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Rosendal, Kirstine Aakerlund

Published in:
Journal of Advanced Nursing

DOI:
10.1111/jan.15864

Publication date:
2023

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (APA):
Rosendal, K. A. (2023). The choreographies of the elimination of faeces: An ethnographic study of the institutionalized body care practices of older people in different health care settings. *Journal of Advanced Nursing*, *Early View*. Advance online publication. https://doi.org/10.1111/jan.15864

Received: 5 June 2023 | Revised: 25 August 2023 | Accepted: 31 August 2023

DOI: 10.1111/jan.15864

EMPIRICAL RESEARCH QUALITATIVE

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The choreographies of the elimination of faeces—An ethnographic study of the institutionalized body care practices of older people in different health care settings

Kirstine Aakerlund Rosendal[1,2]

[1]Department of People and Technology, Research Centre in Health Promotion, University of Roskilde, Roskilde, Denmark

[2]Bornholm Health and Nursing School, Rønne, Denmark

Correspondence
Kirstine Aakerlund Rosendal, Department of People and Technology, Research Centre in Health Promotion, University of Roskilde, Universitetsvej 1, 4000 Roskilde, Denmark.
Email: kiaaro@ruc.dk

Abstract

Aim: To explore the choreographies of the elimination of faeces of older people to gain insight into the institutionalized practices of body care of older people in hospitals and long-term care settings.

Design: A qualitative ethnographic study, drawing on a perspective of socio-material theory. Reported in accordance with the Standards for Reporting Qualitative Research.

Methods: A total of, 30 women and 11 men aged 80 years and above needing assistance with body care in a hospital ward, 2 nursing homes and home care and 32 care workers participated. Four individual interviews with older people and three focus group interviews with care workers were conducted, in addition to 135 h of participant observations, from December 2020 to September 2021. Data were analysed using a situational analysis approach.

Results: The assistance with the elimination of faeces is a multiplicity of ongoing dynamic practices where different actors interrelate. Dominating actors are *time*, *space*, *materialities*, *different ideals and professional knowledge*. The choreographies aim at order the elimination of faeces to happen at the right time at the right place, to provide dignified care.

Conclusion: To assist older people with the elimination of faeces is complex institutionalized practices. The study argues for a greater focus on the ongoing relations between human and non-human actors to provide new understandings of an underexplored phenomenon in nursing.

Impact: *What problem did the study address?* The elimination of faeces of older people as part of body care is an underexplored phenomenon in nursing, often subject to stigma and taboo, and delegated to other healthcare workers than registered nurses. Internationally, there are challenges in the delivery of fundamentals of nursing care to older people across healthcare settings. Few studies have explored body care as an institutionalized practice across different settings, taking into consideration the contextual aspects of care as well as the involvement of non-human actors in the care practices. *What were the main findings?* Multiple human and non-human actors

are involved when older people need assistance with the elimination of faeces. Time, space, materialities, different ideals and professional knowledge are important actors. The elimination of faeces is not a homogeneous practice but ongoing, dynamic, and multiple practices. The context of care practices related to the elimination of faeces is not an outer macro level distant from care, but part of the ongoing daily practices of body care. *Where and on whom will the research have an impact?* The findings can inspire researchers and clinicians to develop a new understanding of fundamental care needs. The study offers a critical perspective on possibilities for providing care, since political ideals and governance are active actors in daily care practices.

Patient or Public Contribution: No patient or public contribution. The study was conducted during the COVID-19 pandemic; restrictions limited the access to involving patients and care workers in the research process. An advisory board consisting of leaders from the different settings was a part of the design process and in the interpretation of data.

Recommendations for Further Research: The socio material theoretical perspective has a potential to unfold the complexities in nursing care practices focusing on aspects that are underexplored in nursing research.

KEYWORDS
body care, elimination of faeces, ethnography, fundamentals of care, nursing, older people, socio-materiality

1 | INTRODUCTION

Care of the body is regarded as a fundamental human need. Body care punctuates our everyday lives and provides us with a rhythm, pattern and security, while most people take for granted the ability to perform body care independently (Twigg, 2000). Due to overall frailty and decreased physical, mental and social functioning, older people might need assistance with body care from nurses or other care workers in different healthcare settings (Santamäki Fischer et al., 2008). Body care is key to the health and wellbeing of older people and their feeling of being treated with dignity (Martinsen et al., 2022). To assist older people with body care is however a contested and low status area within nursing (Twigg et al., 2011). International evidence demonstrates failures to attend to older people's body care needs in hospitals, nursing homes and home care regarding for example, assistance with toileting and personal hygiene (Andersson et al., 2022; Rezaei-Shahsavarloo et al., 2021). Despite a recent increasing focus on fundamentals of nursing care (ILC, 2023), there is little nursing research exploring body care of older people as an institutionalized practice, shaped and embedded in institutions.

2 | BACKGROUND

Historically, care of the body has been a key aspect of nursing and culturally nursing is considered as body work, but it is also devalued and hierarchically inferior to other healthcare professions (Twigg et al., 2011). This also applies to the care of older people, since older bodies may be regarded as uncontrollable and decaying, often unbounded due to the leaking of bodily wastes (Ashforth et al., 2013). Care of older bodies generally deals with body parts considered taboo and private, which can provoke feelings of disgust and abjection (Holmes & Byrne, 2006), rendering work with older bodies stigmatized and socially polluted, and constructing the work as dirty. In the nursing profession itself, nurses also tend to avoid dirty work, as exposure to symbolically polluted bodies is associated with low occupational status (Ostaszkiewicz et al., 2016). Furthermore, the relegation of body care to lower-ranked care can be seen as part of socialization into nursing (Lehn-Christiansen & Holen, 2019) and an overall devaluation of a fundamental of nursing care, which is no longer considered part of a nurse's job (Feo & Kitson, 2016).

