

Nordic Conference in Nursing Research

Methods and Networks for the future



2016
15-17 JUNE
STOCKHOLM

PROGRAMME - ABSTRACTS



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PROGRAMME

Second Nordic Conference in Nursing Research



NORSK SELSKAP FOR
SYKEPLEIEFORSKNING NSF

Welcome to Stockholm



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It is a great pleasure to host the second Nordic Conference in Nursing Research – Methods and Networks for the future, held in Stockholm, Sweden, June 15–17, 2016.

We continue the conference theme from the first conference in Odense 2014, Methods and Networks for the Future which was very successful. The conference focuses on how to develop and strengthen research methods in nursing research and how to increase research utilisation. The conference will discuss methodology, different research methods and how they are applied in nursing research. Furthermore the conference aims to tackle challenges in building research networks.

The organising committee has arranged a comprehensive and varied programme with well renowned international research methodologists and experts as key notes. The programme will be of interest to all nurses engaged in different fields of research and networking. All sessions are in English.

We very much hope that the conference will provide the basis for further organised collaboration between the Nordic countries in nursing research and clinical work regarding nursing care.

Stockholm, the capital of Sweden, is often referred to as *Beauty on Water* or *Venice of the North*. The city is built on 14 islands around one of Europe's largest and best-preserved medieval city centres. We are also proud that the Stockholm City and Stockholm County will host a reception at the famous City Hall for the conference participants (pre-booked places).



We warmly welcome you to Stockholm.

Ami Hommel
Conference president

Conference Venue

The conference takes place at:
Birger Jarl Hotel and Conference
Tulegatan 8b, SE 104 32
Stockholm, Sweden.
+46 8 674 18 00

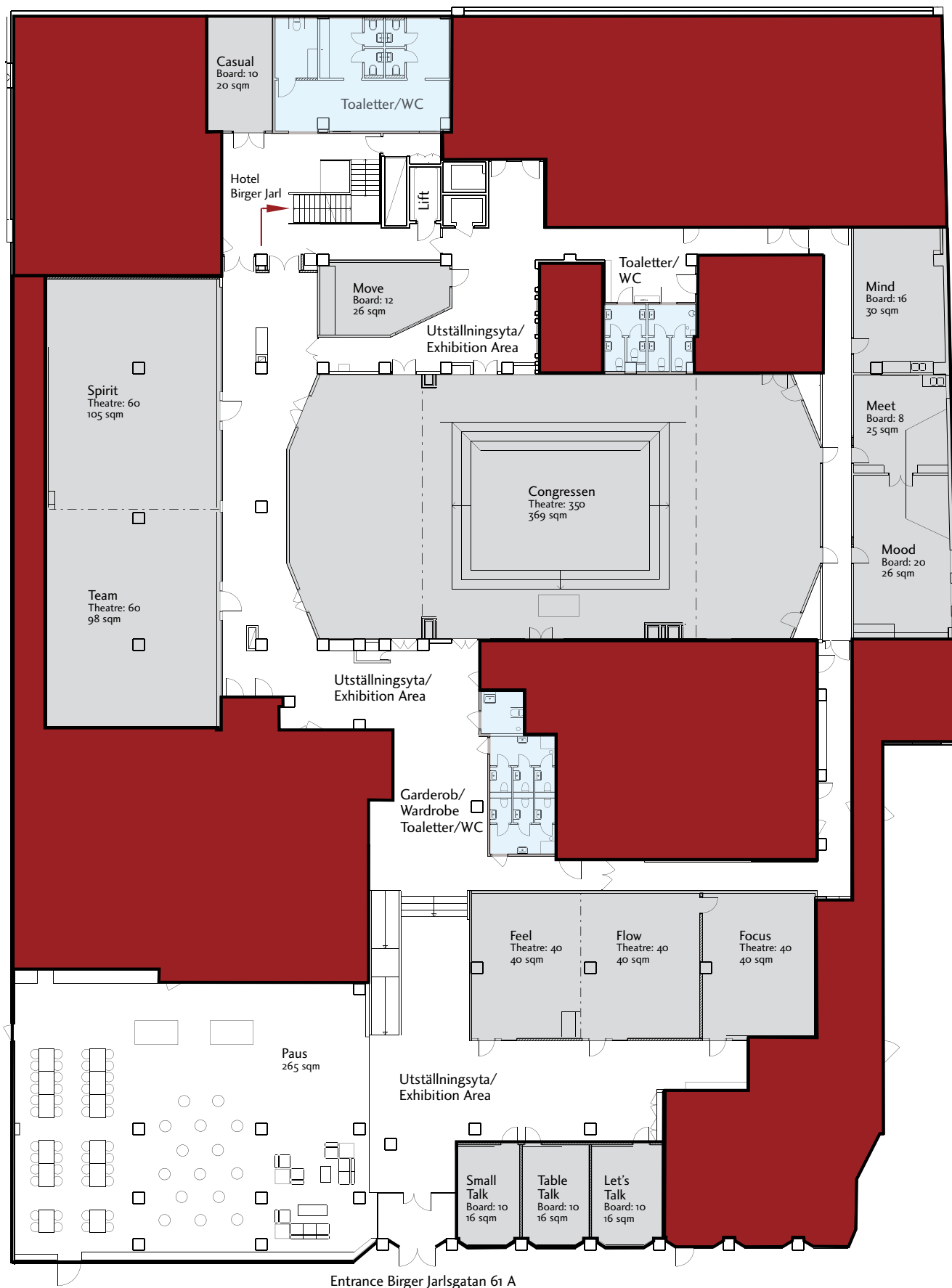
Arrival registration

Will be at the registration desk at Birger Jarl Conference in **the entrance from Birger Jarlsgatan 61 A**. The registration desk will be open between 13.00–14.00 o'clock on the 15th June for those attending the pre-seminars. On Thursday the 16th June the registration desk will open at 8 o'clock and the scientific programme begins at 9 o'clock.

Organising Committee

Ami Hommel (Sweden)
Elisabeth Strandberg (Sweden)
Birte Østergaard (Denmark)
Hanne Konradsen (Denmark)
Edith Roth Gjevjon (Norway)
Trude Haugland (Norway)

Floorplan



Pre-conference seminars

By attending your prebooked seminar on June 15th you have the opportunity to discuss and learn about issues related to research methods in nursing.

15th June Pre-seminars 14.00–17.00

Session I, room: Team *Visualization techniques for diverse data integration in mixed methods research*

Margarete Sandelowski, Professor, RN, PhD, FAAN,

University of North Carolina at Chapel Hill, US.

Sharron Docherty, Associate professor, RN, PhD, FAAN,

Duke University, US

Session II, room: Feel *Video recording in research.*

Focusing on analysis of video data

Ida Torunn Bjørk, Professor, Department of Nursing Science,

Faculty of Medicine, University of Oslo, Norway

Session III, room: Flow *National registers—a potential goldmine for nursing research*

Comprise the potential in using register data, what problems there might be, and how this, already collected data, can be used for research purposes.

Magnus Sandberg, Postdoc, RN, PhD, Department of Health Sciences, Faculty of Medicine, Lund University, Sweden

Ami Hommel, Associate professor, RN, PhD, Faculty of Health

and Society, Malmö University, Sweden

Session IV, room: Focus *Academic writing – how to conquer it*

Gunilla Borglin, Associate professor, RN, MSc, Dr Med Vet,

Faculty of Health and Society, Malmö University, Sweden

Welcome Ceremony

15th June 18.30–19.30 at the House of Nurses,
Swedish Society of Nursing, Baldersgatan 1,
Stockholm. **For prebooked participants.**



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Conference programme

16th June

8.00 – 10.00

Registration

9.00 – 9.30

Conference Opening Ceremony

Ami Hommel, Conference President,

Associate professor, RN, PhD

Malmö University, Lund University,

President Swedish Society
of Nursing

9.30 – 10.30

Aspects of mixed methods research

Margarete Sandelowski, Professor, RN,

PhD, FAAN University of North Carolina

at Chapel Hill

10.30 – 11.00

Poster Exhibitions and Coffee Break

11.00 – 12.00

Oral Sessions

12.00 – 13.00

Lunch

13.00 – 14.15

Oral Sessions

14.15 – 15.00

Poster Exhibitions and Coffee Break

15.00 – 16.00

*Designing and conducting implementation
studies: building on the evidence base*

Jo Rycroft-Malone, Professor, RN, PhD

Implementation & Health Services Research

Head of School of Healthcare Sciences,

Bangor University

19.00 – 21.00

Representation reception with buffet
dinner at Stockholm City Hall

17th June

8.45 – 9.00

Opening Day Two

Inrid Ruud Knutsen, RN, PhD,

Associate professor at Oslo and Akershus

University College of Applied Services

9.00 – 10.00

*Patients as research partners: making health
research relevant to patients*

Louise Locock, Associate professor, PhD Director

of Applied Research, at Health Experiences

Research Group, Oxford University,

Health Experiences Fellow, NIHR Oxford

Biomedical Research Centre

10.00 – 10.30

Poster Exhibitions and Coffee Break

10.30 – 11.45

Oral Sessions

11.55 – 12.40

*Nursing research – what difference
does it make for improving patient
outcomes and health care services*

Marit Kirkevold, Professor, RN, EdD,

Department of Nursing Science,

University of Oslo

12.40 – 13.00

Closing Ceremony and Best Poster Award

Hanne Konradsen,

Danish Nursing Research Society,

Birte Østergaard,

President Danish Nursing Research Society.

Elisabeth Strandberg,

Chair of Organizing Committee,

Swedish Society of Nursing

13.00 – 14.00

Lunch

Oral sessions

Thursday 16th June 2016, 11.00–12.00

Congress middle Chair: Lena Gunningberg	Congress right Chair: Trude Haugland	Team Chair: Ingrid Ruud Knutsen	Spirit Chair: Anna Ehrenberg
Ulrica Lovén Wickman Self-care of inflammatory bowel disease may be associated with better well-being	Graeme Browne Narrative Inquiry and Person Centered Care: A great fit for nursing research	Ulla Riis Madsen Pendulating – A grounded theory of patient's behavior shortly after having a leg amputated because of vascular disease	Kaisa Fritzell Screening for colorectal cancer – participants and non-participants experience of decision making – a qualitative approach
Lene Martin Nurses' attitudes towards research – an explorative factor analysis	Åsa Rejnö The narrative structure and its possibilities to contribute to gaining insight in peoples' experiences – focus on the methodological approach	Marianne U. Rasmussen Can group-based multi-disciplinary rehabilitation strengthen self-efficacy in patients with fibromyalgia, and what is important for change in self-efficacy? A qualitative interview-based study	Annica Lagerin District nurses' experiences of preventive home visits to 75-year-olds in Stockholm: a qualitative study
Tina Gustavell Clinical research including patients with pancreatic cancer – a methodological challenge	Gunilla Haydon Narrative Inquiry: a suitable method in health research	Petronella Bjurling Sjöberg Balancing intertwined responsibilities: a grounded theory study of collaboration in everyday ICU practice	Birgit Heckemann Focus groups – A critical reflection of the method based on an interview study with tele-health professionals
Erla Kolbrun Svavarsdottir Unpacking the Family Strength Oriented Therapeutic Conversation Intervention	Marie Elf Using modeling as a co-design approach in the planning process of new care environments	Susanne Lind Implementation of evidence-based palliative care in acute care hospitals; obstacles and opportunities as described by politicians, hospital managers and health care professionals	Heidi Jerpseth "Sometimes I feel like an angel of Death" Nurses' role in decision-making about mechanical ventilation in COPD



Oral sessions

Thursday 16th June 2016, 13.00–14.15

Congressen middle Chair: Hanne Konradsen	Congressen right Chair: Birte Østergaard	Team Chair: Marit Kirkevold	Spirit Chair: Ami Hommel	Feel Chair: Hanne Agaard
Symposium: patient and public involvement	13.00–14.30			
Kirsten Lomborg Different ways to gain knowledge on patient and public involvement	Susanne Friis Søndergaard The use of scientific translation as a method in nursing research	Åsa Audulv Identifying gaps in knowledge: How structured reviews can provide a bird's eye view of existing knowledge	David A Richards The ESSENCE Programme: Amalgamating Marginal Gains in Essential Nursing Care. Results from a scoping review	Louise Eulau PC-Music – A Cross Disciplinary Model combining Nursing and Music Therapy as Pain Management
Marianne Johansson Jørgensen Methodological challenges in the evaluation of a complex patient involvement intervention	Lars Wallin Health system context and implementation of evidence-based practices – development and validation of the Context Assessment for Community Health (COACH) tool for low- and middle-income settings	Bente Hamnes Readability of patient information and consent documents in rheumatological studies	Malin Rex Person-centred gamification	Hanne Agerskov Living kidney donors' experiences and considerations during the donation process – a prospective qualitative study
Caroline Trillingsgaard Mejdahl Observational qualitative research in patient involvement: Epilepsy self-management by use of patient-initiated follow-up and patient-reported	Claus Sixtus Jensen Inter-rater agreement of the PEWS tools used in Central Denmark Region	Helle Feddersen Construction of meaningful identities in the context of rheumatoid arthritis (RA), motherhood and paid work – a metasynthesis	Carina Bååt Åsa Muntlin Athlin To succeed or to fail – complexities in conducting multisite randomized controlled trials regarding nursing interventions: A methodological discourse.	Marianne E. Klinke, Helga Jónsdóttir Advancing phenomenological research and clinical practice with application of "Affordances" – examples from smoking addiction in COPD and spatial neglect after stroke
Annette Zøylne Action research as an approach to patient involvement: Reflections on balance of power	Xi Vivien WU Development and psychometric testing of Holistic Clinical Assessment Tool (HCAT) for undergraduate nursing students	Mette S. Ludvigsen Using Sandelowski and Barroso's qualitative research synthesis in advancing evidence	Ann Kristin Bjørnnes Men and womens' pain experiences following cardiac surgery	Annelie J Sundler A qualitative exploration of communicative challenges in the home care of older person
Vibeke Bregnballe Patients as collaborators in research and service planning: Evaluation of a shared working group with patients and researchers	Anna Dencker Tailoring fatigue assessments to the patient: item banking and computer adaptive testing	Liv Fegran Metasyntheses of nurses' and physicians' experiences – the challenge of extracting data from studies with multiple participating health care providers	Line Kildal Bragstad Evaluating complex interventions: Methodological challenges of assessing intervention fidelity in a randomized clinical trial targeting psychosocial wellbeing following stroke	Kristina Rosengren Implementation of person-centred care – a content analysis of organizational and managerial aspects
	Gail Dunberger Women's life conditions after gynaecological cancer – an integrative review			

Oral sessions

Friday 17th June 2016, 10.30–11.45

Congressen Chair: Jens Peter Hansen	Spirit Chair: Oili Dahl	Team Chair: Anna Ehrenberg	Feel Chair: Trude Haugland	Flow Chair: Mette Spliid Ludvigsen
Anna Jervaeus Health literacy and views about the invitation to participate in a colorectal cancer screening program – a mixed methods approach	Live Korsvold Research with adolescent and young adult patients: ethical issues	Asta B. Petursdóttir Family nursing in specialized palliative home care: the benefits of a therapeutic conversation intervention	Anne Øverlie From the partners' perspectives of shared life together with a person with Inflammatory Bowel Disease	Lisa Hjelmfors End-of-life care simulation to teach nursing students communication skills
Maria Daniella Bergholt To sleep or not to sleep during hospitalization – a mixed-method study of patient reported sleep quality and the experience of sleeping poorly during hospitalization	Elzana Odzakovic A walk in the neighbourhood with people with dementia: How do people with dementia use their neighbourhood? – the walking interview method	Anni Nørregaard, Karin Lütgen Family focused conversations with families where a member is living with Glioblastoma	Berit Gesar Methodological considerations when conducting a qualitative longitudinal study in elderly healthy patients after hip fracture surgery	Maria Ameen Ethnography as a method for developing a systematized terminology of nursing interventions
Heidi Bergenholtz Using a mixed-methods design to describe the generalist palliative care in a hospital – challenges and possibilities	Maria Björk It's not just about making them talk – thoughts and experiences on interviewing children in research	Margret Gisladottir Effectiveness of Therapeutic Conversation Intervention for Caregivers of People with Eating Disorders; group – and caregiver sessions	Åsa Kneck, Åsa Audulv A pattern-oriented approach: Practical advice about longitudinal qualitative analysis procedures	Catharina Gillsjö Reflective STRENGTH-Giving Dialogue: A Method Developed to Support Older Adults in Learning to Live with Long-Term Musculoskeletal Pain at Home
Jörg W. Kirchhoff Organisational Preconditions for Professional Practice: On Registered Nurses Possibility to Act in Accordance with Professional Standards in a Hospital	Eva Jangland Meeting white dressed people across the acute care episode: A multi-stage qualitative case study using the Fundamental of Care framework	Karin Sjögren A Person-centred and Thriving-promoting intervention in residential aged care	Ingrid Ruud Knutsen Negotiating Diet in Networks: A Cross-European Study of the Experiences of Managing type 2 Diabetes	Kirsten Beedholm The potential of using two different methodological approaches in a qualitative study on assistive technology
Jacqueline J Hill Integrated mixed methods analysis – an innovative example in nursing related research	Lena Nordgren Dog-assisted intervention in dementia care: A case study	Eva Sving Getting evidence-based pressure ulcer prevention into practice: pre- and post test intervention study, process evaluation and long-term follow up	Anna Anåker Design quality in a healthcare context – time to operationalize the concept	Minna Elomaa-Krapu Memory-based Nursing History Research



Oral sessions

Thursday 16th June 2016, 11.00–12.00

Balancing intertwined responsibilities: a grounded theory study of collaboration in everyday ICU practice

Bjurling Sjöberg P.¹, Wadensten B.², Pöder U.², Jansson I.³, Nordgren L.⁴

1. Department of Public Health and Caring Sciences, Caring Science and Centre for Clinical Research Sörmland, Uppsala University
2. Department of Public Health and Caring Sciences, Caring Science, Uppsala University
3. Institute of Health and Caring Sciences, University of Gothenburg
4. Centre for Clinical Research Sörmland and Department of Public, and Associate Researcher Health and Caring Sciences Uppsala University

● Collaboration is essential in the delivery of high quality and safe healthcare, particularly in the complex and dynamic context of intensive care units (ICUs), where patient care requires vigilant coordination of efforts in a team with fluid membership including staff with different knowledge, skills and attitudes.

The study aimed to develop a substantive theory regarding collaboration and factors that influenced the team processes in everyday practice in a Swedish ICU. A grounded theory methodology was applied. Data was gathered by focus groups and individual interview with registered nurses, assistant nurses, anaesthetists and a physiotherapist at an ICU. Constant comparative analysis was conducted, including open coding, axial coding, and selective coding. An abductive approach was applied, shifting between inductive interpretation and deductive testing as hypothesis evolved.

In addition, the Paradigm model was used as a framework to integrate process and structure and to show some of the complexity of the phenomenon. The substantive theory generated explains the collaboration and factors that influence the team processes in the ICU. The core category 'balancing intertwined responsibilities' conceptualise the collaboration and eleven categories that related to the core category emerged. In conclusion the substantive theory resonates well with previous developed frameworks about collaboration.

Additionally, it provides some new dimensions as it highlights the staffs' actions/interactions, and the act of balancing they continuously perform. The findings can enrich the body of knowledge by facilitating an understanding of the team processes that can be utilized when designing and implementing interventions to improve quality and patient safety.

Narrative Inquiry and Person Centered Care: A great fit for nursing research

Browne G.¹, Haydon G.¹

1. School of Nursing & Midwifery, University of Newcastle

● Although Person Centered Care has been part central to the philosophy of nursing care since at least the early nineties clinical nurses have been slow in embracing it. Care is still often driven by the medical model which is grounded in the positivist paradigm where prediction and control of outcomes have hegemony.

This paper will argue Narrative Inquiry (NI) aims to capture the experiences people cared for by nurses, and thereby provide a better understanding of what the person sees as vital components of their care. People often feel a need to tell the stories of their illness and its impact on their lives, these narratives can be used to explore their experiences and improve their care. The narrative of a person with a health problem is a recount of an individual's experience of their situation, influenced both by surroundings, such as hospitals, home-care or GP surgeries, previous illness experiences, family members and life experience. Hence the person's narrative will provide a well-rounded view of their hospital experience to the researcher.

An important component of NI is the relational aspects during data collection where the relation between researcher and participant is evident. The relational aspects between temporality (past, present and future), spatiality (environment) and sociality (culture and people) in data analysing in NI is another central aspect of NI. As a method NI is established and has been used successfully in sociology and education research. It is gaining increased acceptance within nursing research.



Screening for colorectal cancer – participants and non-participants experience of decision making – a qualitative approach

Fritzell K.^{1,2}, Stake Nilsson K.^{2,3}, Jervaeusa A.^{1,2}, Hultcrantz R.^{2,4}, Wengström Y.^{1,2}

1. Department of Neurobiology, Care Sciences and Society, Karolinska Institutet
2. Regional Cancer Centre (RCC) Uppsala Örebro, Sweden
3. Department of Health and Caring Sciences, University of Gävle, Sweden
4. Medicine, Karolinska Institutet, Sweden

● **Objectives.** To explore how individuals reason when they make decisions about colorectal cancer screening from the perspectives of participants and non-participants.

Methods: A qualitative approach was taken to capture different aspects of the decision process, with both focus group discussions (participants) and individual telephone interviews (participants and non-participants). To gain a deeper understanding of the decision process and to verify the results from the first data collection additional focus group discussions, based on nominal group technique, were performed. The concept of shared decision-making (SDM: knowledge; values/preferences; involvement) was used as a matrix for the analyses, in order to understand how SDM is expressed in among individuals invited to colorectal cancer (CRC) screening.

Results: The abductive analysis performed using the SDM matrix covered the whole concept of SDM. Congeniality was found in knowledge and involvement between participants and non-participants, while values and preferences differed significantly. Both groups lack knowledge about CRC and CRC screening and both groups lack the need of involving health care providers in their decision. The additional focus group discussion based on nominal group technique confirmed previous results captured in the first data collection.

Conclusion: To our knowledge this is the first qualitative study covering SDM in a group of individuals invited to CRC screening. The analysis shed light on disparities in values and preferences, between participants and non-participants, which might be the key to why non-participants decide not to participate in CRC screening programs. In addition, involvement in the Swedish context need to be further studied.

Clinical research including patients with pancreatic cancer – a methodological challenge

Gustavell T.^{1,2}, Langius-Eklöf A.¹, Wengström Y.¹, Sundberg K.¹

1. Karolinska Institutet
2. Karolinska University Hospital

● **Background:** The only potentially curative treatment for pancreatic cancer is surgical resection. Most common is pancreaticoduodenectomy (PD), also known as Whipple procedure. Hospital time is approximately 14 days. The surgery is associated with multiple distressing symptoms months after surgery. New innovations are needed to early identify symptoms and to enhance patients' knowledge about self-care and the communication with healthcare after discharge. An IT-application for use in a smart device including a questionnaire for reporting symptoms, self-care advice and access to clinicians in real time, has been developed and tested for feasibility. Aim: This study aims to evaluate the effects of the interactive smartphone application for use by patients after PD.

Methods: The research programme is inspired by the Medical Research Council's framework for designing and evaluating complex interventions and runs in four phases; 1, Development of the applications content by reviewing the literature and interviews with patients and clinicians; 2, A pilot test for feasibility and acceptability; 3, A case-control study for evaluating effects; 4, A multi-centered RCT study. The current phase 3 study were planned to include 40 patients in the Stockholm region. A historical control-group (n=39) has been collected between 2012 and 2013, before the implementation of the intervention.

Results: The inclusion process started eight months ago and so far 36 patients have been identified as eligible. Of these, eight patients have been included and are currently using the application. Eleven patients declined before surgery, eleven underwent another surgery than planned, two dropped-out, three died at the hospital or soon after surgery, and one was excluded due to extensive surgical morbidity. Since the historical control-group was collected the routine treatment for these patients has been complemented with adjuvant chemotherapy.

Conclusions: The change in treatment regimens complicate the inclusion time, it will take more than three years to finalize a sample size of 40 patients in one region. Complex interventions are difficult to perform in rare and vulnerable patient groups with severe prognosis. Nevertheless, evidence-based care is at least as important as in other groups with less severe progressions. This presentation highlights the importance to discuss how to investigate effects of interventions in a clinical real life setting.

Narrative Inquiry: a suitable method in health research

Haydon G.¹, van der Riet P.¹, Maguire J.¹

1. University of Newcastle, Australia

● **Narrative inquiry** has been accepted in education, sociology and arts research for many years, and now seen as an emerging research methodology in nursing. In reality, we describe events and experiences narratively. We explore and understand actions by telling and listening to narratives, we dream in narratives, we use narratives continuously – it is part of who we are. Hence, when the experience of illness is expressed in a narrative, it can be studied and findings presented through the lens of time (past, present and future), spatiality (where the narrative takes place and where the narrative is told) and sociality (people and social norms influencing the narrative).

The illness narrative is common and narrative inquiry as a method for nursing research is suitable to gain further knowledge of patients' views and understandings. The patient experiences of their ailment, expressed in a narrative can also support patients' in their understanding and acceptance of their condition. The relational aspect of narrative inquiry, where researcher and participant enter a shared relationship during the research period, with multiple meetings, potentially creates trust and deeper shared understanding, revealing details not accessible in a single in depth interview.

With less participants and a longer period of data collection, the presentation of findings narratively as collaboration between researcher and participant creates a longer story that is informal to read and holds a true and deeper understanding of the participants' experience. This informal presentation may well encourage nursing colleagues to become more engaged in research participation.

Focus groups – A critical reflection of the method based on an interview study with telehealth professionals.

