Daniela Lillekroken, PhD

Department of Nursing and Health Promotion

Faculty of health Sciences

Oslomet- Oslo Metropolitan University

Oslo, Norway

Slow Nursing and its Holistic Place in Dementia Care

A Secondary Analysis of Qualitative Data from Nurses Working in Nursing Homes

Despite a growing body of research literature within dementia care, research concerning how to provide holistic quality care and its benefit for people with dementia is still scarce. In this study, a secondary analysis of original qualitative data from a former study was employed. Findings demonstrated that slow nursing embodies a holistic caring approach, which may improve the care quality provided to people with dementia. The current findings also provide key knowledge that may contribute to nursing research and education. **KEY WORDS:** *dementia care, holistic care, secondary analysis, slow nursing*

INTRODUCTION

People worldwide are living longer. According to the World Health Organisation[1], there are 125 million people aged 80 years or older. Consequently, the prevalence of dementia has also increased[2]. There are 47.5 million people living with dementia in the world, and each year there are 7.7 million new cases registered[3].

Like other developed countries, Norway has an ageing population. According to Statistics Norway[4], the aging of the Norwegian population will continue, and every fifth resident in Norway will be aged at least 70 years in 2060. Results from a report conducted by

the National Association for Public Health[5] show that there are about 77,000 people with dementia in Norway. Due to the increased life expectancy and demographic changes, the number of people diagnosed with dementia in Norway, is expected to double over the next 30 – 40 years[4]. To meet these demographic challenges, the Norwegian government released a 5-years Dementia Care Plan[6]. The plan creates and promotes pathways toward dementia caregiving to improve the quality of provided healthcare services. This paper proposes slow nursing as a holistic caring approach that may positively impact people with dementia who live in nursing homes.

BACKGROUND

During the 1990s, a paradigm shift in nursing homes led to major changes within institutional care, reflected by changes regarding nursing homes' physical environment, culture, and models of care[7]. From just being an institutional facility, the 'nursing home' became more of a homelike environment where residents plan their own daily activities[7]. However, if the quality of care and nursing home residents' quality of life are complementary, prior results from a study that evaluated the association between culture change and nursing home quality of care demonstrated that many culture change models – such as Green House, The Eden Alternative, and the Wellspring model – may improve nursing home processes of care[8]. Although the research evidence is limited, these culture change models have shown beneficial outcomes for both residents and employees[9].

To meet the complex needs that people living with dementia may have, many models of care have been developed[10-13]. Recently, person-centred approaches have been described as best practice in dementia care and are synonymous with the best quality of care[14]. In addition, person-centred care facilitates the maintenance of personhood in people with dementia[15, 16]. As the literature reveals, many studies refer to well-designed programs and positive

approaches to provide high quality care to nursing home residents; however, conclusive evidence about improving the quality of care for nursing home residents with dementia is still needed[17].

Nursing home residents' satisfaction is also determined by the way the care is provided; thus, nurses' manner to deliver care is crucial and connected with care quality[18]. In her first editorial, Sterin[19] asserted that people with dementia can cope with the disease; however, they need time. Although the idea seems simple, it is profound, demonstrating how a human being lives within an altered – and in a consistently altering – world. Therefore, the need for 'time' when delivering care to people with dementia is of importance if the care should be perceived as effective. Contrary to 'fast nursing', which has shown negative outcomes for both nursing home residents and for healthcare personnel[20], a new concept, 'slow nursing', has been proposed[21]. Slow nursing is "a perspective that focuses on respect for the patient as a person, emphasising quality, by paying attention to and reflecting patients' needs and resources, using theoretical and practical knowledge; commitment; creativity; and intuition to know *when*, *why*, and *how* to be in world of nursing."[21(p.43)]

PURPOSE

Previous published findings show that slow nursing represents embodied care that may lead to the supporting of a Sense of Coherence (SOC) in people with dementia[22] . This paper presents findings from a secondary analysis of qualitative data. The purpose of this study was to explore nurses' perceptions about the holistic care perspective of slow nursing and its impact on people with dementia living in nursing homes.

