhood. Seven themes were derived: interaction, movement, presence & sense of self, needs & desires, privacy, pleasure and boundaries. A detailed description of each case was written and in each case the data from the formal care plan, observations and interviews was coded according to the themes. In the cross-case analysis the researcher looked for common categories within a theme, that emerged from all the codes from all the cases within that theme. Finally, a broad interpretation of how the knowledge of the unique individuality of the nursing home resident is applied by the nurse-assistant in daily care was described²¹.

Reliability was assured by having the research group read over the transcripts and review and discuss the themes²².

RESULTS

In total nine nurse-assistants and nine residents participated in the study. Ten residents were asked to participate, but one refused after he was informed about the aim of the study.

The nurse-assistants were all women, received formal training in the coordination of the care for residents, were aged between 26 and 48, and had between three and 23 years of working experience. The nursing home residents were aged between 101 and 62, two of them were men and seven of them were women, they live between one and seven years in the nursing home.

The results are based on the seven themes of Kukla¹¹. The categories within these themes emerged from analysing the formal care plans, the observations and interviews. Together they describe the application of knowledge of a nursing home residents' unique individuality in daily care. Table 1 provides an overview of the categories, codes and quotes the theme's were build on.

Interaction

Communication is the basis for interaction. Troubles in hearing and speaking were mentioned as obstacles for communication.

Nurse-assistants often talked about the informal care givers, the past or activities the resident participate in. In their contact with the resident, nurse-assistants provide the resident of a clear structure, compromise, discuss important things after care, know that the resident has difficulties to ask for help and sometimes they don't tell certain things to their resident. Nurse assistants also take into account the risk of contamination.

Humour played an important role in the interaction between a nurse-assistant and a resident. *"It is important for a good atmosphere, she likes it when I sing. Look, if someone doesn't like it I don't do it, but she likes it, so I go in singing. And what do you see that indicates she likes it? Then she goes like a conductor, and then she says: "oh it was fun, you sing great, did you have singing lessons?" Well I say no, I like to sing but I cannot sing, you know, and then we laugh and scream and then that. So the day begins and with me a day without laughter is a day wasted (Evv PB 8)".*

Nurse-assistants adjust their knowledge in care by writing it down in the weekly agenda of the resident, in their ADL-list, in their transfer list or in their formal care plan and by evaluating care.

Movement

Movement involves the way of moving and the bodies' distinctive rhythms. The way of moving is seen in the formal care plans, observations and interviews. It contains maintaining

the residents ability to walk, the residents way of moving, prevention of contractures, the residents position in bed, turning in bed and the use of a lift to get the resident out of bed and into his/her chair.

The bodies' distinctive rhythms involves the rhythm of care, the rhythm of the day and the rhythm of getting up. From the observations and interviews is seen that the rhythm of caring and getting up is different for each resident. Some residents are early risers. As mentioned by the nurse-assistant: "*Helping her early is a permanent agreement, because she would panic otherwise. She often gets up early (EVV PB 6)*".

Presence & sense of self

The bodily presence contains the looks of the resident. The observations showed the different hairstyles of the resident, if they wear glasses, if they shave, put on a watch, if they put on scent or had a scar. In the interviews nurse-assistants knew about these bodily presences.

The observations showed also other little details in the presence of the resident that the nurse assistants were aware of. This involves details in clothing, washing, activities, making up the bed and special objects. A detail in clothing was that one resident was put on a skirt. I asked the nurse-assistant if the resident always wears a skirt? She replayed: "*She doesn't have trousers, she is a lady. In the past ladies didn't wear trousers, only skirts (EVV PB8)*". The resident replayed: "*I don't wear trousers, I'm not a boy, I'm a girl (PB8)*".

From the observations was seen that the nurse-assistant gave the residents a sense of self by letting them do what they can in care.

Needs & desires

Bodily needs and desires of the nursing home resident are focused on their need of getting cared for their body, prevention of the body and the need of safety for their body. The bodily needs are mentioned the most in the formal care plans for the residents.

The need of getting cared for the body involves washing, showering, clothing and getting medication. Prevention of the body involves prevention of wounds, decubitus and get chafed. In the need of safety for their bodies residents are asking for upstanding bed rails, prevention of falling and/or a wheelchair sheet.

Privacy

Privacy involves the nurse-assistant to be sensitive for the senses of personal space. Privacy also involves the protection of the bodily privacy of the resident.

Sensitivity for the senses of personal space is seen in the observations when nurse-assistants close the curtains around the bed or in the shower. In the interviews it is mentioned that nurse-assistants knock on the door before they enter the room of the resident.

Protection of the bodily privacy is seen in the observations when nurse-assistants cover up parts of the residents' body. Nurse-assistant usually cover up parts of the body automatically.

Pleasure

Pleasure involves of things that gave physical pleasure to the nursing home resident as well as participating in activities indoors or outside.

From the observations and interviews was seen that to be rubbed with body lotion or a special crème gave physical pleasure to the nursing home resident. Rubbing also prevents residents from dry skins. Most nurse-assistants say they try to rub all their residents every day: *"I always try to rub her with body lotion. And not only her, there are more people from whom I know that they have oil or lotion stand in their room, then I know, they enjoy it and then is it a small effort to do, right? (EVV PB 5)"*.