Heckemann B.¹, Ekman I.²

1. Maastricht University, Maastricht, The Netherlands
2. University of Gothenburg Centre for Person-Centred Care (GPCC), Gothenburg, Sweden

● **Aim:** To discuss methodological issues in relation to focus groups, based on a recent a recent study with telehealth professionals.

Background: Focus groups are in nursing research, but it comes with particular implications for data collection and analysis, which require consideration.

Critical reflection: We presumed that our approach to moderating the focus groups in our study encouraged free exchange of opinions, mitigated 'socially desirable' comments about telehealth and that opinions were mostly constructed collectively and through discussion. However, analysis of the interviews showed that some members of the group appeared to be dominant. This may have prevented other participants from voicing controversial opinions. Group interaction has implications on focus group conduct, group discussion content and data analysis. Careful consideration should therefore be given to potential influence of group interaction in the planning and moderation of a focus group study. Alternative methods of data collection, for example virtual groups, reduce the influence of group dynamics and should be explored in the planning phase of a study.

Conclusion: Focus groups are a popular method for data collection in nursing research, but group dynamics influence the discussion. Alternative methods of data collection should be carefully considered when planning research studies. More recent, evolving data collection methods such as online discussions that reduce the influence of group dynamics might be viable alternatives to focus groups.

Sometimes I feel like an angel of Death Nurses'role in decision-making about mechanical ventilation in COPD

Jerpseth H.¹, Halvorsen K.¹, Nortvedt P.², Dahl V.³

1. Oslo and Akershus University College Oslo, Norway
2. University of Oslo
3. Department of Anaesthesia and Intensive Care Akershus University Hospital

● **Background:** Decisions regarding whether or not to institute mechanical ventilation during the later stages of Chronic Obstructive Pulmonary Disease is challenging both ethically, emotionally and medically. Caring for these patients is a multi-faceted process where nurses play a crucial role.

Research question and design: We have investigated how nurses experienced their own role in decision-making processes regarding mechanical ventilation in later stages of Chronic Obstructive Pulmonary Disease and how they consider the patients' role in these processes. We applied a qualitative approach, with six focus group interviews of nurses (n=26).

Ethical considerations: The Regional Committees for Medical and Health research ethics approved the study. Voluntary informed consent was obtained.

Findings: The nurses found themselves operating within a cured-directed treatment culture wherein they were unable to stand up for the caring values. They perceived their roles and responsibilities in decision-making processes regarding mechanical ventilation to patients as unclear and unsatisfactory. They also experienced inadequate interdisciplinary cooperation.

Discussion: The traditional hierarchical hospital culture together with operating in a medically orientated treatment culture where caring values is rated as less important might explain the nurses absence in participation in the decision about mechanical ventilation.

Conclusion: To be able to advocate for the patients' and their own right to be included in decision-making processes, nurses need an awareness of their own responsibilities. This requires personal courage, leadership who are capable of organizing common interpersonal meetings and willingness on the part of the physicians to include and value the nurses' participation in decision-making processes.

District nurses' experiences of preventive home visits to 75-year-olds in Stockholm: a qualitative study

Lagerin A.¹, Törnkvist L.¹, Hylander I.¹

1. Department of Neurobiology, Care Sciences and Society (NVS), Division of Family Medicine and Academic Primary Health Care Centre, Karolinska Institutet

● **Background:** The number of older people is rapidly increasing in all western countries. Planned actions are therefore needed to promote health and prevent diseases among older people. In Sweden, preventive home visits (PHVs) to 75-year-olds by district nurses (DNs) are one such action.

Aim: This study had two aims: to describe the dialogue between DNs and older people in PHVs from the perspective of the DNs and to identify barriers to and facilitators of this dialogue as perceived by the DNs.

Methods: The study has a qualitative descriptive design. Group interviews with 20 DNs who worked at primary health care centres in Stockholm. Data were analysed with qualitative content analysis in order to describe the process in detail from the perspective of DNs. Our approach to qualitative content analyses was based on Graneheim and Lundman who analyse text in terms of domains, categories, subcategories and themes.

Findings: DNs' experiences of barriers to and facilitators of a successful health dialogue were sorted into five domains. Together, these domains provided a systematic description of the interaction between the DN and the older person in the PHV. The barriers and facilitators could be related to the older person, the DN or the home environment. At the conclusion of the analytical process three themes ran across the domains and categories and revealed the underlying latent content in the text. These themes illustrated professional dilemmas that the DNs had to resolve to achieve the purpose of the PHV.

Implementation of evidence-based palliative care in acute care hospitals; obstacles and opportunities as described by politicians, hospital managers and health care professionals

Lind S.¹, Wallin L.^{1,3}, Brytting T.⁴, Fürst CJ.⁵, Sandberg J.⁶

1. Department of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Huddinge
2. Palliative Research Centre, Ersta Sköndal University College, Stockholm
3. School of Education, Health and Social Science, Dalarna University
4. The Institute of Organisation and Worklife Ethics, Ersta Sköndal University College, Stockholm
5. Department of Clinical Science, Lund University & the Institute for Palliative Care at Lund University and Region Skåne
6. Department of Nursing Science, School of Health Sciences, Jönköping University, Jönköping

● **Background:** Palliative care is, according to the World Health Organization and European Association for Palliative Care, an active treatment of symptoms, whether they are caused by physical, social, psychological and spiritual reasons. In high income countries, such as Sweden, a large proportion of all deaths occur at hospitals which is commonly not consistent with the desire of the patient and next-of-kin. A common way to translate knowledge into clinical practice is to create practice guidelines for different levels of the health care organization. The first national clinical practice guideline for palliative care in Sweden was published in 2012. It was followed by guidance for palliative care from the National Board of Health and Welfare in 2013. Hence, the aim of this study was to identify perceptions of obstacles and opportunities for implementation of evidence-based palliative care in acute care hospitals, as described by local politicians, chief medical officers and health care professionals.

Method: Interviews were conducted with local politicians, chief medical officers and health care professionals at acute care

hospitals. The interviews were analysed through a directed qualitative content method, guided by The Consolidated Framework for Implementation Research. Results The informants mentioned the newly published documents as important but the knowledge about the content varied a lot. Palliative care was commonly mentioned as a comprehensive way for alleviation of patients' suffering with the overall goal for maintaining quality of life, especially in end of life care. Palliative care at the hospital was described by the staff as characterized by sudden disease, rapid changes back and forth between life and death and difficulties to predict the outcome. The environment, the culture, poor communication and poor cooperation in the work team were described as obstacles for implementation. The staff expressed a willingness to learn more about palliative care. A newly formed group with the assignment to develop the palliative care at the clinic was emphasized by all health care professionals as a good opportunity to get support and local guidelines.

Conclusion: An active process at different levels in the health care organization is important for a successful implementation of evidence-based palliative care in acute care hospitals.

Self-care of inflammatory bowel disease may be associated with better well-being

Lovén Wickman U.^{1,2}, Riegel B.³, Yngman-Uhlin P.², Hjortswang H.⁴, Hollman Frisman G.²

1. Department of Primary Health Care in Kalmar County Council of Kalmar, Sweden
2. Department of Medical and Health Sciences, Linköping University, Linköping
3. Prof School of Nursing, University of Pennsylvania
4. Department of Gastroenterology and Department of Clinical and Experimental Medicine, Linköping University, Linköping, Sweden

● **Aim:** The aim is to evaluate the self-care inventory among patients with IBD in a US sample. Introduction Patients with inflammatory bowel disease (IBD) has symptoms influencing life they need to manage through self-care. There is limited knowledge of self-care and self-care assessments among these patients why support to specific self-care assessment is needed.

Methods: A cross-sectional web-based pilot inventory measuring self-care maintenance, monitoring, management and confidence was performed. The self-care inventory was developed in Sweden during 2014–2015. Adult patients with IBD were recruited through ResearchMatch.org and invited to complete a web-based survey designed by EsMaker NX 3.0 during October to November, 2015.

Preliminary Results: Patient (n=67), aged 21–80 participated and there were more women (72%) than men included. A majority (94%) had an education on university level. Self-care in terms of self-care maintenance, monitoring, management and confidence showed that higher well-being was related to better self-care maintenance, monitoring and management, $p < 0.05$.

Conclusion: This pilot study suggests that patients with IBD, regardless of age, gender and marital status, who practice self-care may have higher well-being.

Nurses' attitudes towards research – an explorative factor analysis

Martin L.¹

1. Mälardalen University

● A Swedish study performed 14 years ago showed that the nurses were positive to research and development, but that the application in their daily work was poor. The aim of the current study was to explore the attitudes towards research in a subgroup of Swedish nurses', specialised in ophthalmic care, and compare with previous studies.

The hypothesis were that nurses of today use more research in daily work, and that specialized nurses are more involved in research. In this descriptive, cross-sectional survey, the same validated questionnaire as in the previous Swedish study was distributed over the Internet to a convenience sample (n=250) out of the total population of ophthalmic nurses in Sweden (n~600). The response rate was 81% (n=202). The median age was 55 years (range 31–66), significantly higher than in the previous study (38 years, range 22–61). 95% were females. An explorative factor analysis was conducted in order to discern underlying factors for the ophthalmic nurses' attitudes. A five-factor solution accounted for 47% of the cumulative variance, with a Cronbach alfa ranging from 0.56 to 0.8. The factors were largely consistent with the previous results.

However, overall the studied ophthalmic nurses were more reluctant to research, possibly due to their significantly higher age compared to the previous cohorts. The divided attitudes towards research among nurses can be evaluated using factor analysis and the findings from such studies would presumably be of value for the planning of nursing education.

Can group-based multi-disciplinary rehabilitation strengthen self-efficacy in patients with fibromyalgia, and what is important for change in self-efficacy? A qualitative interview-based study.

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3. Aarhus University, Denmark

● **Aims and objectives:** To describe if self-efficacy, and consequently coping ability, can be strengthened in patients with fibromyalgia after a two-week multi-disciplinary rehabilitation program, in interaction with others.

Background: Multi-disciplinary rehabilitation is recommended in the management of fibromyalgia. Self-efficacy is said to influence and predict adaptive coping behaviors and functioning, and represents an important rehabilitation outcome. However, knowledge is lacking with regard patients perspectives on how rehabilitation may influence their self-efficacy and consequently their ability to cope with fibromyalgia.

Design: Grounded Theory study using semi-structured focus group interviews Methods Four focus-group interviews (n=17), was carried out four weeks after completion of the rehabilitation program. The analysis was conducted constant comparatively by applying open coding, axial coding and selective coding.

Results: A descriptive Grounded Theory was derived from the data and an exploratory core category was identified: Learning to accept and live with pain as a life condition. The core category was linked to three additional categories that were mutually influencing each other: Increased acceptance of living with the disease, experiencing acceptance from others, and developing new coping strategies. The analysis showed that patients benefitted from the rehabilitation program with regard to perceived self-efficacy and expectations to their future coping ability. However, the program was not optimally sufficient.

Conclusion: Rehabilitation may advantageously be offered to patients earlier on in the course of their disease, and longer programs with multiple repetitions of the content may further enhance self-efficacy and coping in patients with fibromyalgia.

The narrative structure and its possibilities to contribute to gaining insight in peoples' experiences – focus on the methodological approach

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1. University West and Skaraborg Hospital Skövde
2. Sahlgrenska Academy, University of Gothenburg

● **Background:** There has been an increased use of narrative method in health care research. Narrative methods are mostly utilized in data collection but also in the analysis. Life is thought to be understood and created through narratives and narrative approaches draw attention to how people tell about and create meaning of experiences.

Aim: The aim of the study was to examine the narrative structure, the elements in the structure and their function in narratives and how these can be used in research to gain insights into peoples' experiences.

Method: The study utilized narrative structural analysis. Examples are taken from an interview material of narratives where next of kin were asked to narrate their experiences of sudden and unexpected death from stroke. Structural narrative analysis focus on the narratives structure, how a narrative is put together and made whole, coherent and understandable out of its components and parts. Through the structural analysis, the narrative account is slowed down and allows researcher/nurses to step back from the narrative and observe how the narrator uses form and language to create effects and relations between the parts.

Findings: The narratives had a clear beginning, midpoint and ending. In the beginning orientation of the narrated events were given. The narrated events were told to have a turning point constituted of complicating actions which lead to a resolution that solved the narrated event. The narratives came to an ending with a coda, the closing of the narratives. The narratives were also built up by multiple recaps into the narrated events and consisted of asides – side narratives and flashbacks – events back in time.

Conclusion: Use of a narrative structure to understand a narrative can contribute with valuable information that might be missed with other analysis. The analysis can be used on its own, as a complement to other narrative analysis or even as a complement to other qualitative analysis as it puts light on other aspects of the narratives. These might be the narratives ordering, rhythm in speech and poetics in language. Narrative structure can also be used as a tool for revealing patterns within and across narratives. Through knowledge of about nar-

rative structure, how narratives are built up, nurse can develop skills that might be utilised to better understand patients' narratives and to help patients to expound their narratives in order to create enhanced understanding of their experiences of the narrated event.

Pendulating – A grounded theory of patient's behavior shortly after having a leg amputated because of vascular disease

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2. Lund University, Sweden
3. Karlstad University, Sweden
4. Aarhus University, Denmark

● **Introduction:** Although the newly amputees are some of the frailest and most vulnerable patients in the orthopedic wards, little is known about these patients immediate reactions to amputation, an understanding important when meeting their needs of psycho-social care.

Aim: To construct a grounded theory (GT) of patients' general pattern of behavior shortly after having a leg amputated because of vascular disease.

Research question: What is the main concern of patients shortly after having a leg amputated and how do they resolve it?

Method: In line with GT methodology, data from ethnographic observations and interviews was simultaneous collected and analyzed using constant comparative method, and a grounded theory was constructed. Data collection was guided by theoretical sampling and comprised eleven patients.

Results: The participants main concern; 'How do I manage my life after having a leg amputated?' was resolved, while they went through a three phased process. Phase 1: 'Losing control', comprised the sub-categories; 'Being overwhelmed' and 'Facing dependency'. Phase 2: 'Digesting the shock' comprised the sub-categories of; 'Swallowing the life-changing decision', 'Detecting the amputated body' and 'Struggling dualism'. Phase 3: 'Regaining control' comprised the sub-categories; 'Managing consequences', and 'Building up hope and self motivation'. 'Pendulating' was the dominant pattern of behavior all through the process; meaning, the participants were swinging cognitive and emotionally, while realizing and finding ways to manage, the manifold consequences of having lost a leg.

Conclusion: This GT describes the behavior of patients shortly after having a leg amputated because of vascular disease, and has clinical relevance when meeting their needs of psycho-social care.

Unpacking the Family Strength Oriented Therapeutic Conversation Intervention

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1. University of Iceland and Academy
2. Landspítali University Hospital

● The Family Strength Oriented Therapeutic Conversation (FAM-SOTC) intervention which is built on the Calgary Family Assessment Model/the Calgary Family Intervention Model (Wright & Leahey, 2013), the Illness Beliefs Model (Wright & Bell, 2009) and the Resiliency Model (McCubbin & McCubbin, 1996), was developed and tested within a Knowledge Translation research project at Landspítali University Hospital in Iceland.

The FAM-SOTC intervention consists of five key elements: (1) *drawing forward illness stories*, (2) *asking therapeutic questions*, (3) *identifying strengths, resiliency and resources*, (4) *offering evidence-based information and recommendations*, and (5) *strengthening facilitating/helpful beliefs and challenging constraining/hindering beliefs as well as establishing the therapeutic relationship and identification of the family relations*.

The FAM-SOTC can be offered at three different levels of intervention: (1) *as one brief FAM-SOTC session*; (b) *as two to three FAM-SOTC sessions*; or (c) *as four to six FAM-SOTC sessions*. Results from 18 partner caregivers of adolescents and young adults with eating disorders, found significantly increased family support and more helpful illness beliefs, both at one and four months after a five session FAM-SOTC intervention. This suggests that the intervention has positive benefits for the families over time.

Moved to Oral Session Friday 17th 10.30

From the partners' perspectives of shared life together with a person with Inflammatory Bowel Disease

Øverlie A¹

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● **Introduction:** Partners of chronically ill persons must make considerable adjustments in order to cope with the lifestyle changes. The aim of the study was to reveal and investigate the experiences of living with a person with inflammatory bowel disease (IBD).

Methods: Nine partners participated in a qualitative study based on a semi-structured interview guide. The interviews were analyzed using thematic content analysis. Data collection took place during the ill patients' hospitalization in the autumn 2008.

Results: Four themes were selected: 1) *The partners expressed worry, anxiety, greater workload, and curtailment of shared experiences. The loss of spontaneity calls for planning.* 2) *The loss of the other as (s)he was. Partners did not share thoughts and worries with friends or family. Witnessing the emotional strain of the ill person, their pain, and distress were troublesome.* 3) *The partners managed to create necessary time and space for themselves.* 4) *The partners expressed a need for information, support, and follow-up from the nursing staff.*

Conclusion: The illness brought changes to the partner due to the inability of the ill person to contribute on an equal footing. Nursing staff should acknowledge the partners' need for information and knowledge to enhance their coping mechanisms. The findings are relevant with particular regard to the nurses' interaction with the healthy partners. More research and methodological discussion are needed to reveal more in-depth results.

Oral sessions

Thursday 16th June 2016, 13.00–14.15

Living kidney donors' experiences and considerations during the donation process – a prospective qualitative study

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3. University of Southern Denmark
4. Randers Regional Hospital, Denmark

● **Background:** Kidney transplantation is considered the best choice of treatment for patients with end-stage renal disease. The shortage of organs from deceased donors has led to an increasing number of living kidney donors. Furthermore, immunological developments have made it possible to perform kidney transplantation despite preformed antibodies against the donor organ resulting in new variations in, and types of, relations between recipient and donor.

Aim: To investigate experiences and considerations of donors on becoming, and during the process of being, a living kidney donor
Method We used a phenomenological-hermeneutic approach.

As complementary methods open interviews and participant observation were conducted in the period before, during and after the donation process. Data were analysed with inspiration from Ricoeur's theory of interpretation on the three levels of: naïve reading, structural analysis and critical interpretation and discussion. Eighteen potential donors over the age of 18 were included.

Findings/Conclusion: The decision about donation was made in relation to a desire to help the recipient. The donation process included experiences of joy, dilemmas, concern, vulnerability and hope at all stages of the process. The transition from a healthy individual into a surgically patient was an overwhelming experience. In their interaction with living donors, health professionals must be open and attentive to donors' experiences and individual needs at all stages of the donation process, in order to provide individual care, support and treatment, including professional judgment based on donors' preferences.

Identifying gaps in knowledge: How structured reviews can provide a bird's eye view of existing knowledge

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1. Department of Nursing, Mid-Sweden University,
2. School of Occupational Therapy, Dalhousie University, Halifax, Canada

● Each individual researcher focuses on well-defined and interesting research questions. Collectively we create a large body of knowledge contained within a field and, at times it can be difficult to raise our eyes to gain a bird's eye perspective on the overall research field to which we contribute.

This presentation will describe a method of using an extensive literature review to better understand a research field. In addition to identifying gaps and areas of depth within a field, reviews can also raise questions regarding how a body of knowledge is created and influenced by the way research is conducted. An analysis of 474 papers about everyday life when living with a neurological condition will provide an example. Data extracted from the articles included; aim, design, country, population, and participant information. Papers were categorized in 27 topics grouped into four research foci; i) impact and management, ii) maintaining daily activities and occupations, iii) impact on family, and iv) health-care experiences. Tables were created so the topics could be compared between diagnosis groups.

Overall results show that the research topics and emphasis is unevenly distributed by diagnosis. Possible explanations for the patterns of emphasis include; researchers and health-care providers underlying assumptions of specific diagnoses, practical data collection issues, and a limited sharing of knowledge across diagnosis groups.

Men and womens' pain experiences following cardiac surgery

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2. University of Toronto, Toronto, Canada
3. Oslo and Akershus University College of Applied Sciences, Faculty of Health Sciences, Institute of Nursing, Norway

● **Background:** There are preliminary findings of sex differences related to both acute and persistent pain after cardiac surgery.

Aims: To compare the prevalence and severity of pain in men and women during the first year following cardiac surgery, and to examine the predictors of persistent postoperative pain at twelve months.

Methods: This study was a secondary data analysis of a randomized controlled trial. From March 2012 to September 2013, 416 participants (23% women) scheduled for elective CABG and/or valve surgery were consecutively recruited from two, separate cardiothoracic surgical units in Oslo University Hospital, Norway. The primary outcome was worst pain intensity (Brief Pain Inventory – Short Form).

Results: Twenty-nine% (n=337) of participants reported persistent, non-anginal postoperative pain at rest at twelve months, and pain was worse in intensity and in interference for women than for men the first year post-surgery. For both sexes, a more severe comorbidity profile, lower education and postoperative pain at rest at one month post-surgery was associated with increased probability for persistent postoperative pain at twelve months. Beliefs that hindered communication about seeking help for pain and a lower consumption of analgesics in hospital, increased the probability of persistent pain for women.

Conclusion: Women reported greater pain intensity and interference compared to men during the first year following cardiac surgery, and pain at one month increased the probability of pain at twelve months for both men and women. These results have implications for further research and for clinical practice settings.

Evaluating complex interventions: Methodological challenges of assessing intervention fidelity in a randomized clinical trial targeting psychosocial wellbeing following stroke

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2. Hospital Ullevål
3. Akershus University College of Applied Sciences

● Assessing intervention fidelity is an essential but often under-reported element when evaluations of complex interventions are reported. Intervention fidelity is commonly explored using various methodological approaches and the main goal is to assess to which extent the intervention is delivered according to the pre-defined plan. The assessment of intervention fidelity is crucial in understanding factors influencing the study outcome and imperative in the planning of further studies.

Promoting psychosocial wellbeing following stroke is a multi-center randomized, single blind, controlled trial (RCT) carried out in the primary care setting in Norway. Participants were recruited from nine hospitals in southern Norway. Thus far, 30 experienced nurses and occupational therapists have received training to deliver the intervention. The intervention is a dialogue-based individualized intervention consisting of eight individual one-hour meetings offered to stroke survivors during the first six months post stroke.

The aim of this conference presentation is to discuss some of the methodological challenges in assessing intervention fidelity using this study as an example. Assessing intervention fidelity in the current study highlights some common methodological challenges in evaluating complex interventions.

Key issues in the assessment of intervention fidelity pertain to the intervention design (active ingredients), training of providers (content of training program, motivation of providers), intervention delivery (content, frequency, dose, timeliness) and intervention acceptability in the stroke population. Ultimately, the assessment of intervention fidelity may help researchers and clinicians judge the quality of the study.



Patients as collaborators in research and service planning: Evaluation of a shared working group with patients and researchers

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1. Aarhus University Hospital
2. Aarhus University

● **Background and Aim:** The present study reports experiences of a working group of patients and researchers collaborating on developing a research project of an internet-delivered intervention based on Mindfulness-Based Cognitive Therapy (I-MBCT). Patients were involved to modify both intervention and the research project.

Methods: The working group consisted of three women treated for breast cancer who previously participated in MBCT and/or an internet-delivered intervention, two men treated for prostate cancer, and five researchers (three senior researchers, one PhD-student and one student). The working group met four times. Issues regarding the content and development of I-MBCT, interview guide and results from focus group interviews, recruitment, and other topics were discussed. Data for the present study are minutes from the meetings combined with reflections from the primary investigator.

Results: During the meetings it appeared that when involving patients in research development i) they contribute based on their own experience; ii) they feel their participation is relevant when given assignments where the answers will have an impact; iii) they should be given specific and manageable assignments. The collaboration with patients resulted in i) changes in the interview guide for focus group interviews, ii) validation of choices regarding the I-MBCT program and recruitment procedures, iii) adjustment of written material.

Conclusion: The results of the present study suggest that future involvement of patients in research and service planning is relevant and may improve design and feasibility of planned studies. Involvement of patients should be as early in the process as possible.

To succeed or to fail – complexities in conducting multisite randomized controlled trials regarding nursing interventions: A methodological discourse

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1. Karlstad university & County council of Värmland
2. Gävle university
3. Uppsala university
4. Uppsala University Hospital
5. School of Nursing, University of Adelaide, Australia

● **Introduction:** Extensive research tells us that pressure ulcer prevention does make a change and early actions are encouraged. However, we also know that international and national guidelines are not always used in everyday practice. Furthermore, these clinical guidelines often exclude the care provided in the ambulance and at the emergency department. A randomized controlled trial (RCT) has been undertaken to test the effect of heel pressure ulcer prevention boots starting from the beginning of the acute care delivery chain. The purpose of this presentation is also to describe challenges when conducting a RCT across the acute care delivery chain

Methods: The RCT involved five ambulance stations, two emergency departments and 16 wards at two county councils in Sweden. A total of 183 patients participated in the study.

Results: Findings showed that pressure ulcer prevention should be started early in the acute care delivery chain. This RCT shows the importance of involving different contexts within the acute care delivery chain. The intervention was easy to apply, but the implementation procedures within the different contexts were more complicated. Several research challenges were raised; such as organizational changes, logistic issues, number of health professionals involved and staff unfamiliar with research procedures.

Conclusion: Pressure ulcer intervention should be incorporated in the patient care from the beginning of the acute care delivery chain and during the entire care process. However, however, this kind of RCT studies needs to be context-tailored regarding the entire research process.



Tailoring fatigue assessments to the patient: item banking and computer adaptive testing

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2. Swiss Paraplegic Research

● Patient self-reports of functioning, wellbeing, and symptoms are today widely considered relevant and important sources of information for evaluating treatments and monitoring patients, alongside traditional biomedical indicators. Standardized and psychometrically sound Patient-Reported.

