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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Perspectives on activities in nursing homes

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Abstract
Background: Access to meaningful activities is an indicator of quality in nursing homes, and contributes to wellbeing and dignity. A lack of activities can lead to boredom, apathy, reduced confidence and disruptive behaviour. Recent inspections of nursing homes undertaken by the authorities in Norway showed a lack of activity provision, which is in line with research conclusions. This indicates that government policy and new regulations to increase the level of activities for residents in nursing homes have not yet succeeded; this is likely to be related to challenges in developing care practices. However, nursing homes should strive to incorporate meaningful activities for residents to occupy their time constructively and provide a sense of purpose. Few studies have discussed the meaning of activities as well as the challenges in developing a practice that incorporates a focus on activities. This article will highlight some important perspectives for policymakers, researchers and practitioners.
Aim and method: A scoping study was undertaken to discuss what constitute meaningful activities, as well as opportunities to develop person-centred practice that incorporates a focus on activities.
Conclusions and implications for practice development: Understanding of activities in a residential nursing home setting needs to be reconsidered, broadened and further developed – for example, activities that many people might perceive as passive may be viewed differently by residents. Activities must recognise and accept individuals' wishes in order to transform practice cultures in nursing homes to enable person-centred ways of working.

Keywords: Nursing homes, activities, person-centred care, practice development, humanising perspective

Introduction

Nursing homes should allow their residents to feel at home (Hauge and Heggen, 2008), since a sense of home increases autonomy and security, and helps maintain identity (Board and McCormack, 2018). It is important for staff to consider how to maintain individuals' autonomy so that they can flourish in their new home. Further, high-quality care in nursing homes entails an individual approach to meeting resident's needs (Nakrem et al., 2011) – not just medical and physical care but also psychosocial care, for example activities. The provision of meaningful activities is an indicator of the quality of nursing homes, as highlighted in Norwegian regulations and UK care standards for nursing homes (Ministry of Health and Care Services, 2003; National Institute for Health and Care Excellence, 2013; Department

of Health, 2015). Activities contribute to wellbeing and dignity (Lampinen et al., 2006; Gleibs et al., 2014; Slettebø et al., 2016; Björk et al., 2017; Fossøy et al., 2018). Meaningful activities can be defined as enjoyable pursuits that engage residents to the benefit of their emotional wellbeing, cognitive status or physical function (Morley et al., 2014).

A lack of such activities can lead to boredom, apathy, disruptive behaviour, lack of meaning, social exclusion and solitude (Smit et al., 2014; Theurer et al., 2015). Nursing home residents' ability to participate in activities may be limited by physical restrictions, such as being confined to a wheelchair, (Nåden et al., 2013) or cognitive impairment (Selbaek et al., 2007; Strøm et al., 2016). The need for greater engagement for residents is well known (Lampinen et al., 2006; Palacios-Ceña et al., 2015; Theurer et al., 2015; Kjøs and Havig, 2016; Björk et al., 2017). Unfortunately, recent inspections undertaken by the authorities in Norway show this is not always taking place (Board of Health Supervision, 2018a, 2018b, 2018c), which is also in line with other research (Kjøs and Havig, 2016; Björk et al., 2017). Consequently, an increased focus on activities has been initiated in Norway (Ministry of Health and Care Services, 2018). However, it is challenging to change established nursing home practice in line with new government regulations (Sandvoll et al., 2012). Few studies have discussed the understanding of activities in nursing homes or the challenges of developing a care practice that incorporates a focus on activities. This article will set out some important perspectives on which policymakers, researchers and practitioners can reflect.

The aim of this article is to discuss what constitute meaningful activities for nursing home residents, as well as the opportunities to develop person-centred practice with a focus on activities. Current policy, evidence and theory will be discussed in relation to the purpose and type of activities being provided for nursing home residents. The discussion, focusing on a Norwegian context and supported by insight from research and policies in the UK, will look at how a more person-centred, humanised approach to activity could be considered by staff in a nursing home setting.

