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Clinical Application Research through reflection, interpretation and new understanding – a hermeneutic design

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Authors' contributions

LL, MBR, VL, SC, AKTH, BS, ÅS, BH and DN participated in the design of the project. LL, MBR, VL, SC, AKTH and BH participated in data collection. LL, MBR, VL, SC, AKTH, BS, ÅS, BH and DN participated in data analysis and interpretation. LL and MBR were responsible for drafting the manuscript. All authors participated with critical revisions for important intellectual content of the manuscript. All authors have read and accepted the final version of the manuscript and accepted submission to the journal.

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Since the article is a methodology article, the researchers have not demanded an ethical approval.

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Abstract

The implementation of theoretical knowledge in clinical practice and the implementation of good clinical practice into theory has been of interest in caring science for the last 30 years. *The aim* of this article was to elaborate and discuss a methodology named clinical application research. The method is grounded in a hermeneutical design inspired by Gadamers philosophy. The methodology, clinical application research, has been used in a research project *A life in dignity*, and experiences from the researchers forms the bases for the elaboration and discussion. The project was performed in collaboration with residents, family caregivers and healthcare providers at six nursing homes in Scandinavia. The material for this article is based on the previous research, i.e. the results from 10 different articles showing the meaning of dignity and indignity in daily life in nursing homes. Data were generated from 56 individual interviews and 18 focus-group interviews with a total of 40 staff members with 5-8 participants at every interview session. By reflection, interpretation and new understanding our results provide knowledge about dignity and how to preserve dignity for older people in an appropriate ethical way. The methodology was relevant for the research project *A life in dignity* and relevant to caring practice in nursing homes as it opens new possibilities and new ways of thinking when performing dignified care to older people.

Keywords: human dignity**,** caring science, hermeneutics, clinical application research, older persons, healthcare providers

Introduction

The theory-practice gap in nursing has been discussed for more than 30 years and continues to be the subject of study and debate throughout the global nursing community (1). Researchers within the qualitative research tradition and the species of knowledge this generates gives new insights within the context of the evidence-based practice movement (2). Another important notion is that although research evidence is being produced, change in clinical practice has not always occurred (3, 4).

Action research, participatory action research, co-operative inquiry, collaborative inquiry, action science and action learning are examples of research methods where researchers involve practitioners as co-researchers and where they together solve practical problems to improve clinical practice (5). In participatory research, researchers and participants deal with problem identification and research design by discussing the issues, reflecting on and making decisions about the research area (6). Hummelvoll and Severinsson (7) argue that in co-operative research, researchers have control and bear the responsibility for knowledge development and implementation of research. There is a need to develop new clinical research methods that do not merely focus on implementing or making something visible in clinical practice, but which also have a theory-generating purpose. According to Lindholm, Nieminen, Mäkelä (8), clinical application research can open new ways for methodological variety and create a dialogue across boundaries. Clinical application research has a hermeneutical approach and is characterized by being grounded in practice in collaboration with clinical healthcare providers/personnel. Application research has parallels to action research involving researchers with theoretical knowledge and researchers with practical knowledge who, through dialogue, generate new understanding. However, the epistemological foundation of application research can be traced to hermeneutics, in contrast to, action research, which is based on critical theory (8,9).

Background

A review of previous research showed that clinical application research methods have been used in an anthroposophical context to increase understanding and give concrete clinical examples of existential caregiving for cancer rehabilitation and palliative care (10). Lindwall, et al. (11) found that clinical application research has the potential to highlight practice and to develop a caring science theory in perioperative practice. According to Lindberg et al. (12), clinical application research was useful when implementing a model for children to participate in a perioperative dialogue in perioperative practice. Ranheim and Arman (13) argue that hermeneutic design and application research open new possibilities for a caring theory as well as new ways of thinking and performing it in practice. The innovative features of clinical application research made it possible for the co-researchers to discover and concretize the theory of caring science as a form of evidence-based practice. The study describes the concepts ‘care for’ and ‘not to care for’ and how it was expressed within clinical praxis (14). Koskinen and Nyström (15) have highlighted clinical application research as an alternative methodology within participatory-oriented research for caring science. The studies above have been carried out with a clinical application research design and all studies share a common hermeneutic base, but have diversity in performance depending on context. Thus, even though studies exist, there is a lack of studies on clinical application research with a hermeneutic design through understanding, interpretation and application. In this paper, we want to describe how researchers work together with clinical staff through reflection, interpretation and clinical applications, which is an alternative hermeneutic methodology within participatory-oriented research for caring science, which presents a new opportunity to enrich care and foster dignity for residents and family caregivers in nursing homes.

A clinical application research project *A Life in Dignity,* started in 2009 and formally ended in 2015. The overall purpose of this project was to promote dignity in elderly contexts through a combination of application and co-operative inquiry methods. This was done through co-operation with residents, family caregivers and healthcare providers in nursing homes in Scandinavia.

The empirical data were collected in different phases at six different nursing homes of older people in Scandinavia (three in Norway, two in Sweden and one in Denmark). There were: (a) individual interviews with residents and (b) family caregivers, (c) focus group interviews with healthcare providers, (d) different seminars with staff in nursing homes and (e) through an element of application, new understanding was made in nursing homes.