Outcomes: Measures (PROMs) are today generally accepted as relevant tools for these purposes. Nonetheless, traditional PROMs suffer from a number of recognized shortcomings regarding their comprehensiveness, precision, reliability, interpretability, efficiency, etcetera, which may impinge on their usefulness as their role and importance in routine clinical practice and clinical research increases and intensifies. In an ongoing research project we are currently applying an approach to PROM development that addresses and potentially overcomes limitations associated with today's PROMs.

Briefly, the approach combines item banking with modern psychometric techniques (Rasch model) and dynamic computer adaptive testing (CAT). To date, we have developed a 42-item Rasch-calibrated item bank for measuring fatigue and developed a web-based CAT application for its administration. The item bank comprises items from three commonly used fatigue PROMs that are non-redundantly representative and informative of fatigue. Items are positioned along the fatigue continuum by means of Rasch analysis and administered via the CAT program, which selects and presents a subset of items tailored to the patient's own characteristics and responses to previous items.

Simulation tests have confirmed the efficiency of the CAT-administered item bank showing that only an average of 5–6 items of the 42 need to be completed in order to determine patients' fatigue levels. At the conference we will describe the development of the fatigue item bank and demonstrate the CAT application.

Women's life conditions after gynaecological cancer – an integrative review

Dunberger G.¹, Olesen M.L.², Tveit Sekse R.J.^{3,4}, Østerbye.⁵, Seibæk L.⁵

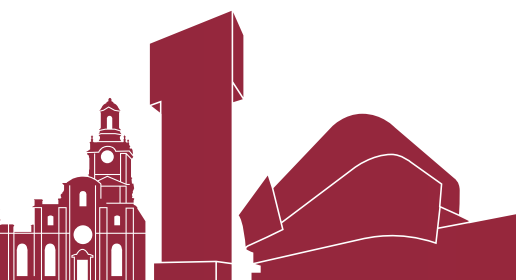
1. Ersta Sköndal University College, Department of Health Care Sciences, Stockholm, Sweden
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3. Haukeland University Hospital, Bergen, Norway
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5. Aarhus University, Denmark

● **Introduction:** Improved diagnostic tools and treatment modalities have led to increased survival for women with gynaecological cancer. Being a survivor means living with the cancer experience and possible side-effects: physical, psychosocial and sexual issues, infertility, fatigue, and fear of recurrence. Evidence concerning detection of cancer-recurrence in follow-up is sparse, and in the Nordic countries debate currently takes place of revising the follow-up and give more attention to life after cancer. On this background we aim to review the Nordic literature of women's life conditions after gynaecological cancer.

Method: A group of Nordic researchers in gynaecological cancer care and a university librarian was established. To frame the search strategy, we applied a concept of rehabilitation combining biomedical, psychological, and cultural perspectives on health. To allow inclusion of experimental and non-experimental research literature, the integrative review was selected as review-method.

Findings: After problem identification, the literature search was initiated. A block search strategy, consisting of "population", "exposure" and "outcome" as facets, took place in PubMed (2031), CINAHL (741), PsycINFO (65), and Embase (529). The subsequent data evaluation and hand search resulted in a number of 32 articles included in the synthesis. Subgroup classification and analysis are ongoing.

Status: The literature search dealt with a complex concept, studied within several methodologies and resulting in various empirical sources. To integrate librarian professionalism with clinical research expertise within the frame of the integrative review has been crucial to create the base for a new evidence-based practise following gynaecological cancer treatment.



PC-Music – A Cross Disciplinary Model combining Nursing and Music Therapy as Pain Management

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● While nursing and music therapy have been two important disciplines in analysis of pain management, there has been little research exploring these areas from a cross disciplinary perspective. This paper highlights the importance of acknowledging and beginning to understand the role of scientific and practical cooperation between music therapists and health care professionals.

In particular, our aim has been to initiate a dialogue about how subject-specific knowledge from both music therapy and nursing – in terms of person-centered care – can strengthen the usage of music as pain management for short-term management of acute pain during painful treatments such as dressing change procedure in wound care. On this basis, a pilot study was conducted regarding wound care. The study has been approved by the ethics committee in Stockholm. The paper is based on the result from this study where the aim was to find a model for pain management as a complementary treatment based on knowledge from nursing and music therapy.

Philosophical starting points were the “life-world” perspective of Merleau-Ponty as well as Ricoeur’s ethical thoughts. The result has a potential reach beyond wound care that can be used in several treatments that entails acute pain.

Construction of meaningful identities in the context of rheumatoid arthritis (RA), motherhood and paid work – a metasynthesis

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3. Aalborg University, Denmark
4. Hospital of Southern Jutland, Aabenraa, Denmark

● **Objectives:** To derive new conceptual understandings about how women with RA handle their illness, motherhood and working life based on a comprehensive overview of existing knowledge from qualitative studies.

Methods: A meta-synthesis was conducted using Noblit and Hare’s meta-ethnographic approach on qualitative studies, identified from a structured search in nine databases. Two

techniques were performed: a reciprocal translation and a lines-of-argument synthesis. The concept identity was applied as a theoretical frame in the lines-of-argument synthesis.

Results and conclusion: Six studies were included. From the reciprocal translation an overarching category: Performance of three interdependent roles and four sub-categories emerged: 1) *Working life as a significant social role*; 2) *Concerning motherhood*; 3) *RA related to working life and motherhood* and 4) *Interactions*. Furthermore an overall finding from the lines-of-argument synthesis was: Construction of identities. Women with RA struggled with the boundaries between the three interdependent roles (RA, motherhood and working life). Working life seemed to be the most important role on behalf of motherhood and rheumatoid arthritis. The women were challenged by a continuous construction of identities related to their illness, motherhood and working life. Meta-ethnography was considered to be an appropriate approach to achieve the study’s objectives.

To be discussed is: Should critical appraisal of the qualitative studies be performed before inclusion in the meta-ethnography? What are the benefits and the limitations of including only six studies? Why use a theoretical frame in the interpretations of the data?

Metasyntheses of nurses’ and physicians’ experiences – the challenge of extracting data from studies with multiple participating health care providers

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3. Randers Regional Hospital, Randers, Denmark
4. Department of Health Science and Technology at Aalborg University, Aalborg, Denmark
5. Department of Pediatrics at Aarhus University Hospital, Aarhus, Denmark
6. Aalborg University, Aalborg, Denmark

● **Background:** Nurses and physicians play a crucial part in adolescents’ and young adults’ (AYA) with chronic diseases transfer from pediatric to adult care. AYA’s experience the transfer as a logical step towards increased responsibility, and nurses and physicians can by involving AYAs as competent contributors make them feel as significant collaborators in their own health care.

Aim: The aim of this presentation is to discuss methodological challenges extracting and separating findings from nurses' and physicians' experiences in studies with participants from a great variety of professional backgrounds.

Methods: We present and discuss the data extraction phase of a metasynthesis following Sandelowski and Barroso's guidelines for doing a metasynthesis. Results Of the 773 records screened only six of them separated data from nurses and physicians from other health care providers (e.g. physiotherapists, social workers or audiologist) and other professionals (e.g. teachers and administrators) involved in the transfer process.

Conclusions: The transfer of AYAs from pediatric to adult care is a complex process involving a multidisciplinary team of collaborators. We assume that nurses and physicians play a significant role during AYA's transfer; however most studies do not separate the findings between various groups of participants. Performing a metasynthesis on issues focusing a multidisciplinary approach should therefore take into account the need to use a broad range of keywords if an inclusion of various professional groups is desired, or to choose specific keywords and be distinct and clear during the exclusion process if the intention is to include only one or more professional groups.

The use of scientific translation as a method in nursing research

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3. Unit for Clinical Nursing Aalborg University Hospital
4. Department of clinical Medicine; Aalborg University

● **Introduction:** The use of a mini data set (MDS) in relation to documentation of nursing has been discussed as a method to improve the uniformity of documentation and patient safety. According to the literature MDS supports the clinical assessment and provides a comprehensive assessment of patients individual need for nursing. This Ph.D. study concerns issues which implicate the documentations of intraoperative nursing in the operating room. The study examines which implications the use of a MDS strictly related to intraoperative pathway have on the documentations practice of the perioperative nurses.

So far, no MDS has been available in Denmark. However, The American Association of perioperative Registered Nurses (AORN) has developed an evidenced based MDS for the perioperative clinical pathway. For this study, AORN released the intraoperative part of the MDS as a spread sheet matrix.

Aim: To translate and validate the MDS matrix from AORN, and accordingly develop a tablet administered IT test tool.

Methods: The method of Scientific Translation was used. Step one: translation of the data set from English to Danish. Step two: retranslation into English by a bilingual English native speaker. Step three: a validation performed by three experts from the clinical practice, using a validation guide. Step four: an adjustment and alignment regarding the clinical experts' reviews. Step five: development of a software, containing the translated and validated MDS for the purpose of creating a IT test tool.

Results: The IT test tool was developed as a unique working flow questionnaire tool administered on a tablet. The tool contains conditional choices of up to five levels.

Readability of patient information and consent documents in rheumatological studies

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4. Hospital of Southern Denmark, Aabenraa
5. King Christian 10th hospital for Rheumatic Diseases, Graasten, Denmark

● **Objectives:** To investigate whether the readability of patient information and consent documents (PICD) correspond to the average educational level of the participants involved in rheumatological studies in the Netherlands, Denmark and Norway.

Methods: A total of 24 studies were included and readability was assessed independently by the Gunning's Fog Index (FOG) and Simple Measure of Gobbledygook (SMOG) grading. Results The mean score for the FOG grade was 14.2 (9.0–19.0) and for the SMOG 14.2 (12–17). The mean FOG and SMOG grade in the Dutch studies were 12.7 and 13.3, in the Danish studies 15.0 and 14.9 and in the Norwegian studies 14.6 and 14.3, respectively. Out of the 2865 participants more than 57% had a lower educational or schooling level than the highest scores for the FOG or the SMOG required.

Conclusions: As the readability level of the PICDs did not match the educational level, consent may not be valid as the participants can have limited understanding of what they agree to participate in.

Practice implications: There should be more focus on the readability of PICDs. National guidelines for how to write clear and unambiguous PICDs in a simple and easily understandable language could increase the focus on readability of PICDs.

Inter-rater agreement of the PEWS tools used in Central Denmark Region

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4. Research Center for Emergency Medicine, Aarhus University Hospital

● **Background:** Paediatric Early Warning Score (PEWS) assessment tools can assist healthcare providers in the rapid detection and recognition of subtle changes in patient condition signaling clinical deterioration. The use of PEWS systems in Denmark has recently been implemented. In the Central Denmark Region two different PEWS tool tested in large scale RCT study. However, data from PEWS instruments are only as reliable and accurate as the caregiver who obtains and documents the parameters.

Purpose: The purpose of this study was to evaluate the inter-rater agreement among nurses using the PEWS systems.

Design: The study was conducted in five paediatrics departments in the Central Denmark Region. Inter-observer reliability of the seven parameters used in the two PEWS tools were investigated through parallel observations. A simultaneous blinded PEWS assessment were made on the same patient by two nurses; before the PEWS assessment lots were drawn among the two participating nurses on who would be the inter-observer. Fleiss kappa was utilized to determine the level of agreement among the raters.

Results: The results are pending testing, but will be ready for presentation at the Nordic Conference in Nursing Research.

Conclusion: The proposed study will establish reliability of PEWS tools used in the Central Denmark Region. The findings will add to nursing body of knowledge available to guide institutional modification and adoption of PEWS tools. With a paucity of published reliability testing studies, this research attempts to address identified research gaps.

Methodological challenges in the evaluation of a complex patient involvement intervention

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● **Introduction:** Complex interventions consisting of several components that can act either independently or interdependently are common in healthcare. Practitioners, policy makers and researchers are interested in evaluating these interventions. However, the evaluation becomes more challenging as the complexity of interventions is increasing. The challenges include selection of appropriate methods not only to explore whether the health system interventions are effective, but also when, why, how and in what circumstances.

The aim of this presentation is to describe the methodological challenges in the evaluation of a large scale implementation project on patient involvement named "the user-led hospital".

Method: Eighteen wards at Aarhus University Hospital in Denmark are included in the project. Each ward has developed and implemented a patient involvement intervention using one of two methods; "Shared decision making" or "Patient initiated follow up". The evaluation of the project comprises an explorative process evaluation and a quantitative impact evaluation.

Results: Preliminary findings have identified methodological challenges concerning standardisation of design and reporting of findings. These challenges are due to variation in patient involvement methods, patient groups and sample sizes.

Perspective: Although the complexity of this project poses some challenges, the use of an interactive phased approach using qualitative and quantitative methods may offer an explanation of discrepancies between expected and observed outcomes, an understanding on how context influences outcomes, and insights into implementation processes.



Advancing phenomenological research and clinical practice with application of “Affordances” – examples from smoking addiction in COPD and spatial neglect after stroke

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● **Introduction:** The concept “affordances” is characterized as possibilities of actions that are inherent in situated circumstances. When people are confronted with health-related problems their affordances therefore change.

Aim: We exemplify how affordances can provide a pertinent path – in line with an embodied phenomenology – to unveil, describe and respond to patients’ experiences in two diverse health-conditions, namely (1) *smoking cessation in patients with COPD* and (2) *in patients with spatial neglect after stroke who typically misconceive their environment and possibilities for action*.

Method: (1) To increase understanding of means to enhance abstinence to smoking in COPD, we reviewed and synthesized knowledge found in neurobiology and phenomenology. We used neurobiology to explain neuro-chemical changes of addiction in order to substantiate phenomenological perspectives of smoking addiction in COPD. We related the smoking experience to the concept affordances to analyze how smoking affects action possibilities in individuals with COPD.

(2) To illuminate the temporal, spatial, and perceptual world of people encountering discrepancy between perception and reality because of neglect we conducted a philosophical analysis, inspired by Merleau-Ponty’s phenomenology, and described a case of an individual with neglect to explore affordances.

Findings: Affordances proved a useful concept to enhance phenomenological descriptions in nursing research and to pinpoint individualized challenges – even in two diverse situations.

Conclusion: In line with the phenomenological tradition we found that affordances are relative the individual’s experiences, knowledge, beliefs, and proficiencies. Combining phenomenology with pathophysiology, and neurobiology help to illuminate unique controversies of challenging health conditions.

Different ways to gain knowledge on patient and public involvement

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1. Aarhus University & Aarhus University Hospital, Denmark

● Patient and public involvement (PPI) in health care is strongly promoted in current Danish policy papers, and the largest patient association, the Danish Cancer Society, now requires considerations about PPI in applications for funding of research. Thus, there is a considerable increase in the number of innovative PPI projects in Danish hospitals and primary healthcare services. It is obvious that quality is not always guaranteed, and research is therefore needed to gain sound knowledge of the effect of PPI on people’s health and wellbeing.

In 2013 Aarhus University Hospital in Denmark established a research programme in patient involvement. The programme is steadily growing and today more than 20 projects are enrolled, focusing on different patient groups and pathways, including clinical as well as organisational PPI projects.

In this symposium we will present four very different projects from the programme to demonstrate the broad spectrum of methods used within the research programme: 1. *Patients as collaborators in research and service planning: Evaluation of a joint working group with patients and researchers*. 2. *Observational qualitative research in patient involvement: Epilepsy self-management by use of patient-initiated follow-up and patient-reported outcome*. 3. *Action research as an approach to patient involvement: Reflections on balance of power*. 4. *Evaluation research: Methodological challenges in designing an evaluating a complex patient involvement intervention*.

We aim to discuss pros and cons of each of the four methodological approaches to gain knowledge on PPI and, in particular, to advance each their contribution to improve health care.



Using Sandelowski and Barroso's qualitative research synthesis in advancing evidence

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2. Aarhus University, Aarhus, Denmark
3. Martin Luther University of Halle-Wittenberg, Halle (Saale), Germany
4. University of Agder, Kristiansand, Norway
5. Aarhus University Hospital, Aarhus, Denmark
6. Aalborg University, Aalborg, Denmark

● **Background:** Qualitative research synthesis (QRS) plays a role in complex intervention studies. Among a wide range of QRS methodologies, Sandelowski and colleagues suggest detailed ideas for metasynthesis.

Aims: To iteratively account for and discuss the methodological challenges in two metasyntheses concerning patients' experiences of hospital transition.

Methods: We discussed key issues that arose when following guidelines by Sandelowski and Barroso.

Results: Findings relating to key issues were needed for discussions i) to determine mutual understanding of the methodology, and ii) to find ways to optimise exhaustive literature search procedures. Another finding concerned iii) our status as third-order interpreters of experiences and its implications for synthesizing primary findings.

Conclusions: Although we have some reservations regarding the applicability of the methodology, we conclude that Sandelowski and Barroso's guidelines contributed to valid syntheses of our studies. Ending the metasynthesis process with a metasummary with calculated effect sizes, narrative statements, and suggestions for nursing actions and interventions might be attractive for practitioners and easily applicable in evidence-based social and health care settings.

Person-centred gamification

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1. University of Gothenburg centre for person-centred care GPCC
2. Sahlgrenska University Hospital/Östra

● **Background:** Low motivation is just as well known, as it is unwelcome in long-term illness. Person-centred care (PCC) turns perspectives on what health benefits really means: whose goals should be achieved in what way? And who decides when it's time to level up? Previous research suggests that gamification can be used methodologically to enhance the outcomes of PCC, and vice versa that PCC can serve as theoretical backbone to understand gamified processes.

Aim: The overall aim is to investigate the correlation between gamified settings and PCC, and to measure whether gamification can enforce person-centred outcomes.

Design Phase one: Pilot-study including interviews and development of the intervention.

Phase two: Randomized controlled study. Intervention group receives a person-centred program on the Swedish platform for psychiatric e-Health. Control group receives treatment as usual.

Primary endpoint: Self-efficacy Secondary endpoints: Hospitalisation, re-hospitalisation Instruments measuring self-efficacy and PCC related outcome measures are carried out 6, 12 and 24 months after enrolment. Population Patients >18 years, admitted to one of the psychiatric outpatient facilities at Sahlgrenska University hospital.

Tentative results and conclusion: To our knowledge, this is the first study to evaluate the Swedish platform for psychiatric e-Health, including the person-centred program developed for computers and all handheld devices. Tentative findings support the assumption that gamified methods leads to increased outcomes, although dependent of the use of PCC. This emphasizes the significance of the theoretical framework and the main principles of PCC: partnership, patient narrative and documentation. Further findings will be presented at the conference.



The ESSENCE Programme: Amalgamating Marginal Gains in Essential Nursing Care. Results from a scoping review

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● Essential nursing care aims to meet or help patients to improve, maintain or recover health and achieve the best possible quality of life. Where it is not delivered well it leads to poor outcomes and negative experience for patients. Initiatives to improve nursing care are not supported by research and evidence is required for nursing interventions that improve care quality and improves outcomes for patients and residents of care homes.

The aim of the ESSENCE research programme (funded by the UK National Institute for Health Research) is to develop and test a nursing intervention that focuses on the 'essentials of nursing care', working on communication, eating and drinking, elimination, mobility and hygiene for hospital patients.

In our intervention nurses will deliver care using a successful model drawn from elite sport and health services organisational change that tries to achieve a small margin of improvement in all possible areas that could lead to better outcomes, then combining these improvements. This approach is called the 'Amalgamation of Marginal Gains' (AMG).

As the first element of this programme, we have conducted a scoping review to determine what interventions and nursing behaviours have been investigated to meet communication, nutrition, elimination, mobility and hygiene needs for people in hospital and residents in care homes. We report data from this scoping review here which provides the first step in a series of systematic reviews of the effectiveness of these interventions and behaviours, leading to the development and testing of our AMG intervention.

Implementation of person-centred care – a content analysis of organizational and managerial aspects

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● Person-centred care is an up-and-coming care model built on partnership between patients and professional caregivers; therefore, it is important to develop knowledge of the implementation processes. The aim of this qualitative, descriptive study was to describe managers' experiences of the implementation of person-centred care at a medical department in a hospital in the western part of Sweden. The study comprised eight

interviews with first line managers, and the data were analysed using qualitative content analysis.

The results formed three categories, *Structured approach – to be organized*; *Care planning – to be continued*; and *Team-work – to be together*, that describe the implementation of person-centred care from philosophy to practice application. Managerial skills of first line managers are key components to developing a structured approach that improves and develops person-centred care, i.e., work together towards the mutual care plan. Continuous cooperation within and across organizational boundaries is needed (synergy effect) to decrease high working load when person-centred care is implemented to improve quality of care. Keywords: experiences, implementation, managerial perspectives, person-centred care, qualitative method.

A qualitative exploration of communicative challenges in the home care of older person

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6. Department of Primary and Community Care, Radboud University Medical Center, Nijmegen, the Netherlands

● **Background:** The older population is increasing worldwide. Today a shift of care of elderly can be seen from institutional to home care. Knowledge is needed on the communication of caring encounters that take place in the homes of elderly people.

Aim: The aim of this study was to explore communicative challenges encountered by nurse assistants in authentic audiotaped encounters with older persons during home care visits. **Methods:** In this qualitative study audio recordings from home care visits were analyzed with a method of phenomenological hermeneutics. The data consisted of 100 audio recordings of authentic encounters between 43 older persons and 19 nurse assistants.

Results: Communicative challenges were identified in situations in which the older persons had a different view than the nurse assistants on the care task and its content, or when

unexpected actions or turns occurred in the communication. Challenges contained older person's worries, concerns, needs, and existential issues, which could be vaguely expressed and difficult to verbally detect. There was a risk of misinterpretation or ignorance of these challenges.

Discussion/Implications: This study highlights the importance of communication to identify and follow elderly persons' needs during home care visits. The importance of individualizing care is today evident and person centered care is a highly relevant area. Overall more attention needs to be paid to existential aspects of elderly during home care visits.

Observational qualitative research in patient involvement: Epilepsy self-management by use of patient-initiated follow-up and patient-reported outcome

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Lomborg K.¹

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2. CFK – Public Health Quality Improvement, Central Denmark Region, Denmark.
3. Regional Hospital West Jutland, Herning, Denmark

● **Background and aim:** This presentation focuses on qualitative observational research as method and is based on a PhD project regarding patient-reported outcomes (PRO) and patient-initiated follow-up. A web-based system combining PRO and patient-initiated follow-up has recently been implemented at three neurological departments in Central Denmark Region. Potentially, this system can result in the patients becoming more involved in their own care pathway, by which their self-management may improve. The project aims to explore the mechanisms of actions related to self-management in PRO-based patient-initiated follow-up.

Methodology: The interpretive description study is designed as a qualitative field study comprising participant observations, semi-structured interviews and document analysis. The epistemological position is critical realism. The target groups are patients with epilepsy and clinicians in the neurological departments included in the project.

Results: We believe the qualitative observational design will be useful to gain knowledge on patient involvement, due to its ability to explore complex mechanisms of actions related to PRO-based patient-initiated follow-up; moreover, to identify discrepancies between what participants do and what they say. This design adds to understanding by describing, analysing and explaining the inherent mechanisms and processes influencing

the use of the PRO-system. In a qualitative observational study results will depend on the observer serving as the research instrument.

Conclusion: Observations of a real implemented patient involvement initiative may provide an important understanding of substantial components of this particular method, including opportunities and barriers. By applying this insight into clinical practice, health services can be tailored to better meet patients' individually needs.

Health system context and implementation of evidence-based practices – development and validation of the Context Assessment for Community Health (COACH) tool for low- and middle-income settings

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● **Background:** A supportive context is considered a key element for successful implementation of evidence-based practices (EBP). There were no tools available for the systematic mapping of aspects of organizational context influencing the implementation of EBPs in low- and middle-income countries (LMICs). Thus, this project aimed to develop and psychometrically validate a tool for this purpose.

Methods: The development of the Context Assessment for Community Health (COACH) tool was premised on the context dimension in the Promoting Action on Research Implementation in Health Services framework. Its development was undertaken in Bangladesh, Vietnam, Uganda, South Africa and Nicaragua in six phases: (1) *Defining dimensions and draft tool development*, (2) *Content validity amongst in-country expert panels*, (3) *Content validity amongst international experts*, (4) *Response process validity*, (5) *Translation* and (6) *Evaluation of psychometric properties amongst 690 health-workers in the five countries*.

Results: The tool was validated for use amongst physicians, nurse/midwives and community health workers. The six phases of development resulted in a good fit between the theoretical dimensions of the COACH tool and its psychometric properties. The tool has 49 items measuring eight aspects of context: Resources, Community engagement, Commitment to work, Informal payment, Leadership, Work culture, Monitoring services for action and Sources of knowledge.

Conclusions: Aspects of organizational context that were identified as influencing the implementation of EBPs in high-income settings were also found to be relevant in LMICs. However, there were also additional aspects of context of relevance in LMICs.

Development and psychometric testing of Holistic Clinical Assessment Tool (HCAT) for undergraduate nursing students

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4. National University Hospital, Singapore

● **Background:** A major focus in nursing education is on the judgement of clinical performance, and it is a complex process due to the diverse nature of nursing practice. A holistic approach in assessment of competency is advocated. Difficulties in the development of valid and reliable assessment measures in nursing competency have resulted in the development of assessment instruments with an increase in face and content validity, but few studies have tested these instruments psychometrically.

Objectives: The study aims to develop a Holistic Clinical Assessment Tool (HCAT) and test its psychometric properties.

Methods: HCAT was developed based on the systematic literature review and the findings of qualitative studies. An expert panel was invited to evaluate the content validity of the tool. A total of 130 final-year nursing undergraduate students were recruited to evaluate the psychometric properties of the tool.

Settings: The study was conducted in a university in Singapore.

Results: HCAT has good content validity with content validity index of .979. The exploratory factor analysis reveals a four-factor structure of the tool. The internal consistency and test-retest reliability of HCAT are satisfactory with Cronbach alpha ranging from .789 to .965 and Intraclass Correlation Coefficient ranging from .881 to .979 for the four subscales and overall scale.