Reference will be made to a theoretical perspective of a humanised approach to care, developed by Todres et al. (2009), to help understand the nature and significance of activities in a residential setting. Todres and colleagues highlighted the importance of understanding the life world of others to enable a more humanised approach to care. They developed a conceptual framework called the humanising value framework (see Table 1), which provides eight dimensions to help guide a humanised or person-centred approach in practice (Todres et al., 2009; Hemingway et al., 2012).

Table 1: Conceptual framework of the dimensions of humanisation (Todres et al., 2009)

Forms of humanisation	**Forms of dehumanisation**
Insiderness	Objectification
Agency	Passivity
Uniqueness	Homogenisation
Togetherness	Isolation
Sense-making	Loss of meaning
Personal journey	Loss of personal journey
Sense of place	Dislocation
Embodiment	Reductionist body

This table is just to help the reader imagine each dimension along a spectrum of possibility rather than indicating an either/or category in each case

The eight dimensions are on a continuum, with humanising and dehumanising dimensions at opposing ends – for example agency/passivity, uniqueness/homogenisation or togetherness/isolation – recognising that care delivery can oscillate between the two ends (Todres et al., 2009). Some of the framework's dimensions will be considered as this article discusses the importance of activities in a nursing home setting in terms of creating a sense of autonomy for residents.

Method

For this article a scoping study was undertaken (Arksey and O'Malley, 2005). Inspired by the Norwegian quality regulations (Ministry of Health and Care Services, 2003) and the Norwegian white paper entitled 'A full life' (Ministry of Health and Care Services, 2018), the authors identified an aim. The terms 'activities', 'nursing homes' and 'long-term care' were searched in the CINAHL and Medline databases, from January 2010 to September 2019, returning 331 results. These were studied further, searching for titles that included both nursing homes (or long-term care) and activities, and 10 studies were selected (Lampinen et al., 2006; Adams et al., 2011; Drageset et al., 2011; Haugland, 2012; Chiu et al., 2013; Thomas et al., 2013; Morley et al., 2014; Kjøs and Havig, 2016; Slettebø et al., 2016; Björk et al., 2017). The authors performed a hand search of key journals, checking reference lists in some of the most relevant studies. This led to the inclusion of studies by Kirkevold and Engedal (2006), Nakrem (2011) and Gleibs (2014). In addition to the above-mentioned Norwegian white paper and quality regulations, initiatives were included that had relevance to developing a practice that focuses on activities for nursing home residents, such as the Coordination Reform (Ministry of Health and Care Services, 2009) and the white paper 'Volunteering' (Ministry of Culture, 2018). As recommended by Arksey and O´Malley (2005), the study also builds on the authors' existing knowledge – for example familiarity with the works of Todres et al. (2009), McCormack and McCance (2006), Veske (2015), Theurer et al. (2015) and Gubrium (1997) – relevant networks and the authors' own research (Sandvoll et al., 2012, 2015; Board and McCormack, 2018; Fossøy et al., 2018; Galek and Sandvoll, 2018). In line with Arksey and O'Malley (2005), knowledge gathered from the authors' networks and conferences was used, for example Hauge and Heggen (2008) and Helgesen et al. (2016). Also used was knowledge gathered from the conference 'Critical perspectives on person, care and aging' (Network of Care Philosophy, 2019).

Findings

Having outlined the evidence collected in the scoping exercise, the article will discuss what constitutes meaningful activity in nursing homes and how activity is measured.

What constitute meaningful activities in a nursing home setting?

The Norwegian white paper 'A full life' underlines that each resident in nursing homes should participate in activities for at least one hour each day (Ministry of Health and Care Services, 2018). When activities are supposed to be measured in hours per day, it is interesting to question how they are defined. The same white paper defines activities as 'physical, social and cultural activities but also taking care of existential needs like participating in activities in your own home or nursing homes'. In the UK, NICE guidance (2013) suggests that activities can range from activities of daily living such as dressing, eating and washing, to leisure pursuits such as reading, gardening, arts and crafts, conversation and singing. Skills for Care, an independent charity organisation and the strategic body for workforce development in adult social care in England, goes further, suggesting the inclusion of light dusting and stripping the bed as meaningful activities to help residents feel valued and at home (Skills for Care, 2019).