Participating in activities indoors involves watching sports, doing activities in the living room, drinking coffee and have a chat. Making trips, going outside and nature are activities residents enjoy outside.

Boundaries

Boundaries involves the physical boundaries of the nursing home residents and the capability to set boundaries for themselves.

The physical boundaries that were mentioned in the formal care plans, observations and interviews were tiredness and tightness of the chest.

Nursing home residents set boundaries in care. *"No, because then I'll make sure they get to know, then I let them hear me, I am not childish, but if there are things that I gladly would have done, then I let them hear of what I think of it, you should not do it with an ugly face, but you say: I would like to have it done, done (PB8)"*.

DISCUSSION

This study has investigated the application of knowledge of the unique individuality of nursing home residents in daily care by nurse-assistants. Nurse-assistants apply their knowledge in the interaction with the resident, they respect and protect boundaries and privacy of the resident, they know their distinctive ways of moving, what gives them pleasure, what the residents appearance is and nurse-assistants meet up to the residents needs and desires.

In the formal care plan most knowledge about the caring needs and movements of the residents was applied. Knowledge about the what gave the resident pleasure and what the residents appearance is, was mostly seen in the observations. This means that nurse-assistants do not write down all their knowledge, but also carry it out automatically. In the interviews there is also mentioned that there are more patient documentation forms on which person-knowledge of the resident can be found. Such as the ADL-list and/or weekly agenda's. Kelley, Docherty and Brandon²⁴ found that the nurses on a paediatric ward also used another tool than medical records as most valuable information source for nurses to know their patients.

Four sources of data were investigated for the application of knowledge. The sources were chosen corresponding to the four phases of good daily care¹⁷, so data could be collected in accordance with the nature of care. This led to an in-depth contextual understanding of the application of knowledge of the unique individuality of the nursing home resident by nurse-assistants in daily care. The observations and interviews gave new insights, but were also a validation and deepening of the collected data. Because all data were collected before analysis, the validation and deepening of the data is less strong than was intended.

Research into the application of knowledge of the unique individuality in daily care is scarce. This study could contribute to the identification of the concept of unique individuality. Knowledge of the unique individuality is a part of person knowledge: 'an understanding of the unique individuality of the patient, knowing the patient's private and personal biography and understanding how that person's actions make sense to them'²⁵. Knowing the person is central to individualized care¹⁶ and a core category of person centred care²⁶. By further defining of the concept of unique individuality tools could be developed to personalize care to the unique individuality of a resident.

To describe the uniqueness of the nursing home residents embodiment, seven themes from Kukla's theory¹¹ were derived. Intimacy plays an important role in her theory. Intimacy can give physical pleasure to the resident¹¹. The only thing that was seen to give physical pleasure to the resident, was to be rubbed with body lotion or a special crème. Intimacy and the role it has to ones unique individuality should be further explored.

Further research should establish if the theme's derived from Kukla's theory¹¹ are chosen well. By further exploring how knowledge of the unique individuality of a resident is applied in care, tools could be developed that could help nurse-assistants to tailor their formal care plans to the uniqueness of the nursing home resident. The focus can shift from a more care orientated formal care plan to a more person orientated formal care plan. By doing so, nurse-assistants can provided care tailored to the residents unique individuality.

CONCLUSION

The nurse-assistants applies knowledge of the resident's distinctive ways of moving, their embodied desires and needs, bodily presence and sense of self and give physical pleasure in daily care. Nurse-assistants protects and respects the resident's bodily privacy and boundaries and adjusts its rhythms of one's conversation, gesture and touch.

RECOMMENDATIONS

Further research is needed to explore the concept of unique individuality in daily care in further detail. Also more research should be done to establish the themes of Kukla as themes to describe the unique individuality. This will contribute to more individualized care and care plans can be made more personalized.

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FIGURE LEGENDS

Seven themes derived from the theory of Kukla¹¹ to analyse the formal care plans on themes of embodied personhood.

FIGURES

Figure 1. Topic list of the formal care plans

1. Interaction
2. Movement
3. Presence & sense of self
4. Needs & desires
5. Privacy
6. Pleasure
7. Boundaries

TABLES

Table 1. Theme's, categories and codes of the application of knowledge of a nursing home residents' unique individuality in daily care.

