

The inferior position of the Sámi language in a bilingual nursing home in Norway

A Praxeological study from Northernmost Norway

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*This is an Accepted Manuscript of an article published in 2019 by Taylor & Francis Group in
Journal of Multilingual and Multicultural Development, available online:*

<https://doi.org/10.1080/01434632.2019.1597875>

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Abstract (130 words)

This is an article on the relation between the market for Sámi language in a contemporary bilingual Norwegian nursing home and the Norwegian history of the Sámi language. Bilingual nursing homes are supposed to invest in the Sámi language and thus increase its value. It was, however, difficult to identify investments in the Sámi language in the institution although nearly 50 % of the residents were registered as Sámis by the head of the nursing home. The inferior position of the Sámi language seems to have become an unarticulated, unconscious, embodied part of the language practices in the nursing home, as if discrimination accumulates across spheres and generations. The study is based on Bourdieu's theory on the symbolic power of language, on praxeological methodology and interviews with nursing staff.

Keywords

- Sámi
- Language
- Symbolic power
- Nursing home
- Assimilation
- Bilingual

Introduction

This article is an exploration of the relation between the market for Sámi language in a bilingual nursing home and the Norwegian policies on the Sámi language. The study is based on Bourdieu's theory on the symbolic power of language (Bourdieu 1997) and is carried out

in accordance with praxeological methodology (Bourdieu 1998, Petersen and Callewaert 2013).

The preservation of Sámi language is considered of great significance for the development of Sámi culture and identity (NOU 2016, 47). In Norway there are three different Sámi languages; Northern Sámi, Lule Sámi and Southern Sámi (NOU 2016, 83-84). Northern Sámi is most used in Norway and also the main Sámi language in the municipality where this study is carried out. Although the Sámi language is more visible than ever. The impression is still that the daily use of the Sámi language is in decline (ibid).

Earlier studies show that although old Sámi-speaking Sámis are able to speak Norwegian fairly well, they may prefer Sámi in consultations with doctors and other health professionals, because especially psychological and psychosocial problems may be difficult to express in Norwegian. Sámis can have difficulties in understanding what health professionals say. Lack of knowledge of the Sámi language among health professionals has led to many misunderstandings, extra examinations, a lot of unnecessary blood tests and prolonged hospital stays for Sámis (Kvernmo 1997, 63-85, Nergård 2017, Government 1995, 63-85).

Nursing homes

It is recommended that Sámi nursing home residents live in shielded units with other Sámi residents and ideally be cared for by nursing staff with references to Sámi language, especially if they have a dementia illness, (Government 1995, 236, 238, Hanssen 2012). More than 80 % of residents in Norwegian Nursing homes have some kind of dementia (Mjørud et al. 2017, Government 2017, 18).

In order to offer the Sámi residents services in their own language, some municipalities with

relatively many Sámi-speaking inhabitants are bilingual. These municipalities are supposed to have the necessary competence for offering services in Sámi language to their residents (NOU 2016, 203-211). In such municipalities the Sámi-speaking residents do have the formal right to talk and write Sámi in public contexts, and to be answered in their own language. The Norwegian and the Sámi language are supposed to have an equal position. In order to be able to achieve this goal, courses in Sámi language and culture should be provided for nursing staff (Ingebriksen 2011).

Health professionals' proficiency in the Sámi language is crucial when nursing home residents with Sámi as their first language develop dementia, as they often return to the language they first learned from their parents, forgetting languages they have learned later in life (Blix 2016, 40-41, Government 1995, 234-36, Dankertsen 2007, Nymo 2007, Sykepleierstudent 2008, Pedersen 2008, Hanssen 2012). Persons who have considered themselves, and who have been perceived by others, as 'Norwegian' suddenly lose their Norwegian language skills and start expressing themselves in Sámi language. The Sámi language seems to be embodied, and the repressed Sámi language returns (ibid).