It is likely that the increased emphasis in Norway came in response to reports of reduced or no activity in nursing homes and greater press coverage (Kjøs and Havig, 2016; Board of Health Supervision, 2018a). In order to develop practice it is important to understand what activities in nursing homes can consist of, as well as residents' need for activities. They can be enjoyable, engage the resident and contribute to physical function, cognitive status or emotional wellbeing (Morley et al., 2014) but often the daily routine for a nursing home resident can instead mean long periods of inactivity or sitting alone (Sandvoll et al., 2015).

Engagement in everyday activities is important for residents' psychosocial health and can support personhood and thriving (Theurer et al., 2015; Björk et al., 2017). This can include receiving a hug or other physical touch, talking to friends or family, having visitors or conversation with staff (Thomas et al., 2013; Björk et al., 2017).

Nursing home residents are interested in concerts, bus trips, dancing or religious services (Haugland, 2012; Thomas et al., 2013). They also enjoy participatory activities such as needlework, baking, writing groups, song or exercise (Haugland, 2012), while the use of tablet devices can offer the opportunity to look at old photos or play games (Galek and Sandvoll, 2018). Reading newspapers or novels, and listening to the radio are important; although these are not social, they can contribute to residents feeling connected to their local community and the world in general (Thomas et al., 2013). Some prefer individual activities rather than those offered in the nursing homes, which tend to be directed towards groups (Palacios-Ceña et al., 2015). Therefore, it might be important to consider how to develop activities that residents can experience on their own. These may include simply sitting and observing, or things like music lessons or cooking. Caring for others, rather than being a recipient of care, can be a valuable activity for some residents – for example helping to set the table for mealtimes (Board and McCormack, 2018). Therefore, a person-centred approach is important, recognising and accepting individuals' wishes.

Activities in nursing homes are seldom tailored to the individual. Also, in most nursing homes, the majority of staff, and often residents, are women and activities tend to be mostly designed for women (Helgesen et al., 2016). Helgesen and colleagues found male residents enjoyed the opportunity to come together and 'get away', and the offer of more person-centred activity seemed to support male residents' integrity, wellbeing and autonomy.

Visitors to a nursing home might see residents sitting around, which can be considered a passive way to pass the time. However, studies show residents appreciate a nice view (Eijkelenboom et al., 2017). Even in their own home, before being admitted to a residential setting, they may have spent periods sitting and observing the world. Location is important for residents' wellbeing, and Reed-Danahay (2001, p 55) found that some experience confusion due to their nursing home's 'office-like' and unhomely setting. The chair is important too; Swenson (1998) calls it the heart of the control centre, where people can feel safe and secure. The chair might be arranged to allow a view of the front door, or living area, or be placed near the phone or television, while a side table might contain important personal objects like magazines, books, medicines or photos. Viewing art is also an aesthetic activity that has been shown to improve satisfaction with the environment in nursing homes (Chang et al., 2013). All this could help make the surroundings feel more like home and help provide a sense of self and autonomy (Board and McCormack, 2018).

Evaluating activities in nursing homes

How activities are defined has consequences for how they are measured in nursing homes. Norwegian quality regulations (Ministry of Health and Care Services, 2003) have been shown to be suited to measuring quality of care in nursing homes and have been used to develop quantitative questionnaires (Kirkevold and Engedal, 2006). These regulations are also used when the government performs inspections to consider what activities a nursing home offers and how it registers and documents them. The regulations require municipalities to ensure each resident is offered varied and customised activities, in line with other fundamentals of care. Inspections have shown nursing homes do not systematically document residents' individual needs for activities, and staff state they lack the time to support individual activities (Norwegian Board of Health Supervision, 2018a, 2018b, 2018c). This is in line with previous research by Sandvoll et al. (2015).