Table 1 here

a) Qualitative interviews with 28 residents (17 women, 11 men) between 62-103 years old who had been living in a nursing home from a couple of months to 22 years.
b) Qualitative interviews with 28 family caregivers (children and spouses) of residents in nursing homes.
c) Qualitative focus group interviews with healthcare providers in six nursing homes in Scandinavia, a total 40 staff members with 5-8 participants at every interview session. The number of group conversations varied between 3-4 sessions, total of 20 meetings. All interviews were audiotape recorded and transcribed verbatim and the text was made accessible to all researchers. All personal identification was separated from the interview text and the participants were guaranteed confidentiality. All participants joined the study voluntarily, based on their own desire.
d) Seminars and application with presentation of the research results at the six nursing homes by the researchers.

e) Through an element of application, knowledge of dignity in elderly care was made. It means that application is an element in all understanding or as Gadamer expresses it "Understanding is always application" (11). One purpose during data collection was to make room for an element of application and to accomplish the scientific goal through dialogue between the researchers and health providers (8). The health providers' ability to see, listen and feel, as well as understand preserved dignity seemed to be in line with Eriksson's caritative theory (16).

Within this research, we were inspired by Gadamer's (17, 18) hermeneutic philosophy. Gadamer maintains that to understand something correctly, you need to grasp the application of it. Clinical application research strives to translate caring science theory and to give it a concrete significance for practice (8,11). Lindholm et al. (8) argue that a clinical approach with application based in hermeneutics can bring knowledge from practice to theory and back to practice again. Application research always involves revision and change of understanding.

Aim

The aim of this article was to elaborate and discuss a methodology named clinical application research. The intention was to describe, to contribute to the development of the hermeneutical application research design, and to bring research closer to practice by gaining original methodological insights.

Methodology

The methodology has its roots in Gadamer's philosophical hermeneutics (17, 18). Hermeneutic philosophy has guided research in various practices such as nursing, education and social work (19, 20). When the research is realized in a caring context, emphasis is put on the importance

of starting from a caring science ontology, a common picture of caring reality, a common view of knowledge and common values or ethos (8).

A basic idea is that the hermeneutic research design should contribute to a revision of clinical practice as a new realization, which, through the participation of co-researchers, can change understanding for and care of patients in practice (21). Research guided by Gadamer (17, 18) with an element of application and professional preunderstanding (11) was chosen to make human dignity visible in caring practice in nursing homes.

According to Gadamer (18), the phenomenon of understanding and, ipso facto, the phenomenon of fusion of horizons are essential modes of phenomena linked to an *effective history* (wirkungsgeschichte), because understanding and thereby fusion of horizons arise as a mediation between the past and the present. Gadamer's philosophy about understanding as application is a condensed expression of this mediation: "*... There is mediation between the past and the present: that is, application (*18:157). Every historical horizon is situated within the frame of already existing effective-historical consciousness. It opens the past horizons to us in a particular, always limited manner (22:610). According to Gadamer, effective history is active in all understanding (17:301). History is not merely the past; history works in us and affects us, so it is something actual. Just like the game plays the players, it is effective history and not individual scientists that effect history through individuals. Just as the game is dependent on being played, effective history is dependent on being traded. Effective history is active in all understanding, its language and its concrete expressions are the fusions of horizons where a nuanced and different understanding of dignity is made apparent. The fusion of horizons thus shapes awareness.

Application

Application is the fundamental element in hermeneutic understanding and always an inner fusion of interpretation and understanding. Gadamer's notion of application is much more akin to that of translation, which plays a prominent role in his hermeneutics (8: 384). The meaning that is to be understood is always one that needs to be translated, so that understanding, application and translation become almost equivalent terms for Gadamer (23:10). However, Gadamer (18) adds that a good translation is always simpler than the original. According to Dobrosavljev (22: 612) application, as an integral part of understanding, implies that we can never have an objective knowledge of a situation, since it is always open. The inclusion of application into understanding means that the hermeneutic situation is essentially practical: we cannot gain general knowledge from which we would deduce singular cases. Hermeneutic knowledge is always given a direction, since it is the only way not to lose a singular case in the universality of principles.

Understanding

According to Gadamer (17,18), all people have an existential preunderstanding of life. Gadamer said that we could never fully be free from the horizon of tradition because the hermeneutic approach has been established by the affiliation that comes from the fundamental and basic prejudice of community. However, professional preunderstanding should be understood not only as existential preunderstanding but, rather, as a preunderstanding arising from the profession under investigation which practitioners have acquired through the culture of which they are part and which is often stated as obvious (11). The profession can support or cloud one's vision, and it therefore becomes necessary for researchers to make their professional preunderstanding explicit and articulate the obvious. When the profession supports one's vision, researchers recognize what emerges as already being a part of their reality. When

researchers study their own practice, their profession might help them to see what they are seeing, and what residents, family caregivers and healthcare providers are saying. This motivates research within their own practice. The researchers in this project were senior researchers and one PhD student, and their professional preunderstanding was made up of the human science perspective, caring and medical knowledge, values, prejudices and ethical understanding as well as experiences of being a nurse.

