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ORIGINAL PAPER

Students' and lecturers' perspectives on supporting client autonomy: a focus group study on nine international nursing curricula

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Abstract

Aim: This study aimed to explore how students and lecturers from nine international nursing programs perceive the learning and teaching of supporting clients' autonomy in daily living within nursing curricula. *Design:* An exploratory qualitative design was used. *Methods:* Two focus groups were conducted during the 2023 European Network of Nursing in Higher Education Intensive Program in Estonia, involving 41 students and lecturers from nine international nursing programs. Data were analyzed using thematic analysis. *Results:* Three themes were identified: (1) defining autonomy and autonomy support; (2) presence of autonomy-supportive behavior within curricula; and (3) desirable situation of addressing autonomy in education. The findings revealed inconsistencies between teaching and practice, with students observing variable application by lecturers and supervisors. Both students and lecturers emphasized reflection, critical thinking, and closer collaboration to bridge theory-practice gaps and foster a shared, consistent approach. *Conclusion:* The findings indicate variation in how autonomy support is addressed within participating nursing programs. Greater alignment between theoretical teaching and clinical practice, as well as increased collaboration between educational and practice settings, may strengthen students' ability to support clients' autonomy in daily care.

Keywords: autonomy support, curricula, nursing education, nursing students, teaching and learning strategies.

Introduction

Europe's population is rapidly aging, with over 20% currently aged 65 or older, a figure expected to approach one-third of the population by 2050. This demographic shift is driving an increase in chronic diseases and straining healthcare systems (The Lancet Regional Health – Europe, 2023). As people age, they face frailty and experience a decline in functionality (Moilanen et al., 2022). Chronic illnesses often lead to a deterioration in the ability to perform activities of daily living (ADL) (Henderson, 1966). ADL, such as personal cleanliness, mobility, and eating and drinking, are crucial to how people spend their day and therefore influence their sense of identity (Cremer, 2024). Difficulty with these tasks and reliance on others can hinder personal goals and independent living, ultimately threatening people's autonomy (Edemekong et al., 2025), which is a fundamental healthcare principle and human right (Agich, 1990; Ryan & Deci, 2000; Samanta & Samanta, 2005).

Nurses play a crucial role in recognizing when clients' functionality decreases and supporting ADL-dependent clients in maintaining independence while respecting their autonomy. While tasks such as choosing when to shower or what to wear may seem minor, they represent independence, which reflects self-determination and is seen as a key aspect of personal freedom (Cremer, 2024). Autonomy support in particular is important in long-term care (Henderson & Nite, 1978), where clients often

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experience progressive chronic care trajectories and nurses develop long-lasting relationships with them while providing care (Jacobs, 2019; Kitson et al., 2013; McCormack, 2003). According to the World Health Organization (2017), autonomy is essential for individuals to experience freedom and make decisions that give meaning to life, even in the context of aging, increasing frailty, and care dependency.

Within nursing practice, autonomy is most often operationalized through person-centered care (PCC). Autonomy is closely aligned with PCC, which emphasizes respect for individuals' values, preferences, and life goals within care relationships (McCance & McCormack, 2025). From this perspective, autonomy support involves enabling clients to participate in decisions about their daily care, even when physical or cognitive limitations are present. Nurses therefore require not only technical skills but also relational and reflective competencies to balance care provision with respect for clients' autonomy. Despite their good intentions, nurses often take over tasks unnecessarily, thereby undermining client's autonomy (den Ouden et al., 2017). At the European level, various guidelines and frameworks (Thissen et al., 2023; United Nations, 2006) emphasize ensuring the quality of long-term care, with supporting clients' autonomy as a key principle. For example, the European Care Strategy (Thissen, et al., 2023) underlines the need to shift toward more autonomy-promoting care models. Furthermore, the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) requires that care systems respect the rights of persons with disabilities to autonomy, self-determination, and participation in decisions affecting their lives. Many European countries apply this as a guiding framework for shaping their long-term care system. The European Federation of Nurses Associations (EFN) (European Federation of Nurses Associations, 2015) emphasizes the importance of addressing clients' autonomy support as a key aspect of nursing education. In addition, the EFN highlights the need for nurses to develop competencies that enable them to empower clients to make informed decisions about their care. Nursing curricula should emphasize PCC, fostering respect for individual preferences and self-determination.