Conclusions: HCAT can be used as a valid measure to evaluate clinical competence in nursing students, and provide specific feedback to enhance the holistic clinical learning experience. In addition, HCAT functions as a tool for self-reflection, and guides preceptors in clinical teaching and assessment.

Action research as an approach to patient involvement: Reflections on balance of power

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2. Aarhus University Hospital, Denmark
3. Randers Regional Hospital, Denmark

● **Introduction:** Action research is considered a suitable approach to developing patient-centred organizational changes in public health care institutions. In 2014 we initiated an action research project in a Danish surgical hospital department aiming at involving patients, relatives, and health professionals in the design of a flexible programme for patients with breast cancer undergoing surgery. The aim of this presentation is to discuss how action research may reproduce power relations.

Method: To date we have conducted two out of four steps in the action research circle. First, we explored the field by conducting focus groups with patients and relatives. Secondly, we planned the organizational change in dialogue meetings between patients, relatives, and health professionals. Critical reflection was used as a tool to obtain a deeper insight into the explorative process that characterizes action research.

Discussion: Patient involvement implies a desired change in the relation between patients, relatives, and health professionals. This kind of change is described as a consequence of the shift in values connected to a transformation of the welfare state towards a more pronounced competition state. The health professionals' former monopoly and power is challenged, and might lead to professional identity crisis. In our project this perspective illuminates how the combination of action research and patient involvement embodies this shift in values and power relations. However, we subconsciously considered the patients and relatives as the vulnerable part among the participants. Thus, we contributed to the current shift in power balance.

Conclusion: This critical reflection will contribute to the ongoing qualification of the project design by drawing attention to the balance of power between the participants. Furthermore, it illuminates a different aspect of patient involvement that ought to be taken into account.

Oral sessions

Friday 17th June 2016, 10.30–11.45

Ethnography as a method for developing a systematized terminology of nursing interventions

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● Nurses working in mental health services form the largest group among health care professionals. Changes within psychiatry, such as using health technology and electronic patient records have had a great impact on nurses' daily work. The use of electronic patient records requires a systematization of the terminology describing nursing practices. This puts pressure on the common understanding of nursing interventions. There is a growing literature in nursing research describing and evaluating nursing interventions in clinical practice in psychiatric outpatient care. However, a deeper understanding of nursing interventions used in outpatient psychiatric setting is still needed.

This presentation examines the possibilities of using the ethnographic method in creating a systemized description of nursing interventions and terminology used in psychiatric outpatient services. The ethnographic method is often translated as "writing culture", the practice of naming socio-cultural phenomena. In this presentation, nursing in outpatient clinics is seen as such a phenomena.

The presentation is divided into two parts. First, it describes how ethnography has been used in international development intervention studies. Second, an analogy with nursing intervention studies will be drawn, i.e. how the ethnographic approach could be used in describing nursing interventions. This presentation will summarize that the ethnographic method could be one option to create a systematized terminology of nursing interventions for developing electronic patient record systems in psychiatric services. It also suggests that by using the ethnographic method the terminology might be accurate and relevant to nurses.

Design quality in a healthcare context – time to operationalize the concept

Anåker A.¹, Elf M.¹

1. Högskolan Dalarna

● We present a review of the concept of design quality in healthcare. The aim of review was to define the concept of design quality in order to be able to operationalize the concept for future research. In recent years, several studies have shown that the design of the physical environment affects the patient's health and wellbeing and how different models of care can be implemented, for example, person-centered care. Design

quality in architecture has long been the subject for theoretical discussion. From the Roman architect Vitruvius to contemporary design quality following tangible and intangible properties such as utility, durability and beauty. In dictionaries, the general design quality is described as a standard for something when it is compared to other things; how good or bad something is to be of good/bad/the highest quality. Design quality can be described as a measure of a high standard, a plan or an intention of design in the way that it will work and look like.

However, until recently, the meaning of design quality in healthcare has been vague and merely described as a subjective experience of the environment. In order to be useful the concept need to be connected to quality indicators of healthcare. In this presentation, we discuss the concept of design quality and its relation to evidence-based design i.e. design decisions based on the best available results from credible research and evaluation of completed building projects.

The potential of using two different methodological approaches in a qualitative study on assistive technology

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1. Department of Public Health, Section for Nursing, Aarhus University
2. Department of Clinical Medicine and Department of Public Health, Aarhus University

● **Background:** In line with optimistic expectations to assistive technology, a robot bathtub was implemented in a Danish elder center in 2011. We investigated the implementation process using two different epistemological approaches: hermeneutic and constructivism.

Aim: To demonstrate how these two different epistemological approaches complemented each other.

Methodological aspects: The hermeneutic interview study focused on the attitudes of managers, nursing staff and elderly users towards the newly implemented technology. The analyses revealed that the enthusiasm was greatest among the managers and lessened in accordance to how remote the informant was from the decision of buying and implementing the robot bathtub. The informants used different implicit quality criteria and ascribed different symbolic significance to the robot bathtub. The study left us with unanswered questions regarding the different rationale among informants for which the hermeneutic approach could not provide answers. Therefore, a secondary analysis from a social constructivist approach was undertaken. This analysis revealed that the bathing of the older people was

constructed as a problem that could be offensive to the users' integrity, damaging to their well-being, and physically strenuous for the staff. The older users and the nursing staff were constructed as problem carriers.

Conclusion: The use of two different approaches turned out to be fruitful in terms of a potential to gain insight into very different aspects of the process of implementation of new technology. While the hermeneutic analysis revealed the robot bathtub as a passive tool, the constructivist analysis unveiled that the technological solution was a part of a strategic game contributing to the construction of the very problems it sought to solve.

Using a mixed-methods design to describe the generalist palliative care in a hospital – challenges and possibilities

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2. Roskilde and Koege Hospital

● The knowledge on organisation and practice of generalist palliative care in hospitals is sparse, despite the fact that it is a core task for many healthcare professionals. By investigating the organisation and practice, using a convergent parallel mixed-methods design, both possibilities and challenges of this design became apparent.

The aim of the study is to discuss these challenges and possibilities which exist when using a pragmatic mixed-methods approach. The mixed-methods design has proven valuable in addressing the complexity of generalist palliative care in hospitals in order to illuminate contrasting issues in the hospital's provision of generalist palliative care at different organisational levels. Merging data gave the possibility of highlighting more aspects and pitfalls than the individual studies could do alone. The merged results increased the knowledge on the organisation and practice of generalist palliative care more than a single approach could have done.

However, the pragmatic approach entails philosophical and practical challenges in bringing together methods from different paradigms. The challenge is to master qualitative and quantitative methodologies, as well as to handle the dilemma of the interpretation of data stemming from fundamentally different sources. Since the major challenge in the pragmatic paradigm relates to both failure in the knowledge of multiple methods and the understanding of how to mix them appropriately to create meaningful conclusions, challenges and validity issues should be clearly addressed when conducting mixed-methods research.

To sleep or not to sleep during hospitalization – a mixed-method study of patient reported sleep quality and the experience of sleeping poorly during hospitalization

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1. University Hospital of Copenhagen, Herlev og Gentofte Hospital Department of Anaesthesia and Intensive Care Medicine, Denmark
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3. University Hospital of Copenhagen, Herlev og Gentofte Hospital Department of Dermatology, Denmark
4. University Hospital of Copenhagen, Herlev og Gentofte Hospital Department of Cardiology, Denmark
5. University Hospital of Copenhagen, Herlev og Gentofte Hospital Department of Orthopaedic Surgery, Denmark
6. University Hospital of Copenhagen, Herlev og Gentofte Hospital Department of Pulmonary Diseases, Denmark
7. University Hospital of Copenhagen, Herlev og Gentofte Hospital Research Unit, Denmark

● **Aim:** To examine patient reported sleep quality during hospitalization and to identify predictors of poor sleep quality.

Background: Complaints of sleep disturbances is a well-documented problem among hospitalized patients and poor sleep quality is associated with a variety of negative health outcomes. Limited knowledge exists about sleep quality among hospitalized patients in general.

Design: A QUAN-qual design, including interview-guided surveys (N=257) and semi-structured interviews (N=12).

Methods: Sleep quality was investigated by the St. Mary's Hospital Sleep Questionnaire. Data was collected on randomly selected days each week during a 5 month period in 2014/15. Patients ≥ 18 years and admitted no later than 3.00 pm the previous day were included. Data collection was performed by reading the questions aloud and subsequent note patient's answers to the questionnaire. Interviews, exploring how sleeping badly during hospitalization was experienced by the patient, were conducted on the basis of a semi-structured interview guide and analyzed using content analysis.

Results: In general medical and surgical patients experienced a good sleep quality during hospitalization. Short sleep duration, awakenings during the night and long time to fall asleep are essential predictors of poor sleep quality. Sleeping badly was experienced as being carried away by thought or relocating sleep to another time.

Conclusion: More research is needed on how patient reported sleep quality is affected by expectation and acceptance of poor sleep during hospitalization, just as more research is needed on nursing interventions about promoting sleep among hospitalized patients.

I's not just about making them talk – thoughts and experiences on interviewing children in research

Björk M.¹, Darcy L.², Peterson C.¹, Enskär K.¹

1. Jönköping University, Sweden
2. University of Borås, Sweden

● Historically, children's views have not been valued in medical care. In research, children have been seen as a vulnerable group, difficult to access and unable to tell their story. Many proxy studies have been performed where health care staff and parents have given their views about what they think the child experiences. However, it is difficult to draw valid conclusions about the child's experience using proxy valuations. Children have the right and the ability to contribute unique information about their own experiences. These views are valuable in providing evidence based care.

The aim of this paper is to share experiences and thoughts gained from interviewing children with cancer aged 3–13 years of age. Young children (from 3 years of age) have sufficient mental ability, cognition and concepts to describe experiences – just not in the same way as adults. They are able to articulate their experiences, providing the interview context feels safe, questions and props are developmentally appropriate and the interviewer follows the child's leads. Special considerations need to be taken such as how to best inform them about the study, ethical issues, where and when to undertake the interview, how long the interview should be, how to make the child talk in the interview and which elucidating devices/props can be used during the interview as facilitators. Parental contributions to child interviews can be useful as long as focus is kept on the child's experiences. Interviewing over several time points gives new insights.

Moved to Oral Session Thursday 16th 11.00

Using modeling as a co-design approach in the planning process of new care environments

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1. Högskolan Dalarna
2. Karolinska Institutet

● Current research shows a relationship between healthcare architecture and patient-related outcomes. The planning and designing of new healthcare environments is a complex process;

the needs of the various end-users of the environment must be considered, including the patients, the patients' significant others, and the staff.

The aim of this study was to explore the experiences of healthcare professionals participating in group modeling utilizing system dynamics in the pre-design phase of new healthcare environments. We engaged healthcare professionals in a series of workshops using system dynamics to discuss the planning of healthcare environments in the beginning of a construction, and then interviewed them about their experience.

An explorative and qualitative design was used to describe participants' experiences of participating in the group modeling projects. Participants (n=20) were recruited from a larger intervention study using group modeling and system dynamics in planning and designing projects. The interviews were analyzed by qualitative content analysis. Two themes were formed, representing the experiences in the group modeling process: 'Partaking in the G-M created knowledge and empowerment' and 'Partaking in the G-M was different from what was expected and required time and skills'.

The method can support participants in design teams to focus more on their healthcare organization, their care activities and their aims rather than focusing on detailed layout solutions. This clarification is important when decisions about the design are discussed and prepared and will most likely lead to greater readiness for future building process.

Memory-based Nursing History Research

Elomaa-Krapu M.¹, Kaunonen M.², Åstedt-Kurki P.²

1. University of Tampere, School of Health Sciences, Nursing Science
2. University of Tampere, School of Health Sciences, Nursing Science, Pirkanmaa Hospital District, General administration.

● History research is quite scarce in nursing science. One of the reasons might be the opinion that only studies where original history research method has been used, are trustworthy. More useful and important is to apply history research methods to nursing science. Using oral history method is quite naturally choice while experiences of people is focus of interest in nursing science.

The concept oral history is quite narrow because it's usually consisted of only spoken material. There is possibility to use both spoken and written material. Thus the method term has defined to be memory-based nursing history research. In the memory-based nursing history research the example has been a study concerning medical volunteer nurse's experiences about war nursing. The main objective was to describe how

medical volunteers remembered the past and what kind of meanings they gave to the past. This meant that researcher had to know and understand about culture, values and moral aspects of individuals, community, society and wartime. The main data were interviews of 16 medical volunteers. The other material consisted of memoirs, diaries, voice recording, photographs, textbooks, guides and magazines from the time period.

In order to find out the content, thematic analyse was used and to expose the nurses inner meanings the storytelling analyse was also used. The data analysis exposed both individual and collective memories and experiences from wartime nursing in Finland during Second World War. The medical volunteer nurse's experiences gave a humane meaning for the written history.

Methodological considerations when conducting a qualitative longitudinal study in elderly healthy patients after hip fracture surgery

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5. Department of Health Sciences, Karlstad University, Sweden/County Council of Värmland, Karlstad, Sweden

● **Background:** A hip fracture results in declined function outcomes for 40% of previously healthy adults in Sweden. A study was designed to investigate patients' perception about their own capacity to regain pre-fracture function from acute phase to four months after surgery. Patient perspective is important in healthcare decision making.

Methods: An explorative, inductive qualitative longitudinal design based on interviews. Thirty patients participated from three different hospitals in Sweden. Inclusion criteria were ≥ 65 year, healthy, no cognitive impairment and understand Swedish. Interviews in the acute phase were conducted two to five days after hip fracture surgery. Follow-up interviews were conducted in the patients' home four months later. A semi structured interview guide was used. Data was analyzed using manifest inductive content analysis, individually as well as in cluster and over time.

Discussion: The interviews were conducted by one interviewer which may mean a slight risk that concepts could be missing. The inductive content analysis was used to find patterns in the

transcribed material. Triangulation was used between authors to scrutinise the trustworthiness according to credibility to ensure that the intended meaning was truly represented. Dependability refers to the stability of data over time.

Results showed different aspects about older patients' perception about their own capacity to regain pre-fracture function. The ward culture make older patients adapt and become passive. This can result in loss of psychological and physical function, impaired self-confidence and deteriorate their inner belief in recovery and independency.

Reflective STRENGTH-Giving Dialogue: A Method Developed to Support Older Adults in Learning to Live with Long-Term Musculoskeletal Pain at Home

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● **Background:** Long-term musculoskeletal pain is a major health problem with a significant impact on quality in life among older adults. Many lack professional guidance and feel forced to learn to live with pain on their own. The method Reflective STRENGTH-giving dialogue is developed to holistically meet older adults' needs in a way that promotes health, well-being, meaning and strength in life.

Methods: Reflective STRENGTH-giving dialogues were carried out in an intervention study consisting of an educational program and continuous supervision. Ten health care professionals participated and carried out weekly dialogues with 20 community dwelling older adults (72 to 97 years). Interview data were obtained before and after the intervention from a reflective lifeworld research approach and analysed qualitatively.

Results: Suffering in silence was essential in the older adults' lives before the intervention. They endured but felt not being taken seriously and avoided thoughts of the future. The intervention enabled a new way of talking about life and led to a development of a continuous and trustful relationship, relief of pain and diminished loneliness. There was a transfer in orientation towards present and future time and from obstacles to opportunities. The older adults expressed increased joy, engagement and motion in life.

Conclusions and implications: The dialogues created a deepened caring relationship that contributed to an increased sense of security, courage, strength and meaning in life, which implies that the Reflective STRENGTH-Giving Dialogues have the potential to enhance older adult's sense of health and wellbeing if acknowledged in nursing practice. ►

Effectiveness of Therapeutic Conversation Intervention for Caregivers of People with Eating Disorders; group – and caregiver sessions

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● **Aims:** To evaluate the effectiveness of therapeutic conversation intervention in group- and caregivers sessions, both for caregivers and their loved ones.

Background: Caregivers of people with eating disorders are known to suffer major difficulties. Unhelpful parental support strategies can delay the recovery of an individual with an eating disorder. Skills training interventions can equip parents with skills, guidance and techniques that will help them better support their loved one.

Design: The therapeutic conversation intervention consists of five group- and parent sessions and three booster sessions. The Calgary Family models, the Illness Beliefs Model and the New Maudsley Method were used as theoretical frameworks. The intervention consisted of work on difficult behaviors, feelings and helpful strategies.

Methods: The study is a quasi-experimental design with one pre- and two post-test measures. Participants (n=58) were primary and secondary caregivers of people (12–24 years) with eating disorders. Data were collected over 15 months in 2011–2013.

Results: Between 90–96% of caregivers rated the support in intervention supportive. Further the study revealed significant differences in caregiver emotional and cognitive support, illness beliefs, disruptive behavior, and quality of life, negative aspects of care giving demands and caregiver and patient behavioral difficulties after the intervention and/or at follow up.

Conclusion: The therapeutic conversation intervention with caregivers, proved to be of benefit both for parents and the patient. The outcome provides information for health care professionals on how they can help caregivers in their supporting role which can, in turn, improve services in health care centers and psychiatric hospitals.

Integrated mixed methods analysis – an innovative example in nursing related research

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● **Mixed methods** are common in health services research but typically involve 'multi methods' whereby quantitative and qualitative data are collected, analysed separately and combined only in discussion. In contrast, there are ways to integrate quantitative and qualitative information at the point of analysis. We suggest that such techniques offer new ways to think about and utilise mixed methods in nursing related research. Techniques may be particularly suited to certain types of research question. We describe an innovative example in which numeric data on adherence to stepped care treatment for depression was integrated with what people thought of the intervention to answer the question, 'How might patients' views of stepped care help explain variability in attendance?'

The analysis was undertaken as part of a feasibility study to prepare for a large randomised controlled trial of stepped care compared with high intensity psychological therapy alone. We describe the methods and results of our integrated analysis and touch on their relevance to the further development and evaluation of stepped care treatment for depression.

End-of-life care simulation to teach nursing students communication skills

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1. Linköping University

● **Purpose:** This study aims to increase the knowledge about end-of-life care simulation in nursing education by describing and evaluating a simulation when teaching third-year nursing students about communication in end-of-life care.

Method: During the end-of-life care simulation, a manikin (simulating a patient dying from cancer) interacted and communicated with eight groups of nursing students. Additionally, a simulated person played the mother of the patient. Data were collected by video and/or audiotaping all simulations and post-simulation debriefings (when students reflected on the simulation). The collected data included a scenario template describing the setup of the simulations, field notes, audio and video recordings, and participant observations. An ethnographic approach was used to create an idea of "what was going on" in the data by taking an interest in the participants' actions and seeking to understand their meaning.

Results: Interacting with the manikin and the simulated person was often natural to the students, they were warm and caring in discussions and expressed this to be very realistic simulation. The students focused on solving practical issues but less on communicating about existential issues. In the debriefings the students expressed the simulation as useful, they felt that it was realistic and that it was a good learning opportunity where they could practice how to handle challenging communicative situations with patients and family members.

Conclusions: End-of-life care simulation can provide a successful and appreciated learning situation for nursing students, teaching them communication skills in challenging situations.

Meeting white dressed people across the acute care episode: A multi-stage qualitative case study using the Fundamental of Care framework

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2. Uppsala University Hospital
3. University of Adelaide

● **Background:** Patients with acute abdominal pain are a common patient group in the acute hospital setting. How do we ensure a safe and high quality of care in this complex setting? In this first study, within an international research program (SMAAPP), we wanted to catch the patient's experiences from admission to after discharge.

Objective: To explore how patients with acute abdominal pain describe their experience of fundamentals of care across the acute care episode.

Method: A multi-stage qualitative case study using the Fundamentals of Care framework. Patients (n=5) were interviewed with repeated reflective interviews (n=14) and data was analysed with directed content analysis. In the presentation patient stories will be used to describe the findings and our experiences of using this method.

Results: The lack of accountability in the organization culture made it difficult or impossible for the patients to express their needs. The findings show that a delay in the administration of analgesic caused the patients undue stress and suffering.

Conclusion: The patient stories show that an initial positive experience can change for the worse during the hospital stay. Reflective interviews in real time gain a deep knowledge and understanding of the patient experience from admission to after discharge.

Health literacy and views about the invitation to participate in a colo rectal cancer screening program – a mixed methods approach

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2. University of Gävle

● **Objectives:** Evaluate health literacy and explore views about the invitation to participate in a colo rectal cancer screening program among participants and non-participants

Methods: Health literacy (HL) was measured with the Swedish Functional- and Communicative and Critical Health Literacy scales, participants were randomly sampled (n=100, response rate 45%) and divided by those who participated in, either leaving a stool sample or a colonoscopy, and those declining. Views about the invitation was discussed in focus group discussions (6 groups, n=24) and individual interviews (n=20).

Results: HL-scales showed on item level that the majority did not have any problems understanding health information texts or extracting relevant information from various sources while the total level of HL revealed that 49% (Functional HL) and 53% (Communicative and Critical HL) scored on a problematic level. Preliminary qualitative findings revealed that participants and non-participants thought the invitation was easily understood; still it was expressed to be important to have the opportunity to add other information sources. Among participants difficulties to grasp the content was mentioned while some non-participants perceived some wordings negatively. The importance with a clear message that draws attention was mentioned among non-participants.

Conclusion: Joint features among participants and non-participants regarding positive aspects of the invitation were evident. However, negative aspects mentioned, underscores the difficulties of designing health information and the importance of various ways of information distribution. Problematic levels of HL might lead to non-participation which together with differences in HL, on item and total level, will be evaluated in a larger sample.

A pattern-oriented approach: Practical advice about longitudinal qualitative analysis procedures

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2. Department of Nursing Science, Mid Sweden University, Sundsvall, Sweden

● **Background:** The number of published longitudinal qualitative studies has increased over the last couple of years. However, there is no consensus in how longitudinal analysis should be conducted or presented. Overall, little literature about the procedures of doing qualitative longitudinal analysis has been published. The aim of this presentation is to describe a procedure for conducting longitudinal qualitative analysis (e.g., a pattern oriented approach).

Method: Independently of each other the two authors have developed a similar approach to analyze interview data over time. The two individual analyses have been compared and common features identified.

Results: A pattern-oriented analysis focuses upon how individuals (or phenomena) move through a process/time in identifiable patterns. When other longitudinal analysis approaches might emphasize a main process, a pattern-oriented approach accounts for the individual variance in the context of time and change. The key features of the analysis procedure include; 'identifying the process', 'summarized description' and 'using matrixes'.

Conclusion: A pattern-oriented analysis is a fruitful way of viewing ways of changing over time and thus understanding complex life processes.

Organisational Preconditions for Professional Practice: On Registered Nurses Possibility to Act in Accordance with Professional Standards in a Hospital

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● **Objective:** In recent years, the concept of clinical pathways have influenced Norwegian hospitals, resulting in an increased standardization of work. This and increased use of technology

have changed hospitals organisational structure. The aim of this study was to explore the impact of standardisation and technology on the work of registered nurses (RN).

Method: Findings rely on a mixed method approach, using a cross-sectional study among employees engaged in the treatment of patients in a hospital and an ethnographic study of 10 RNs at two wards. The cross-sectional study resulted in 981 completed questionnaires. The ethnographic study resulted in 10 field notes after participant observation and nine in-depth interviews of RNs. Crosstabs and Pearson's chi-squared test were used to identify associations between employees' perception of control and autonomy at work. The analysis of field notes and interviews were utilised by applying theoretical concept related to professionalism and nurses' curriculum as codes to the text.

Result: Analysis revealed that 80% of employees with a bachelor degree experienced that technology and procedures controlled their work. There was a significant correlation between employees' perception of control and autonomy ($p = .002$, $\tau = -.17$). The qualitative findings support the quantitative results. RNs experienced that standards for clinical observation and technology reduced their contact with patients and led to fewer opportunities to support patients at the ward.

Conclusion: Increased standardisation of clinical procedures and technology in hospitals reduces RN's possibility to provide services in accordance with professional standards.

Research with adolescent and young adult patients: ethical issues

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● Research with adolescent and young adult (AYA) cancer patients is sparse. Because AYAs are a vulnerable patient group with distinctive developmental characteristics there is a danger that they are excluded from health research to protect them from additional stresses. In this contribution we argue that AYA patients should be included in research to be able to tailor the health care they receive. Still, the inclusion of AYA cancer patients entails ethical challenges.

We will discuss ethical issues related to recruitment and performance of research with a vulnerable patient group (AYAs) at an emotional stressful time (cancer diagnosis). In our study we audio taped medical consultations and we interviewed AYA cancer patients at the time of cancer diagnosis. The actual inclusion of

AYA patients required an ethical sensitive approach on the behalf of the researcher because the patients had to decide whether to join the research project at a time of substantial emotional stress.

Further, during the interviews many patients had symptoms from the disease (e.g. pain, fatigue) or from the treatment (e.g. nausea). The researcher had to be sensitive and preform a balancing act to prevent further suffering caused by the interview situation (e.g. some of the interviews were shortened or postponed because the patients seemed uncomfortable). We further will discuss whether the researcher's experience in pediatric oncology nursing promoted the required ethical sensitivity because she could recognize symptoms of distress and were familiar with the medical environment.

Dog-assisted intervention in dementia care: A case study

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2. Florida Atlantic University, USA

● **Background:** Dog-assisted intervention is a promising non-pharmacological intervention for dementia care, but more knowledge is needed. This paper reports on a case study conducted in 2012. The study involves an 84-year-old woman with vascular dementia who regularly interacted with a therapy dog team for 8 weeks.

Methods: A longitudinal interventional design with pre-post measures was used. Data were collected on 3 occasions. Data included observations of pharmacological treatment, cognitive function, behavioral and psychological symptoms, ADL functioning, quality of life, pain and fall risk. For data analysis descriptive statistics were used.