Ethical considerations. The research project followed the guidelines for good scientific practice, set by the ethics committees in the Scandinavian countries. An ethical approach toward research means that residents, family caregivers and health care providers are given adequate information and that their dignity is preserved through the entire research process and that research ethical principles are taken into consideration in accordance with the Helsinki Declaration (24), which consists of research ethics that safeguard the patient's anonymity and integrity and preserves trust. The integrity of the patient was preserved, given that registered nurses were among the co-researchers, who have an obligation towards patient integrity (25). The Regional committee for medical and health research ethics South-East (2009/145b) and Norwegian Social Science Data Services (22249) approved the study accordingly in the respective participating countries.

The research group's process through five steps (1-5)

In this article, we were interested in how to develop knowledge about dignifying the life of older people in care. During several research meetings, the research group discussed and reflected on the interview materials to reach an understanding of human dignity. Gradually, these experiences gave a theoretical meaning. The reflections and interpretations performed by the research group were given a concrete application for practice through contact in the focus

groups and discussions with residents and family caregivers at the nursing homes. Five steps were used during the research process.

Step 1 *Seeking a common understanding of dignity and care.* The first meeting in the research group entailed a presentation of the project *A life in dignity* and the chosen methodology based on Gadamer's (17) philosophy of hermeneutics. Dignity as a concept was discussed where researchers sought to create a common understanding of the concept of dignity, caring as theory, practice, and the application research opportunities. All researchers were given a task until the next meeting to enhance their theoretical knowledge of dignity and the hermeneutic approach with an element of application. There was an ambition to reach a consensus about the research group's thoughts about a life in dignity and how research should be carried out. Earlier research within the subject was discussed and the focus was on dialogues about the goal of this application research and how it was to be carried out. Through arranged research meetings a 'hermeneutic room' was established, where the responsibility of the researchers was to guarantee scientific systematics and stringency (8). The discussions during research meetings reflected a constant shift between science and practice as well as between practice and theory, and this should be seen as a hermeneutic element where preunderstanding and understanding moves from obscurity to light (17). New questions were raised, and new answers were sought in a dialogue between all scientific researchers in the group, who in different ways taught each other to be able to carry out interviews in a similar manner.

Step 2 *Planning and recruitment.* In the second meeting, researchers planned how nursing home residents, family caregivers and healthcare providers should be invited to participate in the clinical study. The manager in the respective nursing home asked health care providers to

voluntarily participate in a focus group before signing the informed-consent form. The residents and family caregivers were asked by the healthcare providers at the nursing homes to voluntary participate in the study. An information letter was sent to each nursing home, where participants could read about the aim and process of the study. The researchers had a personal meeting with each nursing home to discuss the study and recruitment. A homepage was created with access to information about the study and current research articles on dignity. At the next research meetings, the research group discussed practical issues regarding data collection. After that, meetings with leader and health care providers in the respective six nursing homes in Scandinavia were held. There was information and discussion in these meetings and an atmosphere of suspense between the known and the unknown of dignity and how it might appear in practice. The desire to understand and interpret phenomena differently steered the dialogue and it was seen as a requirement in order to open up new horizons of understanding that one could admit (see Table 1).

Step 3 *Discussion and application in focus groups.* During step 3, the researchers discussed what the healthcare providers in the focus groups experienced as preserving and promoting dignity in nursing homes residents. The research group discussed and reflected upon healthcare providers´ narratives about what they experienced as preserved dignity in the residents, and how indignity in situations occurred in nursing homes. The healthcare providers also discussed different situations involving values and ethical demands. Application with dialogues had a longitudinal approach, meaning that we had 3 meetings/data collections with a progressive and different focus on each meeting. A total of 18 meetings with staff in focus groups were held.

Step 4 *Interpretation and writing articles.* During this step, there was a focus on processing, analyzing and interpreting data from residents and family caregivers, and reflecting on the

results of the whole study. Here the researchers tried to answer what characterizes dignity in theory and practice. At this time, there was also a focus on reflection and discussion about ethical values and caring in nursing homes. Participants from the nursing homes were invited to a seminar where some results were presented. The researchers discussed thoughts, feelings, observations and reflections during the research meetings and in focus group meetings at the nursing homes. The data was interpreted and all researchers in the group wrote or revised manuscripts with critical comments.