Aim

Even though European guidelines and nursing theories emphasize the importance of supporting individuals' autonomy, they lack clear definitions of autonomy and specific guidance on autonomy-supportive behaviors (Agich, 1990; Henderson & Nite, 1978; Jacobs, 2019; Kitson et al., 2013; McCormack, 2001, 2003; Moilanen et al., 2022). This raises questions about how future nurses across Europe learn to support the autonomy of older adults in ADL care. Therefore, this study explores how nursing education within nine international nursing curricula prepares future nurses to support the autonomy of frail older adults during ADL care, incorporating perspectives from both students and lecturers.

Methods

Design

An exploratory qualitative study design using focus group interviews was employed.

Sample

The European Network of Nursing in Higher Education (ENNE) 2023 annual Intensive Program (IP) meeting was used as a venue to recruit participants from various European countries. The network includes 14 European countries. The ENNE's primary goal is to enhance the quality of bachelor's-level nursing education and broaden students' perspectives on the European workforce, following the EU/2013/55 directive. The annual meeting, hosted by a different member state each year, serves as a forum for Bachelor of Nursing (BN) students and lecturers to discuss their work experiences, skills, responsibilities, and cultural attitudes.

In 2023, the ENNE-IP took place at Tartu Health Care College in Estonia on April 24–28, with 41 participating BN students and lecturers from nine countries: Finland, Hungary, Estonia, the United Kingdom, Austria, the Netherlands, Germany, Belgium, and Switzerland. All students and lecturers attending the program were invited to participate in the study. To recruit a diverse group of students and lecturers representing each country, purposive convenience sampling was used. Students and lecturers had separate focus group interviews. Potential participants were informed about the study's purpose and procedures during the event's introductory meeting and received an information letter explaining study details, including a participation request and a letter of consent. Students and lecturers had the opportunity to consider their involvement, and those willing to participate were asked to contact the principal researcher.

Data collection

Two focus group interviews were conducted on April 25 and 27, 2023, by authors MK and SV, who were lecturer-researchers not involved in the assessment or supervision of the participating students. One interview was conducted with students (N = 8), and another with lecturers (N = 10). The focus group interviews took place in a quiet classroom at Tartu Health Care College, ensuring a private environment. Before the interviews, participants were briefed on the study and its aim, assured of data confidentiality, and asked to provide written informed consent to participate and be audio-recorded during the interview. Initially, demographic information such as gender, age, and country of work or study was collected using a short questionnaire prior to the interviews. A questioning route was developed to guide the interviews, covering the following three themes (Krueger & Casey, 2014): (1) the current knowledge of students and lecturers about autonomy and autonomy support; (2) the presence of autonomy-supportive behavior within BN curricula; and (3) the desirable situation of addressing autonomy-supportive behavior within BN curricula. These themes only served as guides for the interviews; the analytical themes were derived inductively during data analysis. The topics were similar for students and lecturers, but questions differed slightly based on their perspective.

Data analysis

To enhance the findings' reliability, the study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist, as recommended by the EQUATOR Network (Tong et al., 2007). Data analysis was conducted using a six-phase reflexive thematic analysis, as described by Braun and Clarke (2023). The focus group interviews were audio-recorded and transcribed verbatim by two research assistants. Author MK read and re-read the transcripts to become familiar with the data. An inductive approach to coding was adopted using ATLAS.ti 24.0 (ATLAS.ti Scientific Software Development GmbH, 2024). Given the broadly formulated interview topics, initial coding focused on identifying meaningful features of the data relevant to the research aim. During subsequent analytic phases, codes were iteratively examined, compared, and clustered to identify broader patterns of meaning across the dataset. Through this reflexive process, preliminary themes were constructed and further refined through ongoing engagement with the data. This resulted in three themes that captured key perspectives of students and lecturers regarding client autonomy in everyday life. Coding and theme development were primarily undertaken by author MK, in close collaboration with authors SV and PE. Regular meetings were held to engage in reflexive discussion, critically examine interpretations, and further develop the analysis. This collaborative dialogue promoted analytic depth and reflexivity rather than aiming for inter-rater reliability. Quotes from the interviews were included to illustrate and support the findings. Both students and lecturers were offered the opportunity to comment on a summary of the identified themes.