Theme's	Categories	Codes	Data / quotes
Needs & Desires	Need of care	need for washing	1.* The resident needs help by washing. 2.** The nurse-assistant washes the arms, chest, legs and back of the resident. 3.*** 4.**** "she washes my back and lower parts of the body, I'll take care of the rest (PB6)"
		need for getting dressed/undressed	1. 2. The nurse-assistant buttoning the residents shirt and puts his trousers on. 3. 4. "At home I never changed my trousers once a week (PB2)"
		need for showering	1. The residents gets twice a week help with showering, because she needs support. 2. The nurse-assistant asks of the resident was showered yesterday. The resident confirms this. 3."From conversations I learned that showering twice a week was enough for her (EVV PB7)" 4. "I find showering twice a week more than sufficient (PB7)"
		need for good nutritional condition	1. The resident is at risk of losing weight, because she is dependent of tube feeding. 2. The nurse-assistant connects the resident to the tube feeding. 3. 4.
		need for medication	1. The resident cannot take her medication independently and needs help from the nurse-assistant. 2. The resident is waiting with the eye drops in her hand, which the nurse-assistant had forgotten to give in the morning. She gives the eye drops now. 3. 4.
		need for change	1. The resident is offered a change in incontinence material three times a day. 2. The nurse-assistant makes sure the incontinence material is put on well, because the resident doesn't like a wet pant. 3. "the resident gets changed when he asks, and we also offer him the possibility (EVV PB1)" 4."Going to the toilet is important to me, it gets priority. I often get the help right away (PB1)"
		need for respiratory care	1. The resident asks help by the respiratory care, she can't do it herself. 2.The nurse-assistant shuts down the respiratory machine and changes the tube of the tracheostomy. 3. "It is protocol to change the band of the tracheostomy at daily basis (EVV PB4)" 4.
		need for wound care	1. 2. The nurse-assistant dresses a wound on the residents right big toe. 3. 4.
	Prevention	need for prevention against decubitus	1. The resident is at risk of decubitus because she often lays on the bed and has a poor nutritional condition. 2. The nurse-assistant looks at the feet of the resident and sees a red spot. The nurse-assistant presses on

			<p>the spot and asks the resident if it is painful? 3." You just make sure that the clothing is as smooth as possible. The resident sits in the chair all day and before you know it she has a red spot (EVV PB9)" 4.</p>
		need for prevention against getting chafed	<p>1. 2. The resident indicates that she has problems with her tummy crease. The nurse-assistant treats it with ointment and gauze. 3. 4.</p>
		need for prevention against wounds	<p>1. 2. The nurse-assistant asks if the resident still has problems with the wound on her back? 3."She had this wound one day and I couldn't read any back about it, so I asked her about it, to keep an eye on it (EVV PB7)" 4. "The doctor looked at the wound and said that it would heal and now a days it is healed and I have no problems with it anymore (PB7)"</p>
		need for prevention against pain	<p>1. The resident has a tumour in her right breast. By symptoms of pain a doctor will be consulted for adequate analgesics. 2. The nurse-assistant asks if the resident still has problems with his leg? And if it hurts? 3."I am aware of the symptoms when I provide care (EVV PB5)" 4.</p>
		need for prevention against allergies	<p>1. The resident is allergic to certain shampoo ingredients. The nurse-assistants take this in consideration by the use of shampoos and crèmes. 2. 3. 4.</p>
	Safety	need for bed rails up	<p>1.The resident claims to feel safer in bed on a daily basis when her bed rails are up. 2. The resident lays in bed with the bed rails up. 3."She is scared to fall out of bed when she gets turned in bed (EVV PB9)" 4. "I feel safer in bed when the bed rails are up (PB9)"</p>
		afraid to fall	<p>1. There are signals that the resident is at risk of falling. 2. The nurse-assistant tells the resident she needs to call when she wants to go to the toilet, because she may not walk on her own. 3. 4. "I'm not afraid of breaking anything, but I get reminded that I must not stand up and walk (PB8)"</p>
		need for wheelchair sheet	<p>1. The resident has a wheelchair sheet on his own request, so that he feels safer. 2.The nurse-assistant puts the sheet on the wheelchair. 3. "He feels safer with the sheet. It gives him the idea he can't fall out of his chair and he can also put thing upon the sheet (EVV PB1)" 4."It is important to me that they put on the sheet on the wheelchair (PB1)"</p>
Boundaries	Physical	tightness of the chest	<p>1. She suffers on a regular basis from tightness of the chest, because of congestive heart failure. 2. The resident gets oxygen. 3."What you should know about her is her tightness of the chest, poor condition, little stamina, she is an old lady and needs the oxygen (EVV PB5)"</p>

			4. "The oxygen supports me (PB5)"
		tiredness	<ol style="list-style-type: none"> 1. 2. The resident mentions that she was tired yesterday and she had done too much. Her nurse-assistant asks if she rested in the afternoon? The residents says she did. She had as activities yesterday morning: waking up, showering, pedicure and physical therapy. After that is was already lunch time. The nurse-assistants says that this is too much for one morning and she better not do that again. 3. "She has a lot of activities and she sometimes doesn't realise she isn't the youngest anymore, so I gave her the tip to rest in the afternoon, so she has energy for the rest of the day (EVV PB4)" 4. "Yesterday I was so tired, but everything comes at the same time (PB4)"
	To set boundaries	setting boundaries	<ol style="list-style-type: none"> 1. 2. The resident indicates that she has had other caregivers, she did not like. The resident says to them, that if they do not like this work, they should go to work at the 'HEMA'. 3. "He lets me know when it doesn't go well (EVV PB1)" 4. "I'll let them know when I miss something in the care (PB1)"
Interaction	Relations	anticipate on situation	<ol style="list-style-type: none"> 1. 2. The conversation went to the situation of the daughter of the resident. She is very ill. The resident gets emotional. The nurse-assistants lets the resident speak and tries to reassure her. 3. "I feel for her. I try to comfort and support her and give her the opportunity to call her daughter (EVV PB6)" 4. "She really is involved. She asks out of interest and supports me. She knows my daughter as well, you know (PB6)"
		tuning with informal caregiver	<ol style="list-style-type: none"> 1. 2. The nurse-assistant asks of the resident has spoken with her daughter and if she is coming to the Netherlands this summer? 3. "Her daughter asked if I could come with her and the resident on a trip if she is the Netherlands, because I'm qualified to do suctioning and she is not (EVV PB4)" 4. "I don't know why she asked about my daughter, maybe to check on something? (PB4)"
		ask for informal caregiver (during care)	<ol style="list-style-type: none"> 1. 2. The nurse-assistants asks, while she is buttoning his shirt, if this daughter had visited him? Yes, Saturday and she will be her next Sunday for the eastern dinner. 3. "He only has one daughter and she lives in Groningen, but she visits him once a week. So she is important to him (EVV PB2)" 4. "It is nice that they inform me about my daughter and that they show that interest (PB2)"
		visit of informal caregiver	<ol style="list-style-type: none"> 1. 2. The nurse-assistant talks with the resident about the visits she has had this past week. 3. 4.
		protection of informal caregiver	<ol style="list-style-type: none"> 1. The spouse of the resident experiences a lot of stress as a result of prolonged admission of her husband. 2. 3. "She takes one day a week off now. I advised her regularly to do so, because she was emotional overwhelmed by the situation (EVV PB1)" 4.

