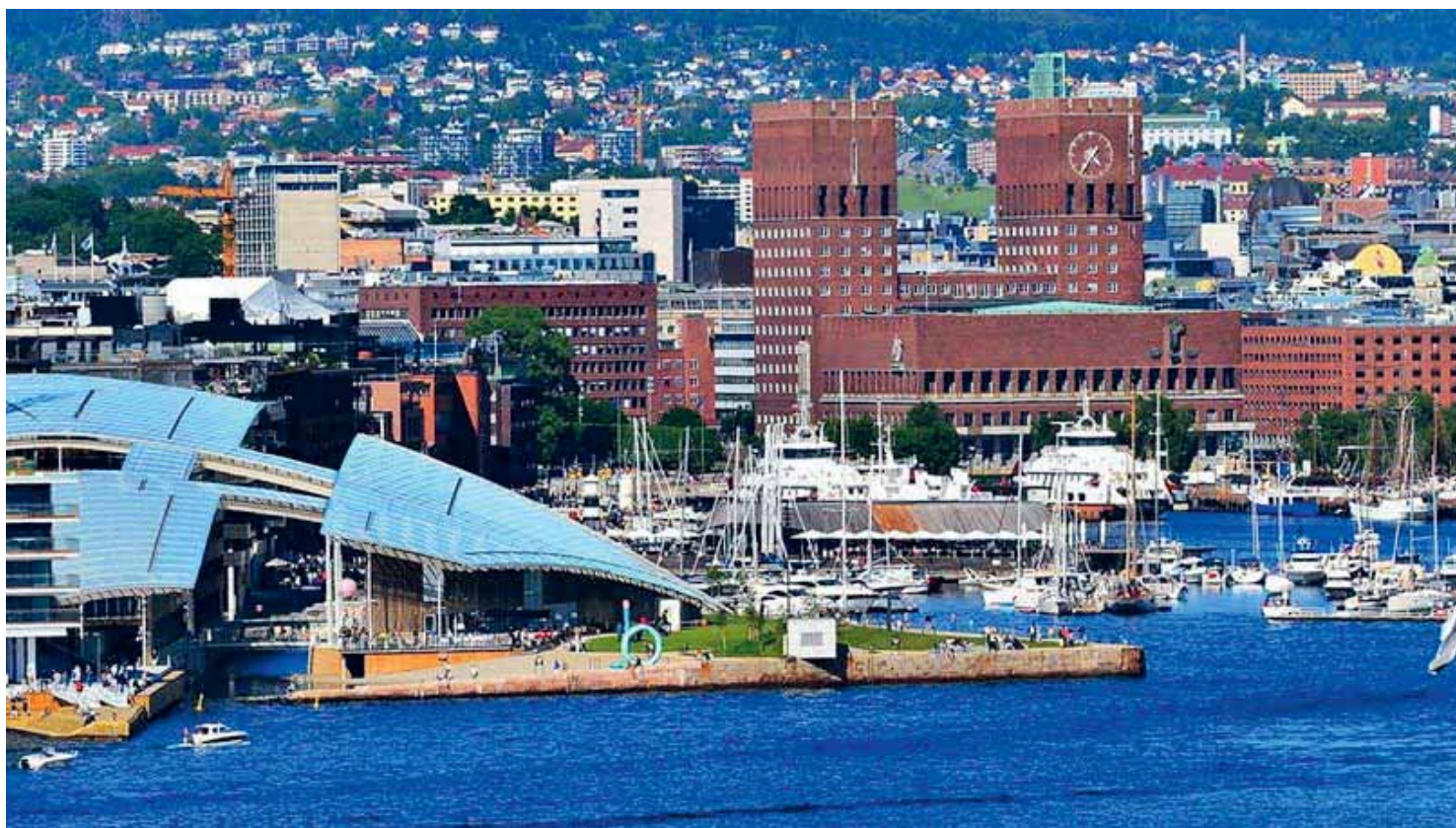




Nordic Conference in
Nursing Research
Methods and Networks for the future

2018
13-15 June
OSLO

PROGRAMME - ABSTRACTS



PROGRAMME

The third Nordic Conference
in Nursing Research



NORSK SELSKAP FOR
SYKEPLEIEFORSKNING NSF



DANSK SELSKAB FOR
SYGEPLEJEFORSKNING



Visit the Conference website: <http://www.sygeplejekonference.dk/>

Welcome to Oslo



PHOTO: JOAQUIN TRIGUEROS

It is a great pleasure for the Norwegian Nursing Research Society NSF to host the third Nordic Conference in Nursing Research – Methods and Networks for the future, held in Oslo, Norway, June 13th to 15th, 2018. The Organising Committee has arranged a comprehensive and varied programme with well renowned international research methodologists and experts as keynotes. The programme will be of interest to all nurses engaged in different fields of research and networking. We are proud that the City of Oslo will host a reception for the conference participants at the famous City Hall (pre-booked seats). On behalf of the Norwegian Nursing Research Society NSF, I warmly welcome you to Oslo.