Results

Participant characteristics

Table 1 presents the characteristics of student and lecturer participants in the focus group interviews. Students from Belgium did not attend

Table 1 Participant characteristics

Participant group	Characteristic	Details
Students	number of participants	8
	gender	all women
	mean age	24.4 years (SD 4.1)
	countries	Austria, Estonia, Germany, Hungary, Netherlands, Finland, Switzerland, United Kingdom
	degree	all studying bachelor's degree in nursing education
	current academic year	final year 4, third year 3, second year 1
Lecturers	number of participants	10
	gender	2 men, 8 women
	mean age	43.9 years (SD 6.2)
	countries	Austria, Belgium, Estonia, Germany, Hungary, Netherlands, Finland, Switzerland, United Kingdom
	highest degree	9 with master's degree, 1 with PhD
	mean years of experience	12.85 years (SD 7.7)

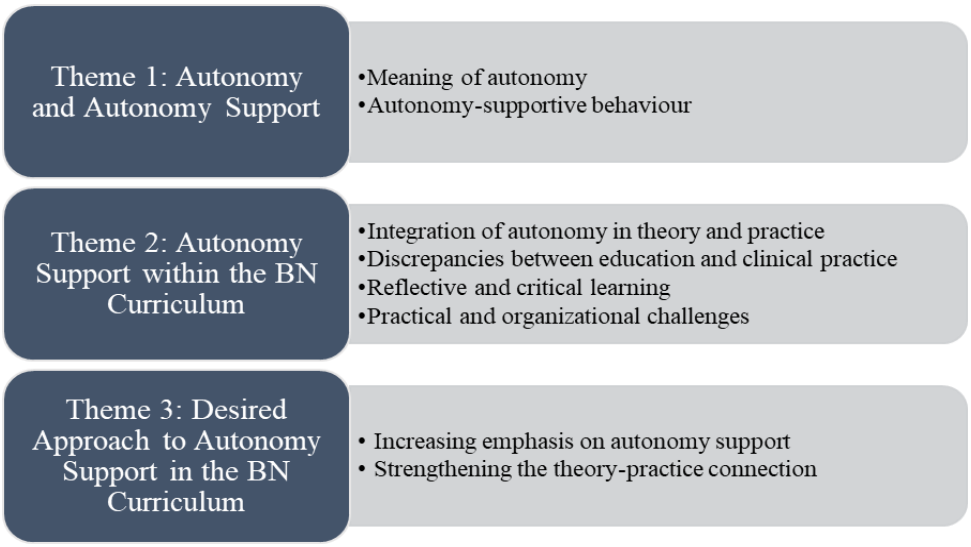
SD – standard deviation

the ENNE-IP 2023 meeting and are therefore not included in the table.

Each interview lasted approximately 1.5 hours. No participants responded to the opportunity to provide feedback through the member check.

Themes identified from the analysis

Within the three themes identified in the focus groups, eight subthemes were derived. The following sections describe these themes and their associated subthemes and include participants' quotations for illustration. For clarity, the diagram below (Figure 1) presents an overview of the main themes and subthemes, followed by a detailed description of the findings.



Note: BN – Bachelor of Nursing

Figure 1 Overview of the identified themes

Theme 1. Defining autonomy and autonomy support

When asked what autonomy means in their opinion, all lecturers uniformly defined the concept as "the right of an individual to independently make decisions". They described autonomy as "encompassing the ability to make choices and perform self-care actions". Students shared this perspective, defining autonomy as "a basic human right" characterized by "individual choice".