METHODS

To explore nurses' perceptions, the researcher re-examined the existing data that were collected for a former study [23], considering the purpose of the current study. According to

Heaton[24], a secondary analysis uses the existing collected data to answer a research question, which differs from that of the original study. The researcher can use the data from a former study for secondary analysis by returning to it after the initial analysis has been performed; thus, the researcher can present interpretations, conclusions, and additional information, that differ from those presented in the original study[24].

Secondary data analysis

The original study was conducted over four months in 2011. The research context was two different Norwegian nursing homes (NHA and NHB) which had special units for people with dementia. The purpose of the original study was to explore nurses' experiences with healthcare activities that may support and possibly enhance SOC in people with dementia who are living in nursing homes. Sixteen registered nurses (eight from each nursing home) participated. The participants were all women (mean age = 47.2 years; mean work experience = 16.6 years). Eleven nurses had additional education and special training in dementia care or relevant disciplines. Participants were recruited by the head nurses at each unit. Data were collected through participant observation and four focus-group interviews with four nurses in each group. Focus-group interviews followed a semi-structured interview guide, which consisted of six major themes developed per Antonovsky's – 13 items SOC scale[25]. The original data consisted of field notes from observations and transcripts from interviews (N = 291 pages). Data were analysed by triangulation of two methods: qualitative content analysis and phenomenological-hermeneutical analysis.

For this study, data were re-analysed using latent thematic analysis[26]. This analysis method is a systematic approach that allows the researcher to interpret data, to report relevant themes within the data, and to summarise the findings. However, during the secondary

analysis, since the current purpose differed from that of the original study, the analysis focused on distinct units of analysis from that of the original dataset.

Specifically, the latent thematic analysis comprised a six-step analysis process[26]: (1) becoming familiar with the text by reading the data, (2) coding throughout the text, (3) creating themes, (4) assessing the suitability of the themes with the chosen data, (5) checking and labelling the themes, and (6) presenting the findings.

During analysis, relevant data were collated under a chosen code; then, codes that reflected the same meaning, were gathered under one theme. In the next phase, themes were reviewed relating to the chosen codes from the dataset, finally, themes were assessed to see if they matched the chosen codes. Through the ongoing analysis, the researcher defined and named each theme. Emerging themes and textual and structural descriptions were compared against the interview transcripts to ensure that they represented participants' perceptions. Since what the researcher was looking for was predetermined, the approach was deductive[27]. A deductive approach provides fewer rich descriptions of the overall data; however, some aspects produce a more detailed analysis[26]. The analysis was considered complete when theoretical saturation was reached, or when the researcher could not identify any new themes.

Rigour

Throughout qualitative analyses, trustworthiness is essential; therefore, researchers must follow specific criteria during the research process. There are four criteria: credibility, dependability, confirmability, and transferability[28]; however, the quality of the secondary analysis depends on the quality of the original data, the purpose of the original data and the quality of the analysis process during the secondary analysis[29]. The original data provided a rich dataset and it was analysed to explore nurses' experiences with healthcare activities that

may support SOC in people with dementia[23]. The way trustworthiness of the analysis of the original data was ensured, is described in earlier articles[22, 30, 31].

The researcher collected and analysed the data in the original study; hence, the research background was known during the secondary analysis. However, the secondary analysis had a distinct purpose; therefore, in the secondary data analysis, the researcher adopted a deductive approach to the dataset, pursuing data that suits the current purpose. Data describing nurses' caring activities that fit the qualities of slow nursing were chosen. This influenced the interpretative process in a certain direction; however, using a deductive approach was a deliberate choice to elucidate the impact slow nursing may have on people with dementia care.

In the original study, the researcher collected the data, transcribed the focus-group interviews and field notes, and analysed the data; hence, the researcher had the advantage of knowing the context of the original study. Therefore, during the secondary analysis, the researcher knew the purpose of the original study, the data collection methods used to collect the data, the data collection period, the methods used to analyse the data, the research context, and the participants' professional background. This helped to strengthen the validity of the secondary analysis. Another way trustworthiness was maintained in the secondary analysis was that the researcher provided detailed information about how each step of the latent thematic analysis was performed. In addition, to sustain the accuracy of the findings as best described by participants, their voices can be 'heard' through the quotes.