		worries about the informal caregiver	<ol style="list-style-type: none"> 1. 2. 3."She worries about her son and what will happen to her when he isn't around to take care of her (EVV PB7)" 4.
		give faith to informal caregivers	<ol style="list-style-type: none"> 1. 2. 3."I find it important that the family knows that the resident is in good hands and that they don't need to worry (EVV PB8)" 4.
	Adjust	record in weekly agenda and ADL-list	<ol style="list-style-type: none"> 1. 2. 3."I adjusted it in the weekly agenda and in the ADL-list so everyone knows the change ADL care. After a while everyone knows the new agreement (EVV PB2)" 4.
		record in formal care plan and ADL-list	<ol style="list-style-type: none"> 1. 2. 3. "I record the knowledge that I have of a resident in the formal care plan and ADL-list. In the ADL-list and formal care plan other colleagues can see that knowledge in the daily care. 4.
		record in weekly agenda, ADL-list and transfer list	<ol style="list-style-type: none"> 1. 2. 3."I note down the knowledge that I have of the resident in the weekly agenda, ADL-list and transfer list. Things in the weekly agenda are also transferred verbally (EVV PB9)" 4.
		have knowledge of the activities	<ol style="list-style-type: none"> 1. 2. 3. "I let her know I know her by saying that she has her cooking group today and I will get her out of bed at a quarter to eleven so she can join the cooking group (EVV PB9)" 4.
		little things in care record	<ol style="list-style-type: none"> 1. 2. 3."Little things as rubbing a resident with lotion should be record in the ADL-list. So that when a stranger washes her she can see in the ADL-list the resident likes to be rubbed (EVV PB9)" 4.
		evaluate care	<ol style="list-style-type: none"> 1. The nurse-assistant has conversations with the resident on a regular basis to see how it goes and if there are problems. The formal care plan will be discussed every half year and if necessary sooner. 2. 3."I discuss the formal care plan every half year with the resident and her contact person. If it is necessary sooner, but she doesn't have much changes of her chronic disease (EVV PB5)" 4."The care is discussed with me and there is a formal care plan which I need to check and sign once in a while (PB3)"

	Contact	common contact	<ol style="list-style-type: none"> 1. 2. 3. "It is important to know of her that she likes to be on herself, she values her privacy greatly, she only wants help of 1 caregiver and her activity varies per day (EVV PB3)" 4. "They know how to take care of me. I tell them what a need if they don't know me (PB8)"
		provide a clear structure	<ol style="list-style-type: none"> 1. The resident is provided care at a fixed time every day. 2. We could not enter the room before eight. Irregularity influences his behaviour. 3. "Structure and order is very important to him (EVV PB1)" 4. "In my formal care plan is noted that they help me on a fixed time (PB1)"
		humour during care	<ol style="list-style-type: none"> 1. 2. When the nurse-assistant disconnects the oxygen tank, it makes a loud noise. The nurse-assistant says: 'fortunately, the bottle doesn't fly across the room yet.' 3. "The jokes happen automatically. It is how we interact (EVV PB4)" 4. "I like it when she makes a joke. It brings joy in my life (PB4)"
		not take knowledge in care	<ol style="list-style-type: none"> 1. 2. 3. "Things the resident tells you in private, I keep those things to myself (EVV PB7)" 4.
		discuss important things after care	<ol style="list-style-type: none"> 1. 2. The nurse-assistant sits around the table with the resident after the care and discuss important things with the resident. The nurse-assistant takes her time to do this. 3. 4.
		difficulties to ask for help	<ol style="list-style-type: none"> 1. The resident indicates to find it difficult to ask for help. The nurse-assistants ask on a daily basis if she needs help. 2. 3. 4.
		compromise	<ol style="list-style-type: none"> 1. 2. 3. "I compromise. You always have to in life, but I will look for the best agreement with the resident (EVV PB8)" 4.
		to take into account contamination	<ol style="list-style-type: none"> 1. The resident is a carrier of a resistant micro-organism: E-coli in the urine. During the entire stay contamination of these bacteria to other residents will be prevented. 2. Before we go to the room we put on an apron and gloves. 3. 4. "She always puts on an apron on in the hallway before entering the room. It is for prevention of infection, I believe (PB6)"
	Communication	hearing	<ol style="list-style-type: none"> 1. The nurse-assistant should articulate well towards the resident, so that it is clear for her and she feels heard. 2. The nurse-assistant has to repeat her sentence before the resident heard what she said. 3. "It is important to her to take into account her hearing. She is used to put in her hearing aids after the