In recent decades, the contextual aspects of body care have changed considerably. The introduction of new public management and governance, focusing on efficiency, goal orientation and standardization of care, has brought new understandings and care practices across healthcare facilities (Dahl et al., 2015). Increased longevity, multimorbidity and complex treatment and medication combined with a shortage of nurses and other clinicians are also challenging the healthcare systems in Denmark and the Nordic welfare states (Dahl & Hansen, 2022), which is the context of the study. Furthermore, nurses are faced with increasing organizational demands, distancing them from direct care (Allen, 2014), in addition to an overall tendency where body care of older people is delegated to nurse assistants, student nurses or care workers with no formal education (Danish Health Authority, 2021).

Within nursing, care of the body is regarded in various ways. According to Virginia Henderson, body care can be viewed as a basic human need which people would perform independently, if they had the strength, will or knowledge to for example, eliminate body waste, keep the body clean and well-groomed and protect the integument (Henderson, 1997). A central aspect of body care is personal hygiene, which aims to prevent infections and diseases by for example, protecting the skin barriers (Cowdell et al., 2020). Moreover, body care is also regarded as a relational practice, with a focus on the dilemmas involved, such as the balancing act between being dependent and vulnerable and the effort to maintain both integrity and independence (Holmberg et al., 2019; Lomborg et al., 2005). Overall, research on body care of older people tends to focus primarily on the care of different body parts (e.g., bowel elimination, skin, oral care), while the general term body care is little used (Rosendal et al., 2022).

The recent Fundamentals of Care Framework of the International Learning Collaborative (ILC, 2023), which was introduced internationally in response to the challenges in nursing to meet patients' fundamental care needs, builds on Virginia Henderson's description of nursing (Kitson et al., 2013). The Framework seeks to revitalize the importance of fundamentals of nursing care and to recognize nursing care as a complex activity crucial to patient safety, recovery and wellbeing (Feo & Kitson, 2016). Moreover, evidence-based research has been called for to guide practicing nurses (Kitson et al., 2013) in papers exploring the evidence base of fundamental elements of nursing care such as faeces elimination (Richards et al., 2018). The Framework does not use the term body care, but it can be argued that care needs such as toileting, washing and dressing are elements of body care (ILC, 2023).

The Framework emphasizes the contextual aspects of care, including the institutional setting; however, nursing research focuses little on these aspects (Rosendal et al., 2022). Mudd et al. argue that the Framework and other nursing theories do not address the context in ways that elucidate the complexity of the contextual factors (Mudd et al., 2020). A recent review on body care practices for older people also illustrates that nursing research primarily focuses on evidence-based research and the relational aspects of body care (Rosendal et al., 2022). However, there is a lack of research exploring the contextual aspects of care and the involvement of non-human actors in care practices (Rosendal et al., 2022). Recent research from other areas than nursing stresses the importance of focusing on material and social dimensions of care (Ceci et al., 2017) and the institutional context to understand the complexities in care practices (Hansen & Grosen, 2022).

This study concentrates on a central aspect of body care, the elimination of faeces, as a case to explore body care as an institutional practice. The elimination of faeces is a key part of body care practices, as revealed by the data in this study. Moreover, it can be seen as a physical need (Henderson, 1997) common to all people regardless of age, gender, medical condition and healthcare setting; however, old and frail people clearly need more assistance (Holmberg et al., 2019). Furthermore, dealing with body wastes like faeces is often subject to stigma and taboo (Lawler, 1994). This is also reflected in nursing research, which scarcely addresses faeces (Ihnát et al., 2016; Rosendal et al., 2022).

In this study I draw on an understanding of body care, explored through the case of faeces elimination, as ongoing emergent sociomaterial decentred practices, with ongoing but changing relations between human and non-human actors (Law, 2010). The study draws on Law's suggestion that care can be understood as *choreography*. According to Law, choreography involves the intricate ordering and distribution of different actors such as bodies, technologies, architectures, texts, gestures and subjectivities. The concept also indicates the degree of *effort* that goes into the organization of faeces elimination. Crucial to the ordering of choreography, according to Law, is the arrangement and distribution of events and actors in space and time (Law, 2010). The study also draws on the anthropologist Mary Douglas' concept of dirt as 'matter out of place', which threatens and destabilizes order (Douglas, 2003). Body excretions are the most strongly felt 'matter out of place' and disorder, although each culture, profession and institution develops its own notions of what is order and disorder and matter out of place (Van der Geest, 2013). The combination of Law's concept of choreography and Douglas' concept of dirt as matter out of place will enable an exploration of how the institutional ordering related to faeces elimination consists of choreographed practices embedded in and constituted by various institutions.

3 | STUDY

3.1 | Aim

The aim is to explore the choreographies of the elimination of older people's faeces to gain insight into the institutionalized practices of body care of older people in hospitals and long-term care settings.

4 | METHODS/METHODOLOGY

4.1 | Design

This study uses a qualitative ethnographic design. The data derive from participant observations, informal conversations and individual and focus group interviews. This methodology provides an insight into tacit and taken-for-granted dimensions within an institution (Hammersley & Atkinson, 2019).

4.2 | Participants and settings

The participants were 30 women and 11 men aged 80 years and above needing assistance with faeces elimination, one spouse and 32 healthcare workers, all female except one. One RN participated (Table 1). The healthcare workers were primarily qualified in social and healthcare, but some had no relevant formal education. In

TABLE 1 Description of data collection type, setting, number of participants, gender, duration.