Health professionals and local politicians in Finnmark have suggested special units for Sámi residents with dementia (Larsen 2014), but there is a lack of proficiency in the Sámi language among health professional (Government 1995, 63-85). That might be one reason why more Sámis than ethnic Norwegians seem to take care of their own family members with a dementia illness and why they choose to use public home care health services to a lesser extent than the majority population (Blix and Torunn 2017).

The language market

In this article the Sámi language is considered a product that has a certain value on the language market. The theory is based on Bourdieu's theory on the symbolic power of language (Bourdieu 1997). Bourdieu argues that every linguistic situation functions as a market onto which the speaker sends his or her products. The product the speaker produces for the market depends on the expectations of what prices the current product will achieve (Bourdieu 1997, 35-42). As one learns to speak, one also learns what language it pays to use in what market. A linguistic market may for example arise when two housewives meet on the street and talk with each other. Linguistic markets may also arise in classrooms, in interview situations and so on. When people meet, it is not only their use of the legitimate language that counts, but also their social competence, their perceived right to speak, their gender, age, religion, economics and social status. In communication situations there is a tendency to adapt to the dominant language, and that adaptation increases with the receivers' position in the social hierarchy. When you talk with someone you assume to be important in the social hierarchy, you make an effort to formulate your message in the best possible language. That means that every linguistic situation functions as a market where there is an exchange, and the things that are exchanged are words. However, the words are not created solely for understanding. Communication is not just communication. It is also an economic situation in the sense that also the value of the speaker is considered. That means that those who step into certain language markets have some assumptions as to how their chances for reward or sanctions are when they use a certain language (ibid). For example, when some pupils are silent in a classroom, this may be a way of taking care of their own interests. They know that it doesn't pay to speak (Bourdieu 1978). Those who do not speak may lack proficiency in the official, legitimate, dominant language. The official language is bound up with the state, both in its genesis and in its social use. The education system plays a decisive role in the

implementation of the legitimate language and, at the same time, devalues other kinds of languages (ibid).

The two principal factors of production and reproduction of the legitimate language are the family and the educational system (Bourdieu 1997, 43-65). In a private exchange between homogeneous partners and friends, where one does not feel obliged to watch oneself, the illegitimate linguistic products might not be judged according to the official language values. The official languages, however, are re-imposed as soon as one leaves the unregulated areas where one may be outspoken, and where one may spend one's whole life. That means that the dominated are always under potential jurisdiction of the formal language. The weight of the words of different agents depends on the agents' symbolic capital. When children learn words at home through imitation, within a family occupying a particular position in the social space, they also learn the value of their own linguistic products and a sense of the place they occupy in the social space, the sense of their own social value. The whole class habitus expresses itself through the linguistic habitus, which means that the position one occupies is synchronic with the social structure. Bourdieu argues that when one asks what kind of questions one has to use in certain situations, one asks what kind of language gives authority and authorization to speak. The essence of what goes on in communication is not in the communication itself but in the social conditions for the communication. If communication is to function, it is necessary that it is produced by legitimate senders, legitimate receivers, in a legitimate situation and through a legitimate use of the language (Bourdieu 1997-89). There are strict norms on how to speak and write a language properly, and different persons have different rights to speak (Bourdieu and Passeron 1977).

Praxeological methodology

Bourdieu argues that studies on human practices have both a subjectivist and objectivist perspective and must take into account the social room that surrounds the practices, the field/market and agents' positions, dispositions (cultural, social and economic capitals) and positioning (Bourdieu 1998, Petersen and Callewaert 2013), in other words, the agents' habitus. Habitus is not a planned or articulated act, but rather unarticulated, unconscious behaviour that has been incorporated through living under the same social conditions. It is the way objective structures become internalized and make us understand and interpret the world in certain ways (Callewaert 1997, Waquant 2016, Callewaert 2000). The habitus that we have established through basic socialization at home to a large degree becomes the basis for how we experience the world later in life. The unconscious that makes us think and act as we do, is nothing but the forgotten history (Bourdieu 1998).

