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REVIEW

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Body care of older people in different institutionalized settings: A systematic mapping review of international nursing research from a Scandinavian perspective

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Abstract

Body care is considered a key aspect of nursing and imperative for the health, wellbeing, and dignity of older people. In Scandinavian countries, body care as a professional practice has undergone considerable changes, bringing new understandings, values, and dilemmas into nursing. A systematic mapping review was conducted with the aims of identifying and mapping international nursing research on body care of older people in different institutionalized settings in the healthcare system and to critically discuss the dominant assumptions within the research by adapting a problematization approach. Most identified papers reported on empirical research with a biomedical approach focusing on outcome and effectiveness. Conceptual papers, papers with a focus on the perspectives of the older people, or contextual and material aspects were lacking. The research field is dominated by four dominant assumptions: *Body care as an evidence-based practice*, *body care as a relational ethical practice*, *the body as a body-object and a body-subject*, *the objects in the body care practices as nonrelational materialities*. Given the complexities of professional body care practices, there is a need for other research designs and theoretical perspectives within nursing that expand our understanding of body care taking into consideration the multiple social and material realities.

KEYWORDS

assisted body care, body care, eldercare, elderly, grooming, personal care, problematization, systematic review

1 | INTRODUCTION

The purpose of this review is twofold: to map the overall characteristics of international nursing research on body care of older people and to analyze the underlying assumptions within this study. By adopting a systematic mapping review methodology (Gough et al., 2017), we aim to identify what characterizes nursing research on body care, but we also expand the aim of the review by adopting a problematization perspective (Alvesson & Sandberg, 2011, 2020). Alvesson and Sandberg suggest that the aim of problematizing a domain of research is to enable a generation of new research questions that lead to potential new insights for novel theorizing. Thus, the aim of this approach in the current review is to explore the assumptions that have shaped the research on body care to pave the way for new theories.

In this review, we draw upon Lomborg's definition of assisted personal body care (Lomborg, 2004), which involves a nurse assisting

a patient with washing or bathing, grooming, and getting dressed. We also include and expand the definition with activities such as showering, bed bathing, oral care, maintaining personal hygiene, changing incontinence pads, toileting, and washing intimate parts of the body (Holmberg et al., 2019; Lawler, 1994; Twigg, 2003).

2 | BACKGROUND

Body care is a central aspect of the care of older people since a decline in physical, mental, and social functioning and overall frailty might increase with age, resulting in difficulty in managing daily life and increased dependence on assistance with body care in home care, residential care institutions, and during hospitalization due to deteriorating health (Greysen et al., 2014; Kingston et al., 2018; Nicholson et al., 2013; van Seben et al., 2019). It is generally agreed that body care for older people is imperative for their health and wellbeing and a feeling of being treated with dignity and respect (Clancy et al., 2021; Hammar et al., 2021; Rostgaard et al., 2020). To assist older people with body care is a cornerstone of eldercare services and a central part of the welfare system in most Scandinavian countries (Olejaz et al., 2012; WHO, 2019). However, in recent decades, the contextual aspects of body care have undergone considerable transformations. Research demonstrates that the introduction of new public management with its emphasis on task orientation, efficiency, marketization, standardization,. and goal orientation has brought new understandings, practices, and identities into caregiving (Dahl et al., 2015; Kröger, 2011; Rostgaard, 2012). This has also challenged the nursing profession's ideals of dignified respectful person-centered care (Feo & Kitson, 2016; Kitson & Sørensen, 2017) and bears little resemblance to nursing practice with its increasing organizational demands and its distance from direct care (Allen, 2014; Doessing, 2018). In Denmark, 17% of the long-term care workforce are registered nurses (OECDstat, 2022), and across the Scandinavian countries, there is a general tendency for practical nurses and nursing assistants to take over the nursing tasks from registered nurses. Therefore, body care is most often delegated to nurse assistants or care workers with no formal education, as practical nurses, as well as registered nurses, are in scarce supply almost everywhere (Danish Health Authority, 2021).