Data collection type	Number of older people participating and gender (f/m)	Number of health care professionals participating and gender	Setting	Duration (hours/minutes)
Participant observation (O1)	3 (f), 3 (m)	8 (f)	Hospital	35 h
Participant observation (O2)	8 (f), 4 (m), 1 spouse (f)	6 (f)	Home care	45 h
Participant observation (O3)	13 (f), 4 (m)	7 (f), 1 (m)	Nursing home A	35 h
Participant observation (04)	5 (f)	4 (f)	Nursing home B	20 h
Individual interview (I1)	1 (f) + observed	–	Hospital	16 min
Individual interview (I2)	1 (f) + observed	–	Hospital	15 min
Individual interview (I3)	1 (m) + observed	–	Homecare	19 min
Individual interview (I4)	1 (f) % observed	–	Nursing home A	14 min
Focus group 1 (FG1)	–	3 (f) 1/3 + observed	Nursing home A/B	72 min
Focus group 2 (FG2)	–	3 (f) 1/3 + observed	Homecare	66 min
Focus group 3 (FG3)	–	3 (f) 1/3 + observed	Hospital	94 min

Denmark, social and healthcare workers receive training in basic nursing, but care workers without relevant education are also used in primary eldercare (Danish Health Authority, 2021). No data on the older people's family history, medical history or medical diagnosis or on the age or years of experience of the staff were recorded. The participating care workers were formally recruited from nursing homes, home care and the hospital ward through nurse managers. Following formal approval, the older people were recruited by nurse managers and care workers, who were gatekeepers for access to the older people. Two care workers and two older people declined to participate, feeling uncomfortable at being observed. The nursing homes and home care are part of Danish long-term primary care and are mainly free of charge and financed through general taxation (The Social Protection Committee and the European Commission, 2021). Danish regions provide free hospital treatment (Healthcare Denmark, 2017). The hospital ward mainly housed patients with multimorbidity with acute illness. All settings were selected due to a high prevalence of older people needing assistance with body care.

4.3 | Data collection

From 30 November 2020 to 7 September 2021, the author conducted fieldwork consisting of participant observation (135 h) of body care situations, informal conversations and formal interviews in two nursing homes, home care and a hospital ward (Table 1). During and immediately after the observations, field notes were taken, describing actions, bodily and verbal interactions, talk, events and details about the bodily wastes, and material artefacts (Emerson et al., 2020). They were written up each day and consisted of 12–16 pages per day. The author conducted four 14–19 min individual interviews with older people 1–2 h after the observations, and three 66–94 min focus group interviews with care workers from each setting 4–8 months after the observations to enhance understanding of the data. The focus group interviews were undertaken in meeting rooms. The individual interviews were conducted in the private rooms and home of the participants and in single rooms in the hospital. The observations and interviews were guided by thematic guides (Data S1–S3). All interviews were audio-recorded with the permission of the participants and transcribed verbatim. All data was anonymized. Recruitment and fieldwork ended when data saturation was reached, indicating recurrence of preliminary patterns and themes regarding the focus of the study (Buscatto, 2018).

4.4 | Ethical and legal considerations

Ethical considerations were taken throughout the study to protect the participants based on ethical research principles (World Medical Association, 2013). The study was conducted during COVID-19, which involved ongoing adjustments in consultation with staff to protect participants from potential infection. The author withdrew from any observation and interview if she assessed that the participant felt uncomfortable or was unable to continue. Informed consent was obtained, and participants received written and oral study information. The collection and use of data complied with Danish legislation and the European General Data Protection Regulation. Ethical approval was granted by the ethical committee in the Capital Region of Denmark (Project ID- number 20061697).

4.5 | Data analysis

The analysis is inspired by Clarke's situational analysis approach (Clarke et al., 2018) which is a mapping approach to analysing the relations between elements and actors in the empirical field. The mapping approach is suitable for emphasizing the relations between the multiple heterogeneous elements involved in the choreographies. In the initial phase, messy situational maps are made

(Data S4–S6), aiming to describe all the human and non-human elements in the situations, based on reading and re-reading all the data. An actor is defined through its actions and relations to other actors (Latour, 1999), and its importance in the choreographies. In the next phase, schemas were made to describe the relations between the actors, describing the nature of the relationship and what effect they might have. (Table 2). Mapping the relations between actors reveals the choreographies and illustrates which actors are most important in the different settings. The author (a PhD student) analysed the data without software under supervision of her main supervisor and co-supervisor. The final analysis is presented in narrative form.

4.6 | Trustworthiness of the study

The author used various techniques to improve trustworthiness, such as method triangulation (Hammersley & Atkinson, 2019). Throughout the analysis, the supervisors and the author discussed findings and agreed on the best interpretation of the data. The author is a RN and an 'insider'. Due to the author's background as a RN lecturer one of the participating nurses was acquainted with the researcher. The author has not worked as a clinical nurse for 13 years and was unfamiliar with the different settings, enabling an open mindedness and reflections. To ensure credibility, the author reflected on how her professional background might affect the study and tried to explore the phenomenon as 'anthropologically strange' in order to make explicit taken-for-granted presuppositions (Hammersley & Atkinson, 2019). The findings are supported by quotes from the dataset to enhance transparency. The author adhered to the EQUATOR guidelines (Data S7), that is, the Standards for Reporting Qualitative Research (O'Brien et al., 2014).

5 | FINDINGS

In the following, the choreography of the elimination of faeces will be unfolded in the three settings, a hospital, home care and nursing homes. The choreographies and the actors involved enable us to see the differences and similarities in each setting and therefore also the institutionalized ways of practicing body care.

5.1 | The hospital

The hospital is part of the Danish welfare system, with a mandate to provide care and treatment. Despite increased standardization, unpredictability is a key aspect of everyday work in a hospital.