Ethical considerations

The Norwegian Regional Ethics Committee for Medical Research approved the original study (project no. 2011/199), which was conducted in accordance with the ethical

guidelines described in the Helsinki Declaration including: informed consent, consequences and confidentiality[32].

Prior the project commencement, the participants were informed, both verbally and in writing, about the nature of the study, the data collection methods, and that their anonymity and confidentiality would be assured. The researcher informed participants that their participation was voluntary, and that they had the right to withdraw at any time without penalty. To ensure confidentiality the data were stored on a password-protected server, accessed only by the researcher.

The purpose of the secondary analysis was not part of the approved original study protocol; however, the participants have been informed that the data might be utilised for ongoing analysis, such as this secondary analysis. If kept confidential, presenting findings from a secondary analysis should not have any negative consequences for participants; therefore, the current study did not require novel ethical approval.

FINDINGS

Based on the knowledge from the original study that established slow nursing as a caregiving approach that may support and possible enhance SOC in people with dementia, the focus of this thematic analysis was to further explore nurses' perceptions about the holistic care perspective of slow nursing, and its impact on people with dementia. Two main themes emerged: (i) slow nursing sustains the life and personhood of people with dementia, and (ii) slow nursing sustains the sensory experiences of people with dementia.

In the following paragraphs, the findings are presented according to these themes, illustrated with quotes from field notes that were taken during observation and informal conversations with the observed nurses.

Slow nursing sustains the life and personhood of people with dementia

In dementia care, the relationship between the residents and the nurses is critical in sustaining residents' personhood. Nurses acknowledged that building trusting relationships with the residents needs time; however, when these are established, the relationships are valuable for sustaining residents' personhood. When orientation, memory, and the ability to understand reality fails, sustaining the residents' personhood relies on nurses' abilities to maintain positive relationships. Therefore, nurses had to align their work with residents' psychosocial needs; hence, providing care which considers residents' current needs and not just proving procedural care. One nurse explained that she had to stop and reflect on *how* to spend time with a resident if the relationship was to become effective:

> He does not understand anymore what is going on around him…the disease made him very sick; he does not know what time of day it is… However, there are some moments in the morning when it seems easier to help him … Therefore, one of us (healthcare personnel), must be vigilant and sense when and how to act to provide care. You can feel and even see that he does not have the same unrest in the body in that moment. This moment you must grab if you want to provide care … (Nurse 1 at NHB)

Nurses emphasised the importance of sustaining residents' activities of daily living such as feeding, hygiene, and providing medication. The way care was provided in these moments was critical, as it could sustain residents' personhood and ways of life. One nurse, while she was helping a resident take a shower, said that caring for people with dementia included compensating for their limited cognitive and bodily competencies:

> You must help them to proceed with their lives… she has forgotten how she did it, but I am here to help her … (Nurse 3 at NHA)

Another nurse said the following:

> We must be aware of their needs and help them in a way that they will feel that you help them and not take from them; … but we also have to think … there is a reason why they are living here … Some of them may be in a good physical shape; but they do not remember anymore how to use a knife and fork at the dinner table … or how to brush their teeth … Sometimes you have to do it for them … (Nurse 4 at NHA)

Nurses were concerned with maintaining normality in residents' lives. Helping the residents with *how*, was important. Many nurses describe their efforts tailoring caring activities that sustained residents' previous ways of living their lives as it was essential to sustain their personhood. Maintaining residents' daily routines was also central to maintaining their well-being, normality, and sociality.