In the Danish context, the issue of body care has also been the focus of heated political and public debates. How often should older people be offered bathing assistance? Is it undignified to take a shower only once a week? This discussion has also been extended to include questions around the house cleaning. Overall, it can be argued that body care of older people is in a dilemma between discussions of what is dignified high-quality eldercare and welfare policy discussions about the future role of the welfare state with an ageing population with care needs, a declining workforce, challenges in recruiting and retaining competent care workers, fewer financial resources and changing disease patterns among the older people (Nordic Council of Ministers, 2014; Nordregio, 2021)

Body care is considered a key aspect of nursing and historically and culturally nursing is viewed as body work or a body-based profession where the body is its "site of labor" (Draper, 2014; Twigg et al., 2011; Wolf, 2014; Wolkowitz, 2002). Hence, it is also a contested area within nursing with an ambivalent status since it is often regarded as underestimated and devalued (Lawler, 1994; Twigg et al., 2011; Wolf, 2014). This ambivalence is also present in eldercare since the focus of the care is old uncontrollable bodies that smell and leak, reminding modern society of decay and death (Ashforth & Kreiner, 2014; Higgs & Gilleard, 2014; Widding Isaksen, 2002). Due to the physical contact with dependent older bodies and with contaminated and polluted substances like feces and urine, body care is typically regarded as dirty, and socially constructed taboos about the contaminated dirty bodies, render body care stigmatized and with low occupational status (Ostaszkiewicz et al., 2016).

In recent years there has been renewed and growing attention to the fundamentals of nursing care since international research demonstrates evidence of recurrent failures to attend to people's fundamental care needs that might compromise patient safety and increase mortality, for example, patients being left in soiled bed-clothes, not receiving help with toileting, not being bathed for days or not receiving oral care (Francis, 2013; Garling, 2008; Kalisch et al., 2011, 2012, 2014). An international nursing debate has taken place, arguing that the profession is experiencing "shitty nursing" and are facing a crisis with the emergence of poor nursing care (Richards & Borglin, 2019).

Body care is in focus in a variety of nursing theories and empirical studies, which have made different influential contributions to the understanding of body care. These nursing theories cover different aspects of body care, which may tentatively be described as follows. One key aspect is personal hygiene, conceptualized as a basic human need, inspired by Henderson's nursing need theory, consisting of 14 basic human needs. It can be argued that three of these needs refer to body care: the need to eliminate body wastes, the need to select suitable clothes/dress and undress, and the need to keep the body clean and well-groomed and protect the integument. Henderson's theory closely links body care to the notion of needs, independence, and self-care, and she draws on a biomedical way of considering personal hygiene as the prevention of disease. However, Henderson is also embedded in a more cultural and symbolic way of understanding body care by stressing the importance of being suitably dressed and well-groomed (Henderson, 1960). The recent Fundamentals of Care Framework of the International Learning Collaborative also implicitly draws upon the notions of basic needs and self-care when emphasizing, for example, toileting, personal cleansing, and dressing as physical needs (ILC, 2021). Personal hygiene covers a wide range of activities such as oral care, hair and nail care, shaving, skin care, incontinence care and showering, bathing and bed bathing (Pegram et al., 2007).

Another aspect of theories of body care concerns social and psychological factors like embarrassment, discomfort, anxiety, and ambivalence when entering a person's private zones such as genitalia and breasts, which also involves the notions of gender and sexuality

when providing body care to the opposite sex (Harding et al., 2008; Marchetti et al., 2019; Picco et al., 2010; Shakespeare, 2003). Lawler coined the term somology to describe strategies nurses use to deal with the sexualized body and intimacy (Lawler, 1994). Lawler also criticized the societal devaluation of body care and bodily functions and problematized a paradox within nursing itself, since the body and body care, according to Lawler, is subsumed in grand nursing theories (Lawler, 1994). In this way, Lawler inscribes her work on body care in a sociological understanding of body care as marginalized, stigmatized, devalued, and dirty work (Lawler, 1994). Recently, Feo and Kitson have renewed this critique by arguing that the provision of fundamentals of care such as toileting is devalued and rendered invisible across the healthcare system; this study thus includes body care in broader discussions about the nursing profession and the focus and priorities of the healthcare system (Feo & Kitson, 2016).

A third aspect of the theories of body care is the relational dilemmas of receiving and assisting with body care. This involves the person's vulnerability and fragility when losing bodily capacity and control and the effort to preserve personal integrity and independence. These theories stress the importance of ethical values like dignity and integrity (Håkanson & Öhlén, 2013; A. L. Kitson et al., 2013; Lomborg & Kirkevold, 2008; Lomborg, 2004; Lomborg et al., 2005; Muntlin Athlin et al., 2018). In this study, body care is embedded in a relationship between two people, the nurse, and the patient, and it can thus be argued that the research implicitly regards the relationship as a prerequisite for body care.