Concerning autonomy support, lecturers described several ways in which nurses can promote autonomy in practice. They emphasized the importance of "offering choices and clear information", allowing individuals to make informed decisions. According to lecturers, respecting each person as an individual, even when their choices seem unwise, is a key aspect of PCC. They highlighted the need to "trust that clients often know what is best for themselves" and to "remain flexible in adapting care to their wishes". Supporting autonomy, lecturers noted, also requires nurses to develop the confidence to step back and truly allow others to make their own decisions. Students noted the importance of "treating clients as individuals with unique needs", thereby expanding on actions mentioned by their lecturers, such as "respecting choices", "listening", and "making sure the client is well informed". One student stated: "*It is important to see them as a person, an individual person still intact with their own needs. They can think for themselves and have their own opinion. And it is important to kind of stimulate their autonomy; the things that they can still do and want. If they have an opinion, you try to do that for them, you try to think of a way so that they can feel human. They are still human.*"

Theme 2. The presence of autonomy-supportive behavior within BN curricula

The second theme is characterized by four subthemes that emerged from the inductive coding process, illustrating the integration, challenges, and perspectives of autonomy support in BN education.

Theme 2.1 Integrating knowledge and skills for autonomy support

All lecturers emphasized that autonomy and autonomy-supportive behavior are woven throughout the curriculum from day one, manifested

in both education and assessment. As one lecturer stated, autonomy is a cross-sectional topic that begins with addressing it within fundamental care tasks and increases in complexity as students advance. To effectively learn about autonomy and autonomy support, lecturers and students agreed that it is important to combine theoretical knowledge with practical application, encompassing both skill development and real-world care practices. Students mentioned, for example, learning about autonomy during skill training, reflection tasks, writing case studies, and simulation training.

Theme 2.2 Discrepancies between the classroom and real life

While the topic is believed to be covered in various curricula, some students reported a lack of specific lessons dedicated to autonomy with an overemphasis on obtaining clients' consent. Most students agreed that autonomy is integrated across educational formats, including theoretical lessons, skills training, and mentorship from nursing colleagues. Evaluations of practical assignments, such as personal care, involve lecturers observing whether students respect clients' autonomy and privacy. Students learn to inform clients, seek consent, and foster an environment where clients feel safe expressing their preferences. However, all students also notice discrepancies between classroom teachings and real-life practice, observing varying behaviors among supervisors and colleagues. One student mentioned: *"We are currently understaffed and so it is completely different. In my opinion, the autonomy principle I have learned in theory is not enacted there. They have strict rules and they show the people what they can give there. But they do not really live by it. It is completely different."*

Theme 2.3 Reflective and critical learning

All lecturers emphasized the need for future nurses to develop a critical perspective on workplace culture, rules, and management. Lecturers aim to teach students to ask pertinent questions and to respect clients' autonomy in diverse settings. Discussions about the quality of care stress the importance of considering clients' perspectives alongside protocols. All lecturers adopt a coaching role in education, sharing personal experiences and prompting critical thinking. They encourage reflection on actions taken during skill training and provide feedback. However, according to students, they sometimes question the knowledge of their lecturers at school and supervisors in practice due to how they see them (not) supporting clients' autonomy during ADL care. One student explained: *"*[...] *you doubt that your lecturers know 100% how to do that. I was thinking, do the nurses in the elderly care homes know how to teach me? I don't know. I don't think so. Not enough. In my opinion.* […] *Because of what I know about autonomy now myself and what I see them do. Doesn't make sense."*

Theme 2.4 Challenges in autonomy support

Several lecturers underscored that future nurses must be able to empathize with clients, understand their feelings, and provide emotional support. Students indicated that they face practical challenges, such as work pressure and understaffing, complicating autonomy support. Students believed that having a positive attitude towards autonomy support is essential for themselves and their colleagues. Flexibility and patience were also identified as crucial traits for nurses in supporting both their own and their clients' autonomy.