Illustrating how nurses helped the residents through their daily activities, one nurse said that, in dementia care, it was important to have biographical knowledge about the residents, to have information about the residents' lives before dementia and use this knowledge effectively:

> Nursing care is not always about measuring blood pressure, showering, dressing, or meals and medicines… You have to see the whole person – who the person was and still is despite dementia…We have to do a little bit more than just being together with them during the day. Maybe they want to listen to music or… I have read somewhere that my presence must influence the patient in a positive way… I think that respect… by showing respect for them as human beings… when you communicate with them… is caring. You can show respect through your body language or through your verbal language, depending on the patient's condition (Nurse 5 at NHB)

Further, nurses, had to creatively plan the care they provided if the care was going to be perceived as effective. Nurses acknowledged the importance of knowing *what* was important to residents before they had dementia, which embodies holistic care since 'time' is a complex construct for patients with dementia. Social activities were likely a key part of residents' previous lives; therefore, nurses had to consider residents' pasts when planning care which fosters personhood:

> You have to know the residents' preferences, what they like what they do not like, if they drink coffee or tea at breakfast, or when they usually go to bed at night … (Nurse 6 at NHA)

During observation, one nurse stated that one of the female residents used to be very social. She liked to go to parties, to dance, and listen to music when she was young. After the nurse read about this in the resident's journal, the female resident began participating in all social affairs at the nursing home. The following paragraph illustrates the importance of sustaining residents' personhood and well-being:

> The resident asked the nurse, 'Which day is today?'. With a pleasant, low voice, the nurse answered, 'Today is Friday', and reminded her that there will be a party in the evening'… Then, the nurse asked her to take a shower … After the shower, the nurse chose a dress from the resident's wardrobe. The resident looked at the dress and, with some regrets, she said, 'Not this one, this is my best dress!' Kindly, with a smile on her face, the nurse turned around to her and said, 'Well, you will be the prettiest lady at the party tonight'. The resident smiled and was pleased by the nurse's answer. She claimed that she looked forward to the party. The nurse turned around and whispered to me (the researcher), 'I am not sure that she will remember the party; but she seems to enjoy the thought'… (Field notes NHA)

Slow nursing sustains the sensory experiences of people with dementia

In many cases, nurses genuinely directed their attention to residents, and that provided nurses with valuable time to spend together with them. The nurses regarded slowness as a central and positive element in their caregiving:

> We have all the time in the world; why should we hurry? (Nurse 4 at NHA)

Unlike other nursing contexts, caring for people with dementia invokes a temporality that is less concerned with the long term. During the morning routines, nurses' chat about the next meal or upcoming visits by family members is typically a monologue because many of the residents have lost their ability to verbally express themselves. However, nurses' chatting about the future created a 'view' for residents and gave them something to look forward to. Nurses' chatting, or other forms of interaction was also an effort to create comfortable opportunities in which the residents could respond to the care they received. A paragraph from the field notes documented an interaction between a nurse and a resident who had advanced dementia:

> Some of the residents from the unit for people with advanced dementia at NHB, need time and some particular preparation to wake up. One nurse is planning to provide personal hygiene for one resident – a man that has no verbal communication; but, he perceives music or songs as a way to communicate. The nurse entered the resident's room, said, "Hi", and approached the resident's bed. She saw that the resident was awake, and she slightly started to sing. The resident's hands and legs started to move in all directions. "It is an indication that he is ready to stand up", said the nurse who helped the man get out of bed and go to the bathroom. Slowly, the nurse took the man's hands and put them under the water in the sink … He smiled and seemed comforted. At the same time, he submitted himself to the nurse.

As the empirical data revealed, nurses caring for people with dementia represent a reflective way of practicing nursing, where nurses' 'tacit knowledge' emerge. Nurses used their intuition to enable residents to continue to enjoy activities that prevent boredom. A trip outside the nursing home or a walk in the sensory garden, if this is the resident's wish, could change the resident's state of mind. However, nurses must be insightful and assess residents' physical and psychological vulnerabilities. For example, before a resident went outside, one nurse checked the weather and she helped the resident find adequate clothes.

Nurses said that they provided care also for the residents' soul. They strived to provide residents with experiences that appealed to their senses. By recognising and carefully attending to the ways that residents interact with the world, nurses provide holistic care. Activities of daily living, such as showering, or meals were opportunities to trigger the residents' senses. As one of the nurses said while she was pampering one of the residents, a woman, with body lotion:

> The least I can do… is give her something that feels and smells good! (Nurse 2 at NHA)

Sometimes, during the day, nurses or other healthcare personal made waffles. The smell during the preparation of the waffles, their sweet taste, the red colour of the strawberry jam sparked residents' memory and nostalgia, as one of the nurses said:

> They recognise these tastes and smells from their early lives. They grew up with waffles. Most of them associate waffles with cosy family time… (Nurse 3 at NHB)

The nurses said that this is also 'care', as they were promoting the residents to find pleasure in eating together with others.