Overall, the theoretical contributions revealed that body care covers a wide range of understandings and perspectives, such as biomedical concerns related to hygiene, disease prevention, and caring procedures to sociological issues like devaluation and shame connected to the care of old, deteriorating bodies. Another observation is that there seems to be a growing focus on the importance of fundamentals of care within nursing. In general, the studies and theories mainly focus on the hygienic aspects of body care, in addition to the relational aspects. Studies in recent years have also suggested a need to find a place for the concepts of body and embodiment in nursing theories (Draper, 2014; Marchetti et al., 2016; Sakalys, 2006; Wolf, 2014), but these studies are not primarily concerned with body care. Recent years have also seen an increasing focus on exploring the involvement of nonhuman actors or materiality in care practices (Buse et al., 2018; Mol, 2002). There has also been a focus on the contextual aspects of care practices and how these are shaped by regulatory mechanisms on a macro level, for example, political, and economic reforms and overall policy discourses (Andersson & Kalman, 2017; England & Dyck, 2011; Hansen & Grosen, 2019; Kalman & Andersson, 2014; Lehn-Christiansen & Holen, 2019; Meldgaard Hansen, 2016). However, these studies are not from the field of nursing research.

Against this background, the aim of this paper is twofold: to systematically map the overall characteristics of international nursing research on body care of older people and to analyze and discuss the underlying assumptions within this study. The questions we address include the following:

- What characterizes international nursing research on the body care of older people?
- What are the dominant assumptions of body care of older people in international nursing research?

By adopting a systematic mapping review methodology (Gough et al., 2017), the ambition of this review is firstly to capture the research landscape on this topic and to provide insight into methodological, contextual, and theoretical approaches characterizing the research. We also seek to identify issues that have been little addressed or neglected in the research landscape. This first step also seeks to identify the self-evident characteristics as presented by the research itself. Second, by adopting a problematization perspective (Alvesson & Sandberg, 2011, 2020), we will also analyze the taken-for-granted assumptions in the literature to critically discuss nursing research on body care. We begin by outlining the mapping and problematization methodology. After that, we present our findings related to the overall evident characteristics of the research. Next, we analyze and discuss dominant assumptions. We conclude by presenting perspectives and implications and how these might affect nursing practice and future research.

3 | DESIGN AND METHODOLOGY

The current review is a systematic mapping review (Gough et al., 2012, 2017; Grant & Booth, 2009) that also draws upon a problematizing perspective as exemplified by Alvesson and Sandberg's methodology (Alvesson & Sandberg, 2011, 2020). This methodology is informed by Michel Foucault's notion of problematization, which is primarily an endeavor to explore and demonstrate how dominating discourses have come to exist at the expense of alternative discourses (Foucault, 1985). To apply problematization as a methodology enables an exploration of what is constructed as a problem in nursing research in relation to body care. What is problematized and what is regarded as answers to these problems is interesting because it informs us about the underlying assumptions in existing nursing research and thereby also what is regarded as common knowledge or general thinking about body care of older people.

According to Alvesson and Sandberg, a problematization perspective does not aim to debunk or be distinctly critical to a knowledge area but rather to open up a research domain to help us move beyond both established and practical commonsense understandings of a phenomenon instead of merely reinforcing and cementing already established "research boxes" (Alvesson & Sandberg, 2020). Thus, the aim of this review is neither to accumulate and reproduce existing knowledge nor from a normative standpoint to evaluate and to recommend what, for example, good body care for older people is, but to come up with potential new insights with an awareness of the paradigm-bound nature of research (Alvesson & Sandberg, 2020).

According to Alvesson and Sandberg, to problematize a domain of literature requires an identification of that domain and an establishment of the boundaries of the review. We chose a systematic mapping review methodology to identify the domain and provide a comprehensive map or account of the research field of body care of older people (Gough et al., 2019; Grant & Booth, 2009). Systematic mapping reviews do usually not include a quality assessment (Grant & Booth, 2009) and lack the synthesis and analysis of more considered approaches (Gough et al., 2017). This is a major difference between systematic mapping reviews and systematic reviews of quantitative and qualitative evidence (Grant & Booth, 2009). Following the accepted methodology of systematic mapping (Gough et al., 2017), the protocol we employed consisted of the following stages: searching, screening, data extraction, and analysis. The papers were extracted to convey information about the focus or question in the research, the methods and design used to answer these questions, and the theoretical approaches applied. Thus, this analysis consists of a description of the studies per se and helps to identify the self-evident characteristics. This is valuable information to further identify and analyze the assumptions in the research and explore whether these assumptions can be challenged.