5.1.1 | Timely ordering of faeces

Different times are involved in the choreography of faeces elimination. Body time is rooted in complex organic bodily processes such as peristaltic movements and bodily sensations and one cannot always predict when a person needs the toilet (Twigg, 2006). The organizational time of healthcare is a more regular, rationalized and clock-based time (Kamp, 2021).

In the hospital, patients' bowel elimination is part of the broader organizational flow, where patients are treated and discharge is

TABLE 2 Example of the relationship between theme 1.1 Timely ordering of faeces, subthemes and the different actors and the relational effects between the actors in the choreographies in the hospital setting.

Setting	Theme	Sub-theme	Effect	Actor	In relation(s) to	Actor
Hospital	Timely ordering of faeces	Timely care prompted by technologies	The care worker initiates actions, the body is mobilized to the mobile toilet chair, laxative medication is used, peristaltic system activated, bodily sensations are replaced, timely intervention to prevent for example, constipation and to enable the faeces to get the right place	Body, care worker Laxative medication Peristaltic system Mobile lift, mobile toilet chair	Monitors the elimination of faeces Initiates nursing interventions	Electronic health record system
Hospital	Timely ordering of faeces	Conflicting ideals in relation to time	The care worker performs two activities at the same time, the upper part of the body is washed while the patient is sitting on the mobile chair, optimizing of time, dilemmas in relations to ideals	Body, Care worker Ideal of privacy Ideal of dignity Mobile toilet chair Bathroom Washcloths Breakfast	The flow of the organization must be efficient, to get through the day's work	Organizational time

planned. Care is therefore choreographed in the mornings to prepare the body for the further plans for the day.

Timely care prompted by technologies

One actor in the choreography is the electronic patient record system, a documentation technology containing various patient data. It exemplifies an institutional focus on physical needs as something to be observed and preserved in writing. The nursing documentation includes data on elimination of bodily waste and involves monitoring patients' risks and needs for nursing interventions. The reading of data and the identification of problems suggests care that entails many actions and actors such as laxatives and mobilizing the patient to the toilet using a lift or a mobile toilet chair. We see this one morning when nurse assistant Evy notices that Hans, a patient, has only defecated very small amounts of faeces in the past 4 days:

> *I think we need to get Hans on a mobile toilet chair. Maybe if he's elevated, his belly* [digestive system] *would start to function. Hans, should we try to put you on a mobile toilet chair so you could get rid of some faeces*? Hans sits on the toilet chair to make gravity *'do the job'*. Evy is kneeling on the floor to observe how much is coming out. (O1).

The documentation system does not only monitor the elimination of faeces, in fact it seems to replace the subjective bodily sensations of feeling the need to defecate. This constitutes a practice enabling a timely intervention before the problem might get worse (constipation) and fits in with organizational time, that is, to go to the toilet early in the day. In that way, the faeces also change character from being a part of a normal bodily action to being a problem needing the involvement of other actors.

It also illustrates how there are different places where faeces should be and not be. The right place may be in the peristaltic system, but if faeces remain there too long, they become matter out of place. This matter out of place is also closely linked to professional knowledge about the function of the digestive system. If the faeces are outside the body, the right place is in an incontinence pad, in the toilet or bedpan. Despite the effort of the documentation to enable timely defecation, the situation is not always controlled, because the body might not react to the manipulations:

> Sanne has been mobilized to the bathroom before breakfast. She has tried to defecate for 10 minutes. Pia (nurse assistant) knocks on the door. Sanne: I can't get anything out. (O1).

> At home, I go to the bathroom every morning. Now I can't defecate. At home I walk around in the garden, I can't walk around in the patients' room. (I1).

These observations demonstrate how faeces are an actor challenging the choreography. In the setting of home Sanne can control the body and defecation in ways that are not possible in the institutional setting of the hospital, despite the efforts.

Conflicting ideals in relation to time

Choreographing elimination of faeces is also a way of optimizing time to implement the daily schedule. An ideal of dignity is a central actor interrelating with time. Part of the daily routine is breakfast, which must be served before a certain clock time. To optimize time could be to perform two bodily activities simultaneously in the same space, like washing the upper part of the body while the patient sits on a mobile toilet chair. However, this conflicts with ethical ideals about care:

> Sometimes we wash the patients, while they sit on the mobile toilet chair to optimize time. Or brush their teeth. But never when they defecate. That's the ethical part of it. (FG3).

The choreography of arranging the two activities simultaneously also shows how the privacy of faeces elimination is constantly negotiated. Privacy is linked to ideals of dignified care, which in this case can be argued to mean facilitating defecation in privacy and separating this from washing the body. Thus, different goods are negotiated in the choreographies: the patient's privacy or the need for further body care.

5.1.2 | Spatial ordering of faeces

Part of the choreography is the way the ward is arranged spatially, with different care technologies in different spaces.

Enabling procedures to manage the elimination of faeces

The choreography includes an established system of cabinets, where care technologies like clean patient clothes, incontinence pads, lotion, soap and washcloths are kept, and there are staff to replenish the cabinets as needed. Further, there is an established waste management system; bedside care is therefore not the only part of the choreography, the management of faeces is also distributed to other spaces and actors like the dirty utility room, where bins with incontinence pads with faeces are removed by sanitation assistants. Moreover, bedpans of faeces are put in the disinfector as part of elimination.

The spaces are arranged to enable a lift or toilet chair to pass from the bed to the bathroom. Thus the hospital efficiently gets faeces in the right place.