			ADL (EVV PB5)" 4. "They have to put in my hearing aids and speak loud and clear (PB5)"
		speaking	1. 2.The resident need more time to answer the question. 3. 4. "Because of her CVA, a part of her brain can be affected. She need more time to be able to understand what was said (EVV PB9)".
	Narratives	knowledge of the past	1. 2. 3. "I have a resident who was a captain on a ship and he likes it when I say: 'Hello, captain.' This requires knowledge of the resident, because residents don't always appreciate it if you say things like that if you don't know them (EVV PB6)" 4.
Pleasure	Physical pleasure	rub with lotion	1. 2. The nurse-assistant rubs the whole body with lotion. 3. "The resident has a dry skin, so it is important to him to rub him and he likes it (EVV PB2)" 4. "It is important that they rub me with lotion. I have a very dry skin (PB2)"
	Indoors	participate in activities	1. The resident likes to undertake activities. 2. The resident doesn't want to miss the mosaic activity. 3."Participate in activities is important to her. In the past she used to do things and go out (EVV PB4)" 4. "I like to join in creative activities as mosaic and drawing (PB4)"
		coffee and a chat	1. 2. The nurse-assistant asks if the resident likes a cup of coffee? 3. "A cup of coffee and a chat makes her life enjoyable (EVV PB8)" 4.
		sitting in the living room	1. 2. 3."She likes to sit in the living room to read or puzzle (EVV PB9)" 4.
		watch sports	1. 2. 3. 4. "I like to watch sports. It is important to me (PB1)"
		do not participate in activities	1. 2. 3. "He likes to sit in the hallway or in his room. He doesn't want to go outside anymore (EVV PB2)" 4."I'm used to sit alone. They ask me sometimes to join activities, but, no, I don't like that. Let me sit at ease (PB2)"
	Outdoors	going outside	1. 2. The nurse-assistant asks if the resident went outside in the weekend. 3. "I asked about going outside, because I know she likes to go outside. She has brown legs from sitting outside (EVV PB6)" 4. "I'm a outdoor person. I like to go outside. In the past I used to live in a village, so I was always outside

			(PB6)"
		make a trip	<ol style="list-style-type: none"> 1. 2. 3."She used to have a big social life, so it is important to her to make a trip to her friends (EVV PB4)" 4. "I would really like to see my friends. The nurse-assistant went with me to my friends one time. I really enjoyed that (PB4)"
		nature	<ol style="list-style-type: none"> 1. 2. The resident talks about the threes getting leaves. 3. "She enjoys nature. She used to go to the woods and the beach (EVV PB4)" 4. "I love threes. I used to have a dog with who I walked outside and a house by the beach (PB4)"
Privacy	Physical privacy	cover up body parts	<ol style="list-style-type: none"> 1. 2. The nurse-assistant lays a towel over the vagina of the resident. 3. "Well, it doesn't interested her much, it is more for.. You see, the people here are used to walking in and out and most of the residents have no feeling of shame anymore. I know that in the past someone walked in on her on the toilet without knocking and she didn't mind. Now it is more I stand there and I find it important. Also for her. Even though she does not really matter (EVV PB6)" 4. "It is pleasant for me when she covers up my vagina. She always does that after she washed me (PB6)"
	Environment	senses of personal space	<ol style="list-style-type: none"> 1. she asks the nurse-assistants to be delicate about her incontinence problem. 2. The nurse-assistant knocks on the door before entering the room and she closes the curtains around the bed. 3. "Privacy is important to her. That not just anyone will invade. By her you automatically knock before you enter the room (EVV PB4)" 4. "I don't like it when other people can watch me when I wash myself (PB3)"
Presence & Sense of self	Sense of self	self care/ self-reliance	<ol style="list-style-type: none"> 1. 2. The resident gets a washcloth to wash her face and arms by herself. 3. "She finds it important that she still can do something (EVV PB8)" 4. "You know your worth it if you can do it yourself (PB8)"
	Looks	hairstyles	<ol style="list-style-type: none"> 1. 2. The nurse-assistant asks if the resident went to the hairdresser past Friday, because she is used to see her hair permed. 3. "It is important for her to have her hair permed, because her appearance matters to her (EVV PB9)" 4. "It is important to me that my hair is done well. I have it cut once in two weeks (PB9)"
		glasses	<ol style="list-style-type: none"> 1. 2. The nurse-assistant asks if the resident needs her glasses. 3. "I know she sees poorly so that is why I ask if she needs her glasses (EVV PB4)" 4. "I haven't had my glasses my whole life, but I need them to see something (PB4)"
		to shave	<ol style="list-style-type: none"> 1. 2. The nurse-assistant shaves the resident with a electric shaver. 3. "He likes to get shaved every day and he is used to use the electric shaver (EVV PB1)" 4. "I always shaved myself with a electric shaver (PB1)"
		appearance	<ol style="list-style-type: none"> 1. 2.