3.1 | The search processes

We performed the searches in the leading relevant bibliographic databases in the healthcare field, that is, Cinahl, Pubmed, Embase, PsycINFO, and Scopus. The systematic searches used the block search strategy. The blocks were combined with AND. We created three blocks, covering three aspects of relevance to the review: the phenomena of interest, the population, and the context. To cover the phenomena of interest, we used the search terms *body care*, *assisted body care*, *showering*, *bodywork*, *washing*, *morning care*, *bed bath*, *bath*, *toileting*, *personal care*, *personal hygiene*, *grooming*, *and intimate care* (Supporting Information: Tables 1–5). Papers were included if they reported on body care in different institutional settings (hospital, nursing home, residential care, home care), solely focusing on older people, defined as those 65 years old or older (Orimo et al., 2006), or papers focusing on care workers (nurses, nurse assistants, personal care workers, care workers with no formal education) assisting older people with body care, or relatives of older people dependent on assistance with body care, published in peer-reviewed nursing journals or in other peer-reviewed journals with one of the authors being a nurse researcher, written in Danish, Swedish, Norwegian, and English, published between January 2010 and October 2020. The development of the search strategy and the searches were carried out by the three authors, with assistance from a research librarian from University College Copenhagen. The search did not include contacting researchers in the field, reference searching, or hand searching in journals, and thus this mapping review did not aim to identify all existing and relevant research but to provide a map.

3.2 | The screening processes

The papers identified in the selected databases were imported to the Covidence systematic review software program (Covidence, 2021). Using this tool, the first and last authors screened the papers in two processes, title and abstract screening followed by full-text screening. Papers were excluded if not published in Danish, Swedish, Norwegian, or English, did not exclusively focus on people 65+, had the wrong format, for example, book chapters, editorials, guidelines, comments, were not published in nursing research journals or written by nursing researchers, had the wrong indication, for example, papers on nurses' and nurse assistants' attitudes and knowledge about body care, educational training programs, educational interventions, barriers and facilitators to implementation strategies, development and testing of tools, wrong study design, for example, protocols, or duplicates (Supporting Information: Table 6). A total of 4179 papers were identified in the database searches, and out of these, 1607 were rejected due to duplication (Supporting Information: Figure 1).

3.3 | Data extraction and analysis

A total of 34 papers were included in the final mapping. We categorized and sorted the papers based on codes such as journal name, geographical context, institutional setting (e.g., hospital, residential care setting), study design (e.g., quantitative, qualitative, review, conceptual), the focus of the study, theoretical approach (e.g., hermeneutics, phenomenology, biomedical). During the coding process, we adjusted the codes and added a code referring to the part of the body receiving care.

4 | FINDINGS

Out of the 294 full texts, 34 papers were included (Supporting Information: Table 7).

4.1 | Journals of publication

The papers were all in English and published in 20 different journals in a wide range of fields (Supporting Information: Table 8). Fourteen of these journals are in the field of nursing. The focus of the nursing journals varies; however, most papers are in the field of ageing/gerontology and in the field of continence care. The overall range of the journals also demonstrates how nursing consists of several specialties. The remaining six journals are related to medical science.

4.2 | Geographical context

Most of the papers are from a western context, originating from, for example, the United States, Canada, and Sweden. The papers from

Scandinavian countries represent welfare systems based on universalism, where citizens have equal rights to tax-funded welfare services like assistance with body care (Anttonen, 2002). No papers address multiple geographical and cultural contexts and therefore, the global Inequities in access to healthcare (Meyer et al., 2013) are not addressed (Supporting Information: Table 9).

4.3 | Study design

Most of the papers are empirical ($n = 27$). Eighteen of these are based on quantitative methods, nine are qualitative, and three mixed methods, while two of the reviews include only quantitative papers. Of the quantitative papers, 10 have a randomized design, while the remainder have a descriptive, experimental, or observational design (Supporting Information: Table 10).

4.4 | Focus of the papers

The foci of the different papers vary, covering different perspectives (Supporting Information: Table 11). Ten of the included papers focus on the effectiveness of different strategies, for example, strategies to provide oral care, or of different regimes, for example, skincare regimes or bathing methods, the latter in relation to the completeness of bathing, skin dryness, patient satisfaction, resident choice, skin bacteria, costs, time used, and other factors. The bathing methods mentioned are mostly traditional washing with soap and water and washing without water with washing gloves or pre-packed washing cloths. Another focus is descriptions of care practices, for example, the frequencies and patterns of skincare, or the use of various products. The effectiveness of different products is also in focus, for example, different incontinence pads, absorbent products, or skin barrier creams. Nine of the papers focus on the experiences of older people, care workers, and relatives. One paper explores institutional factors and how these influence bathing practices.