Studies and inspections of activities in nursing homes have mostly used quantitative measures (Lampinen et al., 2006; Chiu et al., 2013; Kjøs and Havig, 2016; Björk et al., 2017; Board of Health Supervision, 2018a). In addition, in some studies residents' participation in activities has been

recorded by staff, which might entail a risk of over- or under-reporting (Björk et al., 2017). Reducing to statistics the process of providing and participating in activities may result in conclusions that do not correspond with the individual experiences of residents and staff.

Discussion

Opportunities to develop a person-centred practice incorporating a focus on activities will be discussed. Provision in nursing homes will be considered in relation to current policy, evidence and theory concerning the purpose and type of activities on offer to residents.

Feeling valued, being involved and being autonomous are basic human rights that do not change in a nursing home setting, and the provision of purposeful activities is important in this respect. Nursing homes are often characterised by a reduction in choice of meaningful activities as well as decreased autonomy for residents (Morley et al., 2014). As well as the lack of activity provision revealed by inspections (Board of Health Supervision, 2018a, 2018b, 2019c), other research more specifically points to a low level of cultural activities as one of the biggest weaknesses of current care services (Haugland, 2012; Kjøs and Havig, 2016). The government highlights activities as one of the key means of improving older persons' care (Ministry of Health and Care Services, 2018) but provides little detail on implementation beyond examples from different municipalities. Ward et al. (2008) found that on average, a person with dementia living in a residential setting spends less than 2% of their day engaging in social communication with a care worker. Through excessive passivity, a person can be stripped of human dignity, which could result in dehumanising care (Todres et al., 2009). Palacios-Ceña and colleagues (2015) show how inactivity can make days pass very slowly for residents, who experience an occupational emptiness. Many will have worked and had other responsibilities for much of their life, so they might feel useless (Palacios-Ceña et al., 2015), and less valued as a human (Todres et al., 2009).

It is possible that the government's understanding of what activities in nursing homes are or should be has been influenced by quantitative data and not persons' lived experience or qualitative findings such as those reported by Todres et al. (2009) and Palacios-Ceña et al. (2015). Therefore, it is of great interest to know more of what residents feel is important or gives a them feeling of sense-making. Accordingly, it would be useful to perform ethnographic studies with participant observation to gain knowledge on how the residents occupy themselves and what they value (Björk et al., 2017). Such insight could increase understanding and inform the development of activities based on individual preferences in residential settings.

As stated, there have been reforms of care for older people in Norway during the past decade, but when introducing such legislation, the government needs to consider how to develop practice – this can be complex and challenging in nursing homes (Heath, 2010; McCormack et al., 2010; Sandvoll et al., 2012; Low et al., 2015). Systematic practice development, including learning activities such as structured reflections, has been shown to improve the effectiveness of teamwork and contribute to greater work satisfaction for staff (McCormack et al., 2010).

Helpful models

Practice development, with a focus on person-centred care, can bring about positive change in practice as well as transform the culture and context of care settings. This work is often enabled by a facilitator, using a range of skills to enable others to see how they can develop their practice to become more person-centred (McCormack et al., 2010). When developing practice that focuses on activities in a residential setting, different models and theoretical perspectives could provide a useful lens to view practice development opportunities.

Theurer et al. (2015) argue for a change from resident care to resident engagement, and suggest a model that offers options to develop new programmes with and for residents based on what is meaningful for them. This contrasts with the common practice of fitting residents into existing

programmes (Theurer et al., 2015). This could be complimented by the humanising values framework (Galvin et al., 2018), which offers new insights into how a humanised approach to care can enhance the experience of residents and staff. For example, agency – one of Galvin and colleagues' humanising values dimensions – promotes individual choice, thereby fostering respect and dignity (Todres et al., 2009).

Gubrium (1997) suggests that residents who are 'sitting around' are not necessarily inactive, and it is worth considering how this could be a purposeful activity. Sitting can provide the opportunity to talk, read, knit or do needlework, or simply to observe what is going on around the home. We must recognise that what we might see as passive can be experienced by the resident as an activity. Research on ageing suggests that in later life, participation can change from active social and creative pursuits to more passive social and spiritual ones (Adams et al., 2011). A move to a residential setting is often related to a change in physical or cognitive function, which implies a natural change in activity levels and a need for assistance during everyday acts. Being less active might be natural and certain activities might be less important than in earlier life. Knowing more about individual residents and working with them to discover how they want to spend their time enables respect for their autonomy and humanity.