Renegotiations of ideals in relation to space

The ideal of privacy appears to be an actor in the choreographies, involving actions to protect patients' privacy. However, when patients defecate, privacy is renegotiated due to the spatial arrangement of

the hospital. Sometimes patients defecate in an incontinence pad in their room and pads are also changed. This is a legitimate practice in the hospital since the patients are often too frail to use a toilet chair or the bathroom. Sometimes pads will be changed while other patients in the room are eating. There are screens between the beds to protect privacy, but they only protect visual privacy, not sounds or smell from the emission of faeces. Faeces are thus an actor that can traverse the screen, and the elimination of faeces is only semi-private:

> We always open the windows, but the smell is still there. The screens can't hide it. It is undignified. Defecating among strangers. The other patients (in the room) can smell it. We always try to transfer the patients to the bathroom, but sometimes it is impossible. (FG3)..

Defecating in public is closely linked to the notion of an undignified practice. Moreover, it also demonstrates the efforts to ensure that faeces are eliminated in privacy in a bathroom and that the faeces end up in the right place in the toilet. We also see how spatiality resists ideals of privacy and ethical nursing practice because the spaces appear to be rather fixed and difficult to manipulate to secure privacy.

5.1.3 | The hygienic ordering of faeces

The elimination of faeces is choreographed in ways where professional knowledge of hygiene and pathogenic organisms is key. Numerous actions show how patient care is choreographed in relation to hygiene knowledge, where the aim is to order faeces to prevent contamination. This is shown when the faeces are in a place where it should not be according to the hygiene guidelines:

> Evy starts to wash Hans with another nurse assistant. They lean over Hans, both look at his penis and wash the foreskin. Evy discovers a tiny bit of dry faeces stuck on some pubic hair. The faeces are very dry, so Evy has to use more wet cloths and soap to wash it off. She stands close to Hans, focusing intensely on the pubic hair, to ensure that she has removed the faeces. Later I ask her about the faeces. Evy tells me: *It's undignified, and it's unhygienic, the skin will turn red*. (O1).

When faeces are discovered out of place (on skin or in pubic hair), the body is cleaned in new ways; close observation and thorough washing of the lower body are then necessary. The hygiene knowledge also shapes the way the body is part of the choreography. Instead of being positioned upright or sitting, Hans is lying in bed to enable the nurse assistants to look closely and efficiently remove the problem.

This example shows how the ideal of dignity is closely related to the question of the right place, meaning that dirt and uncleanness are disassociated with dignity and must therefore be kept in the right places. Overall, considerable effort is put into the removal of faeces. Faeces are not only a physical pathogenic substance, they can also be abstracted from pathogenicity and hygiene and threaten social order (Douglas, 2003), as well as ethical ideals of nursing. The right place is however unstable and negotiable. This is shown when a faeces sample is to be collected for testing for pathogenic bacteria:

> Lizzy, a nurse assistant, tries to put the faeces in the sample container with the spatula. The faeces smells, *it's so slimy, it's not easy to get it right in the container.* She switches on the disinfector with the basin containing the rest of the faeces. She carries the sample with the faeces in the closed container to the coordination office and puts it on the desk. She prints out labels and attaches them to the container. Afterwards the container is delivered to the hospital's microbiology department. (O1).

When faeces need to leave the ward to be tested, the choreography changes since parts of the faeces are in the disinfector, and parts are in a container, legitimately placed on the desk, which in almost all other scenarios would be considered 'out of place'. The legitimacy is linked to the institutionalized hygiene knowledge: when stored in a closed container, faeces become a test sample, which is symbolically clean in not being out of place on the desk, whereas the rest of the faeces in the disinfector are considered unclean.

5.2 | Homecare

Homecare is part of the Danish long-term care system, where older people live at home despite needing professional care (European Commission, 2018).

5.2.1 | Timely ordering of faeces

In home care, timely care in relation to elimination of faeces is choreographed by care workers being present at the right time in the home since there is physical distance between them and the older people.

Timely care prompted by technologies

A central actor in the choreography is the 'visiting list', which is a personal digital assistant to manage how time is used throughout the day (Kamp, 2021). Municipal care services allot a specific number of minutes for each visit. Sometimes the allotted times fit in, meaning that the care worker and the older person are at the same place at the right bodily time, and for example, when lunch is to be served. Beth knows that Nancy must go to the toilet at midday:

> Nancy is sitting on the toilet chair defecating in the living room. Beth arranges the dry laundry in another

> room, *I might as well do something useful, while you're breaking a wind*, she tells Nancy. Beth finishes the laundry and opens the door to the living room: *How's it going? Is any more coming out?* (O2).

It might seem like a coincidence that these events fit together in time and space, yet it is choreographed. Part of this choreography is simultaneously doing different care activities, but the time for elimination of faeces must also be arranged and fit into the home care schedule, transportation time between visits and the needs of the other clients.

However, the visiting list is not the only technology acting in the choreography. Relational time with the older people could also be seen as an actor. This is seen in numerous actions prioritizing the older people's needs rather than clock time, for example, taking the necessary time for defecation or letting the person watch television while defecating. Another actor is laxatives, often used when the body cannot eliminate the faeces at the scheduled time and thus needs medical manipulation. However, faeces are somewhat unpredictable and difficult to control despite the choreography. This is seen when a person needs the toilet and presses the emergency button; then care workers must rearrange time to cover the distance to the person's home.

Older people's lives at home often include social activities. The uncontrollability of faeces and the inability to make body time fit in with organizational time might also interrelate with social time in the home, which is the local socially structured time (Twigg, 2000). For example, Leif needs medical manipulation to defecate. He realizes that elimination of faeces is an uncontrollable part of his body and therefore tries to play an active role in the choreography. Being enabled to defecate, however, depends on other actors like the medication and the care workers, and thus part of the choreography is also a redistribution of the responsibility for faeces elimination to other actors than Leif and his body.

