

Empowerment Improves Older Adults' Rehabilitation in Homecare Settings

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Abstract: Background: A study carried out in a public homecare setting aimed at determining older adults' satisfaction with, evaluation of and attitudes toward personal hygiene by comparing a traditional bath with soap and water to a bath in which prepacked disposable washcloths were used. Based on the results, the purpose of this subsequent study was to refine our methodology in order to compare and identify older adults' needs and choice of bathing procedure. Methodology: Twenty older adults completed two questionnaires and were interviewed before and after the bathing procedure just like the nurses. Baseline data regarding age, gender, type of housing, bath facilities, activities of daily living and self-rated health were obtained from one questionnaire and questions regarding the older adults' satisfaction with, evaluation of and attitudes toward personal hygiene from another. Nurses completed a questionnaire regarding their satisfaction with the two types of personal hygiene. Data regarding nurses' preferences and recommendations on traditional bath and prepacked disposable washcloths were obtained from another two questionnaires. On the original questionnaires satisfaction were rated using three possible answers. Questions regarding the number of minutes spent for the individual personal hygiene, description of the conditions under which the bath took place, and an evaluation of the ethical dimension were asked. Two questions clarified the bath recommended by nurses and patients, two questions were used to evaluate skin reactions to soap and water and prepacked disposable washcloths. In the refining process the rating of satisfaction was expanded as well as the evaluation of skin condition, the recommendation of either types of bathing procedure was specified. Ideas from the Most Significant Change model were incorporated into the nurses' questionnaire, and self-determination was incorporated in the revised questionnaire. Outcome: Overall, the older adults preferred to have their own individual choice of daily bathing procedure. The nurses' choice and recommendation of prepacked washcloths was significant and motivated by concern for the older adults' efforts, time spent and personal wellbeing. The questionnaires containing baseline data, nurses' preferences and recommendations on traditional bath, and prepacked disposable washcloths were considered sufficient for future studies. Specification of questions, expansions, more balanced scales and incorporation of older adults' self-determination increased the quality of the two questionnaires for future investigations. Conclusion: As this is the first and only study of nurses' and older adults' attitude and experiences with two types of nurse-assisted baths in a homecare setting improved questionnaires have been prepared for further studies.

Keywords: Older Adults, Personal Hygiene, Prepacked Disposable Washcloths, Questionnaires, Clinical Research

1. Introduction

1.1. Background

In homecare settings in Denmark, older adults receive nurse assistance according to individual needs; especially coping with daily activities like personal hygiene is an issue. A number of older adults need complete or partial nurse-assisted bathing, because they are too frail to manage their own daily personal hygiene. By law nurses are committed to participate in newer developments in everyday rehabilitation to improve older adults' rehabilitation with regard to improvement of their empowerment [1-3].

Empowerment is a specific purpose aimed at optimizing the activities of the nurses caring for older adults in need of daily nurse-assisted personal hygiene in homecare settings. The term empowerment refers to measures designed to increase the degree of autonomy and self-determination in people and in communities in order to enable them to represent their interests in a responsible and self-determined way, acting on their own authority. Empowerment as an action refers to both the process of self-empowerment and to professional support of older adults, enabling them to overcome their sense of powerlessness and lack of influence, and to recognize their abilities and resources [1-3].

The nurses have to support the older adults regarding improvement of selfcare activities to obtain as much empowerment as possible. Assisting frail older adults in homecare settings with personal hygiene is a daily nursing task [1].

Inspiration came from both Nightingale [4] and Henderson [5] and their approach to basic nursing's focus on assisting patients in their need of a nurse-assisted bath [1]. Since 1994, focus on using a new technology to older adults/patients in dependency of nurse-assisted bath was developed [6]. In 1994, Skewes suggested that a new approach to nurse-assisted bed bathing was needed [6]. Based on her ideas, a new bathing protocol was developed [6].

A systematic review revealed that there are few studies within the area and that their center of interest was narrowly related to hospital and nursing homes. In home-care settings, no research was found that dealt with the two types of nurse-assisted bathing with focus on both nurses and older adults' experiences, evaluation and attitudes to these new possibilities [1, 6, 11-18]. On the other hand, we conducted a clinical study in a public home-care setting involving older adults in need of a nurse-assisted bath. The purpose was to study and compare older adults' attitudes, experiences and evaluations of using traditional bathing procedures with soap and water versus prepacked disposable washcloths for their personal hygiene. The prepared washcloths are prepacked in single units and heated before use. A single unit bath consists of eight washcloths comprised in a bag ready to be heated in a microwave oven before use [11-19].