4.5 | Theoretical approach

Most papers draw on a biomedical approach. The papers were coded as biomedical if the knowledge sought in the studies was biomedical. However, the papers do not explicitly mention that their theoretical focus is biomedical. In four of them, the authors refer to Florence Nightingale (Kottner et al., 2015), Virginia Henderson (Achterberg et al., 2016), or a person-centered approach represented by Kitson (Coker et al., 2017b) in the introduction or background of the papers. One paper also has a focus on resident choice in the introduction (Schnelle et al., 2013). Three papers use a phenomenological or hermeneutic theoretical approach. Papers were coded with the label *other* if they did not explicitly mention any theoretical framework and if the knowledge sought was not biomedical. These papers mainly had a qualitative or concept analytical design. In six of them, there are references to the notion of person-centered care, fundamentals of care, or concepts such as dignity and autonomy (Borglin et al., 2020; D'hondt et al., 2012; Hälleberg Nyman et al., 2017; Holmberg et al., 2020; Ostaszkiewicz et al., 2018) (Supporting Information: Table 12).

4.6 | Part of the body

Twenty of the papers have a focus on either the oral part of the body or the skin. Nine papers focus on the whole body. The papers were coded with "whole body" if the focus was the care for the whole body, for example, washing, bathing, or bed bath, rather than on a specific part of the body (Supporting Information: Table 13).

4.7 | Setting

Most papers ($n = 22$) focus on nursing homes, long-term care facilities, or residential care facilities. Seven papers describe a hospital context and four a home care setting. The papers representing a hospital context mainly focus on oral care (Supporting Information: Table 14).

4.8 | Characteristics of the participants

The papers cover a wide range of participants (Supporting Information: Table 15). Two papers have included both care workers and older people (Holmberg et al., 2020; Holroyd & Holroyd, 2015). Out of the eight papers exploring the experiences of care workers, three focus solely on nurses (Borglin et al., 2020; Coker et al., 2017a, b; Råholm, 2012). Fifteen papers concentrate on care-dependent older people, and papers were coded with this label if they are dependent on varied aspects of care, for example, oral care, bathing, and perineal care. These papers do not mention any medical diagnosis. To characterize participants that were not care workers, various parameters and screening methods were used in the papers, for example, age, sex, body mass index, dysphagia screening, functional status screening, physical and psychosocial functioning screening, agitation scales, emotion scales, resistance to care scale, cognitive impairment screening, skin observation scales, and oral health scales.

5 | ASSUMPTIONS UNDERLYING THE RESEARCH

We highlight four dominant areas in the research that are problematized, as described below.

5.1 | Body care as an evidence-based practice

Thirty-two of the 34 papers are underpinned by an implicit acceptance of the idea that knowledge in nursing should be

evidence-based. The way of understanding evidence in these papers is as a measurement of the effectiveness of products or caring regimes, for example, with a randomized design (Achterberg et al., 2016; Beeckman et al., 2011; Clarke-O'Neill et al., 2015; Gillis et al., 2016; Hahnel et al., 2017; Kon et al., 2017; Liu et al., 2017; Schnelle et al., 2013; Schoonhoven et al., 2015; Sørensen et al., 2013). Most of these papers are quantitative intervention studies exploring the outcome of the intervention, drawing on a biomedical theoretical approach. There are also papers with a qualitative design, emphasizing the importance of evidence and problematizing the lack of evidence (Borglin et al., 2020; Coker et al., 2017b; D'hondt et al., 2012; Hälleberg Nyman et al., 2017; Ostaszkiewicz et al., 2018). The epistemology of the papers is not explicitly discussed but is based on a classical scientific acceptance of the possibility to generate objective generalized knowledge by trying to eliminate bias (Lehn-Christiansen, 2016). It is not argued what evidence is, and it is taken for granted that evidence is an accepted, stable, coherent, and desired concept in nursing.

5.2 | Body care as a relational ethical practice

An assumption underlying 12 of the papers is body care as a relational ethical practice with two people in a relationship, focusing on the older people, and respecting and understanding their needs for body care. There are traces of ethical discourses of respecting autonomy and dignity and protecting the vulnerable old person in the body care situations. Scandinavian philosophy (Nordenfelt) and nursing philosophy theories (Eriksson, Nåden) are cited in these papers (Holmberg et al., 2020; Råholm, 2012). Other discourses within this underlying assumption are the notions of person-centered care approaches, with a focus on respecting self-determination, control, autonomy, dignity, and identity, where the relationship between the older people and the care workers is the prerequisite for the provision of body care. McCormack's framework (person-centered care), or the *Fundamentals of Care Framework* discussed by Kitson are cited in some of these papers (Achterberg et al., 2016; Borglin et al., 2020; Coker et al., 2017b; Hälleberg Nyman et al., 2017; Holroyd & Holroyd, 2015; Ostaszkiewicz et al., 2018).