Theme 3. The desirable situation of addressing autonomy-supportive behavior in BN curricula

The third theme is characterized by two subthemes highlighting enhanced integration of autonomy and autonomy support in BN education.

Theme 3.1 Highlighting the importance of autonomy support in nursing education

Both students and lecturers expressed a desire for greater emphasis on autonomy and autonomy-supportive behavior in nursing education. Most students wanted autonomy to be a prominent theme throughout their education, not just in theory, but applied in practice as well. They felt that autonomy was often overlooked and that more integration across all learning activities would highlight its importance. Lecturers agreed, emphasizing the need to integrate autonomy more consistently into curricula and encourage reflection throughout practical training.

Theme 3.2 Strengthening the integration of autonomy support in theory and practice

Most lecturers also mentioned the need for closer collaboration with practical supervisors to bridge the gap between theoretical and practical learning. Some students suggested having dedicated classes on autonomy and visual aids to reinforce the concept. Role-playing and discussions of practical experiences were highlighted as effective methods. Both lecturers and students recognized a lack of shared approach by lecturers in schools and supervisors in practice to teaching autonomy, emphasizing the importance of developing such a shared educational approach.

Discussion

This study aimed to explore how nursing students and lecturers in various European countries are educated to support the autonomy of frail older people during ADL care, including perspectives from both students and lecturers. Although autonomy is integrated into the curricula, students observed inconsistencies in how it is applied by lecturers and practical supervisors. Both students and lecturers recognized the importance of autonomy in nursing education and therefore advocated for a stronger emphasis on autonomy within education, with better alignment between theoretical and practical learning activities. Autonomy support should be understood within the broader context of PCC and dignified care, where nurses balance respect for client self-determination with safety and professional responsibility. Additionally, closer collaboration between lecturers and practical supervisors is seen as essential to developing a shared educational approach and effectively supporting autonomy in practice.

Our findings indicate that autonomy support is addressed in varying ways across international nursing curricula and learning environments, resulting in diverse student experiences and understandings. While nursing theory emphasizes the importance of respecting and supporting client autonomy (Agich, 1990; Ryan & Deci, 2000; Samanta & Samanta, 2005), students often encounter challenges in practice. They observe nurses who, despite their good intentions, take over tasks during ADL care, thereby unintentionally limiting clients' opportunities for self-determination (den Ouden et al., 2017). This theory-practice gap leaves students with limited practical tools to navigate situations in which autonomy, safety, and professional responsibility must be balanced. Although lecturers play an important role in fostering reflection and ethical awareness, students sometimes question whether autonomy support is sufficiently modeled or explicitly translated into concrete nursing actions.

Autonomy support should not be understood as an isolated concept, but rather as an integral element of broader care approaches, such as PCC and dignified care. Within these approaches, respecting clients' preferences, values, and decision-making capacities is considered a core principle of good nursing practice (Kitson et al., 2013; McCormack, 2001). Supporting autonomy in ADL care therefore involves more than promoting independence. It requires continuous adjustment to what matters to the individual client and reflection on one's own professional actions. Autonomy support takes place within a complex and dynamic context shaped by the interaction between the client, nurse, and care environment (Jacobs, 2019). Differences in how autonomy is enacted are therefore inevitable. However, the absence of a shared educational framework poses a risk of creating uncertainty for students. A more unified educational approach that explicitly addresses autonomy-supportive skills and ethical reasoning may help students navigate this complexity more confidently.

The findings also highlight the importance of closer collaboration between educational institutions and clinical practice settings. Although practical supervisors play a crucial role in students' learning processes, they are not always sufficiently involved in educational discussions about autonomy. This aligns with previous research showing that learning about complex care concepts largely happens through participation in practice and social interaction within care teams (Wenger, 1999). Strengthening cooperation between lecturers and practical supervisors could therefore help develop a shared understanding of autonomy support and enhance consistency between what is taught and what is practiced.