Results: Some effects on the woman's ability to walk and move were observed. Also, effects in the woman's cognitive state were observed.

Conclusions: The findings of case studies take research beyond statistical and quantitative variables. The results can be used in nursing research to elucidate exact effects of an intervention on an individual level. Through case studies, detailed and in-depth knowledge can be obtained.

Family focused conversations with families where a member is living with Glioblastoma

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● **Background:** Each year about 300 patients in Denmark are diagnosed with glioblastoma. Nearly all patients have behavioural, emotional and intellectual difficulties, which also have an impact on family life. Only few studies evaluate the effect of family nursing intervention for patients and their relatives suffering from glioblastoma, thus more investigations are needed.

Aim: To investigate the effect of Family System Nursing interventions as supplement to conventional care of outpatients with Glioblastoma and their relatives on family Function, family hardiness and health related quality of life.

Methods: We designed as a comparative quasi-experimental intervention study with a two group's pre-test and post-test time series design. Patients and families were consecutively included from the outpatient clinic Neurosurgical Unit, Odense University Hospital. In the post-test group families were offered three supportive conversations, which were carried out in accordance with the Calgary family assessment and intervention models. For outcome measurements, families in both groups filled in a survey 4 and 14 weeks after diagnosis was confirmed.

The survey consisted of three instruments: 1) *Family Function Style Scale* measuring five factors concerning family values, coping strategies, engagement, interactional pattern and mobilizing of resources, 2) *Family Hardiness Index* refers to the internal strengths and durability of the family unit and 3) *The WHO Quality of Life Questionnaire* measuring factors related to physical, psychological, social and environmental domains.

Presentation: We will present the advantages and disadvantages of the chosen design at the conference. Furthermore, we will discuss the applicability of the instruments in relation to the aim.

A walk in the neighbourhood with people with dementia: How do people with dementia use their neighbourhood? – the walking interview method

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1. Linköping University

● As the world population is aging, the number of people living with dementia in ordinary housing will increase. The outdoor environment such as the neighbourhood is therefore important for ►

the capacity of people with dementia to age in the place. Knowledge of how people with dementia use their neighbourhood and what they value, as enhancing their capacity to integrate in the neighbourhood despite their cognitive impairment should be investigated in the nursing research.

The walking interview approach was used and the participants comprised 11 persons with dementia and their spouses who lived in ordinary dwellings such as a single-family house in a city or in a flat in an area with blocks of flats. The participants were asked to take a route that they used in everyday life. Walking interviews provide a deeper understanding of the participant's local outdoor context as they enable opportunities to observe interaction with the outdoor environment. The walk was video-recorded and the interview was audio- taped.

Our results show that walking interviews generated richer data compared to a sit-down interview. People with dementia acted as a tour guide during the walk, telling about personal experiences and pointing out personal landmarks in the environment, although some were a bit less talkative and parts of the walk took place in silence. A walking interview is a promising way to actively involve people with dementia in research and has the potential to empower the participant. However, the walking research interview gives rise to ethical issues that must be considered.

Family nursing in specialized palliative home care: the benefits of a therapeutic conversation intervention

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● **Background:** Family caregivers (FCGs) caring for a family member with advanced cancer are at risk for psychological distress. Less evidence is available regarding effective interventions to improve caregivers' outcomes. A study is ongoing on the effect of a therapeutic conversation intervention in three phases.

Aim: To evaluate the effectiveness of a family therapeutic conversation intervention (FAM-TCI) to improve caregiver outcomes for home-based FCGs of a family member with advanced cancer (phase I).

Methods: The theoretical frameworks that guide the intervention are the Calgary Models from the Family Systems Nursing. Phase I is a quasi-experimental; one-group pretest-posttest design. Sixty family caregivers answer a set of 7 questionnaires

at three time points (baseline, after two sessions of FAM-TCI and two to four weeks later). Three study hypotheses regarding positive outcomes of psychological distress, caregiving burden and perceived support were tested using repeated measures ANOVA.

Results: In total 26 FCGs were included in the preliminary analysis of phase I. FCGs receiving the intervention evidenced significant improvements in perceived support ($P<.001$) and depression symptoms ($P<.05$). However, the results of appraisal of caregiving were not statistically significant. Large effect sizes favouring the intervention were found for perceived support and other effect sizes calculated ranged from medium to small.

Conclusion: These preliminary results support that the FAM-TCI is an effective intervention for home-based FCGs where a family member has advanced cancer and two out of three study hypotheses were confirmed.

Managing type 2 Diabetes

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7. Health Murcia System, Spain
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● Food and diet are central aspects of diabetes self-management but the relevance of social networks for the way people are supported in their management of type 2 diabetes is often under acknowledged. In this study, we aimed to explore the coalescences between these two phenomena among people with type 2 diabetes to increase knowledge of interactions within social network related to daily diet.

The study is based on 125 qualitative interviews with individuals with type 2 diabetes from five European countries. Based on assumptions that people with chronic illnesses reshape relationships through negotiation, we analyzed negotiations of food at different levels of network. The respondents' reflections indicate that there are complex negotiations which influence self-management and food including support, knowledge and relationships within families; attention and openness in social situations; and the premises and norms of society.

A Person-centred and Thriving-promoting intervention in residential aged care

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7. School of Nursing and Midwifery, La Trobe University, Melbourne

● **Background:** The main hypothesis of this project is that person-centred care could improve thriving among older people in residential care. Literature suggests that interventions aiming to improve the quality of care and well-being of residents could benefit from having a multidimensional approach to become person-centred in relation to residents, staff and family members.

The overall aim: To evaluate the effects and meaning of a multidimensional person-centred and thriving promoting model within Australian, Norwegian and Swedish residential aged care facilities.

Methods: The study applies a multi-site, non-equivalent controlled group before-after design. The intervention will be implemented during 2016 at three residential aged care facilities. The intervention comprise the following four conceptual dimensions: Willingness to serve – behavioural accountability: Develop caring activities with the aim at doing something extra for residents and family members. Looking good – feeling good: Enriching the physical environment in common areas. Assessing psychosocial needs – meeting psychosocial needs: Implementing a structure for assessing and meeting highly prioritised psychosocial needs based on life stories. Innovative technology-based communication. Develop and maintain a Facebook account in order to share information to family members and the local community.

Throughout the implementation process (12 months) staff will collaborate with the researchers, and several types of educational activities e.g. lectures, workshops and reflection seminars will be used. Both qualitative and quantitative evaluations will be conducted, and data will be collected by questionnaires and interviews.

Results and discussion: Preliminary results and experiences from the intervention will be discussed at the conference.

Getting evidence-based pressure ulcer prevention into practice: pre- and post test intervention study, process evaluation and long-term follow up

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2. University of Gävle

● **Aim:** To evaluate whether a multi-faceted, unit-tailored intervention using evidenced-based pressure ulcer prevention affects the performance of pressure ulcer prevention, the prevalence of pressure ulcers, knowledge and attitudes concerning pressure ulcer prevention among nurses. Further, nurses' and nurse managers' intervention experiences were illuminated.

Methods: A quasi-experimental, clustered pre- and post-test design was combined with a qualitative process evaluation and 30 months follow-up. Five hospital units were included. The intervention was based on the PARIHS framework and included a multi-professional team, training and repeated quality measurements. An established methodology was used to evaluate the prevalence and prevention of pressure ulcers. Nurses' knowledge and attitudes were evaluated using a validated questionnaire. Five focus-group interviews (nurses) and five individual interviews (nurse managers) were conducted and analysed by using qualitative content analysis. Follow-up data collection will be completed in January 2016.

Results: A total of 506 patients were included. After the intervention, more patients were provided pressure ulcer prevention ($p=0.001$) and more prevention care was given to each patient ($p=0.021$). Nurses' knowledge about pressure ulcer prevention increased ($p<0.001$). Positive attitudes towards pressure ulcer prevention remained high between pre- and post-test. The interviews revealed changed ways of working, from treating to prevention expressed by the theme: "Changed understanding enabled changed actions – through one's own performance and reflection on pressure ulcer prevention".

Conclusion: The intervention affected pressure ulcer prevention. Facilitation and repeated quality measurement together with feedback/reflections of results seemed to be the most important factors. Using different methodologies has broadened our understanding of implementation strategies.

Poster sessions

You can vote for the Best Poster Award until Friday 17th 10 am

1. Health promotion and early disease detection among vulnerable middle-aged men

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1. Aalborg University
2. Aalborg University Hospital
3. Aalborg Municipality
4. University College of Northern Denmark

● **Introduction:** Middle-aged men between 45–65 years in Aalborg Municipality who have been identified as vulnerable tend not to use and benefit from available health promotion offers. Anecdotal evidence indicates that they engage in risky health behaviour with exposure to different health risk factors such as tobacco smoking, alcohol use and inactivity, which affects their overall health situation.

Aims: To describe and explore the characteristics of vulnerable middle-aged men's perceptions about their personal health, health behaviour, health literacy, and their patterns of social- and health care contacts.

To explore the services available in the health care- and social care system in Aalborg Municipality in order to accommodate the health needs of vulnerable middle-aged men.

Research plan: This is a Health Services Research study using ethnographic interviews, participant observations, and document analysis. Patterns of social- and health care contact will be gathered quantitatively. Participants include middle-aged men between 45–65 years, who live in their own homes. Inclusion will be in cooperation with a gatekeeper whose role is to gain access to the study population.

Perspectives: This study is expected to lead to recommendations for health promotion and early disease detection that accommodates the vulnerable middle-aged men's situation. Scientific knowledge about their perceptions of health, health behaviour and health literacy is sparse. This research will convey new knowledge by adding the vulnerable middle-aged men's perspectives.

2. Parents are the solution not the problem in the treatment of eating disorders

Toubøl. A¹, Koch-Christensen. H², Poul Bruun. P¹

1. University College Lillebælt
2. Lillebælt Hospital

● **Introduction:** This study examines the experience of parents of adolescent outpatients with an eating disorder after

having participated in a skills-based-training intervention. The main aim is to examine, whether the parents report improvements in their skills in caring for their child and in addition to this report increase in parental self-efficacy.

The intervention is delivered in a work-shop format and is referred to as the New Maudsley Method. Skills-based-training aims to enhance parents' skills in caring for their child with an eating disorder, reduce parental distress and reduce the potency of eating disorder maintaining factors. The work-shops were delivered in eight evening sessions, each session lasting two hours and 30 minutes.

The content of the work-shops was introduction to eating disorder and the symptoms, models of behavior change as well as motivational interviewing, managing parental emotions that could interfere with their supportive efforts through animal metaphors.

Method: Data were collected pre-, per- and post-intervention in a longitudinal mixed method study. Parental self-efficacy was assessed at the beginning of the intervention, and after three months at the 7th workshop and at the follow up workshop after another three months. A focus group interview was conducted at the 7th workshop and again at the follow up workshop after three months.

Results: The results will be published in 2016 and the preliminary results identifies that the intervention may have a positive outcome on parents behavioral change and self-efficacy in managing everyday life with a child suffering from an eating disorder.

3. Using Delphi technique to identify Obstacles and Preconditions in telephone nurses' work environment

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1. University of Gävle
2. Karolinska Institutet

● **Background:** Swedish Healthcare Direct (SHD) is a national telephone help-line staffed with registered nurses, telenurses. Telenurses have a very complex and demanding work, during a short time they are expected to assess caller's need of care using only communicative strategies. Telenurses work in call-center that differs essentially from the traditional caring environment and experiences of conflicts between caring and managers demands for efficiency has previously been described. Their work is constantly evaluated; e.g. call-time, number of referrals and time absent from their work space is monitored. Today, knowledge regarding telenurses' work environment are sparse and no context specific instrument has been found.

Aims: The aim was to identify telenurses perceptions of obstacles and preconditions in telenurses work environment within SHD.

Methods: The study used Delphi technique in three rounds.

Findings: Initially semi-structured interviews were conducted with 24 telenurses. The inductive content analysis showed 28 obstacles and 17 preconditions (round I). These 45 categories were sent via a web-survey to the telenurses participating in the interviews and 106 telenurses employed within SHD, for ranking in a 7-grade Likert scale based on importance (round II). Categories indicating consensus (> 60%) were selected for round III. Information regarding the categories from round II was presented to the participants in round III and participants were asked to rank the remaining categories using a 7-grade Likert scale.

4. Shifting the kaleidoscope – how different roles and perspectives reveals different ways of gaining knowledge

Jensen. L.A¹

1. Aarhus University Hospital

● This abstract draws attention to the essential role of the researcher in qualitative health research. How and where and to what extent the researcher engages influence data collection and analysis and thereby the result of the study. Still in the analysis and generation of knowledge, the impact of the role and perspective of the researcher is often lacking or absent.

The aim of the abstracts is to contribute to a discussion of the importance of being constantly concerned with the question of how the interplay between the phenomenon, the context and the role and perspectives of the researcher contributes to the generation of knowledge.

The imperial background for the discussion is an interpretive descriptive study combined with ethnographic methods (fieldwork). The study concerned multifaceted group education of patients with osteoporosis. Starting with discussions departing from fieldwork I will show how the researcher's ability to take part in different actions, take on different roles and perspectives generates a stronger position for understanding the phenomenon under study. Slight changes alter all patterns and together which the researcher repeatedly concern with checking experiences and understanding of the phenomenon the ground for the cogency of the analysis is laid. Therefore a lack of systematic, transparent and intentional reflexivity may lead to simplification and contextual bias. It is therefore argued that giving words to which or how isolated incident constitute the ground for different kinds of generalization is essential for the quality of qualitative health research.

5. Virtual consultations in an out-patient clinic – a pilot study

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● **Background:** Future patients will be engaged much more actively in the management of their disease, and employment of new technologies will play a key role. A virtual consultation between the doctor/nurse and the patient might replace a physical meeting at the hospital, without loss of information or feeling of comfort. We therefore conducted a pilot study in the period March–July 2015, in order to evaluate such a concept.

Aims: To test the feasibility of virtual consultations in our out-patient clinic, and to explore whether virtual consultations can be used instead of – or as a supplement to – the conventional consultations at the hospital.

Methods: Fifty patients suffering from thyroid diseases and followed in our out-patient clinic were consecutively enrolled after acceptance and thorough instructions. The patients downloaded a specially designed software application to their own IT device (smartphone, tablet or PC). All patients completed at least one virtual consultation at a location of their own choice (internet access was a prerequisite). Patient reported outcomes (PROs) were collected by questionnaires and by structured interviews with a study nurse, following the consultation with the doctor.

Results and Conclusions: Virtual consultations lead to: Flexibility and freedom for the patient resulting in less sick-leave absence, a reduced number of 'fails to show-up', release of health personnel resources which can be transferred to patients most in need.

Perspectives: Since our concept seems very promising we intend to launch a large-scale study by January 2016 and for a period of two years.

6. The child's perspective as the guiding principle: young children as co-designers of an application used for enabling participation in healthcare situations

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● **Introduction and aim:** A child's rights perspective in healthcare situations challenges health professionals' practice. ►

To facilitate the participation of the child, there is a need for health professionals to adapt their communication according to the child's age, maturity, needs and prior experiences. The aim of this presentation is to describe the development of an interactive communication tool, i.e. an application suitable for tablets, used as an intervention to facilitate the younger child's participation in a healthcare situation.

Method and result: Children, 3–5 years, were initially encountered for interviews in a preschool, a primary healthcare clinic and a pediatric outpatient unit at a hospital. The interviews focused their perceptions of being in healthcare situations. Non-verbal perceptions were elicited through drawings. These perceptions were used when developing the application. In iterative phases, the children were acting as co-designers and tested evolving prototypes. Due to this approach, the child's perspective was elicited throughout the whole process, which enabled the final product to be age appropriate, usable and likeable both according to content and graphic design.

Methodological considerations: A new constellation of children was recruited for each iterative phase which led to an extended and nuanced sample. The iterative approach enabled the children to provide ongoing feed-back which was a usable resource for improvements during the entire process. In each test situation, verbal and non-verbal responses were collected by tape recordings and observations. User performance and usability aspects are of importance to grasp the child's perspective as a guide through the development process.

7. Lack of evidence – how do we proceed?

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5. Swedish Council on Health Technology Assessment, Stockholm, Sweden

● **Aim:** A Swedish perspective and methodological assessment of a Cochrane review of mechanical insufflation-exsufflation (MI-E) for people with neuromuscular disorders by the Swedish Council on Health Technology Assessment in cooperation with CAMTÖ.

Method: The AMSTAR measurement tool of systematic reviews was used to assess the methodological quality of the Cochrane review. A Swedish survey of praxis was carried out by a questionnaire.

Results: None of the included studies in the review reported any results for the predetermined outcomes after six months. One study reported a complication of treatment; tiredness. PCEF was the most common outcome measure for which no statistically significant differences were reported when compared to other coughing techniques. The updated database search did not add any relevant studies. The Swedish survey showed that MI-E was used throughout Sweden and also for other neurological diseases.

Conclusion: The effect of MI-E in patients with neuromuscular disorders is insufficiently assessed. There is a need for well-designed RCTs with patient relevant outcome measures to determine the utility of MI-E. Many patients receiving MI-E are in a palliative phase where mortality is questionable as an outcome. Instead, quality of life and the experiences of patients and next-of-kin may be of greater importance. Qualitative studies would be a valuable complement and enable a more balanced ethical assessment of the utility. In the absence of evidence, and since MI-E is already in use, a systematic follow-up of possible risks and benefits of the treatment is highly recommended. International and national guidelines are needed.

8. Summarizing Knowledge about Ethical Challenges in Conducting Joint Interviews with Close Relatives

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● **Background and purpose:** Interviewing interrelated persons simultaneously might pose different ethical considerations than single interviews due to informants' relationship. Studies indicate that conflict torn relationships are the strongest predictor for a negative health status which obligates the researcher not to jeopardize it doing joint interviews.

Ethical considerations: Conducting joint interviews remain largely undescribed in the literature. Our purpose was to illuminate the literature regarding specific ethical challenges conducting joint interviews with interrelated people in order to avoid doing harm to them individually and to the relationship between them.

Method: A literature review inspired by the method of integrative review was performed. We searched Pub Med, Cinahl, Philosophers Index and Academic Premier Search between 1980–2014. The SPIDER search tool was applied. Data corpus was analyzed using thematic analysis with an inductive approach. Results In total 17 articles were located. Findings were divided into two main themes: *Ethical challenges in conducting joint interviews* and *Ethical challenges when planning and reporting from joint interviews*.

Conclusions and implications: Joint interviewing poses some specific ethical challenges although similarities to other qualitative research methods exist. The main difference occurs on behalf of the relationship. The potential creation of conflicts between participants should be given much consideration because of the possible negative impact it has on interviewees' ongoing health status. This obligates the researcher to balance delicately between the needs of the interviewees, before, under and after the joint interview.

9. Behaviour Change in Complex Intervention Research: Promoting the role and function of nurses working in stroke neuro-rehabilitation

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● **Background:** Nurses represent the largest professional group working with stroke-survivors, however the role of nurses is vague defined and it appears there is an unused potential in nursing staff contributions to neuro-rehabilitation.

Aim: To inform the development and design of an intervention for promoting the role and function of nurses working in stroke neuro-rehabilitation.

Methods: The Medical Research Council framework on complex interventions was used to guide the development of the intervention. To ensure an evidence and theory-based intervention a stepwise approached from the Behaviour Change Wheel (BCW) and implementation of change model were used. Interviews, field-notes and a literature review formed the basis for a behavioural analysis. Results from the analysis determined which intervention functions were most likely to affect behavioural change.

Results: We identified several behaviours relating to the nursing role and function. Guided by BCW criteria we selected two behaviours to target the intervention: 1. *To work consciously and systematically with the patients goal*. 2. *To work systematically with a rehabilitative approach 24/7*. From the behavioural analysis, knowledge about the nursing staffs' capability, motivation and opportunities were identified. From further analysis four intervention functions seemed most likely to affect behaviour change: (1) *Education*; (2) *Incentivisation*; (3) *Training* and (4) *Environmental restructuring*.

Conclusion: This study in progress is the first study to use the BCW to develop an intervention aiming at strengthen the nursing role and function. The applied frameworks ensures a systematical and theory based development of a complex intervention and serve as a strong foundation for testing effectiveness and feasibility.

10. The Use of a Communication Tool About Diet in Public Health Nurse Consultations at the Child Health Centre When the Child is Aged 10 Months to 2 Years

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● **Background:** According to guidelines from the Norwegian health authorities, food and feeding should be discussed in all regular encounters between the public health nurse and the family at the child health centre. However, when comes to content and dialogue about these themes, there are no guidelines regarding how to adapt the information to the individual child and to the family.

Aim: To explore if an image-based communication tool about diet could be beneficial for this dialogue about food and feeding practices.

Design and methods: The ongoing study, a cluster randomized controlled trial, registered in the ClinicalTrials.gov database, was approved by the Regional Committees for Medical and Health Research Ethics.

Statistics: Norway drew samples of five matched municipality-pairs in Norway. One municipality in each pair was randomly assigned to the intervention group and the other to the control group. In the established consultations when the child is 10, 12 and 15–18 months old the public health nurses use a communication tool about diet in the intervention municipalities while in the control municipalities treatment will be given as usual. ►

Parents have given their written consent for themselves and on behalf of their child. At baseline and at endpoint the parents in each group will answer a food frequency questionnaire on behalf of their child. The primary outcome measure is increase in the daily intake of vegetables.

Contribution: Threats to intern validity and how to handle them will be discussed. Threats are related to the history of the study, attrition, testing and instrumentation.

11. Integrating nurse researchers in practice. A case study

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● Nurse leaders are sometimes challenged by hiring and integrating nurse researchers as advanced nurse practitioners (ANP). With the aim of creating awareness among nurse leaders, of what they may need to consider, when integrating ANPs among their staff, a qualitative collective case study took place at a hospital that is currently undergoing a transformation from regional to university hospital status including strengthening its research profile.

The cases were constructed based on the first three academic nurses with doctoral training employed as ANPs in different clinical settings across the hospital. Each ANP was invited to produce a case written in the third person, describing her own profile and functions in a clinical context. A two-step qualitative content analysis was constructed including: 1. A deductive approach taking its point of departure in the seven generic features of the ANP role and characteristic; and 2. A conventional content analysis of the individual approach to knowledge production and evidence based practice found in each case.

The result of the analysis demonstrate that regardless of the same position, formal level of research expertise and overall responsibility of strengthening and documenting evidence in practice, different approaches related to each ANPs professional profile, interest, academic ambitions and personality, were used. ANP is an umbrella concept, not a fixed role. According to this case study, nurse leaders must facilitate mutual clarification and adjustment to the individual ANP and to the concrete context if the inclusion of researchers in clinical practice is to be successful.

12. Understanding the essential meaning of measured changes in weight and body composition among women during and after adjuvant treatment for breast cancer – a mixed methods study

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● **Background:** Changes in weight and body composition after antineoplastic adjuvant treatment for breast cancer can influence women's general health and survival and may affect the women's perception of their bodies and self.

Objective: This mixed methods study aims to explore the relationships between measured changes in weight and body composition and the women's perceptions of their bodily changes and self.

Methods: By means of bioelectric impedance analysis, data of weight and body composition from 95 women with breast-cancer stage I-III were obtained during 18 months from breast cancer surgery. Twelve women from this sample were invited for individual interviews approximately at 12 months. Estimated changes of repeated measures and odds-ratio were calculated by a linear mixed model and logistic regression. Interviews were analyzed in a frame of existential phenomenology and reflective lifeworld research.

Results: Illuminated by two joint displays, it was demonstrated that changes analyzed by statistical tools in a pooled sample neither do account for nor correspond with the perceived changes. Even minor changes in weight and body composition influence the women's perception of body and self extensively. The changes trigger fear of recurrence, shame and self-blame and to cope with unmanageable changes the unified body-subject dissociates.

Conclusions: An unhealthy body-composition with increasing body fat mass, affects the body perception and self-perception extensively, especially among women given chemotherapy.

Implications for Practice: A clinic-based weight management program is relevant during initial treatment and follow up visits for at least 18 months. Tailored interventions must be offered for the individual woman.



13. Family conversations in the Oncological Department

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● **Background:** To develop and evaluate cancer patients and their families participation in systemic conversations. When one member of the family becomes ill, it affects the entire family. The family will try to redefine itself as a family. Research indicates that both the individual member and the entire family needs support to re-establish the family.

Framework: The project is inspired by Wrigth/Leahey's works (2005) and Benzein/Savemann (2008) inspired by a systemic approach.

Research Design: The study has a phenomenological/hermeneutic approach and is a descriptive intervention study of conversations with families. Nine families are included consecutively based on the following criteria: Danish speaking families of cancer patients undergoing treatment, patient and all family members aged 18 or older. The family is offered three conversations over nine weeks, focusing on the ability of the family to care for each other, on health promotion and rehabilitation. The conversations, conducted by a specially trained nurse, are planned to last one hour.

Evaluation of the conversations: Qualitative interviews with selected members of the family. The analysis is inspired by Ricoeurs work on narrative and interpretation.

Results: The study is ongoing and there are yet limited results. Preliminary results shows that the families were satisfied with the conversations. Although the family had a mutual open relationship, family conversations opened up for new understanding of each other. The families experiences a strengthened family cohesion after the conversations.

14. Injection technique: How to prevent lipohypertrophy when injecting insulin?

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● **Background:** If insulin is injected incorrectly, it might result in injecting insulin in the muscle or lipohypertrophy leading to hypoglycaemia or fluctuating blood glucose values. The Danish Diabetes Nurses' Organization established a working group for development of evidence-based clinical guidelines for injection of insulin. The aim is that healthcare professionals can perform and provide information of correct insulin injection technique for adults.