5.3 | The body as a body-object and a body-subject

Another underlying assumption in most of the papers is an implicit consensus of what a body is. There are traces of the notion of a Cartesian dualism that sees the body-object as a physical entity (Draper, 2014; Marchetti et al., 2016) present in the body care practices as a passive biomedical object divided into bodily parts (skin, mouth, feet, perineal area), which can be handled and be the subject of clinical studies (e.g., Bliss et al., 2011, 2017; Jablonski et al., 2017; Kon et al., 2017; Matsumoto et al., 2019), as well as a body-subject experiencing either receiving body care (Råholm, 2012) or providing body care (D'hondt et al., 2012; Holmberg et al., 2020). In these papers, the corporeality of the body is not mentioned, whereas the experiencing subject is dominant. One study is inspired by the philosopher Maurice Merleau-Ponty, who suggests that a body is a lived body, and the body is both a subject and an object and therefore the body is not something we have but something we are (Holmberg et al., 2019).

5.4 | The objects in the body care practices as nonrelational materialities

There is an underlying assumption in the papers exploring materiality (e.g., incontinence pads, emollients, washing cloths) that the objects being explored are stable, fixed objects with an inherent essence or as Mol would argue, "passive objects-that are known" whereas the humans are actively knowing-subjects exploring the objects (Mol, 2002). In that way, it can be argued that the papers reproduce a subject/object duality, understanding the objects as entities waiting to be represented by the subject-knowers. The papers make materiality visible through measurements that are appropriate within the research practice to create evidence, for example, skin barrier cream in relation to physiological characteristics like skin pH, hydration level, dermatitis, or prepacked washing cloths in relation to average cost (Beeckman et al., 2011; Bliss et al., 2011, 2017; Gillis et al., 2016; Kon et al., 2017; Liu et al., 2017; Matsumoto et al., 2019). It can be argued that the objects in the papers are at the behest of human intervention and therefore there is an implicit acceptance of the strength and primacy of human agency whereas the agency of the objects is not explored.

6 | DISCUSSION

The aims of the review were to map the overall characteristics of international nursing research on body care of older people and to analyze and discuss the underlying assumptions within this study. The mapping shows that the cumulative hits from searches were 4179; however, only 34 papers met eligible criteria. Through our screening process, we also discovered that few papers use the word "*body care*," but mainly address research in different parts of the body (skin, oral care, perineal care). This suggests that the concept *body care* is a broad heterogenic concept with a variety of meanings as well as the concept might not fully cover nursing practice and the intended interest in the research field in evidence-basing nursing. Historically, nursing has struggled to emphasize itself as a science, in opposition to medical science ideals, creating its own theories and knowledge base (Beedholm & Frederiksen, 2015). However, most of the papers pay scarce attention to discussions about ontological and epistemological perspectives related to body care and only one paper has a conceptual focus, whereas the others primarily are empirically based. The review also shows that there is an implicit acceptance of the answers to the problems related to body care in research aiming at providing evidence. This is strongly influenced by evidence-based

medicine, emphasizing the strength and quality of evidence in decision-making (Sackett et al., 1996). It is not problematized what evidence is and is not, and we suggest based on our findings that the biomedical way of creating knowledge permeates most of the papers and this might be a sign of the nursing profession being strongly influenced by the norms of biomedical sciences. There also seems to be an implicit consensus or ideal of control and reliable results if the intervention is systematically designed and the object of research is decontextualized. As a result, important aspects of body care practices cannot be subject to research, examples are body care in everyday practices when transferring the person's body from the bed to the toilet, combing the hair, massaging the back with a sponge, or arranging the laundry and the linen. The reason for the inability to produce evidence in a biomedical sense in these situations is the difficulties in identifying and isolating the object of study to control the intervention (Radder, 2009). However, we suggest that qualitative research based on human or social sciences could grasp some of these aspects of the body care practices, but it would not provide evidence in a biomedical understanding with large sample sizes, reliable measures, and strong statistical probability (Radder, 2009). From a Foucauldian perspective, one could argue that knowledge gained from qualitative studies is subjugated forms of knowledge that are hierarchically inferior in the biomedical field and therefore not valuable (Foucault, 1980; Holmes et al., 2006). Furthermore, the everyday body care practices render little resemblance to nursing practice with its increasing organizational demands and distance to bedside care as well as it connotes the societal devaluation and stigma of body work (Ostaszkiewicz et al., 2016; Twigg, 2000). The absence of the mundane and ordinary of the body care practices in nursing research might therefore reinforce and reproduce the low status of the body care of older people and as such the concept and the research is diluted from important aspects.