Residents might experience physical changes associated with ageing and comorbidity, or functional decline over time (Drageset et al., 2011; Liu et al., 2015). Residents dependent on a wheelchair or a passenger lift during care are less involved in physical and social activities compared with more mobile residents (Kjøs and Havig, 2016).

According to disengagement theory (Daatland and Solem, 2011) it is natural that older people gradually withdraw from social roles and relationships that were important in their earlier life. However, the theory received a lot of critique, not least from those who work with older people and need other tools and ways of thinking. The activity theory followed, which was based on a summary of the response to the disengagement theory (Daatland and Solem, 2011). The activity theory represented a new way of thinking, with a focus on activities and social participation for older people. These two paradigms are still important in terms of individualising care and understanding the diversity of activities in nursing homes.

While the government's focus on activities is important, the disengagement theory can be helpful in understanding older people in nursing homes. When frailty and dependence affect a person's everyday life, it can be natural to have less energy to be active and participate socially. Therefore, it is important to accept a resident's wish to withdraw from an active social life. This does not mean that they will be totally passive and it doesn't have to be something negative. The important thing is for it to be guided by their own choice.

Activities in nursing homes have generally been interpreted as the development of specific group pursuits and not focused on individual interests (Søndergaard, 2004). Nursing home practice is a combination of working according to a set of routines and dealing with unexpected events (Gubrium, 1997; Sandvoll, 2017). Routines might be beneficial and provide a structure to work and life in nursing homes (Diamond, 1995; Gubrium, 1997) but they should not supersede a humanised approach to care (Borbasi et al., 2013). As an example, routines can support the everyday activities of the individual to ensure that a process such as morning personal hygiene is not a stressful one for residents. Residents can be involved in deciding how and where their personal hygiene needs are met, meaning they are not simply passive recipients of routine care (Borbasi et al., 2013).

To be human is to actualise a unique self (Todres et al., 2009). The opposite of uniqueness is homogenisation, where all residents are treated the same, which can result in their trying to fit in with expectations and becoming passive recipients of care (Todres et al., 2009). Most nursing homes

have special activity rooms, where residents attend for a short period during the day. The rest of the day might not include any focus on activities (Søndergaard, 2004). Therefore, developing a broader understanding of what is meant by purposeful activities in nursing homes could result in more meaningful participation. If we reflect on our day, from the moment we wake until we fall asleep at night, we go through a range of activities related to everyday life, many of which entail individual choices and autonomy. Our understanding of activities in a nursing home setting needs to reflect this and consider what we define as an everyday activity – all the things a person does during the day (with assistance if needed), like personal hygiene, tidying a room (or watching someone else tidying), eating, walking, going to the toilet, reading, watching the news, or enjoying nature, art or music.

However, research shows that nursing home staff are committed to routines when helping residents with personal care, nutrition, toileting and other activities (Harnett, 2010; Sandvoll et al., 2012), and do not always take a person-centred approach (McCormack, 2016). Nursing home staff often lack the time or opportunity to address individual needs, and recognise that some residents spend time sitting alone even though staff know they would prefer to join activities (Sandvoll et al., 2015).

Person-centred care has received great attention over the past decade; a model for person-centred practice shows how practice development can contribute to transforming cultures in nursing homes (McCormack and McCance, 2006; McCormack et al., 2010). Person-centred care involves treating each person as an individual, with respect for their rights as a human being. Nurses have an important role in valuing the fundamentals of care through focusing on each person's individual needs, including for activities (McCormack, 2016). Establishing trust and understanding with each resident helps with focused, person-centred activities (McCormack et al., 2010). To develop this further, a humanised approach to care delivery, whereby the lived experience of an individual is understood, enables the delivery of targeted interventions (Todres et al., 2009). Taking the time to discover residents' interests and respect their choices can result in more targeted person-centred activities that increase their autonomy and sense of control.