Methods, techniques and research questions: The social room of this study is the historic and contemporary politics of Sámi language (cf. underneath). The field/market is a nursing home in a bilingual municipality (cf. Introduction). Thus the study takes place in a medical field with low status (Norredam and Album 2007). The agents are 26 nursing staff with different positions (registered nurses, auxiliary nurses and unskilled nursing assistants), different dispositions (cultural, social, economic capitals) and different positioning (experiences, meanings). The subjectivist data are based on semi-structured audiotaped and transcribed interviews (Hansen 2009). The 26 nursing staff members were interviewed once in 2017. The interviews lasted 30 – 90 minutes. One of the Sámi speaking nurses was re-interviewed in 2018 in order to generate more data on the Sámi language market in the nursing home. In this text she is called Pirjo. Prior to the interviews, the study was approved by The Norwegian Centre for Research Data (NSD, project number 50525), by the municipality where the nursing home is located, and by top management of the selected nursing home. The head nurse provided information about the study to all employees in the unit. The participants were

informed that participation was voluntary, that they could withdraw from the study without giving a reason at any time, and that pseudonyms would be used in publications.

The main reason for interviewing nursing staff was to generate data on their experiences from working in a nursing home with staff from many different countries. In order to construct the staff's habitus we registered the staff's positions, their social-, cultural- and economic capitals (dispositions) and their positioning (Bourdieu 1998, Petersen and Callewaert 2013).

Proficiency in languages was one of the cultural data at stake, and in this part of the interview several staff spoke about the Sámi language. Five of the Norwegian-born staff members had grown up in families with one or two Sámi-speaking parents, but none of them spoke Sámi themselves. The five Sámi-speaking staff members were all born outside Norway: one in Canada and four in the North of Finland.

The research questions in this article are: How is the market for Sámi language in a bilingual Norwegian nursing home and what are the relations between the market for Sámi language and the Norwegian history of the Sámi language.

The Norwegian history of the Sámi language

The nursing home is situated in a part of Norway that originally was part of the Sámi lands that also extended to parts of what now are Russia, Finland and Sweden (Gaski 2017a, b, Kjeldstadli 2003). The Sámi had an ecological way of living and moved around where the resources were. When the Norwegians moved into the Sami land in the 11th century, the Sámi moved to areas that the Norwegians were not interested in, both inland areas where reindeer herding was continued, and along the coast, combining subsistence fishing and farming. In

that way they avoided confrontations, but those adaptations also reduced their territory and possibility to make a living. The Norwegian colonization of the Sami land started first from the coastal side, with the Norwegians gradually moving into the fjords and up along the rivers. The Norwegian colonizers considered the Sámi to be pagans due to their magical thinking and religion (ibid).

Norwegianization

From around 1650 Christian missionaries tried to get the Sámis to convert to Christianity. As a part of the mission, the Christian Bible, - Catechism and - hymnbooks were translated from Norwegian to Sámi languages (Brenna 2016, 52-55). Although the conversion from a Sámi to a Christian religion was a Norwegianization process, the conversion did not deprive the Sámi population of their language. However, around 1840 the Norwegian state stopped funding translations of Christian texts into Sámi, and from around 1850 the state offered economic bonus to teachers who were successful at implementing the Norwegian language as the language of both instruction and informal talk among the children in schools with Sámi pupils (Brenna 2016, 54-58). The government's language instruction from 1880 entailed a strong emphasis on Norwegianization. The instruction was not repealed until 1959. The Norwegianization process was legitimized by Darwinist ideology, according to which the Sámi population was considered a primitive race (Fjellheim 2017). Skull measurements were used to determine race and intelligence, and Sámi skulls may at times appear low, corresponding with assumptions of lower intelligence (Karlsen 2007, 134-135). Since Sámi culture and language were ridiculed by those who spoke Norwegian, and since the Sámi children were not allowed to use their language in school, Sámi pupils often performed less