Trude Haugland

Leader, Norwegian Nursing Research Society NSF

On behalf of the Organising Committee, it is a great pleasure to welcome you to the third Nordic Conference in Nursing Research. The conference will continue to focus on the successful theme Methods and Networks for the Future, and how to develop, strengthen and increase research methods and utilisation in nursing research. 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 networks.

We sincerely hope that the conference will provide the basis for further organised collaboration between the Nordic countries in nursing research and clinical work regarding nursing. The Organising Committee wishes all participants interesting and engaging days in Oslo!

Ingrid Ruud Knutsen

Leader, Organising Committee

Organising Committee

Ingrid Ruud Knutsen (Norway) Trude Haugland (Norway)

Heidi Jerpseth (Norway) Hanne Konradsen (Denmark)

Hanne Aagaard (Denmark) Ami Hommel (Sweden)

Elisabeth Strandberg (Sweden)

Conference Venue

The conference takes place at:
Oslo Metropolitan University
Høgskolen i Oslo og Akershus (OsloMet)
Pilestredet 32
0130 Oslo, Norway

How to Get to the Conference Venue:

There are many international flights to Oslo Gardermoen Airport located north of the city. Trains go from the airport to Oslo Central and National Theatre stations and take approximately 30 minutes. Tickets are purchased at the station.

The conference venue is located in the city centre of Oslo. From the National Theatre Station, it is a 10-minute walk to Oslo Metropolitan University (Høgskolen i Oslo og Akershus, OsloMet). The tram also stops close by at Holbergs plass.

For travelling in Oslo, we recommend the Ruter web-site <https://ruter.no/en/>

For an overview of the building Pilestredet 32 where the conference takes place, we recommend the maze map app; <https://www.oslomet.edu> (and you find Pilestredet 32) for detailed information of the location.

Arrival Registration

will be at the registration desk at Oslo Metropolitan University (earlier Høgskolen i Oslo og Akershus). Entrance at Pilestredet 32. The registration desk will be open June 13th between; 13:00 and 14:00 for those attending the pre-seminars. On June 14th the registration desk will open at 08:00 and the scientific program starts at 08:30.

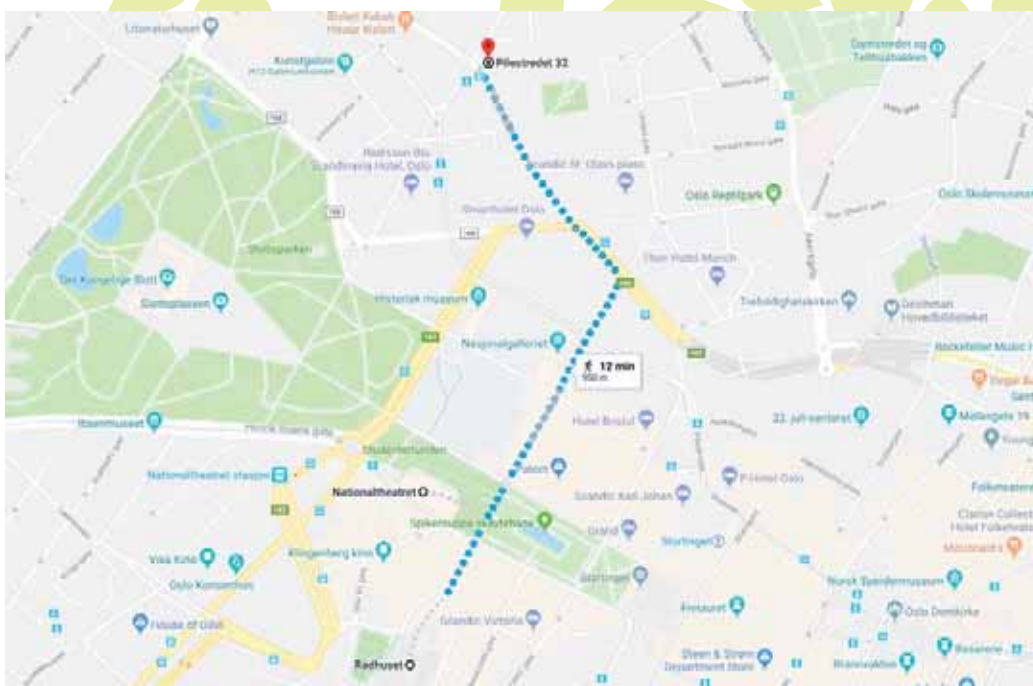
Welcome Ceremony

Wednesday 13th, 17.30-19.00

Participants are invited to a welcome ceremony with refreshments at the Oslo Metropolitan University Banquet Hall (Frydenlundsalen) at campus, Pilestredet 52, Wednesday 13th, 17.30-19.00.