Twenty men and women participated in our research with focus on their daily need for a nurse-assisted wash/bath.

The methodology was a descriptive study in a cross-over

design carried out to measure both the older adults as well as the nurses' experiences, attitudes and well-being after nurse-assisted personal hygiene with use of traditional soap and water versus prepacked disposable washcloths [1].

We collected data by interviewing older adults [7-10]. Basic data like age, gender, bath facilities at home, walking ability, dependency on help from others, contact with family/friends and self-rated health were collected (Table 1). During 12 days, the older adults' self-reported experiences with the two types of baths were registered. The nurses observed the baths with focus on the older adults' attitudes, satisfaction and experiences. The older adults preferred to have their own individual choice of daily bathing procedure. Overall, prepacked disposable washcloths were preferred by the nurses in the study [1] (Tables 2-3).

Similar results were found in studies carried out in a Danish and a Faroese geriatric hospital ward [11, 12].

1.2. Purpose

To investigate older adults' needs and choices regarding bathing procedures and subsequently to improve the quality of the two questionnaires used in this research question.

1.3. Ethical Considerations

In agreement with the Declaration of Helsinki, the older adults were given both verbal and written information, after which they gave their written consent. Participation was voluntary, and it was possible to withdraw at any time. The participants were guaranteed confidentiality and secure data storage. As professional observers, the nurses were conscious of the importance of being discrete and respectful with regard to the older adults' modesty. The study was registered and approved by the Danish Protection Agency (No. 2016-55-0804).

2. Methods

Questionnaires used for data collection:

Data were collected using face to face interview by a nurse.

1. Baseline data collection:

Patients: age, gender, bathing facilities at home, walking ability, dependency on help from others, contact with family/friends and self-rated quality of life (Table 1).

2. 12 days research during which the older adults had two days of personal hygiene using the traditional soap and water procedure and two days using prepacked disposable washcloths.

Both the older adults and the nurses were interviewed before and after the personal hygiene was performed, with a professional nurse as observer [1].

Research questions to both the nurses (Table 2) and the older adults (Table 6) focused on attitudes, satisfaction, experiences, use of time and ethical considerations.

Eleven questions referring to: 1. Evaluation of use of soap

and water, 2. Use of time, 3. How the bath was conducted, 4. Dignity, 5. Evaluation of prepacked disposable washcloths, 6. Dignity, 7. Recommendation of soap and water to the older adult, 8. Recommendation of prepacked disposable washcloths to the older adult, 9. Recommendations regarding type of bath, 10. Skin condition after use of soap and water, 11. Skin condition after use of prepacked disposable washcloths. Questions 1, 4, 5 and 6 had three reply possibilities: 1. Very satisfactory, 2. Satisfactory, 3. Not at all satisfactory. Question 2 was the number of minutes used for the individual personal hygiene. Question 3 was the nurses' professional comments on today's bath. Questions 8 and 9 were binary (yes or no) to recommend one of the two types of bath. Finally, questions 10 and 11 were related to evaluation of skin reactions to soap and water and to prepacked disposable washcloths.

3. Results

Baseline data (Table 1) regarding age, gender, bathing facilities at home, network, self-rated health, and ability to walk were sufficient to determine whether the older adults had their own apartment, were living close to each other in the same neighborhood, their bathing facilities presented a bias with regard to their evaluation of bathing procedures and whether they represented a standard of reference of the two types of nurse-assisted personal hygiene [1].

Table 1. Patient characteristics.

	Number (in percent)
Gender	
Men	6 (33%)
Women	12 (67%)
Mean age	73 years (49-102)
Age distribution (years)	Number (in percent)
<= 70	3 (18%)
> 70	15 (82%)

Table 2. Original version of questionnaire for nurses.