well in school. This was perceived as a confirmation of their supposed lower intelligence (ibid). Sámi people had to master the Norwegian language and cultural skills if they were to succeed in the community and improve their living conditions (Brenna 2016, 54-58). In order to save children from their allegedly inferior cultural background, the Norwegian authorities built a series of boarding schools for Sámi children. If the children spoke Sámi at those schools, they might be severely punished by, for example, not receiving food for a certain time period or boys might be dressed in girl's clothes, resulting in bullying (Brenna 2016, 57). The disparagement of Sámi culture spilled over to the people in the communities, so that the entire administrative apparatus where the Sámi people lived acted as "Norwegianizers" (Blix and Hamran 2013). The coastal Sàmis in particular were victims of heavy Norwegianization pressure. To become Norwegian meant getting rid of all signs of Sáminess, and many Sàmis developed a miserable image of themselves (Dankertsen 2017, Nymo 2007, Karlsen 2007, Olsen 2010, Blix, Hamran, and Normann 2013). A particularly insightful ethnographic study about the consequences of the longstanding Norwegianization process was done in the 1960s by Harald Eidheim (Eidheim 1969). He shows that the Sámi population made a big effort to hide language and other hearable or visible features regarded as a revelation of a Sámi identity. The Sàmis living in coastal areas started to think it was necessary and proper to speak Norwegian and wrong to speak the Sámi language in the public sphere, but in the private sphere Sámi language was considered the proper language to use among adults. However, many families made the drastic decision to prevent their children from learning the Sámi language, as they did not want their children to have the same handicap as they had had (ibid).

In the second part of the 20th century Norwegian policies have focused on the preservation, revitalization and promotion of the Sámi language (NOU 2016). The Sámi population now has status as indigenous people and thus the right to not be negatively discriminated against (FN 2010, Midtbøen and Liden 2015). Norway has ratified the International Labour Organization's Indigenous and Tribal Peoples' Convention (ILO) on the preservation of indigenous peoples' languages (Government 2018, 1990), the United Nations Declaration on the Rights of Indigenous Peoples protecting their language rights (FN 2010) and it has become possible to use the Sámi language at school (NOU 2016). Finnmark has a Sámi radio and TV channel, Sámi theater, Sámi College, a Sámi publishing house and a Sámi Parliament with political influence (Gaski 1997, 2017a, b). There is also cooperation between Norway, Sweden and Finland to prevent the Sámi languages to develop in different directions and thus maintain the historic long-lasting cooperation that has existed between Sámi across those borders (NOU 2016, 220-225).

The Norwegian government argues that one of the most important things that can be done to revitalize and strengthen Sámi languages, is to ensure high quality language training in kindergarten, elementary school and high school (NOU 2016, 100-129). Today pupils in bilingual municipalities can choose to have Sámi as their first or second language in elementary school and in high school. In spite of these revitalization efforts, the Sámi languages are under threat and there is a need for more people practicing them, in order to keep the languages alive (Dankertsen 2017). But Sámi symbols may be associated with long lasting discrimination (Brenna 2016, Karlsen 2007), and in order to be respected, some people of Sámi or mixed background still hide their Sámi background, even for their spouse (Dankertsen 2007, Jensen 2007, 22).

Norway has White Papers on the promotion of the Sámi language (FN 2010, NOU 2016, Midtbøen and Liden 2015, Government 2008, 2014). The government argues that it is necessary to educate more health personnel with Sámi language and cultural expertise and endorses positive discrimination of Sámi-speaking personnel (Government 1995, 413). Since the beginning of the 1980s, a quota of 10 % Sámi speaking students in bachelor educations in Finnmark has been introduced. In 1995 a decentralized nursing education program in Sámi started as a project in Kautokeino, in interior Finnmark, a part of Norway with strong Sámi traditions. The applicants were required to have knowledge of the Northern Sámi language. The program was terminated as early as 1998 due to new regulations on decentralized education (Bratland 2013), but in 2018 the Norwegian Government grants money for 25 study places at the University College in Kautokeino, Finnmark for Sámi Nursing Education (Lund 2018).