DISCUSSION

The purpose of this study was to explore nurses' perceptions about the holistic care perspective of slow nursing and its impact on people with dementia living in nursing homes. Through a qualitative secondary analysis of prior data, two themes emerged: 'Slow nursing sustains the life and personhood of people with dementia', and 'Slow nursing sustains the sensory experiences of people with dementia'. The findings presented in this paper extend those from original study[23], and from research reporting that caring is still the fundamental underpinning of nursing[33].

According to Kitwood[15], one's relationship with others is the prerequisite for maintaining one's personhood. As the findings revealed, slow nursing provides nurses with an opportunity to nurture and relate to residents whom nurses should feel a personal commitment to and responsibility for. This overall idea of caring for people with dementia is consistent with the definition of caring created by Swanson[34]. For Swanson[34], 'being with' means the nurse is emotionally present and engaged with the other person. It includes the nurse being there in person, conveying availability, and sharing feelings without burdening the one being cared for[35]. The meaning of 'being with' may have some similarities with the findings from the original study, where 'being in the moment', was a core element of slow nursing[22]. 'Being with' and 'being in the moment' are key processes in holistic care, as they create opportunities for the nurses to foster relationships that lead to maintaining the personhood of people with dementia.

When nurses slow the pace of their caregiving, it creates a possibility for them to listen, observe, and remain attentive which can help them identify residents' expressions. These ideas are consistent with findings from a previous study that discussed existential caregiving as a natural element in healthcare[36]. In dementia care, as well as within other contexts of care, nurses' perception is critical, as it may keep residents alive. For example, an attentive nurse can infer about a resident's posture, skin colour, or facial expressions

portraying pain, fear, or doubt. In short, slow nursing increases the opportunity for nurses to observe, as observation is "the key to holistic care" [37 (p.175)].

Nurses must fully know the people they are caring for including their earlier experiences, habits, and likes and dislikes, which may contribute to maintaining their identity and dignity[38]. However, this process takes time, and requires mutual efforts [34]. Slow nursing is an unhurried process to care and requires attentiveness. By moving and communicating 'slowly', nurses might spread harmony, which may help maintain normality in residents' lives[39].

Previous research revealed that time is an explicit part of effective care quality[40]. Slow nursing embraces the change from a fast-paced work life characterised by procedures, routines, efficiency, and productivity to a pace that gives nurses time to care for persons with dementia[21]. Slow nursing treats time as a resource and as a crucial dimension when providing appropriate care. Therefore, the real essence of *slow* in slow nursing should be giving the nurse valuable time to care for a patient, who too needs time to cope with the disease[19].

Slow nursing is also about the nurses' presence and their awareness in the context of care. In dementia care, nurses' presence is crucial; however, just being present is not sufficient to care for people with dementia. It must add something positive. To facilitate this, nurses must be present in body, in mind, and in morality, if their presence is to create possibilities for insight and reflection[41]. Therefore, a key precondition for effective quality in all nursing practice is nurses' ability to recognise the quality of *when* and *how*, and to understand how the quality of care influences residents' outcomes. Further, slow nursing draws nurses and people with dementia into the 'moment'. The focus of the interaction is to meet the residents' needs *here* and *now*. When both the nurse and the resident are fully present in the moment, the nurse can balance the care provided. Nurse's awareness about *here* and *now* creates the possibility to keep a balance between too much and too little or between

too fast or too slow. One participant noted that ‘one may be lost in the dementia journey’. This highlights the need for nurses to adopt a ‘doing for’- strategy or substituting for a resident’s loss. In other words, the nurse must do for the resident what one would do for herself/himself if possible. This may include sensing the residents’ needs, comforting them, performing skilful and competent care, and keeping them safe[34]. However, there is a difference between ‘doing for’, ‘doing with’, and ‘not doing at all’. Nurses’ challenge is to understand the difference. Only then, the care will be perceived as effective by residents. Slow nursing creates a necessary pace that presents the possibility to find this balance.