Step 5 *New understanding*. During the last step, an application was carried out. This combined the new knowledge with an understanding, which had been reached through a fusion of horizons (17) by our professional preunderstanding, reflection and interpretation. There was a basic idea in the research group that a revision of both clinical practice and scientific theory was going to take place. During the research meetings, the hermeneutic movement moved from reflection to interpretation and to application. According to Gadamer (17, 18), it will take time, competence and skill to find out how to maintain dignity in nursing homes and create a life in dignity. All researchers had a critical approach during the research. The new understanding is the concrete form of the caring characteristics that give human dignity its unique contents of a life in dignity. The new knowledge shows what dignity in the life of nursing home residents is about and how it is shown in caring practice. The new understanding is presented from *residents, family caregivers and health providers.*

The new understanding of dignity from the residents' perspective

Heggestad et al. (26) analyzed the concept of dignity related to dependence and autonomy. Institutional and organizational frames influence the residents' experiences of autonomy and their dignity. Time and resources may increase or decrease the residents' autonomy and their opportunities to live the life they want to live (26: 44). Findings showed that there was a relation

between experiences of being dependent, autonomy and dignity. The concept of dignity could be examined from three different perspectives (cultural, organizational and system levels), especially how organizational aspects may affect experiences of dignity (26: 45). Hoy et al. (27: 96) demonstrated that maintaining dignity was constituted in a sense of vulnerability caused by increased susceptibility to threats or losses to the self as integrated and autonomous persons. The overall theme of fostering dignity was being able to be involved in one's world, and the subthemes illuminated three forms of involvement; being involved as a human being, being involved as the person one is and strives to become and being involved as an integrated member of the society. To experience health and dignity, it is important to expand one's life space, in both physical and ontological terms (Saeteren et al. 28:145). The residents' own health resources are of great importance for experiencing a life in dignity as meaningful and enjoyable (Slettebo et al. 29 :7). These activities should chiefly be grounded in the residents' narratives of their earlier life experiences. This gives meaning and joy and is an important element in the overall experience of dignity.

The new understanding of dignity from the family caregivers' perspective

According to family caregivers, Nåden et al. (30) demonstrated how dignity was connected to the experience of being abandoned. This was experienced both on the concrete and on the existential level. Being abandoned touches something deeply human, because human beings are dependent on each other (30, 31). The experiences of the residents were mirrored through the family caregivers (31) and this showed the vulnerability of both parts. The family caregivers stated that the Golden Rule is a central aspect of a dignifying care. Uneasiness could be described as a form of suffering. A common source of uneasiness was unpredictability, such as when belongings were lost or promises were broken (31). Råholm et al. (32) describe that there are three dimensions inherent in the concept of dignity. These dimensions are: dignity

experienced on the concrete level, dignity experienced on the relational level and dignity experienced on the existential level. When family caregivers try to describe the residents' suffering in care from an existential point of view, they are themselves moved by the patients' frailty and vulnerability. The suffering touches the dignity of both the residents and their family caregivers (Råholm et al. 32). Caspari et al. (33) argue that if the existential needs and concerns are not satisfied, this will lead to undignified care. When the human dignity in care of elderly people is maintained and promoted, this will confirm their worthiness even as old, fragile and dependent persons. To further analyze the concept of dignity, the researchers looked at individual variations of caring cultures in relation to dignity and how it was expressed in caring acts and ethical contexts (Rehnsfeldt et al. 34). A caring culture is characterized as at home-ness and the little extra. We also found that some cultures were non-dignifying.

The new understanding of dignity from the healthcare providers' perspective

According to healthcare providers, dignity was experienced as the most challenging issue at the nursing homes due to time pressure and work overload. The results show that the residents had too much time, while the staff experienced a lack of time. Dignity was perceived when the residents felt accepted as unique and complete persons, i.e. experiencing protection and safety (Lohne et al.35:4). The narratives of the healthcare personnel maintained that the residents' autonomy and participation in their daily life encompassed influence and the right to make their own decisions about the care given (Lohne et al. 35:6). These were very central assumptions for dignity.

Discussion and Reflection

In this article, we have shown a clinical application method with a hermeneutic design, which was the approach of the project *A life in dignity* (17, 18). All scientific researchers and participants in the process contributed to creative thinking about dignity as an ethical act, and how to preserve dignity in old people in nursing homes. This method, through its uniqueness, has the potential to contribute to immediate change in clinical practice (8, 11, 13,15). The results from our research (see Table 2), show how residents, their family caregivers and healthcare providers in nursing homes described human dignity in daily life.

Reaching insights about professional pre-understanding can be seen as an ethical act (11). Ethical responsibility helps all to see and understand what dignity in nursing homes means to residents. Within participant-oriented research in general, the effect of the professional pre-understanding on how the researcher observes what presents itself has not been emphasized in previous research, something that can be seen as a strength in a design with an element of application (8, 11). Reaching insights about the researchers' pre-understanding widens the horizon, according to Gadamer (17), since the insights include an element of self-knowledge, a necessary aspect of experience. The reflective spirit of the 'hermeneutic room' was important to how preunderstanding led to new understanding and not only explaining and solving problems within one field, as in traditional action research (8). Through participation, the researchers developed knowledge in ethics and methodology, which participants in action research do not normally do (8,15). The research group meetings were held over a long time which is a strength. Many challenges were faced, and new questions regarding the research design can be raised.

Limitations of the design could be that only researchers with interest in dignity and hermeneutical design and development of clinical application research were invited to participate in the study. A limitation concerning data collection may be that it was a challenge

in some nursing homes because the focus group changed composition from time to time. This is a problem due to high turnover in nursing homes. We consider this as a challenge in clinical application research. Another limitation was that we did not return to each focus group after finishing the empirical data sampling to find out which changes had led to new understanding in clinical practice. Further research is needed to find out whether new understanding and application in health care providers has been implemented in clinical practice. We also need more studies on how practice can change in improving dignity for older people and family caregivers in nursing homes.