> I prefer to go to the toilet in the morning, and then I know it's done for the rest of the day. But sometimes it won't come in the morning. Often, I need to go in the afternoon. But it doesn't always come in the afternoon either, so it's difficult. Like when I have to go out in the evening the care workers help me in the afternoon, they give me the Klyx and I go to the toilet, and then I hope it'll come. (I4).

Choreographing the elimination of faeces to take place at the right time also makes the elimination not only a bodily event but also an event that affects participation in social activities. However, Leif's need is not the only one; the organization needs to schedule time efficiently, taking account of Leif's bodily needs and need for a social life, but also its own needs.

Timely care prompted by relatives

Another actor in the timely ordering of elimination of faeces for old people receiving care at home is their relatives, who often have to take on new roles or strenuous work. Lisa is married to Ebbe, who needs assistance with body care. She explains:

> Every week a care worker stays in our home for 3 hours to give me some free time out of the house. When I come home, he has to go to the toilet immediately. The GP also asked me, can you do it? No, I won't give him the Klyx, that's not my job. I'm his wife. But if he goes to the toilet during the day, I help him. We have a wash and dry toilet, so I only need to dry him a bit with toilet paper. (O2).

Choreographing the care to fit with the right time of elimination of faeces involves various actions by relatives, such as assisting the older person to the bathroom or drying his skin after elimination of faeces, but also adjusting participation in life outside the home. It can be argued that there are ideals of maintaining the previous relationship to relatives before the person needed body care, involving for example, participation in social activities and not giving laxatives like a care worker. Ideals of everyday life with close relatives can thus be said to be an actor in the choreography, which might interrelate with the bodily need to defecate at the right time.

5.2.2 | The domestic (spatial) ordering of elimination of faeces

In home care, homes are often rearranged to facilitate body care, for example, with medical beds or mobile toilet chairs. However, this often raises dilemmas related to the meaning of home.

Difficult transfers and renegotiations of ideals

In a home, the transfer to the bathroom does not necessarily fit in with the medical equipment, and no private home has a similar waste or laundry system to the hospital or nursing home. Thus, part of the choreography is to rearrange the home to become a site where elimination of faeces can be assisted to ensure that faeces end up the right place. The home as a setting for assisted elimination of faeces is ambiguous, since a home provides security and a sense of belonging, while also being the workplace of care workers. Often it is difficult to order the actors in the house to provide the conditions necessary for elimination of faeces. Moreover, negotiations of different goods are part of the care. In Leif's home, the spaces of home are renegotiated in relation to the elimination of faeces:

> Leif is mobilized to the bathroom through the kitchen. Leif's naked buttocks are visible. The Klyx is already working. Leif starts to break a wind and defecate while being transferred through the kitchen. It starts to smell. Lotte, a nurse assistant, pushes Leif on the toilet chair into the bathroom, pulls out the basin and

> places the chair over the toilet, so Leif can finish the elimination of faeces and wash himself. (O2).

The arrangement of the spaces means that Leif must be transferred through the kitchen while he has started defecating, prompted by the Klyx. Otherwise he would be unable to finish the elimination of faeces or wash in the bathroom. In addition, faeces are an unruly actor difficult to control, crossing the boundaries of the body and spreading out in the domestic spaces. Care is thus difficult to choreograph to ensure that faeces elimination stays in the right place, that is, the bathroom. The difficult transfer to the bathroom constitutes and renegotiates a practice where breaking winds and smell are tolerated in the kitchen. The ideal of privacy could also be an actor in the choreography, constituting a practice where the older person should defecate in privacy, while the care worker leaves the room.

5.3 | The nursing home

In nursing homes, older people have their own rooms with a bathroom but also have access to communal spaces such as a dining room. The nursing home aims for an atmosphere of homeliness, supporting the residents in living a dignified life (Healthcare Denmark, 2019).

5.3.1 | Timely ordering of faeces

Part of the daily life of the residents is choreographed in rather predictable ways, with daily institutional routines. However, this rhythm and predictability is easily disrupted if a resident is restless, distressed or needs the toilet when the care workers are assisting other residents.

The clash of different times and ideals about dignity

A central actor in the choreography is social time, where care workers may plan for the residents to watch television or play games, which might delay the organizational flow of the evening care. However, this sometimes clashes with body time, such as when Ida starts to defecate in her pad just before being transferred to the toilet. Betty, a nurse assistant, explains:

> I'd planned to mobilize her to the toilet right after supper. But then the other residents started playing Ludo with me. They were having such a good time. So I didn't want to stop them. So I was too late. That's not ok. (O3).

Although there is 24-h staffing, staff resources are limited and unevenly distributed, with fewer staff in evenings and nights. It can thus sometimes be difficult to arrange the time to enable the residents to receive timely body care while also having time for enjoyable social activities. Faeces may then be eliminated in the incontinence pad or in the mobile lift during transfer to the bathroom. Here it can be argued that the choreography breaks down, which is closely linked to ideals of providing dignified timely care and preventing faeces from ending up in the wrong places. Eva, a nurse assistant, explains:

> It is undignified and inappropriate if they do it in their pad. In our nursing home you won' find any residents who have to defecate in their pad, that's for sure. (O4).

When body time, organizational time and social time do not fit together, and the faeces end up in the incontinence pad, it can be argued that the faeces are symbolically out of place, which is also closely linked to how dignity is understood. Moreover, it reveals an interesting dilemma in relation to how the care technology (the incontinence pad) is used. Although the purpose of the pad is to contain bodily wastes, it is considered undignified when faeces end up there. Moreover, the incontinence pad seems to be a care technology to prevent faeces from reaching the person's clothes or a chair in the living room, which is even more out of place. The right place for faeces is thus unstable and negotiable depending on the context.