Question 1	
How do you – as a professional nurse - evaluate traditional use of water and soap in personal hygiene?	
1. Very satisfactory	
2. Satisfactory	
3. Not at all satisfactory	
Comments? _____	
Question 2	
How much time was spent on today's bath?	
Write the number of minutes	
Comments? _____	
Question 3	
Where did it take place?	
Comments? _____	
Question 4	
How do you – as a professional nurse - evaluate dignity and ethics in connection with assistance around assistance with water and soap in personal hygiene?	
1. Very satisfactory	
2. Satisfactory	
3. Not at all satisfactory	
Comments? _____	
Question 5	
How do you – as a professional nurse - evaluate pre-packed wash-cloths for personal hygiene?	
1. Very satisfactory	

Live alone	Number (in percent)
Yes	11 (61%)
No	7 (39%)
Living in own apartment	18 (100%)
Retired	18 (100%)

Self-reported health	Number (in percent)
Very good	9 (50%)
Good	9 (50%)

Working earlier outside home	Number (in percent)
Yes	17 (94%)
No	1 (6%)

Bathing facilities at home including hot and cold water	18 (100%)
Own bathroom with washbasin and shower	18 (100%)
Bathroom including bath tub	6 (33%)

Being able to walk outdoors alone	2 (11%)
Dependent on walking assistance	16 (89%)
Visiting rehabilitation facilities 3 times a week	6 (33%)

Daily contact with family/friends	14 (78%)
Contact 2-3 times a week with family/friends	4 (22%)

The original version of the questionnaire for the nurses (Table 2) questions 1, 4, 5 and 6 had three reply possibilities: 1. Very satisfactory, 2. Satisfactory, and 3. Not at all satisfactory. Question 2 asked for the number of minutes used for the individual personal hygiene. Question 3 asked for the nurses' professional comments on today's bath. Questions 8 and 9 asked for binary "yes" or "no" to recommend one of the two types of baths, and finally questions 10 and 11 asked for the evaluation of skin reaction to soap and water versus prepacked disposable washcloths.

2. Satisfactory
 3. Not at all satisfactory
 Comments? _____
 Question 6
 How do you – as a professional nurse - evaluate dignity and ethics in connection with assistance around assistance with pre-packed wash-cloths for personal hygiene?
 1. Very satisfactory
 2. Satisfactory
 3. Not at all satisfactory
 Comments? _____
 Question 7
 Do you recommend the use of water and soap to the patients?
 Yes __ No __
 Comments? _____
 Question 8
 Do you recommend the use of pre-packed wash-cloths to the patients?
 Yes __ No __
 Comments? _____
 Question 9
 Do you recommend either depending upon the choice of the patients?
 Yes __ No __
 Comments? _____
 Question 10
 How do you evaluate the skin with the older patients following water and soap?
 Evaluation: _____
 Comments? _____
 Question 11
 How do you evaluate the skin with the older patients following wash with pre-packed wash-cloths?
 Evaluation: _____
 Comments? _____
 OTHER COMMENTS: _____

Even though the overall purpose was to increase the quality of the method used for comparing and identifying possibilities for older adults' choices regarding personal hygiene, our assessment has some weaknesses with regard to the original questionnaires. Thus, an evaluation of the original questionnaires was needed due to new perceptions of attitudes, experiences and satisfaction as well as the approach to nurses and older adults' evaluation of two different bathing procedures.

4. Discussion

4.1. The Results of Our Study Reflect a Collection of Baseline Data (Table 1) [1] and the Effect of Our Questionnaires Prepared and Designed to Compare Older Adults' Attitudes, Experiences and Evaluation of two Bathing Procedures (Tables 3-4)

Table 3. Nurses preferences.

Preferences	Wash basins% (n/N)	Disposable baths% (n/N)	Chi-square test p-value
Personal hygiene (very satisfactory)	40% (19/48)	67% (42/63)	0.005
Time consumption (< 10 minutes)	17% (8/47)	52% (34/65)	0.00002
Ethical considerations (very satisfactory)	40% (19/47)	34% (21/62)	0.63

Nurses prefer disposable baths (67%) compared to wash basins (40%).

Concerning time consumption the nurses prefer disposable baths (52%) compared to wash basins (17%),

According to ethical considerations the two baths types are evaluated equally, washing baths (40%) and disposable baths (34%).

Table 4. Nurses recommendations and patients preferences.

	1. Wash basins% (n/N)	2. Disposable baths% (n/N)	3. Both baths% (n/N)	Chi-square test p-values
Nurses recommendations	60% (27/45)	95% (60/63)	90% (95/106)	1 vs 2: 0.00003 1 vs 3: 0.00009 2 vs 3: 0.44
Patients preferences	42% (18/43)	32% (20/63)	64% (70/109)	1 vs 2: 0.06 1 vs 3: 0.04 2 vs 3: 0.00004

Nurses recommend the use of disposable baths (95%) or alternatively both baths (90%) compared to the use of wash basins

(60%).