Slow nursing offers possibilities to capture the true essence of caring. Within the Nordic tradition, patients’ health and their suffering are integrated into the caregiving[42]. The person with dementia, as a human being, is the priority and his/her present life situation determines the way of caring. As the findings demonstrated, slow nursing facilitates nurses’ ability to see what the unique patient reveals, and to understand patient’s individual situation. However, caring is also about maintaining belief in the patient[34]. Therefore, nurses must help residents face the future with meaning and stand by the resident no matter how dire the situation may be. As the findings revealed, nurses chatting during the morning routines helped residents face the future with meaning. Ranheim[43] claims that meaningfulness in care is developed through communication between healthcare personnel and patients. This highlights the importance of nurses’ creativity, knowledge, and willingness to find solutions to relevant problems, which will likely benefit residents.

In an era of rapid demographic changes and increased need for efficiency in delivering care, implementing slow nursing as a daily care practice in nursing homes may be an impossible ideal. The financial costs of employing more and educated staff is often used as a reason to not recruit staff with exemplar attributes[44]. In a care environment with staff shortages and lack of time for anything other than physical care, translation of research-based

knowledge into everyday practice may be a challenge. Therefore, for enhanced care quality, nurses must understand the complexity of the mixture of individual, organisational, political, and social factors which are involved in caring for people with dementia. In addition, head nurses' leadership style and the way nurses are supported may be associated with the caring context and the ability to facilitate slow nursing, if slow nursing should be a daily care practice in nursing homes. However, the most important message from this study is that, although the current cost-efficiency culture of healthcare predominates, caring for people with dementia is still of importance to nurses.

Study limitations

Two limitations denote the use of secondary data analysis. First, this study had the same limitations often reported in qualitative research. Specifically, as is common in qualitative research, the findings are limited to the participants and to their personal perceptions. The findings described in this paper were derived from statements from only 16 nurses from two Norwegian nursing homes; therefore, the results were obtained from a small sample size and they are context-dependent. However, a description of the context and the participants provides the readers with the opportunity to assess whether the findings are transferable to similar contexts.

Second, the researcher could not conduct further interviews to collect additional data or clarify the validated themes. The researcher was also unable to ask relevant questions that arose while reading the transcripts. Conducting research with one purpose that uses data that were collected for another purpose limits the extent that thematic findings can be identified. However, this potential limitation was overcome by analysing the data with a lens that was not influenced by the original study, such as using clean, uncoded transcripts from focus group interviews and field notes.

CONCLUSION

This paper provides key knowledge regarding nurses' perceptions about the holistic care perspective of slow nursing and its impact on people with dementia. Slow nursing sustains the life and personhood in people with dementia and their sensory experiences.
Moreover, slow nursing includes each nurse's individual contribution to enhance the quality of care they provide – it is about nurses finding a personal and better way to practice holistic care for people with dementia.

Overall, one political ambition of the Norwegian government is to strengthen the quality of healthcare provided to people with dementia[6]. Therefore, this secondary analysis provides a key source of knowledge that may contribute to nursing care, nursing research, and nursing education. Additionally, it provides information about the development and implementation of research-based knowledge within dementia care to strength the healthcare provided to people with dementia.

IMPLICATION FOR CARE

Slow nursing can be applied in practice in two ways.

First, slow nursing can be used as a theoretical foundation for dementia care and research in general. Nursing educators and preceptors could introduce the concept to students or caregivers to improve the quality of delivered care. Slow nursing can also be applied in other nursing contexts such as geriatrics, rehabilitation, mental health services, palliative care, and paediatric nursing.

Second, slow nursing can be implemented in practice as a nursing care approach to strength the quality of care provided to nursing home residents. There is an increased need for efficiency in delivering care; however, ways of caring that honour and value people with

dementia for what they were and still are, are essential for improved quality of life during their last period of life.

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