The marginal market for Sámi language in the nursing home

According to the head of the nursing home, nearly 50 % of the residents were registered as Sámi in the nursing home in 2017. The Sámi residents were mixed with residents of ethnic Norwegian or ethnically mixed backgrounds. The Sámis hence did not have the possibility to live in shielded units with other Sámi residents. It has not been possible to identify any care plan in the municipality in question, but the construction of shielded units for Sámi residents was not a part of the municipality's plan on the development of the Sámi language, although the municipality's goal was to ensure the elder's rights in particular and the rest of the general population, to use Sámi language in public institutions and to facilitate that they can use their native language in a natural way in contact with the public. In order to reach the goal, the wards are expected to develop routines in order to increase competence- and secure further

development of the Sámi language.

In the nursing home where this study was carried out, the head of the ward said that the nursing staff were not offered courses in the Sámi language and the head of the ward expected residents and nursing staff to speak Norwegian in the public parts of the nursing home, such as in the living room and in the dining area. However, Pirjo, one of the Finnish-born registered nurses with proficiency in the Northern Sámi language, sometimes spoke Sámi in the public parts of the institution if she heard residents speaking Sámi, and noticed that the residents would light up: *“The rule is that we shall speak Norwegian, but if I hear residents speaking Sámi I can answer in Sámi and then you would see them light up, although they can speak Norwegian. If they don’t speak Sámi, I speak Norwegian with them”*.

Although everybody in the nursing home was supposed to speak Norwegian in public areas, it was acceptable to speak Sámi in the residents’ rooms. Pirjo did this, but there was no systematic allocation of Sámi-speaking nursing staff to Sámi-speaking residents. However, if there were Sámi speaking staff at work, Pirjo said that they might be allocated to Sámi speaking residents: *“When I am not responsible for medication and the emergency telephone, we may distribute the work between us so that I go to Sámi speaking residents, but it is not systematic”*.

Five staff members spoke Sámi. Four of them were from bilingual Sámi-Finnish municipalities in the North of Finland. According to Pirjo, that area has many inhabitants with Sámi background. Nevertheless, the Sámi language had been associated with shame there for many years. Pirjos’ Sámi-speaking parents hesitated to teach her Sámi. She first learned Sámi at school when she was about ten years old. *“I did not take Sámi till I was in fourth grade”*, she said. The Sámi-speaking staff explained that they found knowledge in Sámi language very useful in their daily work, as several of the residents in the nursing home preferred the Sámi

language. Their Finnish Sámi language and the Sámi language spoken by the residents in the nursing home were much the same (the Northern Sámi language).

Mary, a Canadian auxiliary nurse who married a local man about 30 years ago, and soon started to work in a nursing home, also spoke Sámi. She had been living with her husband's family, a mix of Sámis, Finns and Norwegians. When she started working in a nursing home about 30 years ago, it was necessary to speak Sámi in order to communicate with the Sámi residents, as they were often unable to communicate in Norwegian at that time. Today she finds that most Sámi are able to speak Norwegian: *“Earlier when I worked in the health care services it was necessary to speak Sámi, but now I feel that there are not so many patients that speak only Sámi”*. It is, however, a problem when cognitively impaired residents speak a mix of Norwegian and Sámi and also when they have completely forgotten their Norwegian: *«Because some of them - when they get old they cannot speak Norwegian any longer because they were speaking Sámi when they were children, so they only speak Sámi»* (Pei, Asian-born nursing assistant). One example is a Sámi resident from the Finnish side of the border, who had married a Norwegian man. Marriages across the border are very common in that area. According to Sámi-speaking Pirjo, the resident had learned Sámi at home, later she had learned Finnish and when she married and moved to Norway she learned Norwegian. When she got a dementia illness, she first lost the last language she had learned, and in the end she was only able to communicate in Sámi:

First, in 2015, I discovered that the resident that had been speaking Norwegian earlier, had forgotten her Norwegian language, and in 2016 I discovered that the Finnish language had disappeared, and in 2017 I was very often asked to come and translate, because Sámi was the only language the resident was able to understand and speak; the last language learned disappeared first.