			<ol style="list-style-type: none"> 3. "He regularly has a bit of a grumpy look and he doesn't smile a lot (EVV PB1)" 4.
		to wear a watch	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts on a watch on the residents right arm. 3. "The watch is important to him. He watches at the time to see if his wife is coming. I think he always wore the watch on the right arm, but now he also has to because of the brace on his left arm (EVV PB1)" 4. "The watch is important to me and I always wear it on the right arm (PB1)"
		put scent on	<ol style="list-style-type: none"> 1. 2. The nurse-assistant ask if the resident wants to put scent on? The resident would like that and the nurse-assistant sprays scent on. 3. "We offer him to put scent on, but one day he wants it and the other day he doesn't want is and that is OK (EVV PB1)" 4. "I only put scent on after they shaved me. It is careful for my skin (PB1)"
		to look neat	<ol style="list-style-type: none"> 1. 2. The resident combs her hair, put in her earrings and puts a ring on her finger. 3. "She likes to look neat, so you make sure she does (EVV PB8)" 4. "I like to look neat. I'm in the first room so a lot of people walk in (PB8)"
		scar	<ol style="list-style-type: none"> 1. 2. I see the resident has a scar at her left leg. The nurse-assistant says it from a operation. 3. 4.
	Clothing	to wear clean clothes every day	<ol style="list-style-type: none"> 1. 2. The nurse-assistants tells the resident that they have a permanent agreement that she gets to wear clean clothes every day. 3. "She wears clean clothes every day, so that is why I took clean clothes (EVV PB6)" 4. "I'm used to wear clean clothes every day (PB6)"
		put on a bra	<ol style="list-style-type: none"> 1. 2. The resident asks the nurse-assistant to put on her bra. The nurse-assistant can't find a bra. 3. "She wears a bra every day. I think she is used to wear it (EVV PB5)" 4. "I'm used to wear a bra every day. It feels strange if I don't have one on (PB5)"
		undershirt inside out	<ol style="list-style-type: none"> 1. 2. The resident says the undershirt need to put on inside out. 3. "She wears her undershirt inside out because of the tube feeding line. She has a hole on the left side for the line, but the lift side on her skin get chafed. So now she has to wear her undershirt inside out to get the line at the right side (EVV PB3)" 4. "Because I got chafed at the left side I have to put on my undershirt inside out to get the tube feeding line at the right side (PB3)"
		always wear pants	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts on a trouser. 3. "She is used to wear pants. It is easier to wear pants when you sit in a wheelchair. I don't think she ever wear a skirt (EVV PB3)" 4. "I always wear a pant now. My legs have become ugly. I used to wear a skirt in the summer, but since my admission I don't wear skirts anymore (PB3)"

		pin in the bra	<ol style="list-style-type: none"> 1. 2. The nurse-assistants pins the bra to the undershirt. 3. "Because she has small shoulders her bra straps slip down. When I pin them to her undershirt they don't slip down. She told me to do it this way (EVV PB3)" 4. "They know now that they have to pin my bra to my undershirt (PB3)"
		undershirt not over the incontinence material	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts the undershirt under the incontinence material. 3. "She has a sensitive skin and when I put the undershirt over the incontinence material her skin gets irritated (EVV PB3)" 4. "It is important to me that they put the undershirt under the incontinence material, otherwise, my skin gets irritated (PB3)"
		always wear skirts	<ol style="list-style-type: none"> 1. 2. The resident gets dressed with a skirt. 3. "She doesn't have trousers, she is a lady. In the past ladies didn't wear trousers, only skirts (EVV PB8)" 4. "I don't wear trousers, I'm not a boy, I'm a girl (PB8)"
		a piece of paper between the bra and the skin	<ol style="list-style-type: none"> 1. 2. The nurse-assistants knows she should put a piece of paper between the bra and the skin. The resident finds it pleasant the nurse-assistant remembered this. 3. 4.
		catheter band	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts the catheter band on the right leg of the resident. 3. "It is important to him that the catheter band is on the right leg, because he is use to that (EVV PB1)" 4. "I don't like it when they put the catheter band on my left leg, I'm used to it that they pt in on my right leg (PB1)"
		cutting incontinence band loose	<ol style="list-style-type: none"> 1. 2. The residents tells he cuts the incontinence band loose in the evening, because they are sitting to tight. 3. 4.
		to wear a corset	<ol style="list-style-type: none"> 1. 2. The nurse-assistant dresses the resident in a corset. 3. "She is used to wear a corset. I tried to make her wear undershirts but she didn't want it (EVV PB7)" 4. "I'm used to wear a corset. I had my first one when I was a teenage girl (PB7)"
		Attributes	clean towel on the couch
		drinking cup	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts the drinking cup on the wheelchair sheet of the resident. 3. "He has his own drinking cup. It is important to him to have things around him that belong to him. The cup is on his wheelchair sheet or on his nightstand (EVV PB1)" 4. "It is important to me that the drinking cup is on my wheelchair sheet so I can drink out of the cup"