Is volunteering the solution?

The Norwegian government has sought new ideas to address these challenges and suggests the inclusion of voluntary contributions from relatives and organisations in the provision of activities for nursing home residents (Ministry of Health and Care Services, 2013). The government, it seems, wishes to place the responsibility on the older people themselves, their relatives and municipalities. However, relatives already make significant contributions to the care of their loved ones. The white paper 'Volunteering' suggests that older people should maintain their own house, invest in friends and social networks and be active to maintain best possible function (Ministry of Health and Care Services, 2018). Yet many live with multimorbidity and reduced function, and therefore need complex care, making such suggestions questionable. It is also interesting to reflect on why the government promotes the need for volunteering in nursing homes but not, for example, in schools or nurseries.

To use volunteers to achieve the goal of improving activity provision requires close cooperation with staff when supporting residents, who may have a variety of physical or cognitive impairments. Therefore, they need professional staff like nurses or nursing assistants who are familiar with the full picture for each resident. Relatives know their loved ones well so can suggest activities, although it is not always the case that activities a person once enjoyed still make sense in later life (Søndergaard, 2004). Perhaps the patient no longer has the mental or physical energy to perform the activity, or it might be unsuitable for other reasons. A resident may not fully understand what is being asked of them, making it more difficult to engage in an activity, no matter how familiar it once was. Instead of asking, doing activities alongside the person might be a better way to engage the resident (Søndergaard, 2004).

Residents should be offered a range of activities, both in the nursing home and outdoors. For those with walking difficulties, a rickshaw service might be an alternative way of enabling them to enjoy outdoors. A free service in the UK has shown how the use of a rickshaw – a specially adapted tricycle

– can allow frail older people to enjoy fresh air and interact with others (BBC News, 2018). From a humanised perspective, offering a wider variety of options acknowledges the dimension of uniqueness of the individual and avoids treating every resident the same – the homogenised dimension (Todres et al., 2009; Galvin et al., 2018). Considering care from a humanised perspective enables a more detailed understanding of what it means to be human. Freedom to make decisions is undoubtedly a key factor in this respect.

However, to provide more options for residents, nursing home staff need sufficient resources to coordinate individual, person-centred and customised activities (McCormack, 2016). Further, it may be beneficial to develop practice in line with local traditions in each municipality. Contributions from family or friends can add another dimension to a humanised approach to care by recognising the importance of others in an individual's personal journey. Volunteers who provide cultural and social activities can promote mental stimulation and wellbeing for residents, and this should be considered in long-term care planning (Skinner et al., 2018).

Conclusion and implications for practice

The aim of this article was to discuss what may constitute meaningful activities as well as the opportunities to develop a person-centred practice that incorporates a focus on activities. Understanding of activities in a residential nursing home setting needs to be reconsidered, broadened and further developed. It is not always the case that activities once valued by a person still make sense later in life, and it might be natural to gradually withdraw from social roles and relationships that previous were important. A further consideration is that sitting and observing, which may be viewed as passive, can under the right circumstances be experienced as an activity by nursing home residents. The theories of disengagement and activity are important to consider when individualising care and understanding the diversity of activities in nursing homes.

From a humanised perspective, it is important to help create a 'sense of place', helping residents to feel at home and to undertake pursuits that suit their uniqueness. A one-size-fits-all approach to activities can create dislocated, dehumanised care, the opposing dimension to a sense of place (see Table 1, above). It is important for each municipality or area to clarify how it understands and defines activities for its nursing home residents, and it might be helpful to develop practice in line with local traditions in each municipality as well as according to residents' individual needs.

How activities are defined or understood also has consequences for how research on activities is performed and how they are measured. Several quality reforms have focused on activities in nursing homes as a way to improve quality of care. However, sufficient resources are needed to overcome constraints on staff time and make it possible to create activities that are meaningful, in line with a person-centred and humanising perspective. Nursing home staff and relatives know the residents well and should plan and coordinate the activities in close collaboration. The goal is to transform practice cultures to enable person-centred ways of working for the benefit of residents and staff.

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