The patients prefer both baths (64%) compared to disposable bath (32%) and wash basins (42%).

4.2. First, the Nurses

Table 2 shows the original questionnaire. The weaknesses in the questionnaires are traceable through a comparison between the original and revised questionnaires; the new version has more precise questions and uses a more balanced scale (Table 5).

Table 5. Revised version for nurses.

<p>Question 1</p> <p>How do you – as a professional nurse – evaluate traditional use of water and soap in personal hygiene?</p> <p>1. Very satisfactory, because _____</p> <p>2. Satisfactory, because _____</p> <p>3. Not satisfactory, because _____</p> <p>4. Not at all satisfactory, because _____</p> <p>Other comments _____</p> <p>Question 2</p> <p>How much time was spent on today's bath?</p> <p>Write the number of minutes spent on the bath proper/actual bath: _____ minutes</p> <p>Comments? _____</p> <p>Question 3</p> <p>Where did it take place?</p> <p>Bedroom _____</p> <p>Bathroom _____</p> <p>Sitting room _____</p> <p>Kitchen _____</p> <p>Other place _____</p> <p>Comments? _____</p> <p>Question 4</p> <p>How do you – as a professional nurse – evaluate the patient's empowerment in connection with assistance in the use of water and soap in personal hygiene?</p> <p>1. Very satisfactory, because _____</p> <p>2. Satisfactory, because _____</p> <p>3. Not satisfactory, because _____</p> <p>4. Not at all satisfactory, because _____</p> <p>Comments? _____</p> <p>Explanation: The term empowerment refers to measures designed to increase the degree of autonomy and self-determination in people and in communities in order to enable them to represent their interests in a responsible and self-determined way, acting on their own authority.</p> <p>Question 5</p> <p>How do you – as a professional nurse – evaluate prepacked washcloths for personal hygiene?</p> <p>1. Very satisfactory, because _____</p> <p>2. Satisfactory, because _____</p> <p>3. Not satisfactory, because _____</p> <p>4. Not at all satisfactory, because _____</p> <p>Comment? _____</p> <p>Question 6</p> <p>How do you – as a professional nurse – evaluate the patient's empowerment in connection with assistance with prepacked washcloths for personal hygiene?</p> <p>1. Very satisfactory _____</p> <p>2. Satisfactory _____</p> <p>3. Not satisfactory _____</p> <p>4. Not at all satisfactory _____</p> <p>Comments? _____</p> <p>Explanation: The term empowerment refers to measures designed to increase the degree of autonomy and self-determination in people and in communities in order to enable them to represent their interests in a responsible and self-determined way, acting on their own authority.</p> <p>Question 7.a</p> <p>Do you recommend the use of water and soap to the present client?</p> <p>Yes __, because _____</p> <p>No __, because _____</p> <p>Comments? _____</p> <p>Question 7.b</p> <p>Do you recommend the use of water and soap to clients in general?</p> <p>Yes __, because _____</p> <p>No __, because _____</p> <p>Comments? _____</p> <p>Question 8.a</p> <p>Do you recommend the use of prepacked washcloths to the present client?</p> <p>Yes __, because _____</p> <p>No __, because _____</p>

Comments? _____

Question 8.b
Do you recommend the use of pre-packed washcloths to clients in general?
No __, because _____
Yes __, because _____
Comments? _____

Question 9
Do you recommend either one or the other depending upon the choice of the client?
Yes __ No __
Comments? _____

Question 10
How do you evaluate the skin of the older patients following water and soap?
1. The patient is more comfortable _____
2. The patient's skin is affected due to medication _____
3. The patient's skin is observed _____
Comments? _____

Question 11
How do you evaluate the skin of the older patients following wash with pre-packed washcloths?
1. The patient is more comfortable _____
2. The patient's skin is affected due to medication _____
3. The patient's skin is observed _____
Comments? _____

OTHER COMMENTS: _____

Question 12
(a) What do you think has been most significant about baths with soap and water compared to baths with microwave cloths during the past period (research period)? Mention 2 different situations that can be very different and significant for different reasons.
(b) Situation 1 (a) _____
(c) Situation 2 (a) _____
(d) Why do you mention Situation 1 (a)? _____
(e) Why do you mention Situation 2 (a)? _____
(a) Thinking about the coming period (research period), what do you think will be most significant about baths with soap and water compared to baths with microwave cloths during the past period (defined)? Mention 2 different situations that can be very different and significant for different reasons.
(b) Situation 1 (b) _____
(c) Situation 2 (b) _____
(d) Situation 1 (b)? _____
(e) Why do you mention Situation 2 (b)? _____

Note; identification numbers must be added here, so that patients and nurses can be identified and compared.