Methods: A literature search was conducted in PubMed, Cinahl, Cochrane Library, Embase and Allied Health Literature databases. Articles in English, Danish, German, Norwegian and Swedish published before September 2014 were included. Search terms included the words: diabetes, diabetes mellitus, insulin, injection, absorption, needle, skin absorption, subcutaneous, lipodystrophy and lipohypertrophy. 569 abstracts were found and of these 44 articles were read and rated on a special checklist form used for systematic and critical assessment of the literature used by the National Clearinghouse for Nursing in Denmark. Eight articles were found to be valid and reliable.

Results: Correct insulin injection technique involves selection of an appropriate needle and use of the most suitable injection technique. Only prevention of lipohypertrophy is presented. Prevention of lipohypertrophy includes systematic rotation of injection sites and a new needle for every insulin injection.

Conclusion: By teaching persons with diabetes how to systematically rotate between injection sites and select a new needle for every insulin injection, healthcare professionals may help to: 1) *reduce the risk of lipohypertrophy at injections sites* 2) *reduce discomfort related to injections* 3) *improve treatment adherence* and 4) *enable better glycemic control*. ▶



15. Follow-up conversations with former patients and their relatives after discharge from ICU

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● **Background:** Being a patient at an intensive care unit (ICU) often means experiencing a lot of consequences, after being discharged from the ICU. Former patients experience feeling weakened regarding physical and psychological abilities, and the focus regarding this area, has been growing over the past two to three decades.

Objectives: The foundation of this presentation is based on my thesis from graduating my studies to become a Master of Science in Nursing.

Aim: The aim of the thesis was to examine former patients and their relatives' experiences and narratives, told at follow-up meetings at the ICU.

Method: I performed a thematic analysis based on referrals of the narratives told at follow-up conversations. Twenty-three narratives were analyzed. For performing a thematic analysis, an analysis tool is necessary. I used categories, concepts and research questions, by which I was able to de-construct and then re-construct, whereby a higher level of abstraction was reached.

Results: Four themes emerged: 1) *Being lost & being between life and death*. 2) *Anxiety of losing & uncertainty concerning the future*. 3) *Nurses being there*. 4) *The meaning of narratives & being able to tell your story*.

Conclusion: My main finding was that having follow-up conversations with former patients and their relatives are imperative. By letting the former patients and their relatives tell their story, understanding and coherence in life seems easier to comprehend. The narratives nature is central in this context.

16. Nurses' experiences of the non-sedated mechanically ventilated patients in the ICU: A qualitative study

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● **Objective:** To explore nurses' experiences of caring for non-sedated mechanically ventilated critically ill patients in the intensive care unit. We hypothesized that nurses' experiences influenced the approach to caring for non-sedated patients.

Method: The study had a qualitative design using semi-structured dyadic interviews. Dyadic interviews are when two participants interact in response to open-ended research questions. Participants (n=2) in each interview were one with experienced (> 8 years) and one less experienced (< 3 years) ICU nurse. Five interviews were conducted at five different Intensive Care units in Denmark. Dyadic interviews added synergy that could inspire the participants to different perspectives, which could uncover new aspects and contribute to triangulation of data during the interviews.

Analysis was supported by computer software NVivo QSR version 10. The strategy of analysis was inductive coding and latent content analysis with a hermeneutic approach. To insure trustworthiness credibility was sought through the use of dyadic interviews and transferability by including five ICUs. Conformability was increased by investigator triangulation. Dependability was ensured by adhering to the planned method and by using dyadic interviews which also improve reliability.

Results: The four over-all themes that emerged were: 1) *Many kinds of frustration*, 2) *Dialogue as the ideal*, 3) *Different realities* and 4) *The Suffering patient*. The themes reflect the complexity that the nurses' experience in the interaction with non-sedated patients. Despite clinical experience, nurses describe frustration related to the lack of communication opportunities, increasing patient demands and inability to comfort the patient in ICU.

17. Managing ethical difficulties in healthcare: communicating in inter-professional clinical ethics support sessions

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● **Background:** Studies show that healthcare professionals need clinical ethics support (CES) in order to communicate and cope with ethical difficulties. Our research group has developed a version of CES inspired by Habermas' theory of discourse ethics. This entails healthcare professionals meeting inter-professionally to communicate concerning ethical difficulties and reaching agreement about what action to take. The aim of the study was to describe the communication of value conflicts during a series of inter-professional clinical ethical support sessions.

Methods: Ten one-hour CES were video-recorded over one year and analyzed using content analysis.

Results: During the CES sessions the professionals as a group moved through five phases: a value conflict expressed as feelings of frustration; sharing disempowerment and helplessness; the revelation of the value conflict; enhancing realistic expectations of the patient and relative; seeing opportunities to change the situation instead of obstacles. With guidance from competent leaders, knowledge from experts and coworkers and a permissive climate the professionals could put words to their experiences, re-interpret, understand the value conflict and see possibilities for changing the situation.

This project is important because it may lead to an understanding of the prerequisites necessary for healthcare professionals to be able to communicate ethical difficulties. This knowledge may make it possible to develop the CES into a means of helping healthcare professionals to communicate value conflicts constructively and together find a way to act in the best interests of patients.

18. Implementation of secure email to clinical practice – facilitators and barriers

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5. University Hospital in North Norway, Tromsø

● **Background:** Although there is growing evidence of the positive effects of secure email for patients and health care providers, implementation to clinical practice continues to be a challenge. The purpose of this study was to investigate facilitators and barriers in the implementation of secure email to five settings.

Methods: Descriptive, qualitative design based on individual interviews with patient users (n=5), patient non-users (n=22), nurses (n=10), physicians (n=6) and a nutritionist (n=1) who had access to a secure email service.

Results: Twenty-two% of the patients made use of the secure email service. Patients viewed the secure email as valuable and useful, regardless of whether they used it or not. Health care providers' responses indicated that culture, perceived need for change, compatibility with values and personal belief were affecting the implementation.

Discussion: Even if the technology itself was easy to use, a number of factors added to its complexity; different professional

groups, at different levels of power relations, were sharing one common communication tool together with patients. Long lasting traditions of role expectations, communication patterns and power were difficult to overcome and slowed the implementation process. Current policy-driven changes from hierarchical profession centric organizations to more team based patient centric organizations may help facilitate the implementation of this type of solutions.

Conclusion: Strengthening the secure email to fit the patients and health care providers' values and needs, as well as attention towards culture, roles and old patterns of communication is needed to succeed with implementation of secure email to regular care.

19. The relatives perception of needs depending on the patients sedation in ICU

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● **Background:** It is well known that being a relative in an intensive care unit can be a challenging and distressful situation, and that relatives perception of needs are not always being met by the nurses. Furthermore light or no sedation during mechanical ventilation is now a common treatment in Denmark which can have significant meaning in how nurses take care of both patient and their relatives. Family centered care can be valuable in these situations and to accommodate this there is a need to know more about the needs of relatives to critically ill patients depending on the patient's level off sedation.

Aim: The aim was to explore the needs of the relatives to critically ill patients requiring mechanical ventilation and to explore if these needs are changing depending on patients sedation or non-sedation.

Design and setting: The study has a qualitative design. Data were generated by semistructured interviews with ten relatives to patients who were included in a larger multicenter study about sedation or non-sedation in Denmark. All interviews have taken place shortly after the patients discharge from ICU and were transcribed into text. Both researchers have been part of both interviews and analysis. Analysis was conducted with a hermeneutic approach inspired by Gadamar using inductive content analysis.

Results: Results are expected to be published in the beginning of 2016.

20. COPD patients' self-efficacy and coping after virtual admission compared to hospital admission

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● **Introduction:** Little is known about how telemedicine-based virtual admission in the patients' home during exacerbation of chronic obstructive pulmonary disease (COPD) influences the patients' self-efficacy and coping.

Aim: To explore how virtual admission affects COPD patients' self-efficacy and coping.

Methods: The study was a multimethod study, using both quantitative and qualitative research methods, with triangulation of the results.

Study I: A randomized multicenter trial, investigating the impact of virtual admission on COPD patients' self-efficacy, compared to conventional hospital admission. Self-efficacy was measured using "The COPD self-efficacy scale" three days, six weeks and three months after discharge.

Study II: A descriptive qualitative study, using self-efficacy theory as theoretical framework. Nine participants from the intervention group were interviewed. Data was analyzed using Grounded Theory.

Results Study I: No significant differences in self-efficacy between the virtual admission group and the hospital admission group, or within the two groups over time. However, the anticipated sample size could not be reached. Therefore, caution is prompted regarding interpretation of the findings.

Results Study II: The participants used the medical equipment and monitoring devices to cope with their problems during virtual admission, but their coping appeared to be linked to the equipment, making it difficult for them to apply their experiences after discharge.

Conclusion: The results suggest that virtual admission alone may not be sufficient to improve COPD patients' self-efficacy and coping. Several factors may be considered when developing future telemedical interventions, such as the timing, the duration and the content of the intervention.

21. Icelandic emergency nurses' self-assessment of competence Thesis for the degree of Master of Science

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● Nurse competence is a key factor affecting quality of care and patient safety. To ensure quality of care, nurses' competence must always be in step with patients' needs and standards of nursing care.

The aim of this study was to explore and describe Icelandic nurses' self-assessment of competence. The goal was to gather information that can be used for professional development and continuing education activities. The study was a cross-sectional descriptive study. Participants were 76 (81%) nurses working at the Emergency department of Landspítali-University Hospital, Iceland. Data was collected from February to April 2015. A Finnish instrument, the Nurse Competence Scale was used to collect data. This 73 items instrument has seven nursing domains. Data were analyzed using descriptive statistics and logistic regression.

Nurses with 10 to 15 years of experience assessed their competence higher than other participants in four of seven domains; Ensuring quality, Managing situations, Therapeutic interventions and Work role. Work experience was significantly associated with more competence in the following domains: Teaching and coaching ($p=0,010$), Therapeutic interventions ($p=0,030$), Work role ($p=0,048$) and Overall competence ($p=0,040$). Overall competence increased the most between 5 to 10 years of experience, reached a certain balance after 10 years and then declined in some instances. Furthermore, different domains of competence were dominant depending on length of professional experience.

Therefore, professional development must be continuous throughout nurses' career, while taking into account previous professional experience. The retention of nurses may then increase as well as the quality of care at the Emergency department.

22. Participation in video recall session during individual interviews on restraint -ethical and methodological considerations

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● Nurses and physicians often use restraint to enable medical procedures on children during their hospital stay. To understand restraint practice, their perspectives on restraint were explored. The participating nurses and physicians had performed

a peripheral vein cannulation on a newly admitted pre-school child, and this performance was video recorded. During a following face to face qualitative individual interview, the fifteen participants were offered to review the video recording of their procedure in a video recall session. Video-recall sessions can elicit participant's subjective understandings of actual interaction and judgments that evolve with co-present individuals.

The video was showed towards the end of the interview, to first capture the participants' own experience of the situation they recently had participated in, followed by a judgment of the situation from "the outside". The participants were asked to provide their understanding of the interaction while watching the video recording to identify relevant perspectives when observing the situation afterwards. While all participants accepted to participate in the interview, some declined to participate in the recall session for different reasons. Those who participated in the video recall session felt there was little they could have done to change the restraint-situation when it escalated into forceful use of restraint. Others however, corrected earlier views and judgments posed in the interview.

To arrange for an improved understanding of restraint practices, this presentation will discuss ethical and methodological considerations of participation and non-participation in video recall session and the impact on results.

23. Drawing as research approach belongs to the visual methods which have surged parallel with an increase of qualitative research. Drawing serves as supplement to interviews; it makes meaning of a study phenomenon differently than talking about it.

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● **Background:** Drawing as research approach belongs to the visual methods which have surged parallel with an increase of qualitative research. Drawing serves as supplement to interviews; it makes meaning of a study phenomenon differently than talking about it. Drawing is well known in research among children but less common in research among adults, and few have discussed methodological issues.

In this paper we reflect on drawing as research approach among adults. Starting-point is a study of women's experience of hope when diagnosed with gynecological cancer. Drawings together with interviews essentially contributed to the knowledge of hope in this context as well as challenged the authors.

Methods: We begin by describing our research, a qualitative study using hermeneutic and visual phenomenology as approaches. We describe why we combined interview and drawing

and how we performed the study. Continuously we compare and contrast our method (how we collected, analyzed, interpreted and synthesized drawing as data) with what previously is documented. We further discuss ethical considerations when using drawings as data, what effect we as researchers had on the research and the effect drawing had on us. We end the paper with recommendations for future researchers employing drawing in generating empirical knowledge.

Results: Drawing is an appropriate approach when studying experiences such as hope, worry or anxiety connected to health and illness. Interview and drawing serve well as a whole in the research process because drawings as data, often presented as powerful metaphors, add visual-based knowledge to verbal data collected through interviews.

Conclusions: Future researchers might consider both methodological and ethical issues in using drawing among adults with special emphasis on voluntariness of the drawer, who might be hesitant to draw, and to authority to publish the drawings in scientific journals. Appropriate drawing material, the researcher's role during the session (the question whether the researcher should stay in the room or leave the drawer in solitude) and interpretation of the drawing need attention. Mutual interpretation of the drawing in a post-drawing conversation adds deeper evidenced knowledge and entails therapeutic moments.

24. Web-based self-management support for women with breast cancer. Effect and use

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● **Web-based self-management support systems (SMSS)** have shown to successfully assist a wide range of patients. However, not many systems are implemented in regular practice, few studies have investigated long-term effects and little is known about what the effective system components are. Therefore, this RCT tested and compared the effects of a) a practice-integrated secure e-message service (EMS), b) a multi-component SMSS (WebChoice) that also included the EMS and c) usual care on: symptom distress, anxiety, depression, self-efficacy and health related quality of life (HRQoL) in breast cancer patients over twelve months.

188 patients were randomized into: 1) the EMS (n=53); 2) WebChoice (n=71) or 3) control-group (n=64). The EMS-group could ask questions online to nurses at the hospital where they were treated, who could pass on questions to physicians if needed. WebChoice consisted of; the EMS, self-monitoring, ►

self-management options, information, forum and diary. Linear mixed models for repeated measures were fitted to compare effects on over time, using an intention-to treat-approach. In the WebChoice-group 63% (45/71) logged at least twice (range 2–41) during twelve months follow-up; 42% (22/53) in the EMS-group sent e-messages (range 1–7).

The WebChoice-group had significantly better outcomes than the control group in terms of symptom distress, anxiety, depression, self-efficacy and HRQoL (all $p < .001$). In the EMS-group symptom distress ($p = .009$) and depression ($p < .001$) were significantly reduced and HRQoL ($p = .015$) was significantly increased compared to the control group. Despite modest use and practice variations, the study shows that a SMSS or an EMS can improve patients' outcomes.

25. The qualitative interview; not just data collection

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1. Linköpings University

● The qualitative interview is a method to obtain knowledge about the persons own lived experience, and it provides the possibility to share experiences, the person's own life experiences of living with the chronic disease of COPD. There are symptoms that limit the person's everyday life, and the disease also affects the next of kin.

An interview can be a possible option for data collection but in the planning of an interview study with the affected person some issues need to be taken into consideration. It requires attention and adjustment based on the person's situation, the time and place of the interview, and also on how long the person will have energy to talk, which depends on their limiting symptoms.

The interviews were planned to take between 20 and 30 minutes. At the beginning of each interview, most of the informants were affected by shortness of breath and cough. As the interview progressed, it was clear how the informant's status changed – the shortness of breath faded out, breathing slowed down and the cough diminished. The informants spoke about their lived experiences related to their life situation, and most of the interviews lasted 40–70 minutes.

Several of the informants stated that they appreciated the opportunity to participate in the study, and were grateful that someone was interested in their lives. This leads to a reflection; qualitative interviewing is more than just data collection. The qualitative interview is also an intervention that brings

26. A journey through Cross-cultural adaptation, Psychometrics and Phenomenological design in research projects

Löf H.¹

1. Sophiahemmet University Stockholm and Karolinska Institutet, Dept of Clinical Science and Education, Södersjukhuset, Stockholm.

● Focus of the first study in my doctoral thesis (dissertation Karolinska Institutet, May 2015) was a body awareness questionnaire. I used a method for cross-cultural adaptation of self-reporting measures. I initially translated a version of a body awareness questionnaire (into Swedish), and I also pre-tested the translated version. By using think-aloud interviews I measured the content validity. I also performed a psychometric evaluation of the Swedish translated version, through confirmatory factor analysis (measure the construct validity).

Focus of the second study was pain and fatigue in persons with rheumatoid arthritis, and focus of the third study was fear-avoidance beliefs about physical activity in persons with rheumatoid arthritis. Studies two and three were cross-sectional survey studies. In study two I used univariate analysis of variance and backwards stepwise multiple regression and in study three I used univariate analysis of variance and backwards stepwise logistic regression. Focus of the fourth study was body awareness in persons with rheumatoid arthritis. A phenomenological study design, using the Empirical Phenomenological Psychological (EPP) method was used.

The purpose of choosing narrative interviews was that they can provide valuable information about the phenomenon (body awareness) from the patient's perspective. The life world perspective includes the world in which we live and to which we ascribe meaning, which means that our experience is always subjective and relative. According to the method the researcher does not attempt to validate a hypothesis (nor does the researcher seek to prove theoretical constructions).

27. Systematic review a method to promote nursing students skills in Evidence Based Practice

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2. Aalborg University, Denmark

● **Background:** Department of nursing educate students to practice Evidence Based Practice (EBP), where clinical decisions is based on the best available evidence, patient preference, clinical experience and resources available. In order to incorporate evidence in clinical decisions, nursing

students need to learn how to transfer knowledge in order to utilize evidence in clinical decisions. The method of systematic review can be one approach to achieve this in nursing education.

Method: The preparation for promoting nursing students skills was a Comprehensive Systematic Review Training course provided by Center of Clinical Guidelines in Denmark an Affiliate Center of the Joanna Briggs Institute and practice in developing a systematic review on how patients with ischemic heart disease experiences peer support. This insight and experience with systematic review is used to develop didactic practice and evidence based teaching in different part of the education.

Findings: The poster will present how teacher's training and experiences with systematic review contribute to the nursing education in relation to didactic, research methodology and clinical content. Hands on experiences with systematic review are used to bridge the gap between theory and practice when teaching in the method of narrative review. In nursing classes reviews are integrated with other sources of evidence in order to enhance students reflection on how different sources of evidence influence EBP. Furthermore teachers skills in systematic review will be used to develop systematic reviews on topics in the education where there aren't any in order to promote Evidence Based Teaching.

28. Music-therapy in Danish NICU – enhancing attachment and parenting

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1. Aalborg University

● Preterm infants are at increased risk for affected neuro-behavioral and somatic outcome both short and long term. They depend on physical and emotional contexts to support and protect brain development. Parents suffer emotional stress and PTSD symptoms during and after NICU admission. Studies suggest that evidence based music-therapy can reduce parental stress and support attachment, improve infants weight gain, vital signs and sleep. Music-therapy has not been tested in a Danish NICU and a pilot study therefore was conducted.

Method: A music therapist delivered a short therapeutic session at 48 occasions using guitar and voice individually to pre-term infants with at least one parent present. Infant wellbeing and pain were measured by NICU nurses with COMFORTneo, for two minutes before the intervention for two minutes after the intervention to asses infants comfort. Parents gave short interviews on their experiences with the intervention.

Results: Based on before and after measurements a pared t-test, gives an estimated difference on 1,7 (95% ci:0,82–2,59) between before and after measurement. The difference is significant ($p=0,0003$) suggesting that music therapy improves comfort for the preterm infant. Parents experienced music-therapy as very beneficial and experienced that children slept better, ate better or calmed down and seemed more relaxed.

Conclusion: Music therapy significantly reduces infants stress as it improves wellbeing. Parents experience a calm nice “quality-time” with their infant.

Perspective: Music therapy seems promising in a Danish NICU and further studies are needed to get more data on infants and parents outcome.

29. Hospitalized children's pain experience: Effect and impact of intervention with the hospital clown in acute and repeated painful procedures in hospitalized children. A mixed methods study.

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2. Aalborg University Hospital, Denmark

● **Aim:** To investigate the effect and influence of a non-pharmacological intervention with the hospital clown on acute hospitalized children's pain experience in situations with painful procedures and long-term effect on children with cancer.

Background: Hospitalized children describe the pain associated with painful procedures as the worst. These experiences can be very traumatic for children and their families. Most children hospitalized acute are exposed to repeated hospitalizations. Therefore, there is a need for different interventions for relief. In 2004, hospital clowns became a part of the team on pediatric wards in Denmark, and experiences showed that there is a certain atmosphere of smiles and joy as the hospital clown is presented. International studies have showed the effect of hospital clown on preoperative anxiety in children, but there is limited Danish research on this topic.

Methods: A three faced mixed methods study using an explanatory sequential design: Study 1: RCT. To identify, if intervention with the hospital clown influences acute hospitalized children's pain experience at painful procedures, measured on VAS/FPS-R. Study 2: Field observation/video to describe the impact on acute hospitalized children's pain experience. ►

Study 3: Field observation/video/interview with children with cancer and their parents to describe, the long-term effect of the hospital clown.

Results: Combining results and findings will contribute to qualify and develop future targeted interventions for pain management for hospitalized children, and for other groups of patients.

Conclusion and implication for practice: New knowledge is expected to strengthen a focused and theoretically substantiated interdisciplinary collaboration with the hospital clown in health care systems.

30. The Perspectives of Former Recipients and Experts on Stigmatization Related to Electroconvulsive Therapy in Denmark. A Focus Group Study.

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2. Herlev and Gentofte Hospital
3. University Hospitals' Center of Health Research (UCSF) and University of Copenhagen

● **Objectives:** Although fast working and potentially life-saving, electroconvulsive therapy (ECT) is regarded as a strongly controversial treatment, and stigmatization, a well-known phenomenon within mental illnesses, is frequently mentioned in relation to it. However, no systematic research in this area has taken place so far. The aim was to explore the experiences and attitudes of former recipients of ECT and of experts professionally involved with ECT in order to identify potential stigmatization.

Methods: This was a qualitative exploratory study that used a source- and researcher-triangulated component design and was based on semi-structured focus group interviews. Criterion sampling was employed, and two focus groups, one comprising four recipients of ECT and the other seven professional experts, were conducted. Data were analyzed using a theory and data-driven framework-analysis.

Results: The analysis yielded three major themes for the first focus group interview: 'ambivalent attitudes', 'discrediting and exclusion' and 'survival strategies' and three major themes for the second focus group interview: 'dramatic depictions of ECT', 'an overlooked and rare treatment' and 'anti-stigmatization strategies'.

Conclusions: Stigmatizing attitudes and behaviors in relation to ECT are closely related to one's personal and factual knowledge, and there is a great need for multi-facetted approaches

if social acceptance and recognition are to be achieved. In relation to uncovering and increasing awareness of important issues for a patient group at risk of being overlooked, this study contributes with new knowledge in a scarcely explored field and provides a suitable method for the anti-stigmatization and empowerment of minority groups.

31. Dealing with challenges in taking active part in care after hospitalization due to exacerbation in chronic obstructive pulmonary disease: experiences by patients and their relatives

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2. University of Southern Denmark
3. Roskilde and Koege Hospitals and Institute of Regional Health Research, 2. University of Southern Denmark
4. UC-Lillebælt, Denmark

● **Background:** Living with severe chronic obstructive pulmonary disease (COPD) is often characterized by recurrent acute exacerbations (AECOPD) and increased need for hospitalization. After hospital discharge for AECOPD, many patients experience prolonged deterioration and difficulties in maintaining daily activities. Patients' participating in own care is crucial but little is known about patients' and their relatives' experienced challenges and obstacles to succeed herewith.

Aim: The aim of this study was to explore COPD patients' and their relatives' experiences of taking active part in their own care within a year after hospitalization.

Methods: An ethnographic inspired field study was conducted among fifteen COPD patients and twelve relatives. Data were collected by participant observation and informal interviews at hospital. This was supplemented by in-depth interviews six and twelve months after discharge. A phenomenological-hermeneutical approach inspired by Ricoeurs' theory of interpretation guided data analysis.

Results: Preliminary results indicate that taking active part in COPD care implies managing periods with increased vulnerability created by the transition situation of hospital discharge, as well as transition situations occurring over time such as changed medication, home-oxygen therapy, job situation, domestic conditions, and family problems. Furthermore, analysis reveals efforts to navigate constantly normalizing everyday life while at the same time dealing with healthcare professionals' claims to take active part in care.

Relevance to clinical practice: Healthcare professionals can learn from patients' and relatives' experiences to obtain insight into challenges in taking active part in their own care. The gained insight could be useful in improving future follow-up interventions after hospitalization.

32. Central aspects of telephone advice nursing as experienced by elderly callers

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2. Borås university

● **Introduction:** Telephone advice nursing is expanding world-wide. For many patients, this service can be the first contact with the healthcare system. Despite increasing healthcare needs, older people seek telephone advice nursing services in Sweden less than expected given their proportion in the population. Therefore, exploration of facilitators and barriers for elderly callers use and access to telephone advice nursing is needed.

Aim: The aim of this paper was to explore elderly callers' experiences of telephone advice nursing at primary healthcare centres in Sweden.

Methods: This study has a descriptive design with a qualitative inductive approach. Qualitative interviews were used for data gathering, and a strategic sample of ten elderly callers participated. Data was analysed using qualitative content analysis.

Results: To be the focus of attention during calls was experienced as important by the elderly callers and the communication was found to be crucial to build a mutual understanding of the problem. Elderly callers' satisfaction related to the patient-friendly aspects of telephone advice nursing. The telephone system that is used for contact with the nurse could be both an asset and obstacle. Elderly callers' had a strong confidence in the telenurses competence and they experienced access as mostly good.