In the nursing home, part of the choreography is to care for other actors, such as when two residents need to defecate at the same time, necessitating prioritization between their needs. Sometimes the care worker mobilizes one resident to the toilet while another resident is defecating, thus distributing care between different spaces at the same time. The nursing home has strong ideals of dignity and privacy, whereby two bodily activities are not performed simultaneously. This is illustrated when Elizabeth, a nurse assistant, leaves the room to let Mary defecate in privacy:

> Elizabeth leaves the bathroom and closes the door while Mary defecates. She starts to arrange the laundry in the living room. I ask Elizabeth why she closed the door. *It's ethically incorrect not to close the door: ethics and dignity, that's everything. For example, you just don't brush their teeth while they're on the toilet. Would you like that yourself? Ethics and dignity, yes that's everything.* (O3)..

Part of timely caring is also closely linked to good relations with residents. Care workers often know the residents very well, and the assistance with faeces elimination is choreographed in ways where relational time is a key actor. This is explained by the words of a nurse assistant, *'I follow them'* (O4). This means care where the residents' needs are not scheduled; care is provided for as long as necessary. Thus, body time is not only about bodily needs and functions, but also the mental state of the older people. A care worker might provide a relaxing back massage during defecation

or arrange materialities in specific ways to facilitate care. Mette, a nurse assistant, knows that Fie likes to sit on the toilet with the doors wide open so that she can watch the garden outside. Relational time often involves continuity and time spent with the residents, which helps care workers to guide them when assisting with elimination of faeces.

5.3.2 | The spatial ordering of faeces

The nursing home has waste systems for, for example, incontinence pads, but unlike the hospital there is no disinfector, but a depository with trash cans that are removed by the service staff. Moreover, there are no shared depositories containing clean clothes or pads of different sizes; the nursing home is the residents' own home, where they have the right to self-determination. They wear their own clothes, have a washing machine and drier in their private bathroom, and have cabinets in their rooms for their belongings.

Negotiations between spaces versus ideals of privacy and dignity

The nursing home waste system not only removes bodily wastes. It also interrelates with ideals of privacy by not displaying elimination of faeces publicly, which is considered an important aspect of the ideal of home:

> Luckily, we have a depository for the trash cans in each unit in the nursing room, so we don't have to keep walking through the living room with the plastic bags. It's not hygienic. Yeah, you just don't do that.

The communal living room, which is part of home, can be argued to be a symbolically clean place where faeces should not be (Douglas, 2003) and where the residents' privacy in relation to elimination of faeces must be protected. This is also shown through the placing and hiding of materialities signifying body wastes, such as putting incontinence pads in a cabinet or covering the mobile lift with a blanket. Two nurse assistants explain:

Lene: It's like an institution if the boxes are placed on the floor. The homely atmosphere, the coziness, it's not the same, if the mobile lift and other stuff are visible.

Britta: It's all about dignity. I think it's humiliating for the residents. What if the relatives see the boxes of pads. It's humiliating to wear an incontinence pad. So yeah, you shouldn't advertise it. Sometimes the faeces elimination form is placed on the kitchen table in the resident's private room. That's unpleasant. It should be private. (FG1).

The hiding of materialities seems to be part of the choreography to achieve privacy in relation to elimination of faeces and to maintain a socially appropriate '*front stage home*', where the residents are also dressed aesthetically to conceal the fact that the unbounded body does not live up to the ideal of home (Twigg, 2000). This also indicates how matter out of place interrelates with ideals of, for example, privacy, dignity and home. Dirt, according to Douglas, is a by-product of order, thus symbolizing disorder or danger in the home, if it is not in the right place. It also demonstrates how materialities related to incontinence care or signifying dependence on technologies, as well as faeces, are difficult actors in the choreography since they challenge underlying norms of what a home should be. This is also prominent when the faeces are leaking or if the residents cannot control the elimination of faeces or the smell in the communal living room or hallway.

6 | DISCUSSION

In this study I adopted a socio-material analytical lens and combined it with Douglas' understanding of dirt as a matter out of place (Douglas, 2003) to unfold how the elimination of faeces as part of body care is a practice where different human and non-human actors interrelate. The study enhances understanding of the institutionalized context of body care practices and fundamental care needs like the elimination of faeces.

The recent focus on fundamentals of care stresses the importance of the context of care, including policy and system factors, and how they impact care providers' ability to develop a relationship with the care recipient (ILC, 2023; Wiechula et al., 2016). The context of care as exemplified in the ILC Framework can be argued to draw on the sociological concepts of micro, meso and macro levels (Mudd et al., 2020). The conceptualization of context as an outer level (ILC, 2023) indicates distance from care practices, whereas the persons involved are close to and a central aspect of care practices. Studying the care practices as choreographies has revealed that the elimination of faeces is not just a bodily need, assisted in a relationship between a care recipient and a care provider, influenced by outer factors. Instead, the analysis has illustrated how the practices are deeply rooted in and shaped by different heterogeneous actors, for example, time, space, different ideals of care, professional knowledge and care technologies. In that sense, the actors appear to be central to care practices, and thus not to be considered distant or peripheral. By transcending a micro and macro dichotomy, this study suggests a different way of understanding context, which shows that care practices are even more complex than previously thought.

This study describes how different human and non-human actors enable and shape the practices around faeces elimination. Thus, the study points out how mundane, often tacit materialities such as laundry, mobile lifts and incontinence pads are important actors in the choreography. Further, it shows how a focus on neglected materialities or issues in care can illuminate important aspects often considered as outside or even distant from care (Buse et al., 2018), and suggests the privileging of nurses' technical materiality over materiality connected to, for example, washing (Latimer, 2018). It also

reveals how materialities signifying dirty work and leaking bodies (Lawton, 1998) are often hidden or neglected in nursing research. However, this study demonstrates the prominence of these materialities in everyday practices of assisting with the elimination of faeces.