Some questions are added in the new version, allowing for a more dynamic design. Ideas from the Most Significant Change model were incorporated into the questionnaires [20]. The strengths of the new questionnaires are improved satisfaction among the patients/older adults and improved planning with staff. The strengths of the model with the questions incorporated are the following: 1) Creates space for stakeholders to reflect, to make sense of complex changes. 2) Provides dialog to help make sense of each other's values. 3)

Facilitates dynamic dialog, i.e. "what do we really want to achieve and how can we produce more of it?" and 4) Excellent for participatory programs with diverse and complex outcomes, and multiple stakeholders.

4.3. Second, the Older Adults

Table 6 shows the original questionnaire, and Table 7 shows the improved in a new version.

Table 6. Original questionnaire for older adults/patients.

Question 1
How do you evaluate your well-being following assistance to personal hygiene with water and soap?
1. Very satisfactory
2. Satisfactory
3. Not at all satisfactory
Comments? _____

Question 2
How do you evaluate your well-being following assistance to personal hygiene with pre-packed wash-cloths?
1. Very satisfactory
2. Satisfactory
3. Not at all satisfactory
Comments? _____

Question 3
Do you prefer water and soap?
Yes __ No __
Comments? _____

Question 4

Do you prefer pre-packed wash-cloths?
 Yes ___ No ___
 Comments? _____
 Question 5
 Do you like both methods equally?
 Yes ___ No ___
 Comments? _____

Table 7. Revised version for older adults/patients.

Question 1
 When was the last time you had a water and soap bath?
 Write: _____
 How did you evaluate your well-being following assistance to personal hygiene with water and soap?
 1. Very satisfactory, because _____
 2. Satisfactory, because _____
 3. Not satisfactory, because _____
 4. Not at all satisfactory, because _____
 Other comments: _____
 Question 2
 When was the last time you had a bath with pre-packed wash-cloths?
 Write: _____
 How did you evaluate your well-being following assistance to personal hygiene with pre-packed wash-cloths?
 1. Very satisfactory, because _____
 2. Satisfactory, because _____
 3. Not satisfactory, because _____
 4. Not at all satisfactory, because _____
 Other comments: _____
 Question 3
 Do you prefer water and soap?
 Yes ___ No ___
 Comments? _____
 Question 4
 Do you prefer pre-packed wash-cloths?
 Yes ___ No ___
 Comments? _____
 Question 5
 What do you prefer today?
 a) Water and soap yes ___ no ___
 b) Pre-packed wash-cloths yes ___ no ___
 c) Why? _____
 d) Do you sometimes prefer the other method? Yes ___ No ___
 Question 6
 When you think about your health-situation in the next half year, what do you think, you will be experiencing most?
 a) Water and soap yes ___ no ___
 b) Pre-packed wash-cloths yes ___ no ___
 Why? _____
 Question 7
 Are there other areas (related to your personal hygiene-situation) where you would prefer to have more say?
 Which ones? _____
 OTHER AREAS?

The weaknesses in the questionnaires (Table 2 and 6) are traceable through a comparison between the original and the revised versions; the new versions (Table 6 and 7) have more precise questions and use more balanced scales.
 Some questions have been added to the new version, allowing for a more dynamic design. Ideas from the Most Significant Change-mode [20] were incorporated into the questionnaires.
 Analytical possibilities are comparisons between earlier and revised versions: what has the development been like? Comparisons between before and now in a developmental perspective are possible: given a choice, what does the older adult/patient prefer? Then you/the institution may choose the preferred bathing method. The strengths of the new

questionnaire are improved satisfaction among the older adults/patients and improved planning with staff. The strengths of the model with the questions incorporated creates space for stakeholders to reflect, to make sense of complex changes and it provides dialog to help make sense of each other's values.

5. Conclusion

Firstly, to meet the challenges in nursing activities and older adults' possibilities and needs, we have focused on sharing knowledge about providing coaching to improve self-care, dignity and autonomy.
 Empowerment is a specific plan to optimize the activities

of nurses caring for older adults in need of daily nurse assistance with personal hygiene in homecare settings.

Secondly, the term empowerment refers to measures designed to increase the degree of autonomy and self-determination in people and in communities in order to enable them to represent their interests in a responsible and self-determined way, acting on their own authority.