The similarities between this methodological approach and traditional participatory action research are that both the application and co-operative inquiry methods have elements of action research and both approaches claim that they are rooted in a humanistic tradition. However, when it comes to more philosophical underpinnings, there seems to be differences according to Hummelvoll and Severinsson (7) and Lindholm et al. (8). One challenge of clinical application research is to create a hermeneutical room where staff together with researchers can implement caring knowledge in practice, and the other way around, back to a caring science theory (8,11, 36). If staff themselves participate in clinical application research and understand caring science theory great possibilities exist making changes and real progress in practice (8). In this research project, preserved dignity was understood in such terms as freedom, responsibility, the little extra and being accepted as a unique human being (see Table 2). Participants also seemed to have acquired intellectual insight about a life in dignity in nursing homes (16). This is half way and a prerequisite in completing the application process meaning preparing the ground and providing dignified care for the human being. The idea behind clinical application research is not, as in traditional action research, to explain and give different solutions to problems but to raise awareness of one's preunderstanding (here dignity in care) of the meaning of dignity and

its importance in elderly care. This new understanding will lead to changes in the organizational culture i.e. the way we encounter vulnerability, suffering and ethical dilemmas.

Implications for clinical practice:

- Regular meetings discussing dignity and ethics in nursing homes.
- A prerequisite for this is to create a hermeneutic room, where healthcare providers feel free, respected, trusted and worhty, so that creativity can flourish.
- Leaders have a main responsibility in building up a caring culture in wards to let this happen, not only spontaniously but being continiuous activities. This concern is especially important in the light of the longlasting situations in Scandinavian nursing homes with lack of educated health care personnel. Knowing that humiiation of residents exists in nursing homes, continuity of the discussion meetings is also of great importance in order to avoid the violation of residents.

  Managers in nursing homes, together with researchers, have a responsibility to influence politicians to provide adequate numbers of health care providers with appropriate professional education.

Conclusion

In conclusion, this paper has described a methodology for clinical research with a hermeneutic design. By using a clinical application method based on a hermeneutic philosophy, new knowledge for theory and practice has been developed over time. The method may contribute to understanding something in a new way and create progress in practice, as well as noticing something new. The design also includes possibilities, in the way that it may challenge researchers as well as participants who have been involved in the research, as Gadamer (17,18) points out, to enter a new situation in the sense of the whole. It implies that researchers and co-

researchers are able to open up something new, to bring it out and make it visible. An important aspect when employing this approach was to create a hermeneutic room with an ethical atmosphere that invites researchers and healthcare providers to think in a new way, in our case, about how to preserve dignity for residents, family caregivers and healthcare providers in nursing homes. The clinical application methodology will be of importance when working towards making changes in practice.

References

1. Booth, Tolson, Hotchkiss, Schofield A. Using action research to construct national evidence-based nursing care guidance for gerontological nursing. *Journal of Clinical Nursing*. 2007; 16: 945–53.
2. Thorn S. The role of qualitative research within evidence-based context. *International J of Nursing Sci* 2009; 4: 569-575.
3. Curtis K, Fry M, Shaban R. Translating research findings to clinical practice *Journal of Clinical Nursing* 2016; 26: 862-872.
4. Benner P, Sutphen, Leonard V, Day L. *Educating Nurses: A call for Radical Transformation*. 2010, Jossey-Bass, San Fr, CA.
5. Petersson P, Lindskov C.Aktionsforskning. *In science theory and practice*. From idea to examination in nursing. (Henricsson M.ed). 2012, Studentlitteratur. 289-301, Lund.
6. Holmer J, Starrin B. (Eds). *Participatory research:* Att skapa kunskap tillsammans [To create knowledge together]. 1993, Studentlitteratur, Lund.
7. Hummelvoll J.K, Severinsson E. Researchers experience of co-operative inquiry in acute mental health care. *Journal of Advanced Nursing* 2005; 52: 180-188.
8. Lindholm L, Nieminen A.-L, Mäkilä C, Rantanen-Siljamäki S. Clinical application research: A hermeneutic approach to the appropriation of caring science. *Qualitative Health Research* 2006; 16: 137–150.
9. Coghlan D, Casey M. Action research from the inside: issues and challenges in doing action research in your own hospital. *Journal of Advances Nursing* 2001; 35: 674-82.
10. Arman M, Ranheim A, Rehnsfeldt A. Anthroposophic health care – different and home-like. *Scand J Caring Sci* 2008; 22: 357–66.
11. Lindwall L, von Post I, Eriksson K. Clinical research with a hermeneutic design and an element of application. *International J of Qualitative Methods* 2010; 2: 172–186.