Pirjo had earlier been working in a nursing home in the North of Finland, and there she also had experienced that residents with dementia forgot the Finnish language, and returned to

Sámi, their first language. She had also noticed that her more than 80-year-old grandfather with long lasting and severe Parkinson had returned to Sámi when he grew old, and so had many of his companions:

Grandfather learned Sámi as his first language. When he went to school he had to convert to Finnish. I have even heard that he was beaten if he used Sámi. He has been traveling a lot, my grandfather, and learned many languages. Those languages he has forgotten. He is still able to speak Finnish, but he speaks Sámi more and more and I have noticed that when grandfather meets his old friends they speak Sámi. They (his friends) have also forgotten their Finnish language. I don't know what diagnosis they have, but it is obvious that it has something to do with the ability to remember.

Like Pirjo from Finland, the nursing assistant Gina had Sámi-speaking parents who did not speak Sámi to her. Gina chose to learn Sámi as her second language at elementary school. However, as an adult she is unable to understand or speak Sámi, and she thinks the reason is that she has not had the possibility to practice the language as neither her parents nor any other persons in her circle speak Sámi with her. It is in other words not enough to be taught some Sámi language in school to become proficient in Sámi; one also needs to be in an arena where the Sámi language is used. Hence, the Norwegian government argues for the importance of having the Sámi language in daily use (NOU 2016, 47). Bilingual nursing homes could have been such arenas, but that was not the case in the nursing home in question. The political intention to promote the Sámi language did not seem to have had any impact on the Norwegian nursing home staff's proficiency in the Sámi language in the nursing home under scrutiny in this particular study. None of the five nursing staff members who said that they had one or two Sámi-speaking parents, were, according to themselves, able to speak Sámi. They had grown up on the coast of Finnmark, or near the coast, and were born between 1963 and 1978. Their parents, they said, often spoke Sámi with each other at home, but not with their children: *"I don't speak Sámi ... my parents spoke Sámi... they used that kind of language when they were talking with each other"* (Bente, Norwegian-born auxiliary nurse with Sámi mother and father). The reason why the parents did not speak Sámi with their

children was that the parents themselves, who currently were the same generation as some of the residents in the nursing home or a little younger, had had a terrible time when they, as children, had started school, where in those days all subjects were taught in Norwegian and where Sámi language was not allowed. Their parents had heard Norwegian for the first time when they were sent to a boarding school at the age of seven (cf. Norwegianization above). Hence, the parents wanted to protect their children from the terrible experiences they had had at school. Inga, a Norwegian-born nursing assistant with Sámi-speaking mother and father, explains this in the following way: *“They spoke only Sámi when they started school, and it was not allowed to speak Sámi, so I think they wanted to protect us, so they only taught us Norwegian.”* Norwegian-born registered nurse Ella had told her Sámi-speaking mother that she was sorry for the lack of qualifications in Sámi language because, as she said, many of the residents in the nursing home have Sámi as their main language, and she would hence have profited from being able to speak Sámi: *“I really don’t think there are many in my age group who speak Sámi. I have said to my mother that it is a disadvantage that I don’t know Sámi, because that would have been an advantage in the care work”*.