The analysis also indicates an implicit acceptance of the relationship between care receiver and provider as a prerequisite for body care and thus it is problematized if body care is not based on a relationship. In nursing, body care has traditionally been conceived of as relational work. In the Nordic caring context, the philosopher Martinsen has been influential in emphasizing care as being basic to human existence and as a relationship-based moral practice, with an ethical demand to take care of the vulnerable part in the relationship (Martinsen, 2010). This has also been emphasized in the Fundamentals of Care Framework, where the establishment of a trusting therapeutic relationship is central to nursing (A. Kitson et al., 2013). Kitson also focuses on a person-centered care approach, emphasizing the whole person, and respecting and responding to the whole person's needs (A. L. Kitson et al., 2013; Uhrenfeldt et al., 2018). Person-centered care is underpinned by the values of respect for human beings, an individual right to self-determination, and mutual respect and understanding (McCormack & McCance, 2010). However, in several papers referring to person-centered care and fundamentals of care, the designs applied could be seen as reducing or de-humanizing the whole person to a limited number of specific needs or even isolated body parts. Standardized measurements are used in several papers to identify and characterize older people, and to produce groups with a certain homogeneity. The old people are characterized by, for example, their bodily decline and malfunctioning, which suggests a biomedical model of ageing, which is often linked to the concept of *frailty*, defined as being in poor overall health, vulnerable to the ill effects of a variety of environmental stressors, and being at high risk of increased morbidity, disability, and mortality (Fisher, 2005).

There is an obvious contradiction in several of the papers; they argue for person-centered care and the importance of knowing the whole person, while the design and focus of the papers in fact contradict this ambition. Thus, it seems to be taken for granted that basing body care on evidence will be the answer to the problem that the care is not person-centered. Despite the focus on person-centeredness, there are only a few papers exploring the perspectives of the older people. This is an interesting finding as the notion of person-centeredness emphasizes the importance of involving the perspectives of the care receivers (McCormack, 2004; McCormack & McCance, 2010) and of treating them as autonomous people able to make decisions (Beauchamp & Childress, 2013). The ethical discourses emphasizing dignity and autonomy are grounded in Western humanist thinking that puts the human being in the center as though this is not to be questioned and thus it is problematized if the human being is not in the center. The underlying assumption that body care is a relational ethical practice creates an interesting perspective in how to understand materiality in the body care practices. We identified an assumption that the objects in the body care practices are understood as nonrelational materialities which have a fixed and stable essence or ontology. But is not explored how the objects interrelate with the humans, or how the objects constitute the body care practices and in that sense the objects are detached and decontextualized from the body care practices and its social organization. Yet newer theoretical approaches stress the importance of materiality and how it forms and shapes care. Buse and Twigg argue (Buse et al., 2018) that the materiality of care can make visible mundane material culture in health and social care settings and point out the relation to care in practice. According to Buse and Twigg, a focus on materialities of care draws attention to care as a practice, and how materialities actively constitute relations of care (Buse et al., 2018). In that way, we suggest that body care has to change from being understood as a dyadic interpersonal relationship between a patient and a professional caregiver in which care competence is understood as attentiveness, responsibility, and responsiveness to an ongoing emergent sociomaterial practice, where people and materiality work together and where the ethics of care is performed in situated practices (Gherardi & Rodeschini, 2016).

Most of the papers do not theorize what a body is. However, we argue based on the analysis that the body is implicitly conceptualized as a fragmented body since most of the papers explore parts of the body (e.g., skin, mouth). Through the screening process, we also discovered that the term “body care” is not applied in most of the papers, suggesting that the understanding of the whole-body care is more a theoretical concept rendering notions to the ideal of “wholeness” in person-centered care but this might not be the focus when