			(PB1)"
		washcloth for drying after pee	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts a clean washcloth in the drawer of the resident. 3. "He has a urinal on his room and when he has peed he likes to dry his penis and he does that with a washcloth (EVV PB2)" 4. "I use it every day, but if they don't give me a clean one I'll ask for it (PB2)"
		clock on board	<ol style="list-style-type: none"> 1. 2. The nurse-assistant puts a clock on the board of the resident so she can see the time. 3. "She likes to know the time. She knows then at what time we come to get her out of bed, by example (EVV PB9)" 4. "I like to know the time (PB9)"
	Washing	no liquid soap	<ol style="list-style-type: none"> 1. 2. The nurse-assistant doesn't use liquid soap to wash the resident. 3. "I usually use the piece of soap, because it lays there. I know she is allergic to some shampoo ingredients, but it is more that I'm used to use the piece of soap instead of the liquid one (EVV PB7)" 4. "I rather like a piece of soap than liquid soap. Liquid soap tickles when it isn't washed off properly (PB7)"
		warm lotion washcloths	<ol style="list-style-type: none"> 1. 2. The nurse-assistant warms up the lotion washcloths. 3. "The resident asked if we wanted to use to lotion washcloths, because he has a sensitive skin (EVV PB1)" 4. "It is important they use the lotion washcloths, otherwise the skin on my buttocks tears (PB1)"
	Bed	keeping the bed clean	<ol style="list-style-type: none"> 1. 2. The resident is afraid she made the bed dirty. The nurse-assistant looks and sees nothing but she put a towel over the bed so it can't get dirty. 3. "She likes to keep her bed clean (EVV PB6)" 4.
		bed-making in a special way	<ol style="list-style-type: none"> 1. 2. The nurse-assistant lays two pillows on the bed in the length and one over it in the width. The resident asks the nurse-assistant to not tuck the blanket in at the end of the bed. 3. "She wants her bed made up this way so I do that for her. When the blanket is tucked in at the end, she gets painful toes (EVV PB3)" 4. "It is better for me when the bed is made up this way. I like to move in bed and when the blanket is tucked in I can't (PB3)"
	Activity	practise faith	<ol style="list-style-type: none"> 1. The resident is hindered by her health to practice her faith and attend celebrations. 2. 3. "I sometimes mention faith in a conversation with her. Mostly around Sundays and Holidays (EVV PB5)" 4. "Practice faith is important to me. I go to the weekly celebrations of the church in the nursing home (PB5)"
		newspaper at breakfast	<ol style="list-style-type: none"> 1. The resident reads the newspaper at her breakfast every day (except on Sunday). 2. The nurse-assistant asks if the resident has the newspaper? 3. "It is important to her to read the newspaper every day. She used to have this at home (EVV PB8)"

			4. "It is important to me to read the newspaper every day. I like to be informed on what is going on in the city (PB8)"
Movement	Way of moving	maintaining the ability to walk	<ol style="list-style-type: none"> 1. The resident walks every day under supervision of one nurse-assistant and a wheeled walker, which maintains condition and muscular strength. 2. the resident walks under supervision of the nurse-assistant and with a wheeled walker in the hallway. 3. "It is important she maintains her condition because of her muscle disease (EVV PB3)" 4. "Because it is the only thing that I still can do concerning walking, so as long as I can do it, I will do it (PB3)"
		way of moving	<ol style="list-style-type: none"> 1. The resident has a brace on her left leg. She may not stand on this leg or walk and she needs help with the transfers to her wheelchair. 2. The nurse-assistant puts on the brace on the left leg of the resident and helps her to transfer from the bed to the wheelchair. 3."We try to make her understand that the brace is important to her. She felled when her leg was still broken. Now she may not stand on her leg and she has to move herself around in a wheelchair (EVV PB8)" 4. "The brace is important to me, because otherwise I sag at the leg (PB8)"
		prevention of contractures	<ol style="list-style-type: none"> 1. The resident needs help every day to put on and take of her brace at her left arm. 2. The nurse-assistant takes off the brace of the residents arm. 3."It is important to involve the affected side or else her arms and hands will become stiff (EVV PB9)" 4."It s important to me that the nurse-assistant stimulates my left side (PB9)"
		position in bed	<ol style="list-style-type: none"> 1. 2. The nurse-assistant sets the head end of the bed upwards. 3."I know she doesn't like to lie flat (EVV PB6)" 4."If your awake you never lie comfortable, but it is better when the head end of the bed is upwards (PB6)"
		turning in bed	<ol style="list-style-type: none"> 1. 2. The resident is asked to turn on her left side in bed. 3."I don't think it matters on which side she turns, but the left side is easier for me. Otherwise, I have to work over her (EVV PB5)" 4."I don't mind on which side they turn me in bed. What is the most convenient for them (PB5)"
		use of lift	<ol style="list-style-type: none"> 1. 2. The nurse-assistant uses a lift to transfer the resident from his bed to his wheelchair. 3. 4.
	Daily rhythms	rhythm of getting up	<ol style="list-style-type: none"> 1. 2. The resident is cared for later in the morning. 3. "She likes to sleep late. She goes to bed late, so she likes to sleep late and then she usually washes and has breakfast around a quarter past nine (EVV PB3)" 4. "I don't mind at what time they help me. Some days they still would be washing me right now. It varies per day (PB3)"
		rhythm of the day	<ol style="list-style-type: none"> 1. 2. The resident always sits in her chair in the corner of her room by the window and by the table. 3. "His rhythm of the day is sitting in the hallway or in his room and observing the things that happen there (EVV PB2)"