At the European level, there are opportunities to promote greater coherence in nursing education regarding autonomy support. European professional frameworks, such as those developed by the European Federation of Nurses Associations (2015), emphasize the importance of well-trained nurses capable of providing high-quality PCC while respecting client autonomy. Even though these frameworks do not reflect the specific practices of all nursing curricula, they may offer a useful reference for aligning educational objectives and competencies related to autonomy support. Programs such as Erasmus+ can facilitate international collaboration and the exchange of educational approaches and best practices across countries (European Commission, 2025). Integrating autonomy support more explicitly into competency-based educational frameworks, such as those promoted by the EFN, may contribute to a more consistent educational approach across Europe. This, in turn, can support the professional development of future nurses and improve the quality of ADL care for frail older people.

Limitation of study

Given the specific venue of this study – the annual ENNE-IP meeting – and the sample size, our primary aim was to gather initial insights into how autonomy is taught in European nursing

education programs. Participant availability varied across the nine included nursing curricula, resulting in underrepresentation from certain curricula, with only one representative from some and none from others. While efforts were made to recruit a diverse group, the sample may not reflect the broader population of students and lecturers across all European programs. However, this does not represent a major limitation since the aim to gain initial insights. Additionally, self-selection bias may have occurred, as those who chose to participate may have had different views or motivations than those who did not volunteer. The homogeneity of the participants – all of whom were students or lecturers from the same educational level – supported discussions on familiar topics. However, the diversity in countries and curricula occasionally required interviewers to provide additional guidance to maintain focus. Diversity was both a strength and a limitation; it enriched the discussions but also carried a risk of participants experiencing group pressure and social desirability. Furthermore, as the focus group interviews were conducted by lecturer-researchers, a potential power imbalance between lecturers and students may have influenced participants' openness; this should be considered when interpreting the findings. However, these lecturer-researchers were unfamiliar to the students and had no role in their assessment or supervision, which likely mitigates this risk.

Conclusion

The findings of this qualitative study indicate that while both students and lecturers recognize the importance of autonomy, they perceive its integration and application differently. Students observed variability in practice, whereas lecturers emphasized reflection and critical thinking as strategies to support autonomy. These differences and areas of agreement highlight both the challenges and opportunities in teaching autonomy effectively. To improve the education of future nurses and prepare them to support clients' autonomy during ADL care, it is important to build on these insights through further research. Future studies should examine national and contextual factors in greater depth, including how autonomy is embedded within nursing curricula at a national level and how educational approaches may differ across countries and cultural contexts. In addition to exploring students' and lecturers' perspectives, analyses of current curricula are needed to assess how autonomy is formally addressed. Future research integrating curricular analysis with empirical findings could provide a more comprehensive understanding of how autonomy is taught and operationalized in nursing education. In addition, fostering a more shared approach within the nine nursing curricula included in this study could enhance the quality of clients' ADL care and contribute to the professional development of future nurses.

Ethical aspects and conflict of interest

The study received approval from the Ethics Committee of Maastricht University (FHML-REC) under reference FHML-REC/2023/026.

The authors have no conflicts of interest to declare.

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Author contributions

Conception and design (MK, SV, PE, EvR, SZ), data analysis and interpretation (MK, SV, PE), manuscript draft (MK), critical revision of the manuscript (MK, SV, PE), final approval of the manuscript (MK, SV, EvR, SZ, PE).

References

Agich, G. J. (1990). Reassessing autonomy in long-term care. *The Hastings Center Report*, *20*(6), 12–17. https://doi.org/10.2307/3563417

ATLAS.ti Scientific Software Development GmbH. (2024). *ATLAS.ti* (Version 24.0.0.29576) [Qualitative data analysis software]. https://atlasti.com

Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health*, *24*(1), 1–6. https://doi.org/10.1080/26895269.2022.2129597