The revised questionnaires are now ready to be used and tested in hospitals, nursing homes and homecare settings – creating an international platform for development and sharing of new research-based outcomes, providing further evidence in clinical practice with regard to choice of bathing procedures.

References

- [1] Hørdam B, Brandsen RV, Frandsen TK, Bing A, Stuhauug HN, Petersen K. Nurse-assisted personal hygiene to older adults 65+ in home care setting. *Journal of Nursing Education and Practice* 2018. Vol. 8, No. 2 (23-29).
- [2] Andersen, J., Bilfeldt, A., & Jørgensen, M. S. (2014). Action research and empowerment in Denmark: Experiences from three different contexts. In M. Kristiansen, & J. Jørgen Bloch-Poulsen (Eds.), *Participation and Power: In Participatory Research and Action Research* (Open Access ed., pp. 99-122). Aalborg: Aalborg Universitetsforlag. Serie om lærings-, forandrings- og organisationsudviklingsprocesser, No. 1, Vol. 3.
- [3] Andersen J, Sliim B. (2004) Politics of inclusion and empowerment. Palgrave Macmillan/UK (pp. 280).
- [4] Lauritzen J. Notes on nursing: Florence Nightingale og victoria tidens arbejderkvinde. *Sygepleje & historie* 2004; 7 (22):4-10.
- [5] Henderson V. Sygeplejens grundlæggende principper. In: International Council of Nurses, Dansk Sygeplejeråd, editors. 7th ed. Copenhagen: Dansk Sygeplejeråd; Nyt Nordisk Forlag; 2012. p. 61 sider-s. 13-16, 60-61.
- [6] Skewes SM. No more bed baths. *RN* 1994 Jan; 57 (1):34-35.
- [7] Kvale S. Interviews: an introduction to qualitative research interviewing. Thousand Oaks: Sage Publications; 1996.
- [8] Boolsen MW. Kvalitative analyser. 2017, 2ed (pp. 231). Hans Reitzels Forlag/Denmark.
- [9] Boolsen MW. Spørgeskemaundersøgelser (Questionnaires). 2008, 1ed (pp. 228) Hans Reitzels Forlag/Denmark.
- [10] Hørdam B, Boolsen MW. Patientinvolvement in own rehabilitation after early discharge. I: doi: 10.1111/scs. 12407
- [11] Noddeskou LH, Hemmingsen LE, Hordam B. Elderly patients' and nurses' assessment of traditional bed bath compared to prepacked single units--randomised controlled trial. I: *Scand J Caring Sci* 2015 Jun; 29 (2):347-352.
- [12] Noddeskou LN, Tugvustein N, Marjunardottir IG, Hemmingsen L, Hordam B. Assessment of bed bathing methods in the Faroe Islands. I: *American Journal of Nursing Sciences*. 2018, Vol. 7, No 3., pp. 109-114.
- [13] Sheppard CM, Brenner PS. The effects of bathing and skin care practices on skin quality and satisfaction with an innovative product. *J Gerontol Nurs* 2000 Oct; 26 (10):36-45; quiz 55-6.
- [14] Carruth AK, Ricks D, Pullen P. Bag baths: an alternative to the bed bath. *Nurs Manage* 1995 Sep; 26 (9):75-6, 78.
- [15] Collins F, Hampton S. BagBath: the value of simplistic care in the community. *Br J Community Nurs* 2003 Oct; 8 (10):470-475.
- [16] Gillis K, Tency I, Roelant E, Laureys S, Devriendt H, Lips D. Skin hydration in nursing home residents using disposable bed baths. *Geriatr Nurs* 2016 May-Jun; 37 (3):175-179.
- [17] Cowdell F, Steventon K. Skin cleansing practices for older people: a systematic review. *Int J Older People Nurs* 2015 Mar; 10 (1):3-13.
- [18] Larson EL, Ciliberti T, Chantler C, Abraham J, Lazaro EM, Venturanza M, et al. Comparison of traditional and disposable bed baths in critically ill patients. *Am J Crit Care* 2004 May; 13 (3):235-241.
- [19] Lawler J. Behind the screens: nursing, somology, and the problem of the body. Melbourne; New York: Churchill Livingstone; 1994.
- [20] Dart J, Ricks D. A dialogical, story-based evaluation tool: The Most Significant Change Technique. *American Journal of Evaluation*, Vol. 24, No 2 (2003), PP. 137-155.