Linda, a Norwegian-born 25-30 year old nursing assistant had experienced that Sámi residents’ next of kin sometimes expressed dissatisfaction when they met nursing home staff that did not speak Sámi: *“I’ve experienced that Sámi relatives can be a little rude because I do not speak that much Sámi. It’s a little like - why do you work (at the bilingual nursing home) when you don’t speak Sámi?”* The next of kin might find the language practices unworthy, because their loved ones seem lonely: *“Those (residents) who have Sámi background seem lonelier; they keep to themselves, do not make much contact. They might eat with others, but they do not initiate much contact. They might have experienced that the others do not speak like they do”* (Pirjo, Sámi-speaking Finnish registered nurse).

In order to have some kind of communication with Sámi residents in their native language, many of the nursing staff had learned significant Sámi words like dinner, sleep, brush the teeth, coffee, get up, go to bed and such, but the nursing staff were not offered courses in Sámi language and culture.

Concluding remarks

The analysis of the relations between the market for Sámi language in the nursing home in question and the Norwegian history of the Sámi language shows that in the process of Norwegianization (cf. above) the Sámi language was devaluated and lost its value on the market. If Sámis wanted to increase their capital (Bourdieu 1997), they had to convert to the official, dominant Norwegian language and get rid of symbols that could connect them to their Sámi background. In order to give their children the possibility to succeed on the language market, Sámi parents hesitated to teach their children the Sámi language.

In the postwar period the Norwegian Government has focused on the preservation, revitalization and promotion of the Sámi language (cf. promotion of the Sámi language above), and thus given Sámi-speaking people the opportunity to increase their value at the linguistic market (cf. the language market above). However, the nursing home in question did not seem to invest in the Sámi language, for example through separate units for Sámi residents, through organized allocation of Sámi speaking nursing staff to Sámi speaking residents, or through offering the nursing staff courses in the Sámi language.

So although the nursing home was placed in a bilingual municipality that was expected to invest in the Sámi language and thus increase the value of the language, although about 50 % of the residents in the nursing home were registered Sámi by the head of the nursing home,

and although more than 80 % of the residents in Norwegian nursing homes have a dementia diagnose and thus often returned to Sámi if that was their first language, it is difficult to identify investments in the Sámi language in the institution. It was as if the inferior position of the Sámi language had become an unarticulated, unconscious, embodied part of the language practices in the nursing home (Bourdieu 1997, 1978, Callewaert 2000), as if discrimination accumulates across spheres and generations (Midtbøen and Liden 2016).

Limitations and further studies

Data on the language market in the bilingual nursing home are limited to interviews with nursing staff in one nursing home. Fieldwork and interviews with Sámi residents and Sámis' next of kin and nursing staff in different bilingual nursing homes can contribute with more data on the market for Sámi language in such institutions. For example data on the market for Sámi language in religious services, - hymns, - celebration of Sámi holidays and the use of Sámi language in healing gardens.

Implications

Although further studies are recommended, the study indicates that political documents on the promotion of the Sámi language have not had any impact on the way a nursing home in a Norwegian, bilingual municipality is organized and staffed. Thus the study contributes with data that politicians, heads of bilingual nursing homes and nursing staff can use in the promotion of the Sámi language. The study shows that revitalization of a discriminated language is hard work because discrimination seems to accumulate across spheres and

generations. Such accumulation is probably not a national phenomenon, taking place in Norway only. Thus the study contributes with findings and explanations that are also relevant in the promotion of other indigenous languages.

Acknowledgements

Thanks to the interviewed nursing staff and other participants in the MultiCare project. A special thanks for thorough reading and valuable comments from Mai Camilla Munkejord, professor in social sciences at The Arctic University of Norway/Uni Research, University of Bergen and to Gro Marit Grimsrud, Senior Researcher in geography at Uni Research, University of Bergen. Professor in praxeological nursing, Karin Anna Petersen and the praxeological environment in nursing science at the University of Bergen have especially contributed in the theoretical and methodological parts of the study. Last but not least, thanks for highly esteemed comments from Bodil Hansen Blix, Sámi and associate professor in nursing, The Arctic University of Norway.

No conflicting interests

There are no potential conflicts of interest.

Funding

The study is funded by the Norwegian research council, project number 188928.

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