Cremer, S. (2024). *Undervalued & unexplored: underpinning and guiding nursing care in activities of daily living*. [Doctoral thesis, Maastricht University]. https://doi.org/10.26481/dis.20240411sc

den Ouden, M., Kuk, N. O., Zwakhalen, S. M. G., Bleijlevens, M. H. C., Meijers, J. M. M., & Hamers, J. P. H. (2017). The role of nursing staff in the activities of daily living of nursing home residents. *Geriatric Nursing*, *38*(3), 225–230. https://doi.org/10.1016/j.gerinurse.2016.11.002

Edemekong, P. F., Bomgaars, D. L., Sukumaran, S., & Schoo, C. (2025, May 4). *Activities of daily living*. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK470404/

European Commission. (2025). *Erasmus + programme guide 2025*. European Union. https://erasmus-plus.ec.europa.eu/sites/default/files/2025-01/erasmus-programme-guide-v2.2025_en.pdf

European Federation of Nurses Associations. (2015). *EFN competency framework: EFN guideline to implement Article 31 into national nurses' education programmes*. https://efn.eu/wp-content/uploads/2022/03/EFN-Competency-Framework-19-05-2015.pdf

Henderson, V. (1966). *The nature of nursing: a definition and its implications for practice, research, and education*. Macmillan.

Henderson, V., & Nite, G. (1978). Principles and practice of nursing. *AJN The American Journal of Nursing*, *78*(9), 1574.

Jacobs, G. (2019). Patient autonomy in home care: nurses' relational practices of responsibility. *Nursing Ethics*, *26*(6), 1638–1653. https://doi.org/10.1177/0969733018772070

Kitson, A., Conroy, T., Kuluski, K., Locock, L., & Lyons, R. (2013). *Reclaiming and redefining the Fundamentals of Care: nursing's response to meeting patients' basic human needs.* School of Nursing, The University of Adelaide. https://digital.library.adelaide.edu.au/server/api/core/bitstreams/584b1213-5d1f-44c5-ae5a-f723ff819349/content

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: a practical guide for applied research* (5th ed.). SAGE Publications.

McCance, T., & McCormack, B. (2025). The person-centred nursing framework: a mid-range theory for nursing practice. *Journal of Research in Nursing*, *30*(1), 47–60. https://doi.org/10.1177/17449871241281428

McCormack, B. (2001). Autonomy and the relationship between nurses and older people. *Ageing & Society*, *21*(4), 417–446. https://doi.org/10.1017/S0144686X01008303

McCormack, B. (2003). A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice*, *9*(3), 202–209. https://doi.org/10.1046/j.1440-172x.2003.00423.x

Moilanen, T., Suhonen, R., & Kangasniemi, M. (2022). Nursing support for older people's autonomy in residential care: an integrative review. *International Journal of Older People Nursing*, *17*(2), e12428. https://doi.org/10.1111/opn.12428

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Samanta, A., & Samanta, J. (2005). The human rights act 1998 – why should it matter for medical practice? *Journal of the Royal Society of Medicine*, *98*(9), 404–410. https://doi.org/10.1177/014107680509800905

The Lancet Regional Health – Europe. (2023). Securing the future of Europe's ageing population by 2050. The Lancet Regional Health – Europe, *35*, 100807. https://doi.org/10.1016/j.lanepe.2023.100807

Thissen, L., Mach, A., Navarra, C., Fernandes, M., Saraceno, C., Gromada, A., Bell, T., Marzo, C., Lebrun, J.-F., Helfferich, B., Chieregato, E., & Sanden, F. (2023). *The European care strategy: a chance to ensure inclusive care for all?* Foundation for European Progressive Studies and Friedrich Ebert Stiftung. https://feps-europe.eu/wp-content/uploads/2023/03/FEPS-FES_Care-Strategy-Policy-Study-web-PP.pdf

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

United Nations. (2006). *Convention on the rights of persons with disabilities and optional protocol*. United Nations. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Wenger, E. (1999). *Communities of practice: learning, meaning, and identity*. Cambridge University Press.

World Health Organization. (2017). *Global strategy and action plan on ageing and health.* WHO. https://www.who.int/publications/i/item/9789241513500