researching in and conceptualizing the body in body care practices. Furthermore, it is a passive body detached from the person having the body, and the bodies of care workers are also absent in the papers. In most of quantitative studies, the body is present as an object to be handled, diagnosed, measured, and researched. In a Foucauldian perspective, one could argue that the body is subjected to the medical gaze through surveillance in which the body is explored (Foucault, 1973, 1977). In that way, the body is also brought into existence through a certain kind of knowledge, evidence-based knowledge. Bodily fluids, for example, feces, urine, and spit, are not mentioned and in that way the body is cleansed and detached from the tainted dirty body when being transformed into measurable researchable entities and the physical bodies in the papers are thus disembodied from the everyday mundane practices performed in healthcare facilities. In recent years registered nurses have undertaken more complex technical and medical cure-oriented tasks, both related to technical advancements in healthcare practice but also due to delegation of tasks from medical doctors to nurses and from nurses to practical nurses, nurse assistants, and care workers with no formal education (Feo & Kitson, 2016; Kitson & Søerensen, 2017; Wolf, 2014). Kitson and Sørensen argue that this has led to fragmented care with a focus on tasks instead of a focus on person-centered care creating a demarcation between complex nursing care and ordinary fundamental care like body care (Kitson & Søerensen, 2017). Considering the findings in the review, we would suggest that the fragmentation of the body in most of the papers renders notions to the above-mentioned criticized task-orientation. Disembodied and fragmented older bodies can also be conceptualized as delegated tasks and not whole persons. Ostaszkiewicz suggests that although nurses incorporate hygiene into their professional identity and are socialized to value cleanliness, the nursing profession also demonstrates ambivalence about performing tasks that involve cleaning older persons. The nurses' avoidance of so-called dirty work reinforces social and role divisions between different levels of nurses and between nurses and care workers, contributing to an ongoing stratification in the care workforce and perpetuating the stigma associated with body care work (Ostaszkiewicz et al., 2016). This might also create a dilemma related to the nursing profession's ideal about person-centered care since some parts of the care are being taken care of by registered nurses whereas other parts, for example, bodily fluids are delegated to other care workers.

7 | LIMITATIONS OF THE STUDY

This review is limited to the search strategies and selection criteria applied. Therefore, there might be relevant papers not identified in the search processes due to the multifaceted perspectives on body care. Furthermore, the review only includes nursing research on body care, but there is a large number of papers focusing on body care from other research traditions, for example, sociology and anthropology, which would have broadened the understanding of body care. However, this would have been at the expense of the nursing research perspective. The papers included are peer-reviewed nursing research, and the map is therefore only partial since perspectives from other textual material like clinical guidelines, books, and educational material could have contributed relevant perspectives. The inclusion criterion in the review is older people aged 65 years and above. This creates two dilemmas. First, this represents a chronological approach to age. According to Gilleard and Higgs, old age is no longer a stable coherent part of the life course but rather fragmented by competing narratives of the third age such as opportunity, engagement, and self-realization and the fourth age as threat, frailty, loss, abjection, and othering (Gilleard & Higgs, 1998, 2011a, b). Hence, a more complex approach to age could have added important aspects of body care. Second, the search strategy identified papers and reviews that included patients representing an age frame ranging from below the age of 65 and above (Cowdell et al., 2020; Jablonski-Jaudon et al., 2016; Jensen et al., 2013; Konno et al., 2014; Liu et al., 2018; Nøddeskou et al., 2015; Veje et al., 2019), but these papers were excluded due to the search criterion. Alvesson and Sandberg also argue that the vacuum-cleaner ideal of many reviews and the over-reliance on the right "label" when searching may prevent the review authors from identifying papers that are highly relevant (Alvesson & Sandberg, 2013, 2020). In light of the assumption challenging approach of the review, it can be seen as a paradox that the first and third author as nurses are still involved in the field of nursing and thus it can be argued that the assumption finding is challenged by embeddedness in nursing.

8 | CONCLUSIONS

Based on a systematic mapping of the research literature, we have identified the overall characteristics of international nursing research on body care of older people. The mapping review suggests some general characteristics. Most papers are empirical and use a quantitative approach. Only a few papers explore the perspectives of the older people themselves. Conceptual work on body care and theoretical contributions to the understanding of the body and the older people are lacking. Most papers focus on bodily parts when exploring body care. The mapping review also points toward a conclusion that body care is a broad heterogeneous concept with a variety of meanings. The problematization perspective enabled the identification of four underlying assumptions: (1) *Body care as an evidence-based practice*, (2) *body care as a relational ethical practice*, (3) *the body as a body-object and a body-subject*, and (4) *the objects in the body care practices as nonrelational materialities*. This indicates a research field that problematizes the issue both when nursing is not evidence-based and when nursing is not built upon a relationship and person-centered. However, the understanding and presence of the body and materiality in body care practices is not further explored and theorized.

In light of these findings, we argue that there is a need for a broader and more complex understanding of body care of older people. The multiple social and material realities of body care

practices are not represented in the papers. The network of objects and activities such as sponges, beds, documentation, time saving, and organizing is not present. Both the humanist person-centered notions and the biomedical notions of body care make invisible other aspects that are necessary for providing body care to older people in different settings. Therefore, there is a need for other research traditions and perspectives within nursing that expand our understanding of body care as something that cannot ignore the complexities of professional body care practices.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no data sets were generated or analyzed during the current study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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