In previous literature, the elimination of faeces has been considered a basic physical need (Henderson, 1997). Moreover, it is related to stigma and taboo (Ostaszkiewicz et al., 2016). In recent papers, a focus on the evidence base has been highlighted (Richards et al., 2018). The taboos are indicated in this study, where the choreographies aim to hide materialities signifying bodily wastes and dependence. The findings add to existing knowledge by demonstrating that the elimination of faeces is not only a person's essential physical need, but should also be conceptualized as a dynamic anti-essential need, which is enacted in the different practices. Faeces elimination seems to be multiple, transformed ontologically and renegotiated in the local practices. This is shown in the way the elimination of faeces is intertwined with the need of the institution to optimize time, or a need that requires intervention in order to keep to a tight work schedule, thus constituting practices where ethical ideals are renegotiated in relation to privacy and dignity. This is also closely connected to how faeces have multiple ontologies. Faeces are not just dirty and subject to taboo; when inside a closed plastic container, they become a clinical test sample which can be kept on a desk, and the need to keep it out of sight vanishes. The sample container and the microbiological knowledge enact the faeces as clinical, symbolically clean and thus legitimate; whereas they are illegitimate and out of place when in a trash can carried through the living room of a nursing home. This concurs with Mol's understanding of multiple ontologies (Mol, 2002). Different practices enact different ontologies, and in that sense it can be argued that there are different versions of both 'needs' and 'faeces', and only by emphasizing how human and non-human actors shape these practices in which needs and faeces are enacted will we arrive at an understanding of the complexities in the practices.

The study also shows how some actors can be said to counteract and offer resistance to ethical nursing ideals of providing dignified person-centred care. Some actors are almost non-negotiable or difficult to control. These might be the spaces, which are sometimes too stable and established to rearrange, the clock time regimes, or the unpredictability of the body. We also see throughout the analysis a great deal of tinkering (Mol et al., 2010) to provide good care, where different goods constantly have to be renegotiated, often creating dilemmas.

The study also points out how the choreographies aim to get the faeces in the right place, rather than being matter out of place (Douglas, 2003). Matter out of place is closely linked to the institutionalized settings; it can be hygienically out of place but also related to ideals and social orderings in the different settings. Research suggests that incontinence is regarded as an intractable and undignified condition where residents' dignity and privacy have to be protected (Ostaszkiewicz et al., 2018). This is also found in this study, which, however, adds another perspective; ideals are not stable, but instead seem to be dynamic, negotiable and refiguring what privacy and dignity might be, in addition to being closely linked to what is considered out of place. In that sense, what is thought to be a dignified practice is also dynamically negotiated and not a stable value that is normatively predefined (Pols, 2015).

6.1 | Strengths and limitations

The focus of the study is the care practices; these are described by a variety of data, which is considered a strength. Only four formal individual interviews with older people were conducted. However, informal conversations with the older people during participant observations enhanced the understanding of data (Swain & King, 2022), contributing to data saturation (Fusch & Ness, 2015). The study was conducted during COVID-19, which meant that the researcher and the care workers wore face masks. This might have influenced interactions between the care recipients and the care providers and affected the researcher's communication with the older people. The focus group interviews had only three participants, but despite the low number, lively interactions were observed. In the hospital and the nursing home, the participants had to answer phone calls due to staff shortages, thus disrupting the flow of the dialogue. There was an overrepresentation of women, thus this study does not address a gender perspective, which could have been of importance. However, the sample reflects the general tendency that women have longer lifespans and are overrepresented among healthcare workers providing body care. The author is a registered nurse, and therefore taken-for-granted knowledge in nursing were sometimes difficult to challenge or discover. However, one of the supervisors in the research team is not a nurse and was therefore able to challenge taken-for-granted assumptions.

7 | CONCLUSION

The aim of this paper was to explore the choreographies of the elimination of faeces to gain insight into the institutionalized practices of body care of older people in hospitals and long-term care settings.

The analytical lens of choreography and dirt as matter out of place has proven relevant to understand how the elimination of faeces as part of body care is not a homogeneous practice, but a multiplicity of practices that aim to assist with the elimination of faeces at the right time and in the right space, in order to provide dignified care. The findings demonstrate how the choreographies vary according to the care setting, depending on which human and non-human actors predominate and what effects they might have in the choreographies. Considering the three settings as a whole, the findings show how time, space, materialities, different ideals and professional knowledge are the dominating actors, but have different effects, depending on

the particular institutional setting. The study has highlighted how the institutional context of care is not an outer macro level but plays an active role in shaping daily practices of body care. Overall, the study argues for increased attention to the ongoing relations between human and non-human actors to provide new understandings of a well-known but underexplored phenomenon in nursing.

AUTHOR CONTRIBUTIONS

Not stated, as there is only one author.

ACKNOWLEDGEMENTS

The author would like to thank associate professor Sine Lehn and senior researcher Dorthe Overgaard for insightful comments and supervision. The author thanks all the older people and the care workers participating in the study.

FUNDING INFORMATION

This study was supported by the University of Roskilde and the Nursing School of Bornholm (PhD scholarship).

CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

PEER REVIEW

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.15864.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Kirstine Aakerlund Rosendal https://orcid.org/0000-0003-4948-7801

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SUPPORTING INFORMATION

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

How to cite this article: Rosendal, K. A. (2023). The choreographies of the elimination of faeces—An ethnographic study of the institutionalized body care practices of older people in different health care settings. *Journal of Advanced Nursing*, *00*, 1–14. https://doi.org/10.1111/jan.15864