Discussion/Implications: The study contributes to increased awareness of the advantages and disadvantages of the telephone system as experienced by elderly callers. The communicative competence of telephone nurses is essential to assess elderly patients' health concerns and to refer patients to the proper care. In addition, a person-centred approach is important to provide the best patient care in telephone advice nursing. These aspects should be highlighted in nursing education, as well as clinical practice.

33. The process of recovery after colorectal cancer surgery: lived experiences from the first six months

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2. Skane University Hospital

● **Objective:** To describe the lived experience of postoperative recovery after colorectal cancer surgery during the first six months.

Background: Colorectal cancer is the third most common cancer diagnosis in the world. Short hospital stays after colorectal cancer surgery poses demands on health care professionals to prepare the patients for their recovery process and also provide for appropriate support during recovery. To do so, it is necessary to know how the postoperative recovery is experienced by patients.

Design: A qualitative phenomenological design was used.

Method: Ten patients recovering from colorectal cancer surgery were interviewed one and six months after surgery. The descriptive, phenomenological method by Giorgi was used throughout the study.

Findings: Postoperative recovery was described as a progressive process accompanied with experiences of physical powerlessness, difficulties with food intake, altered bowel function and dependence of others. The experiences were most intense in the beginning of the recovery then decreasing as time went by.

Conclusion: Recovery after colorectal cancer is a physically and psychologically challenging process. As time goes by, normality in life returns though there could be a need to adapt to physical changes.

Relevance to clinical practice: Patients recovering from colorectal cancer surgery are in need of information and support during their recovery process. This need is most frequently required in the beginning of the recovery however, follow-up routines should be individually considered. ►



34. Older persons' expressions of emotional communication in home care

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3. University of Borås
4. Buskerud and Vestfold University College

● Good care is considered closely related to person-centered communication and care. The population of older people is increasing in Sweden and many are cared for in their homes. Older people need the possibility to influence and participate in their care and keep a high degree of self-determination and integrity. There is a lack of knowledge about communication in home care encounters between old persons and healthcare providers, what it is about and whether it is person-centered.

The study aim was to analyze older persons' expressions of emotional concerns during home care visits. Data of 188 audio recordings of authentic communication between older persons and registered or assistant nurses in home care were collected. Verona coding definitions of emotional sequences (VR-CoDES) was used for analysis.

During 94 of the 188 home care visits verbal expressions of emotional cues or concerns were found. A total of 26 explicit concerns were expressed by the older persons. More common were the cues, and a total of 301 cues were found, which are hints that suggests an underlying unpleasant emotion. Most common cue were hints to hidden concerns, such as expressions of uncertainty, hope, emphasis or metaphors. For example: "...it's like talking to a wall!"

This study can contribute with knowledge about old persons' expressions of emotional concerns in communication with healthcare providers in home care. It is important to increase the awareness of old persons' emotional needs and what healthcare providers may be attentive to.

35. Public Health Intervention Wheel – validation in a sample of public health nurses in Norway

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2. Bethel University, USA

● **Background:** The Public Health Intervention Wheel (PHIW) is a model for public health practice that was developed by the Minnesota Department of Health. The Wheel explains what public health nurses (PHNs) do. The PHIW offers an alternative for naming the work of PHNs. The Wheel is organized by colored

wedges to group interventions that have a similar focus. The Wheel has 17 interventions and emphasizes three intervention levels: individual/family, community, and systems.

Aim: The aim of the study is to explore Norwegian PHNs (family nurses, school nurses and home health nurses) experiences with using interventions from the PHIW.

Design and methods: Qualitative design, six focus groups of eight to ten PHNs. Each participant will be given a color copy of the PHIW and definitions of each intervention. Each focus group will be asked to respond to a set of questions for three of the wedges on the PHIW. After signing a consent form, each participant will complete a demographic form. Focus group questions will be asked verbally and will be available on a paper copy. The academic researchers will use a descriptive content analysis approach to analyze themes and representative stories for each intervention. The themes and stories will be validated by the research team.

Contribution: The study results will be discussed with the findings of a recent survey on school nurses' use of public health interventions in their school nursing practice in US. Through this study the PHIW will be introduced to and validated by PHNs in Norway.

36. What does it mean to be a facilitator in the Evidence Based Practice (EBP)-process in Swedish hospital wards?

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● The implementation process of evidence based new routines is well described, but studies concerning the facilitator role in the evidence-based practice (EBP) process and its challenges are scarcely described. In this project nurses and nurse teachers had the role of facilitators in order to promote improvement in nursing care in accordance to EBP-process at two hospitals in Sweden.

The aim was to describe what it means to be a facilitator in the EBP-process. In order to study the facilitator role throughout the EBP-process five focus group interviews were conducted with two groups of facilitators, four nurses and one nurse teacher in each group, all together ten interviews, from September 2011 to May 2013.

After each interview the observer (EA) and the moderator (KB) compared and discussed group interactions and field notes to validate the interviews. The observer gave feedback to the moderator to improve the interview techniques. The interview

transcripts were analysed according to the method of content analysis (Elo & Kyngäs 2007). To be a facilitator in the EBP-process meant to put on a leadership role and a personal development. Promoting factors were a high degree of collaboration within the facilitator group, interest and support from the head nurse, clear instructions about the project and adequate own planning of the time assigned to the facilitator role.

As a side effect, the focus group participants appreciated the opportunity to exchange experiences with each other during the interviews.

37. How can patient diaries complement interview data when exploring women's management of living with first-time acute myocardial infarction?

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● **Background:** Diaries as a data collection method have grown in popularity in health-care research to capture data around health and illness. Diaries can vary from a very structured format, to a less structured. However, the open solicited diary have been used less frequently. Of particular interest is how the combination of solicited diary and qualitative interview can provide rich qualitative data.

Purpose: To explore the use of patient diaries to complement interview data in investigating women's management of living with first-time acute myocardial infarction (FAMI).

Methods: In the present descriptive, longitudinal study, data are collected from 15 women with FAMI. Data comprise qualitative interviews at one, six and twelve months after diagnosis supplemented with a 6-weeks patient diary after the first interview. The solicited diary is semi-structured. Both patient diaries and qualitative interviews are equal important. Currently, ten women have been included.

Preliminary findings: Preliminary findings suggest that diaries can record variation and changes over time and be used to identify interactions between stressors, reactions, and coping. The findings will be ready for presentation in June 2016.

Conclusion: Solicited dairies are appropriate to a study exploration of the lived experience of the women with FAMI and should be considered as a valuable data collection tool.

38. Perception of quality of care in hospital: comparison of the views of patients and nurse students

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1. Østfold University College

● **Objective:** Quality of care has been measured in different ways to guide healthcare providers in their work. Several studies have examined patients' perceptions of quality of care in a hospital setting. Currently, there is little information regarding nurse students' perspective of quality of care in relations to the patients'. The aim of this paper is to compare the views of patients and nurse students.

Methods: The study had a cross-sectional design. Perceptions of care were measured with the questionnaire "Quality from Patients' Perspective" (QPP), and 253 patients in one Norwegian hospital participated. An adjusted version of QPP was used to measure the students' perspective. A total of 68 nurse students participated. The questionnaire consisted of 25 items from the dimensions: the medical-technical competence of caregivers; the identity-oriented approach of caregivers; the hospital's physical-technical conditions and the socio-cultural atmosphere. Mann-Whitney U-test was used to identify potential differences between patients and students quality of care rating.

Results: The patients were found to rate all dimensions of quality of care statistically significantly higher than nurse students ($p < 0.05$). The medical-technical competence of caregivers was the quality dimension that differed most between the two groups.

Conclusion: Quality of care in hospital setting was rated different in the two groups. The nurse students rated the quality of care that patients in hospitals received lower than the patients themselves.

39. Translation and cultural adaptation of the National Survey of Medical Decisions questionnaire for Colorectal Cancer Screening for use in the Screening of Swedish Colons Study

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● **Title:** Translation and cultural adaptation of the National Survey of Medical Decisions questionnaire for Colorectal Cancer Screening for use in the Screening of Swedish Colons Study.

Objective: To translate and culturally adapt the questionnaire, the National Survey of Medical Decisions (DECISIONS) into a Swedish context.

Methods: A qualitative design inspired by guidelines based on methods for cross-cultural adaptation in the field of psychology and sociology were used. The guidelines include focus group discussions, individual and telephone interviews, and Thinking Aloud (TA) sessions.

Results: The process resulted in reformulation and rewording of 29 items, eleven items changed due to wording and two new items were added as a result of the qualitative interviews and group discussions. The present version of the questionnaire consists of 24 items concerning decision-making and aspects related to that.

Conclusion: Our study demonstrates the importance of implementing cultural adaptation to ensure the quality of a translated questionnaire and thereby its results. The major cause for removal and changing of items can be explained by different traditions in communicating with the health care system in Sweden and the US, communication about decision-making and how risk of cancer is communicated in general.

The results have hopefully produced a questionnaire that after additional testing in a pilot study can be used to evaluate decision-making in participation in CRC screening in a Swedish population.

40. Transition from Pediatric Outpatient Department to rheumatology Outpatient Department – A User Driven Innovation Project

Bay T.L.¹

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● **Introduction:** Adolescents often find themselves in a special period of life where change is an inevitable part of life. Furthermore, young people with a chronic illness must handle everyday life with all the challenges this entails. The health professionals need special qualifications to secure a meaningful transition from pediatric to adult care for both adolescents and the parents.

Purpose: To create a coherent transition for the young patient when transferred from pediatric outpatient department to rheumatology outpatient department.

Design: User involvement and innovation design through five phases: Plan, research and analysis, idea and concepts, test and qualification and implementation.

Method: Data was collected through interviews and observation, and data was “downloaded” on post-its. Themes were identified from the data set, and pivotal insights were highlighted. These insights were presented to patients and health professionals from the interdisciplinary team in two work-shops. Here ideas were generated and specific prototypes of improvement were co-created.

Results: Three prototypes were selected for further enhancement and development between the pediatric department and the rheumatic department: Knowledge sharing between the departments; consultations with adolescents, parents and health professionals from both departments and setting up a committee consisting of young patients in transition.

Conclusion: Patient’s and health professional’s involvement prompted solutions with focus on patient’s need and a larger understanding of the different cultures that are present in the pediatric outpatient department and the rheumatologic outpatient department. The collaboration between the departments and with the young patients is now more evident and much more urgent.



41. The use of restraint with young children during painful medical procedures

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2. Jönköping University, Sweden

● Children's need for support is tied to their experiences of fear during times of trauma and uncertainty. Two recent studies gave insight to the experiences of young children (3–7 years of age) undergoing painful medical procedures.

Children and parents described trauma related to the suddenly changed caring role parents' play: from caring parent to health care assistant. Parents helped restrain children and took part in painful and unpleasant procedures and treatments. Nurses described the use of restraint as sometimes necessary due to logistical constraints but also as supportive to the child. Lack of access to parents as protectors was experienced as traumatic by the child. The child felt ashamed, humiliated and powerless, having lost the right to control his/her own body.

The aim of this paper is to review the use of restraint with young children during painful medical procedures. From the young child's perspective, restraint is never supportive. Children require a sense of security to overcome fear. When the child seeks security in an adult, the adult's response becomes extremely important. Children need to guide and be guided by adults, until they think: "I can manage this".

Adequate support enables a caring situation characterised by mutual trust. Parents ought to be involved to help alleviate fear, but strategies for collaboration and role definition for parents and health care professionals need to be reassessed.

42. Description vs. interpretation: Is Reflective Lifeworld Research approach a resource for attention relatives' perspective in suicide prevention?

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● There is a lack of knowledge of what can facilitate relatives' participation in the care of the patient at risk of suicide. Available and supportive relatives might be essential in the patient's social network, and need to be accounted for as a resource for the patient in care.

The aim of this study was to describe the phenomenon of participation in a caring context, as experienced by relatives of persons at risk of suicide. Based on a Reflective Lifeworld Research approach, eight relatives participated in phenomenon-oriented interviews. Data were analyzed to describe the

essence and the meaning constituents of the phenomenon. The preliminary results reveal that the phenomenon of participation means to be actively involved in the process in which the person regains the desire to live.

However, descriptive phenomenology is a tradition with several philosophical roots. In particular, Reflective Lifeworld Research approach is a methodology that has its roots in Merleau-Ponty's philosophy. This philosophical grounding has contributed to resources for the researcher to position oneself in relation to the studied phenomenon. Compared to interpretive traditions within the phenomenological field, the analysis of data is undertaken without import of theories. Thus the phenomenological language can be a challenge for the researcher, and is connected to reflexivity throughout the research process.

This presentation will demonstrate how particular lifeworld descriptions, examples from the results of the study, contribute to openness and sensitivity to both the complexities of the lived experiences and also to the phenomenon itself.

43. Healthcare professionalization and the Identity of Healthcare Professions

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1. Roskilde University

● The aim of this study was to explore how changes in society call for more generic competencies influencing the identity of healthcare professions with a bachelor degree and secondly to discuss how society perceives these professions. There is an on going reformation and adjustments of higher educations in Denmark.

We have focused on a policy document from the Ministry of Higher Education and Science in Denmark. The document was conducted by a private consulting firm specializing in market analysis and the aim was to analyse the future need for generic competences in the Danish healthcare system. The document was the base of empirical data. We undertook a political and social discourse in analysing different themes in the document.

In addition we conducted a semi structured key person interview with a nurse as a representative of the healthcare professions by using an interview guide. We used a phenomenological approach to capture the experience of everyday life situation of a nurse. The interview was recorded and subsequently transcribed. We looked for themes that could uncover specific monodisciplinary and interdisciplinary competences in the nursing.

Data from the document and from the interview was merged and analysed with the aim of understanding the identity of a healthcare professional and the political attitudes towards

healthcare education in general. Based on the political and social discourse we analysed different themes from the document: The political opinions of the Danish welfare society, the opinion of the Danish Healthcare system, the role of healthcare professions and their position in society in the future.

Our study showed that when it comes to healthcare professions as nursing it is not adequate to focus on generic competences. The specific knowledge and specific competences are important in the daily work with patients. Viewing healthcare as an object to be traded in the open market is inadequate in reforming healthcare education in the future. This competitive focus is a threat to the professions, to the specialized knowledge and to the quality in healthcare work in general.

44. Knowledge transfer of evidence based on methasynthesis using the Joanna Briggs model of evidence-based healthcare

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2. Horsens Regional Hospital, Horsens, Denmark

● **Background:** Knowledge transfer is essential for health care professional's education, training and decision support systems. Especially non-specialist nurses need support in relation to their cooperation with patients and significant others.

Aims: This presentation reports on an on-going study preparing knowledge transfer in a clinical setting based on the JBI model of evidence-based healthcare.

Methods: The JBI model builds on a prepared peer-reviewed publishable protocol, which clarifies the actual participants, phenomenon of interest and context. In addition, the search strategy and preliminary search terms are identified together with the instruments selected due to the choice of methodology. Our choice was qualitative methodology; therefore, we used the QARI instrument (Qualitative Assessment and Review Instrument).

Results: Illustrated by a PRISMA figure and following the published protocol, our initial search provided 1 055 studies. Through a stepwise selection, we identified three qualitative studies with enough textual material to provide our work with 71 findings. Five categories finally merged into a metasynthesis: The challenges of non-specialist nurses during palliative end-of-life care.

Conclusions: There exists evidence that non-specialist nurses without specialist training need further education and training in psychosocial and existential discernment and actions.

45. A systematic review: Nursing students' experiences of professional patient care encounters in a hospital unit.

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● **Background:** The clinical learning environment at a hospital unit presents barriers that may cause nursing students to experience stress and anxiety when engaging with patients. Knowledge of the students' experiences is valuable in assisting students to overcome challenges and fulfill expectations concerning future clinical competences.

Methods: A systematic review following the reviewer's manual from The Joanna Briggs Institute (JBI) was used to identify, appraise and synthesize the nursing students' experiences of professional patient care encounters in a hospital unit.

A three-step search strategy was developed. An initial primary search of PubMed and CINAHL was conducted, followed by an exploration of the words in the title and abstract, and of the index terms used to describe the article.

A second systematic search for published and unpublished studies using 24 keywords was carried out in: PubMed, CINAHL, ERIC, TRIP, Academic Search™ Premier, Mednar, Google Scholar, ProQuest, OpenGrey and clinical education relevant websites.

Thirdly, the reference list of identified studies was searched for additional studies. Two reviewers critically appraised the studies through the JBI Qualitative Assessment and Review Instrument (QARI) prior inclusion of studies; in addition data were extracted using QARI. The Qualitative findings were aggregated and categorizing aiming for a meta-synthesis.

Findings: The poster presents and discusses the findings based on a PRISMA flow diagram emerged from the search and the critical appraisal. Evidence is prepared on the nursing students' experiences of professional patient care encounters in a hospital unit as an approach to preparing and guiding nursing students through their clinical period.

46. Leading for research – an intervention to facilitate research utilization

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3. Dalarna University, Falun, Sweden
4. University Health Care Research Centre, Örebro, Sweden

● **Background:** Nurses working in hospital wards, have been reported as low users of research when organizing their clinical work. Two main factors that could influence the nurses research utilization have been identified; leadership and time for reflection.

Aim: The overall aim was to evaluate an intervention organized with the purpose of supporting nurse leaders to facilitate research utilization among clinically working nurses.

Design and methods: Based on focus group interviews with nurse leaders, an educational intervention for nurse leaders was developed. The intervention was given to approximately one third of the nurse leaders at a university hospital. It consists of four educational workshops with themes like practical research support, nursing theory, leading for research and literature search strategies, and was performed over a half-year period. The focus of the intervention was to provide practical paths to stimulate research utilization and to create a reflective approach among the nurse leaders.

We also provided the nurse leaders with a "mentor of science". Before and after the intervention a survey was sent to all nurses working on the hospital wards. The survey consisted of questions about the working climate and how they use research in their daily work.

Results: Preliminary results from the focus groups indicates that the nurse leaders ask for external support, and "hands on help" so the intervention was designed to provide that. The pre-intervention survey was answered by 591 nurses and will be repeated approximately one year after the intervention is completed.

47. Public dementia care in terms of Equal services – Family, local and multiethnic perspectives

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1. The Arctic University of Norway

● A survey to informal caregivers of persons with dementia living at home.

Background: Most persons with dementia related disorder (DRD) live at home. This is in accordance with current health policy. The lives of close family members to persons with DRD are deeply affected. The study focuses on use and non- use of public services among persons with dementia and their informal caregivers.

This study will provide knowledge about local and individual differences in use and non-use of services and explore practice conditions to reveal similarities and equalities between communities, ethnic and social groups.

Aim: To present the translation process and the piloting of the ASCOT SCT4 Carers that will be used in a three languages multi ethnic population in Northern Norway.

Methods: Translation and linguistics validation of the scale, pilot testing and cultural adaptation of the questionnaire in accordance with international scientific procedures.

Conclusion: It is important that measures used in a multi-ethnic context as well as being translated well linguistically must be culturally adapted to obtain validity of the instrument. The study will contribute to exploring both methodological issues concerning translation and validation of the scale in addition to empirical issues, such as caregivers' perceptions, assessment, use and non-use of formal care, and their perceptions of their role as caregivers.

48. Individual patient involvement in follow-up after colorectal cancer: a case study

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3. Digestive Disease Center, Bispebjerg and Frederiksberg Hospital
4. University of Copenhagen, Denmark

● **Background:** The number of cancer survivors is increasing; many experience side effects and rehabilitation needs, requiring individualized and multidisciplinary interventions. A patient-cent- ►

red approach to follow-up is recommended, with several purposes: individual needs assessment, support to resume a 'normal' life and to identify relapse. Patient involvement is central to individual follow-up; there is a lack of research-based knowledge about the contextual conditions affecting patient involvement in cancer follow-up.

Aim: To identify the current conditions affecting individual patient involvement in colorectal cancer surgical follow-up, in transition between hospitalization and living a 'normal life'.

Method: Single case study.

Data sources: field notes, patient records, mail correspondence, in-depth interviews with the patient and non-participative observations of outpatient visits.

Method of Analysis: Content analysis based on a dialogical, interactive framework, focusing on identifying current contextual conditions. The framework is inspired by the anthropologists Duranti and Goodwin's 'rethinking context'. They describe four context dimensions: setting, behavioural environment, language as context, and extra-situational context, which underlie the data processing.

Results: Preliminary analysis suggests that four conditions affect individual patient involvement: 'time perspective', 'importance of the body', 'dominant form of knowledge' and 'patient participation'. They seem to change meaning depending on the extent to which they are considered from either a treatment perspective or a holistic perspective. Final results will be available in early 2016.

Conclusion and perspective: Preliminary results indicate a potential for the development of the nurse's independent role in enhancing patient involvement in colorectal surgical cancer follow-up. Keywords: patient involvement, context, cancer, follow-up, case study.

49. Non-attendance in screening for cardiovascular diseases and diabetes: The non-attendees' perspective

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2. Viborg Department for Clinical Medicine, Aarhus University

● **Aim:** To explore the non-attendees' perspective on non-attendance in a screening program for cardiovascular diseases (CVD) and diabetes (DM) in Danish women aged 60 to 75.

Design: An interview study.

Method: Data collection was conducted through semi-structured, audio-taped interviews with ten women, sampled from the population, who declined to participate in a Danish screening program for CVD and DM. Additionally, reflective notes of the interview were registered after each interview. The data were collected during September – October 2013. The analysis was characterized by a non-linear and iterative process of analyzing the empirical data based on Kvale and Brinkmann's (2009) three contexts of interpretation: self-understanding, critical common-sense understanding, and theoretical understanding.

The software program NVivo 10 was used to facilitate analysis and was employed as a structural tool. The identified experiences related to non-attendance were categorized into themes and underlying subthemes.

Findings: Main theme: screening seems personally irrelevant; Subthemes: personal health and risk beliefs, insufficient knowledge, distrust in the healthcare system, and finding the screening program personally irrelevant is a changeable belief.

Conclusion: The findings illustrate that personal experiences, beliefs, and self-projective strategies are influential on the subjective interpretation of the screening offer's relevance and that non-attendance occurs on the basis of insufficient knowledge. Consequently, it is questionable whether the decision of non-attendance is an informed decision. Negative experiences with the healthcare system resulted in a general distrust towards the public health sector, including hesitancy to participate in the screening program.

50. Methodological aspects of conducting video-recordings of ongoing health care situations

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● Nurses' in child and school health care promote children's health and development by regularly inviting them to health visits. These visits are part of the Swedish health-monitoring programme and all children aged 0–19 are invited.

The aim of this presentation is to demonstrate issues related to conducting video-recordings of ongoing health visits. Video-recordings as data-collection capture the health visits as a whole and enable exploration of both the child's and the nurse's perspectives but also the interaction between them. It enables descriptions of children's actions in health visits, the verbal interaction between the child and the nurse as well as the nurses' strategies when encountering children in health visits. Video-recordings facilitate the researcher's possibility to be objective

and follow the course of events in health care situations without interference.

Further, it allows the researcher to observe the same health care situation in detail and several times, and to reflect and validate with co-researchers during the analysis process. Video-recordings can be subjected to both qualitative and quantitative analysis depending on the aim of the study. When conducting video-recordings of ongoing health care situations there are challenges that need to be taken under consideration e.g. how to not interfere in the health care situation with either the video camera or with yourself as an extra person in the room.

This presentation demonstrates issues related to conducting video-recordings during ongoing health visits with children three to sixteen years of age in Child Health Care and School Health Care.

51. Hybrid experimental design: A suitable design to tackle contamination of control groups

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● **Background:** Randomized controlled trials (RCTs) are considered to be the “gold standard” to assess the effectiveness of interventions. Because nursing interventions are most likely complex, multicomponent interventions, RCTs are often not suitable due to the risk of contamination of the control group. Such contamination can lead to a lower point estimate of the intervention’s effect and to underestimate the difference between both groups.

Objective: To describe an innovative study design aiming to verify the contamination in the control group when testing the effectiveness of a person-centered transition program for adolescents with congenital heart disease (ConHD).

Design: A hybrid experimental design is developed, in which a longitudinal, observational study is embedded in a RCT, resulting in a 3-arms design. The study will be conducted in 4 ConHD-centers in Sweden. Two centers will perform the RCT, by randomly assigning patients to either the experimental group (60 patients) or the comparison group (60 patients). This latter group may be subject of contamination. Two other centers are “intervention-naïve” and therefore comprise a contamination-free control group (120 patients). The occurrence of contamination will be investigated by comparing the comparison group and control group.

Participants and setting: Participants are literate, Swedish-speaking adolescents with ConHD, aged 16 years and their parents.

Discussion: This hybrid experimental design will give us the opportunity to investigate potential contamination of the comparison group, by studying differences with the control group from intervention-naïve centers. If this design is successful, it can be employed in the evaluation of complex nursing interventions.

52. Learning in action; developing relational coordination in interdisciplinary teams

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● **Background:** Advances in electronic documentation and increased complexity to maintain continuity of care with merging hospitals departments are ongoing challenges in today’s healthcare systems. Consequently, the complexity of assignments of and collaboration between healthcare professionals is also increasing. Relational coordination has been shown to be essential for effectiveness, quality and job satisfaction especially when assignments are characterized by unpredictability, interdependence and time pressure.

Aim: In the process of merging two hospital units within the same hospital department and implementing electronic documentation, the aim of this project was to develop effective communication, working procedures and resource consumption.

Design and methods: Action research was used as the research design. The study took place in a Danish university hospital involving healthcare professionals from two hospital sections which had just been merged into one. Focus group interviews and constant collaboration between the action researcher and the healthcare professionals revealed specific areas for development, which were further developed and tested in action. The analysis was conducted using theory of relational coordination and constructive conflict theory.