12. Lindberg S, von Post I, Eriksson K. Hermeneutics and Human Interplay: A Clinical Caring Science Research Method. *International J of Qual Methods* 2013;1: 99-112.
13. Ranheim A, Arman M. Methodological considerations and experiences in clinical application research design. *International Practice Dev Journal* 2014; 4: 1-20.
14. Karlsson M, Nystrom L, Bergbom I. To care for the patient: a theory based clinical application research. *International Journal of Caring Science* 2012;5: 129–36.
15. Koskinen C, Nyström L. Hermeneutic application research- finding a common understanding and consensus on care and caring. *Scan J of Caring Sci* 2017; 1: 175-182.
16. Lindström UÅ, Lindholm L, Zetterlund J, Eriksson K. *Theory of caritative caring.* In M Tomey& R. Alligood (EDs) Nursing theorists and their work (6 th ed., pp 167-190) 2006, St. Louise, MO: Mosby.
17. Gadamer H.G. *Truth and method* (2ndRev.ed.).1989, New York: Continium.
18. Gadamer H. G. *Truth and method* (3rd Rev. ed.). (J. Weinsheimer & D. G. Marshall, Trans.). 2004, London, United Kingdom: Continuum. (Original work published 1960).
19. Miller WL. Crabtree BF, Clinical research. In strategies of qualitative Inquiry, Sage publications, 292-314. 1998. Denzin NK, Lincoln YS ed. London.
20. McAffrey G, Raffin-Bouchal S, Moules N.J. Hermeneutics as research approach: A reappraisal. *International J of Qual Methods* 2012; 3: 214-229.
21. Lindholm L, Holmberg M, Mäkelä C. Hope and hopelessness: Nourishment for the patient's vitality. *International J for Human Caring* 2005; 4: 33–38.
22. Dobrosavljev D. (2002) Gadamer's hermeneutics as practical philosophy. *Philosophy, Sociology and Psychology,* 2002; 2: 605-618.
23. Grondin J. Gada*mer's basic understanding of understanding.* In: The Cambridge Companion to Gadamer (Dostal R. red.). 2002, Cambridge University Press, 36-51.

24. Helsingforsdeklarationen. Declaration of Helsinki. Helsinki: World Medical Association. 2013.
25. ICN- International Council of Nurses. *The ICN Code of Ethics for Nurses.* 2006 Geneva, Switzerland. http://www.icn.ch/about-icn/code-of-ethics-for –nurses (accessed 20.05.2017).
26. Heggestad AK, Høy B, Sæteren B., Slettebø Å, Lillestø B, Rehnsfeldt A, Lindwall L, Lohne V, Råholm MB, Aasgaard T, Caspari S, Nåden D. Dignity, Dependence, and Relational Autonomy for Older People Living in Nursing Homes. *International Journal of Human Caring* 2015; 3: 42-46.
27. Høy B, Lillestø B, Slettebø Å, Sæteren B, Heggestad AK, Caspari S, Aasgaard Y, Lohne V, Rehnsfeldt A, Råholm MB, Lindwall L. Nåden D. Maintaining dignity in vulnerability: A qualitative study of the residents' perspective on dignity in nursing homes. *International J of Nursing Studies* 2016; 60: 91-98.
28. Sæteren B, Heggestad AKT, Høy B, Lillestø B, Slettebø Å, Lohne V, Råholm MB, Caspari S, Rehnsfeldt A, Lindwall L, Aasgaard T. Nåden D. The dialectical movement between deprivation and preservation of a person's life space - A question of nursing home resident's dignity. *Holistic Nursing Practice* 2016; 3: 139-147.
29. Slettebø Å, Sæteren B, Caspari S, Lohne V, Rehnsfeldt A, Heggestad AKT, Lillestø B, Høy B, Råholm MB, Lindwall L, Aasgaard T. Nåden D. The significance of meaningful and enjoyable activities for nursing home resident's experiences of dignity. *Scand J of Caring Sci* 2017; 4: 718-726.
30. Nåden D, Rehnsfeldt A, Råholm MB, Lindwall L, Caspari S, Aasgaard T, Slettebø Å, Sæteren B, Høy B, Lillestø B, Heggestad AKT, Lohne V. Aspects of indignity in nursing home residences as experienced by family caregivers. *Nurs Ethics* 2013; 7: 748–761.