			4. "I just like to go my own way, sitting in the hallway or in my room. I have my dinner at 12.30, my sandwich at 17.30 and in between my coffee. What else could I ask for? (PB2)"
		rhythm of caring	<ol style="list-style-type: none"> 1. 2. The nurse-assistant first washes his face, then his upper body and then his lower body. 3. "Most of the times I wash him in the same order. First his face, then his hands, arms, stomach, legs and then the backside. I also do it this way because he doesn't have to turn that much (EVV PB1)" 4. "I like it that they wash me in the same order (PB1)"

* (1) data of the formal care plan, the space behind the number will be empty if there's no data

** (2) data of the observations, the space behind the number will be empty if there's no data

*** (3) quotes from the interviews with the nurse-assistants, the space behind the number will be empty if there's no quote

**** (4) quotes from the interviews with the nursing home residents, the space behind the number will be empty if there's no quot

APPENDICES

I. Observation protocol

Tijd:

Tijdsduur:

Datum:

Locatie:

Aantal deelnemers:

Activiteiten uit het zorgleefplan:

Onderzoeksvraag: Hoe wordt de kennis die een verzorgende heeft van een verpleeghuisbewoner als uniek persoon concreet gemaakt in de dagelijkse zorg voor deze verpleeghuisbewoner?

Beschrijving van de observatie (acties, emoties, gebeurtenissen/sfeer, relatie, intenties, motieven, bedoelingen):

Descriptive Notes	Reflective Notes

II. Interview topic list nurse-assistant

Tijd van het interview:

Datum:

Plaats:

Interviewer:

Geïnterviewde:

Leeftijd:

Opleidingsniveau:

Werkervaring:

Positie van de geïnterviewde:

Omgeving:

Sfeer:

1. Aandachtig de behoeften aan zorg opmerken

Hoe leert u de bewoner kennen? (=gesprek --> Wat bespreekt u dan? Wat wilt u dan te weten komen?)

Welke eigenschappen heb je daarvoor nodig?

Wat bedoelt u daarmee?

Waarom vindt u dat belangrijk?

Waarom merkt u dat u de bewoner goed kent?

Is de zorg voor alle bewoners voor jou hetzelfde? waarom wel/niet?

2. Verantwoordelijk zijn voor het organiseren

Wat doet u om aan de wensen/behoeften van de bewoner te voldoen? (=compromis --> waarom compromis?)

Hoe stemt u uw kennis af met de bewoner?

Hoe kan iemand van buitenaf zien dat deze zorg aan de wensen/behoeften van de bewoner voldoet?

3. Direct zorgen

Welke kennis heb jij van je bewoner?

Hoe ben je dat te weten gekomen?

Is die kennis ook van belang in de zorg?

Ja, hoe zet je deze kennis in, in de zorg aan de bewoner?

Zet je bepaalde kennis ook niet in? Waarom niet?

Wat zijn de specifieke dingen van deze bewoner?

Brengt u de kennis die u van de bewoner heeft mee in de zorg die je aan hem/haar verleent?

Hoe dan?

Verleen je altijd dezelfde zorg? Waarom wel/niet?

Ik zag dat u * deed, waarom? (intentie, gedachte, gevoel dat erachter zat?)

Waarom is het voor jou belangrijk/ voor de bewoner belangrijk?

4. Responsief ontvangen

Reflecteert u over de zorg die u geeft?

Wat denkt u dan?

Wat voelt u dan?

Hoe stel je de zorg bij?

* Specifieke kenmerken/dingen die opvallen uit de observaties

III. Interview topic list nursing home resident

Tijd van het interview:

Datum:

Plaats:

Interviewer:

Geïnterviewde:

Geslacht:

Geboren:

Woont hier sinds:

Positie van de geïnterviewde:

Omgeving:

Sfeer:

1. Aandachtig de behoeften aan zorg opmerken

Heeft u het idee dat de zuster u kent?

Waaraan merkt u dat?

Hoe heeft ze u leren kennen?

Wat zou de zuster over u moeten weten, zodat u uw zelf kunt zijn?

Weet ze dat ook? Hoe is ze dat te weten gekomen?

2. Verantwoordelijk zijn voor het organiseren

Vertelt u alles aan de verzorgende? Vertrouwt u haar alles toe?

Ziet u de kennis (= weet heeft van) die de zuster over u heeft ook terug in de zorg?

Waaraan wel/niet?

Hoe stemmen ze die kennis af in de zorg?

3. Direct zorgen

Ik zag dat de zuster net * bij u deed. Waarom deed zij dat? Heeft u dat gevraagd/overlegd?

Zijn er dingen waar u behoefte aan heeft die u plezierig/belangrijk vindt en die niet gedaan worden?

4. Responsief ontvangen

Als u de zorg niet prettig vindt waaraan laat u dat merken?

Wordt het zorgleefplan met u besproken?

Weten de zusters allemaal evenveel over u?

* Specifieke kenmerken/dingen die opvallen uit de observaties