Result: The study led to increased use of team member competences, more precise and focused communication, establishment of working partnerships, development of communication tools and increased job satisfaction. Further the health care professionals expressed experiencing a more accurate picture of the patient’s condition, expectations and needs.

Conclusion: Engaging healthcare professionals in the development process is essential as it leads to commitment and alignment towards a common practice. Using action research as a method was shown to be essential.

53. Coherence between lived quality of life experience and compliance within patients with Coronary Heart Disease in the Faroe Islands

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● **Coherence between lived quality of life experience and compliance within patients with Coronary Heart Disease in the Faroe Islands.** The purpose of this study is to examine, focus and shed light on, whether there is a coherence between lived quality of life experience and reaching the treatment goals of the pharmacological and the non-pharmacological risk factors, known in relation to Coronary Heart Disease (CHD) within outpatients in Heart Rehabilitation Regime at the National Hospital of the Faroe Islands.

The method used will be a mixed method between Power Calculation of collected data in relation to CHD patients risk factors and a phenomenological study of the meaning patients see in their quality of life experiences, the quality that appear and are emphasised in their lived lives.

The background of this study is based on data from the Heart Rehabilitation Program of the National Hospital of the Faroe Islands (program for collecting data) that include all STEM, NSTEMI, UAP, By-pass, and valve-operated patients living in the Faroese society (e.g. a cohort). Evidence-based scientific articles relating to Heart-Related Quality of Life (HRQoL) in the lives of patients with Coronary Heart Disease. This disease is the Cardiovascular Disease between adults that have the greatest prevalence. CHD is due to narrowing of the Coronary Arteries because of lipid accumulation, this leads to a mismatch of oxygen supply and demand leading to chest pain eventually leading to myocardial infarction STEMI and Non-STEMI.

HRQoL is a multifaceted concept, that is measuring the influence disease and treatment has on physical, psychological and social wellbeing of the individual. Studies demonstrate that CHD has a negative influence on both physical and psychological components of HRQoL, e.g. chest pain, breathlessness, fatigue etcetera.

54. Experiences of methodological issues in research interviews involving people with severe and persistent mental illness such as schizophrenia

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● **Background:** The viewpoint and special needs of individuals with severe mental illness is crucial in development of mental health nursing. In-depth knowledge of the perspectives of

people with severe mental illness is primarily established in dialog with individuals experienced in the phenomenon investigated. To reach trustworthiness of findings in qualitative studies is central and the interview approach used should assure trustworthiness in data collection regarding perspectives of the individual essential in developing nursing research and practice.

Aim: The aim of the paper was to describe and discuss methodological issues related to research interviews involving people with severe and persistent mental illness.

Method: Five qualitative interview studies regarding experiences of different aspects of life among people with severe mental illness were reflected and discussed regarding methodological issues related to the interview situation involving people with severe and persistent mental illness (N=51).

Results: The discussions forming the results revealed three crucial topics in qualitative interview studies with individuals with severe mental illness. Use previous experiences of interactions with persons with mental disabilities with an open mind without prejudices. Balance the interviewee's need of support and encouragement during the interview without manipulating contents of statements. Comprehend the essential meaning in the interviewee's statements even when statements are short and narrow.

Discussion: Three crucial topics in qualitative interview studies with individuals with severe mental illness were revealed. Further studies regarding sampling procedures and analysis of collected data are needed to ensure trustworthiness of findings regarding interviews involving people with severe mental illness.

55. Unmet needs among patients with acute/sub-acute osteoporotic vertebral fracture – a feasibility study

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● **Background:** Patients with vertebral fractures (VF) are often at home in the acute period. VF may cause serious consequences for the individual in term of acute or chronic pain, long-term influence on daily life and reduced quality of life.

Aim: The purpose of this study is to identify needs among men and women with painful VF, in order to support and empower the patient. Furthermore the study will investigate whether a health technology solution can provide support to patients.

Methods: This abstract describe the first phase of a participatory design process. A qualitative approach guided the research process and data analysis. Field studies, experiences of relevant stakeholders and 20 individual interviews were conducted.

Results: Field studies and experiences from stakeholders revealed that treatment and care of patients with VF vary greatly, depending on the individual healthcare provider. Twenty patients (7 male, 23 females) aged 60–85 years participated in interviews.

Four key themes emerged: 1) *The importance of knowledge in the management of VF*, 2) *treatment of severe pain – a balance*, 3) *growing old from one day to the next*, and 4) *the need of care and support in handling VF*.

The findings highlighted the importance of follow-up including increased access to health-care professionals.

Conclusion: Patients had unmet needs in the period after VF. Care and support from the health care system was requested in order to empower the patients in handling everyday life with painful VF. Especially the need for information and guidance were requested.

56. Visiting nurses' medication management in patients' homes after hospital discharge – explored by an ethnographic approach.

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● The complexity of medication management in home health care is increasing, among others because more older people are living longer with chronic conditions and because novel treatment possibilities and more specialized and accelerated hospital treatment plans are being developed. As a consequence, many patients are discharged with complex medication regimens instructions. This involves a severe risk of medication errors potentially causing readmission, adverse drug events and need for further health care assistance.

The present study aims to explore the visiting nurses' medication management in home health care after hospital discharge as a basis for developing and testing a practice change aimed at securing proper patient medication after hospital discharge. The exploration of visiting nurses' medication management in patients' homes after hospital discharge, were inspired by Spradley's theory of participant observation. We conducted participant observations and informal interviews at twelve establishing visits and collected nurses' registrations of

20 establishing visits. Data consisted of field notes and photos from observations, nurses' registrations of visits and medication lists and electronic care-journal-documentation from 32 patients. Data were analyzed systematically in four steps following Spradley's recommendations.

The medication process comprises twelve steps with "Compromising" and "Bringing to order" as prominent tasks throughout the visits. Securing patients' proper medication relies on two central elements: Firstly, organizational structures; concerning professional knowledge and duties; and, secondly, ethical aspects; concerning professional responsibility and patients' privacy.

The following study 2 implies cooperation with nurses in developing and testing a practice-change in home health care aimed at securing proper patient medication.

57. Conditions of life and critical incidents pertaining hospital readmission; the lived experiences of older male patients

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● **Background:** Hospital readmission is frequent and an adverse health outcome in older persons. Only few studies have explored the experiences of older people and their perceptions of circumstances and events pertaining readmission.

Aims: To explore older male patients' experiences of conditions of life and critical incidents, that over time and across settings pertain hospital readmission.

Methods: Qualitative research design using the Critical Incident Technique (CIT) was employed. Data were collected using double qualitative interviews (n=8) with rehospitalised male patients aged 65–75.

Results: The conditions of life were related to four main themes: *The ambiguity of ageing*, *Living with the burden of illness*, *Realization of dependency*, *Growing sense of vulnerability and mortality*. The critical incidents were related to four main areas: *Trying to manage without help from the system*, *Back home again – a period of recovery*, *Care interaction*, *Navigating within and between health care system(s)*.

Conclusions: Narratives from male patients illustrated conditions of life and critical incidents pertaining hospital readmission. Implications for practice will be addressed further, by integrating these findings with results from a cohort study on risk factors for hospital readmission.

58. Methodological issues in studying frail older people in short-term care

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● **Background:** Our multicenter-study included both a cross-sectional and an intervention study. Seven dental hygienists were recruited to collect data and to perform the intervention. Elderly people admitted to short-term care were clinically assessed regarding oral health and swallowing capacity. The elderly rated their oral health-related quality-of-life and their opinion of related care quality via questionnaires. When needed, the dental hygienists assisted them in answering the questionnaires.

The aim was to explore the experiences of dental hygienists when they collected data and performed an intervention in short-term care units for the elderly.

Method: We used a qualitative descriptive design, with a semi-structured focus group interview. All seven dental hygienists participated. The interview guide included: general experience of participating in the project, the meeting with the elderly persons and the staff, performing data collection including intervention. Manifest content analysis was used for data analysis.

Preliminary results revealed three categories. Strengths involve being supported by a competent multi-professional research group, the topic being of high interest and experiencing a personal gain. Barriers found were organizational obstacles, being dependent on nursing staff for data collection, and experiencing research resistance among nurses. Strategies used by the dental hygienists were to work on establishing good relations with staff and with the elderly persons.

Conclusion: The findings indicate that to work with nursing leaders' who are interested and supportive regarding research are necessary components of successful data collection in short-term care for the elderly. Performing data collection in a new context, like short term care, was experienced as challenging.

59. Assessing changes in a patient's clinical condition: A hermeneutic phenomenological study in intensive care nursing

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● **Objectives:** The aim of this study was to explore the phenomenon of assessing changes in a patient's clinical condition through a combination of close observation and in-depth interviews with experienced intensive care nurses.

Design: A qualitative study was undertaken that analyzed interview data and field notes using the hermeneutic phenomenological approach inspired by van Manen.

Setting: This study was undertaken at two intensive care units (ICUs) in two Norwegian university hospitals.

Participants: Eleven intensive care nurses participated in this study.

Methods: Data were collected over ten months through 29 days of close observation and 24 in-depth interviews.

Findings: An overarching theme of "sensitive situational attention" was identified, in which nurses are sensitive in relation to the patient and understand the significance of a given situation. This theme was further unfolded in four sub-themes: being sensitive and emotionally present, being systematic and concentrating, being close to the bedside and working without interruptions, and being trained and familiar with the routines.

Conclusions: Our main finding was that nurses in ICUs must be sensitive and attentive to each patient's unique situation when assessing changes in the patient's clinical condition. Thus, nurses must be close to the patient's bedside, be attentive with both their senses and emotions, and be concentrated and systematic in their work.

Knowledge about the concrete patient, past clinical experiences, and medical knowledge exist in an intense interplay and are essential for enabling nurses to understand the actual situation and to foresee clinical eventualities.



60. Diet in breast cancer patients compared to healthy controls – are there any differences?

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● **Background:** Having received a breast cancer diagnosis, many women change their lifestyle in order to improve health. The aim of this study was to examine whether breast cancer patients change dietary intake of certain foods during the second year of treatment, and compare their diet to that of healthy controls.

Material and method: 180 patients, median age 58 years (range 37–78), and 311 gender matched blood donors, median age 42 years (range 18–75), filled in a questionnaire concerning intake of 36 different food items, as well as common demographic information. Results 23% of the patients had changed their diet, 17% included more fruits and vegetables, fish, water and green tea, and 15% excluded sweet drinks, alcohol, fatty food and dairy products.

Comparing patients to controls, significantly more patients avoided salted, spicy and smoked food, $p = 0.03$, $p = 0.0004$ and $p = < 0.0001$ respectively, and alcohol, $p = < 0.0001$.

Conclusion: Almost a quarter of the breast cancer patients changed their diet during the second year of treatment. Compared to healthy controls, reduced intake of processed food and alcohol were the most significant differences.

61. The content and focus of the Swedish national inventory of health and care (SVENIS)

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● The aging population introduces great challenges to aged care. Residents eligible for care in Swedish aged care facilities need extensive support to manage daily living. There is a shortage of nationally and internationally representative studies on the prevalence of symptoms that inhibit experiences of health, and comparable data on care-provision is also lacking.

The SVENIS study addresses the fact that Sweden has no nationally representative and scientifically valid and standardi-

zed measures of models of care and person-centredness, as well as on cognitive impairment, neuropsychiatric symptoms, pain and ADL function for the population of residents in aged care facilities. In addition, there is a shortness of data on positive outcomes in aged care such as experiential health and thriving.

The SVENIS survey was developed from well-regarded international assessment scales, and newly constructed ones to evaluate the person-centredness of care together with resident health and QoL at cross-sectional and longitudinal time points. Out of the 290 Swedish municipalities, 60 were randomly selected. The final sample contained 188 facilities from 38 municipalities.

Data were collected between November 2013 and September 2014 using a 3-part-survey: 1) *Resident Survey: characteristics, functional and cognitive status, health indicators, HRQoL and thriving.* 2) *Staff Survey: information on person-centredness and leadership.* 3) *Facility Survey: organisational variables such as staffing levels, mortality, care and activity content.*

The SVENIS data set enables international comparison and collaboration on resident health and thriving in relation to care practices and organisational structures, and provides a national benchmark to which smaller studies can compare.

62. The Experience of Robotic-Assisted Laparoscopic Hysterectomy for Women Treated for Early-Stage Endometrial Cancer – A Qualitative Study

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● The aim was to explore how women diagnosed with endometrial cancer experienced robotic-assisted laparoscopic hysterectomy.

Methods: We used content analysis as described by Graneheim and Lundman with an inductive category development. We conducted individual semi structured interviews using an interview guide. Interviews were recorded digitally and subsequently transcribed. A criterion sample was used and data saturation was achieved after interviewing twelve women.

Interview data were analyzed using the five steps described by Graneheim and Lundman and QRS Nvivo 10 software was used. For credibility and increased transferability the sample was recruited using criterion sampling in an effort to capture sufficient data to account for variation in experiences. The stringent analytical process and the fact that all co-authors analyzing the data had different clinical perspectives and distance, support the credibility and dependability of the study. Audit trails as memos after interviews served to strengthen dependability. ►

Results: Four overarching themes emerged: “surgery was a piece of cake,” “recovering physically after surgery,” “going from being off guard to being on guard,” and “preparing oneself by seeking information.” Although the women had confidence in the robotic technique and recovered quickly physically, they lacked information about what went on in the operation theatre and about their new anatomy. Shortly after discharge, the women did not consider themselves surviving cancer patients but as cured. The women searched for information from various sources, for example, the Internet and the online patient chart, to prepare for surgery and to come to terms with the diagnosis.

63. Involving relatives in clinical care for the chronically ill

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● **Background:** In Denmark, 230 000 are diagnosed with chronic obstructive pulmonary disease (COPD) and the number is still increasing. Being diagnosed with COPD often results in increased needs for support from relatives whom may in turn be at increased risks of developing depression, anxiety and encounter reduced quality of life. Increased awareness of these risks should be incorporated in daily care.

Aim: To identify relatives' views and experiences with being a relative to a patient with COPD.

Methods: Six semi-structured qualitative group interviews with 1–3 participants were conducted. Relatives >18 years old to hospitalized COPD patients were eligible for participation. Following transcription, data were analyzed using a phenomenological approach identifying two main topics and seven sub-topics.

Results: Twelve relatives contributed to the analyses. Two main themes were identified as ‘the relatives meeting with caregivers’ and ‘the interaction between the relatives and the patient’. Seven subthemes were identified as: *lack of information, inappropriate involvement, powerlessness, ineffective communication, patient autonomy issues and loss of loved ones*.

Conclusion: The relation between relatives and health professionals was identified as the major source of frustration, with the subthemes addressing lack of information and inappropriate involvement in care as the most important factors. Health professionals should be aware of these findings in order to improve overall quality of care and successful communication.

64. Using a co-researchers strategy in the development of a self-management course for couples living with dementia.

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1. Linköpings university

● **Introduction:** It is becoming more common for people with dementia to participate and influence how research is designed and conducted. Sweden has however, unlike Britain, sparse experience of involving people with dementia in the research process. Their participation in research must be valued, and in a way that is meaningful and safe for them. Research involving people with cognitive impairment may need to use more flexible methods of data collection to enable participation in different ways and the way that suits the person best. Alternative methods of data collection also enable the person's resources to be utilized.

Aim: To use a co-researchers strategy in the development of a self-management course for couples living with dementia.

Participants and Methods: Five couples, in which one partner has a diagnosis of dementia was recruited from a memory clinic. The couples were given the opportunity to influence the design and content of a self-management course for couples living with dementia. Different methods of data collection were used. The couples received different types of materials for documentation, including a voice recorder, a disposable camera, and materials for writing by hand. They were interviewed in the initial stage and after their contribution. All data were analysed using qualitative method.

Preliminary results: The proposed self-management course was revised following the couples' comments and the interviews. All couples felt it was positive to contribute, and that their main purpose of participation was to help other couples.

65. Advancing nursing science through multidisciplinary collaboration: experiences from the field of physical activity in children with asthma

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● **Background:** There is incongruence in the literature whether children and adolescents with asthma participate in less physical activity (PA) than healthy peers, though airflow restrictions may influence participation in PA. Knowledge on psychosocial influence on PA in asthma is, however, growing. A mixed methods synthesis of psychosocial factors influencing level of PA in children with asthma has though never been conducted. Synthesized knowledge is needed to develop complex interventions aiming to facilitate transition towards healthy PA in children with asthma.

Aim: We aimed to develop a mixed methods synthesis protocol on psychosocial correlates of level of PA in children with asthma and children's own experiences of PA and its' psychosocial correlates.

Methods: A research network were established including researchers experienced with qualitative and quantitative research methods, meta-analysis and meta-synthesis, and core competence of children's nursing, pediatrics, allergology, sports psychology, and design and implementation of PA interventions.

Results in process: The following concerns have been elaborated within the network, and will be further defined and presented at the conference; (a) *interrelated research questions which cover both qualitative and quantitative components of our aim*; (b) *stratification of asthma phenotypes, diagnosis criterions, control and severity*; (c) *outcome-level of PA and its measurements*; (d) *age of children included*; (e) *psychosocial measurements related to PA and asthma and*; (f) *criterions for inclusion of reports by appropriate design and methods to answer research questions*.

Conclusions: We experience the dynamic interdisciplinary collaboration as fundamental when developing a mixed-methods synthesis to advance a multifarious field of knowledge.

66. Quality of life, sense of coherence and experiences with three different treatments in patients with psychological distress in primary care: a mixed-methods study

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● **Background:** Psychological distress is associated with impaired health-related quality of life (HRQL) and poor sense of coherence (SOC). In a previous study, we found that therapeutic acupuncture (TA) and an integrative treatment that combined TA with person-centred approach in a salutogenic dialogue (IT) alleviated anxiety and depression significantly more than conventional treatment (CT) in primary care patients. Here, we report on secondary analyses regarding the HRQL and SOC from that previous pragmatic randomised controlled trial (RCT).

Method: Quantitative and qualitative design. One hundred twenty patients were referred for psychological distress. Quantitative analyses were performed at baseline and after eight weeks of treatment using the SF-36 mental component summary (MCS), physical component summary (PCS) and the Sense of Coherence-13 (SOC) questionnaires. Qualitative manifest content analyses were based on open-ended questions—“Have you experienced any changes since the start of the treatment? Will you describe these changes?”

Results: No baseline differences were found. At eight weeks, both the IT and TA groups had statistically better scores and greater improvement from baseline on the MCS and SOC than the CT group. The effect sizes were large. No significant differences were found between the IT and TA groups or in relation to the PCS. SOC was highly correlated with the MCS but not with the PCS. Dropout rates were low. The experiences of the intervention resulted in four categories: *Being heading back*; *Status quo*; *Feeling confirmed*; and *Feeling abandoned*, with 13 related subcategories.

Conclusion: IT and TA seem to improve sense of coherence and mental health status in primary care patients with psychological distress, whereas CT appears to be less beneficial. IT and TA appear to be well-accepted and may serve as useful adjunct treatment modalities to standard primary care.

Our results are consistent with much of the previous research in highlighting a strong relationship between SOC and mental health status. The written qualitative data described feeling confirmed and feeling increased self-efficacy, self-care and faith in the future. Those in the CT group, however, described feeling abandoned, missing treatment and experiencing increased emotional and physical problems. More research is needed. Trial registration ISRCTN trial number NCT01631500.

67. A grounded theory study of Patient-Controlled Admissions – a discussion of methodological issues

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● **Introduction:** The national initiative “Patient-Controlled Admissions” (PCA) is currently implemented in eleven psychiatric units, organized under the five Danish regions. Striving towards patient empowerment, psychiatric patients are offered a contract which enables direct access to brief admissions at a psychiatric unit, based on their own perceived needs without a clinician serving as gatekeeper. The objective of this grounded theory study is to generate models encompassing both the perspectives of the patients and the healthcare providers on implementing PCA.

Aim: To discuss the suitability of grounded theory to generate clinical relevant models that are grounded in a varied empirical field.

Method: In this ongoing study, we are collecting data at eleven psychiatric units through observation, interviews and documents. Firstly, we include healthcare providers working with PCA. Secondly, we include patients with a PCA contract. We strive to include different perspectives on PCA, but the direction is given by theoretical sampling. As a national project, we are obliged to collect data from all participating units which can be a practical and, to some extent, also a methodological challenge. However, the various settings offer rich diversity of data and render possibility to compare different clinical environments in order to generate a substantive model.

Conclusion: Grounded theory is suitable to generate general clinically relevant models. By means of grounded theory, we

can move from detailed empirical data to a general model level and hopefully contribute to the body of knowledge of the social developmental processes of patients and healthcare providers towards patient empowerment.

68. Perceived reality versus subjective importance – Care quality in hospital from the patients' perspective

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● **Background:** Information from patients' perspectives is regarded as an important indicator of care quality. By using a survey tool that measures both the patients' experience and subjective importance of care quality, the results can be used to make quality improvements in areas of most importance for the hospitalized patients.

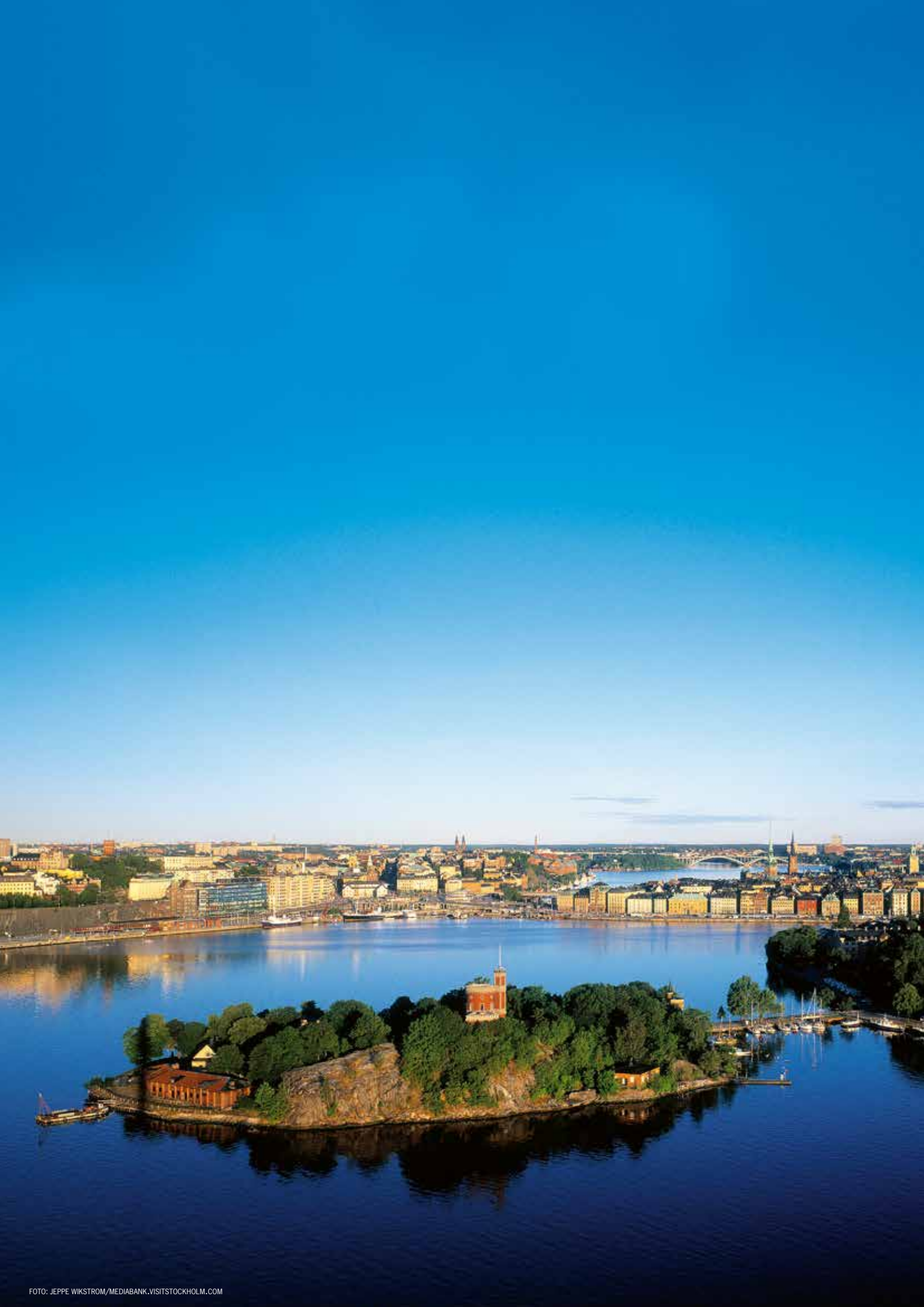
Objective: The purpose of this study was to elucidate how subjective importance correlates with actual experiences of healthcare quality provided.

Methods: A cross-sectional design was used. Data were collected using the questionnaire Quality from Patients' Perspective. A consecutively sample of 253 patients in one hospital participated. Wilcoxon signed-ranks test was used to match the participants on perceived reality and subjective importance of care quality, and Mann-Whitney U test was used to test for differences between gender, type of admission and type of room ($p < .05$).

Results: Patients rated the subjective importance of the dimensions “medical-technical competence” and “identity-oriented approach” of the caregivers significantly higher than the perceived reality. Women were found to rate the subjective importance of “medical-technical competence”, “identity-oriented approach”, “socio-cultural approach” and “physical-technical conditions” significant lower than men did.

No differences were found regarding type of admission to hospital. Patients staying in single rooms rated “medical-technical competence”, “identity-oriented approach” and “socio-cultural atmosphere” significantly higher than patients staying in multibedded rooms or in corridor.

Conclusion: The results may provide healthcare professionals with increased knowledge to design specified interventions to improve perceptions of care quality among patients.



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