31. Lohne V, Rehnsfeldt A, Råholm MB, Lindwall L, Caspari S., Sæteren B, Høy B, Lillestø B, Heggestad AKT, Slettebø Å, Aasgaard T, Nåden D. Family caregivers' experiences in nursing homes; narratives on human dignity and uneasiness. *Research in Gerontology Nursing* 2014; 6: 265-272.
32. Råholm MB, Lillestø B, Lohne V, Caspari S, Sæteren B, Heggestad AK, Aasgard T, Lindwall L, Rehnsfeldt A, Høy B, Slettebø Å, Nåden D. Perspectives of Dignity of Residents living in Nursing homes- Experiences of Family Caregivers. *International J of Human Caring* 2014; 4: 487-499.
33. Caspari S, Lohne V, Rehnsfeldt A, Sæteren B, Slettebø Å, Tolo Heggestad AK., Lillestø B, Høy B, Råholm MB, Lindwall L. Aasgaard T, Nåden D. Dignity and existential concerns among nursing homes residents from the perspective of their relatives. *Journal of Clinical Studies* 2014; 3: 22-33.
34. Rehnsfeldt A, Lindwall L, Lohne V, Lillestø B, Slettebø Å, Heggestad AK, Aasgaard, T, Råholm MB, Caspari S, Høy B, Sæteren B, Nåden D. The meaning of dignity in nursing home care as seen by relatives. *Nurs Ethics* 2014; 5: 507-517.
35. Lohne V, Høy B, Lillestø B, Sæteren B, Heggestad AK, Aasgaard T, Caspari S, Rehnsfeldt A, Råholm MB, Slettebø Å, Lindwall L. Nåden D. Fostering dignity in the care of nursing home residents through slow caring. *Nurs Ethics* 2017; 7:778-788.
36. Eriksson K. Evidence – To See or Not to See. *Nursing Sci Quarterly* 2010; 4: 275-79.

Table 1 Demografic data for respondents

Participants	**Gender**	**Age**	**Educational level professionals**
Residents N = 28 Six (6) Nursing home residences	7 males 21 females	Years Mdn (range) 82,5 (62–103)	
Family caregivers N = 28 Six (6) Nursing home residences	11 males 17 females	Years Mdn (range) 68 (47–89)	
Health providers n = 40 Six (6) Nursing home residences	3 males 37 females	Years Mdn (range) 42 (20–64)	RN, assistant nurse, physiotherapists, ergo therapists, activity managers, leaders, canteen staff, and unskilled workers

Table 2. The new understanding of older persons´ dignity in nursing homes

Author	**Aim**	**Sample**	**Method**	**Result**	**Application** **Gadamer, 1989/2004)**
1 Heggestad *et al.* (2015) Dignity, Dependence, and Relational Autonomy for Older People Living in Nursing Homes *International Journal for Human Caring,* 19 (3), 42-47.	The aim was to present and discuss some findings on how older people in nursing homes experience dignity related to dependence and autonomy and how their dignity may be promoted.	28 residents living in nursing homes interviews	Hermeneutic	Negative views about dependence, institutional frames and structures in the nursing home, and the attitudes and actions of healthcare personnel may diminish independence and lead to a lack of autonomy. Each of these areas can be experienced as a serious threat to the residents´ dignity. .	Dignity may come into play at different levels in the residents' lives, a cultural level, an organizational or system level, and a relational level. The cultural level in western society where independence is viewed as a core value related to dignity. The system level may be understood as the institutional frames and routines and the social or relational level is the "lowest" level, where the patient meets the health providers. The term relational autonomy may cover all these levels and may help us to understand the relation

					between dignity and autonomy at these three levels.
2 Høy *et al.* (2016) Maintaining dignity in vulnerability: A qualitative study of the residents' perspective on dignity in nursing homes *International Journal of Nursing Studies,* 60, 91-98.	The aim was to illuminate the meaning of maintaining dignity from the perspective of older people living in nursing homes.	28 residents living in nursing homes interviews	Phenomenological - hermeneutic	The residents provided details of experiences on maintaining dignity constituted in a sense of losses and vulnerability. The overall theme was: Being able to be involved in one´s world and the subthemes were: Having essential needs met and preserving a positive body-image, being in control and valued as a person one is and wants to become and maintaining and form reciprocal relationships and a meaningful day.	The naive interpretation revealed that the residents´ narratives on dignity and lives in nursing homes were unique to each individual. Their experiences of maintaining dignity were associated with their own personal identity and were driven from feelings of vulnerability and increased susceptibility of threats or losses to the self. To maintain a sense of dignity, they described the kind of person they need to be and the efforts from themselves and from the nurses.
3 Sæteren *et al.* (2016) The dialectical movement between deprivation and preservation of a person's life space - A question of nursing home residents` dignity *Holistic Nursing Practice,* 3, 139-147.	The aim was to acquire a deeper understanding of what older nursing home residents do to preserve their dignity.	28 residents living in nursing homes interviews	Hermeneutic	The main result presented in this article is that the residents tried to expand their life space, both physical and ontological, to be responsible for their own lives, to experience inner freedom and being at home. Main themes identified were *striving to be at home, striving for inner freedom and autonomy, and striving for a meaningful life.*	The residents used different strategies to deal with life in the nursing home. Most of them described living in a nursing home as both positive and negative. The common expression *trying to make the best of it* seemed to express ambivalence, both a positive attitude and an underlying allusion that this living situation was not the residents' utmost desire. It seemed as though they lived in a dialectic movement between experiencing dignity and feeling a sense of humiliation. This movement was influenced by the residents themselves, the environment, routines and culture at the nursing home, and the relationships they had with other people, with their family, fellow residents, and helpers.
4 Slettebø *et al.* (2017) The significance of meaningful activity for nursing home resident's experiences of dignity *Scandinavian Journal for Caring Sciences,* 31 (4), 718-726.	The aim was to examine how nursing home residents experience dignity through the provision of activities that foster meaning and joy in their daily life.	28 residents living in nursing homes interviews	Qualitative content analysis	The informant's highlights two dimensions of the significance of meaningful activities that fosters experiences of dignity in nursing homes in Scandinavia. These two categories were that 1) active participation fosters dignity and 2) individualized activities fosters dignity.	Active participation in meaningful activities is significant for experiencing dignity when living in a nursing home. The personal choice of a meaningful activity makes the days more meaningful and fosters dignity. Activities that keep the residents in contact with their previous life is important.

