The overall aim of this thesis was to gain a deeper understanding of what the meaning of dignity is to older people in end-of-life care as well as to nursing home staff.

The results show that older people’s dying and death to a large extent, takes place in silence. It is not an event that is particularly spoken about. The older people describe how the ageing process followed by bodily losses and an increased dependency often is experienced as a violation against dignity. Many dealt with this threat to their dignity through what I have described as ‘inner strength.’ Inner strength can be seen as a help to counteract these threats. The effect of the staff’s attitudes can both be violating and promoting to a person’s dignity. This means that the older person thought about important events in their earlier and present lives and in some instances the future. The experience of dignity was often strongly related to a person’s identity and how he/she experienced his/her body and the environment they lived in. A surprising result was that there were similarities between what was experienced as dignity by the nursing home staff and by the older people. Threats to dignity were seen in the gap between ideal values (societal and personal) and the reality of the resources provided. In the case of the staff, this resulted in having a bad conscience which was seen as a threat to one’s self-respect. I also discuss the older people and staff being in the same environment, yet in two different care cultures; the culture of slowness and silence and the culture of doing. These circumstances make it difficult for everyday conversation and meaningful encounters. Finally, I discuss what I call a shift of paradigm; a care culture built on co-creating between the staff with their base of knowledge and the older person’s experiences from their life to meet his/her needs. In this respect, there ought to be much to learn from the hospice philosophy and the palliative care.