5 Nåden *et al.* (2013) Aspects of indignity in nursing home residences as experienced by family caregivers *Nursing Ethics,* 20 (7), 748-761.	The aim was to present results pertaining to the following question: In what ways are nursing home residents deprived of their dignity, from the perspective of family caregivers?	28 family caregiver's interviews	Hermeneutic	The overall theme that emerged was: "A feeling of being abandoned". The subthemes are designated as follows: deprived of the feeling of belonging, deprived of dignity due to acts of omission, deprived of confirmation, deprived of dignity due to physical humiliation, deprived of dignity due to psychological humiliation and deprived of parts of life.	Indignity in care as an experience of abandonment on a concrete and existential level Freedom, responsibility, and a commitment for others stand out as fundamental dimensions of dignity.
6 Lohne *et al.* (2014) Family Caregivers' Experiences in Nursing Homes; narratives on human dignity and uneasiness *Research in Gerontological Nursing,*7 (6), 265-272.	This study sought to interpret and interpret narratives provided by family caregivers regarding experiences of human dignity in terms of how their loved ones were respected and cared for by health care personnel in Scandinavian nursing homes.	28 family caregivers´ interviews	Phenomenological-Hermeneutic	The interpretations revealed two main themes:" one should treat others as one would like others to treat oneself" and "Uneasiness due to indignity." Dignity was maintained in experiences of respect, confidence, security, and charity. Uneasiness occurred when indignity arose.	Maintaining dignity means experiencing values as individual respect, confidence, security, and charity. Uneasiness is understood as a form of suffering. Relative aspects of dignity and indignity are experienced as dependency and vulnerability by the family caregivers.
7 Råholm *et al.* (2014) Perspectives of Dignity of Residents Living in Nursing Homes-Experiences of Family Caregivers *International Journal for Human Caring*, 18 (4), 34-39.	The aim was to describe different perspectives of dignity in the care of residents experienced by the family caregivers.	28 family caregivers´ interviews	Hermeneutic	Dignity in care experienced on the concrete level - the confirming culture and the non-confirming culture Dignity in care experienced on the relational level – the act of caring and the act of non-caring Dignity in care experienced on the existential level – vulnerability in the face of others suffering in care, the struggle facing one's own vulnerability.	Dignity in care enables facing one's own vulnerability both on the concrete as well as on the relational and existential level. The family caregivers are experiencing a double suffering, and a confirming or non-confirming culture is crucial when facing this.
8 Caspari *et al.* (2014) Dignity and existential concerns among nursing home residents	The aim was to explore how residents in nursing homes experience that their dignity is promoted and attended to.	28 family caregivers´ interviews	Hermeneutic Kvale's three levels of interpretation	The following themes emerged, from the perspective of the relatives, concerning what was deemed important to the resident according his existential needs and concerns: a) to have a	The existential concerns and needs are components that are significant for the individual human beings' dignity and worthiness. One's individual being in the world as one important "chain of life" also gives your being or existence an

from the perspective of their relatives *Clinical Nursing Studies,* 2 (3), 22-33.				comfortable, homely and practical room, b) to have close contact with family,, friends and with staff, c) to have æsthetic needs and concerns attended to, d) to have ethical needs and intrinsic values attended to, e) to have cultural and spiritual needs and concerns attended to.	innate dignity. Existential dignity is acquired precisely by living well as a human being. Deprivation of dignity means violating the existential dignity of the residents.
9 Rehnsfeldt *et al.* (2014) The meaning of dignity in nursing home care as seen by relatives *Nursing Ethics,* 21 (5), 507-517.	The aim was to investigate the individual variations of caring cultures in relation to dignity and how it is expressed in caring acts and ethical contexts.	28 family caregivers´ interviews	Hermeneutic	Three patterns were revealed: dignity as at-home-ness, dignity as the little extra and non-dignifying ethical contest.	At-home-ness reflects the ethos of a caring culture as an ontological entity where the residents can be invited into a caring communion. Doing the little extra is an ethical act reflecting person-centered care encouraging invitation.
10 Lohne *et al.* (2017) Fostering dignity in the care of nursing home residents through slow caring *Nursing Ethics,* 24 (7), 778-788.	The aim was to explore dignity as a core concept in caring, and how healthcare personnel focus on and foster dignity in nursing home residents.	40 healthcare personnel in six focus groups interviews	Hermeneutic	Two main themes emerged: dignity as distinction (I), and dignity as influence and participation (II).	The essence of preservation and protection of dignity is acknowledging each resident's unique individuality through distinction. Increased personal influence and voluntary participation seems to be essential to preserve and protect dignity of the residents.