Reception Oslo City Hall

Thursday June 14th the City of Oslo invites you to a reception at Oslo City Hall, located at the face of the Oslo Fjord, in the city centre. Prebooked participants will receive a printed invitation when registering at the conference. The invitation is a ticket that must be brought to the reception. Please meet 18:30-18:45, as the Mayor (or her deputy) will welcome us precisely at 19:00 in the reception hall. The reception lasts for an hour and a half.



Pre-conference seminars, 13th June at 14-17

By attending your prebooked seminar on June 13th you have the opportunity to discuss and learn about issues related to research methods in nursing.

Session I: N002-107 (Large auditorium)

Developing, Utilizing and Translating Transitions Theory into Practice, Research and Education

Afaf I. Meleis, Professor of Nursing and Sociology and Dean Emerita, University of Pennsylvania School of Nursing, USA

Session II: N020-113 (Second floor)

Process Evaluation in Interventions Studies

Lars Wallin, Professor in Nursing, Dalarna university, Sweden
Leif Eriksson, Senior lecturer, Uppsala University, Sweden

Session III: N010.023 (Small auditorium)

Complex Interventions

Ingall Rahm Hallberg, Professor, Lund University, Sweden

Session IV: N040-111 (Fourth floor)

Academic Writing - How to Conquer It

Gunilla Borglin, Reader in Nursing, Malmö University, Sweden

Session V: N020.025 (Second floor)

Constructionist Perspectives in Nursing Research

Christina Foss, Professor, University of Oslo, Norway
Kirsten Frederiksen, Associate professor, University of Aarhus, Denmark

PHOTO: JOAQUIN TRIGUEROS THE VIKINGSHIP MUSEUM



Welcome Ceremony
13 June 17.30 – 19.30 at
Oslo Metropolitan University,
Pilestredet 52, Oslo.



Conference programme

Thursday 14th June

08.00-09.30

Registration

08.30-09.00 (large auditorium)

Conference opening by Eli Gunhild By (Leader of Norwegian Nurses Organisation)
Welcome by Trude Haugland (Leader, Norwegian Nursing Research Society NSF) and Ingrid Ruud Knutsen (leader conference organizing committee)

09.00-10.00

Professor Afaf I Meleis: Creating the next generation of nursing scientists: conceptual, collaborative, creative and continuous

10.00-10.30

Poster exhibition and Coffee break

10.30-11.30

Oral session

11.30-13.00

Lunch and poster exhibition

13.00- 14.15

Oral session

14.15-15.00

Poster exhibition and coffee break

15.00-16.00 (large auditorium)

Professor Ingalill Rahm Hallberg: Clinical examples of complex interventions with reflections of future development within nursing research

19.00-20.30

Friday 15th June

08.15-08.30 (large auditorium)

Opening session day two
Hanne Konradsen, Leader Danish Nursing Research Society

08.30-09.30

Professor Dame Nicky Cullum: Evidence Synthesis: much more than the sum of the parts

09.30-10.30

Poster exhibition and Coffee break

10.30-11.45

Oral session

12.00-12.45 (large auditorium)

Professor Kirsti Malterud: Qualitative metasynthesis - opportunities and challenges

12.45- 13.15

Closing ceremony and best poster award

13.15-14.15

Lunch

Reception Oslo City Hall

Thursday June 14th the City of Oslo invites you to a reception at Oslo City Hall. Meet between 18:30-18:45 and bring your printed invitation as a ticket. Doors open at 19:00. After drinks and a meal, a guided tour of the city hall is arranged. The reception lasts for an hour and a half.

Professor Afaf I. Meleis,

Afaf Meleis is a Professor of Nursing and Sociology at the University of Pennsylvania, where she was the Margaret Bond Simon Dean of Nursing and Director of the School's WHO Collaborating Center for Nursing and Midwifery Leadership from 2002 through 2014. She is also a professor emeritus, the University of California, San Francisco (UCSF) where she was a professor for 34 years. Dr. Meleis' scholarship is focused on global health, immigrant and international health, women's health, and on the theoretical development of the nursing discipline. She is the author of more than 170 articles in social sciences, nursing and medical journals; seven books and 40 chapters; numerous monographs and proceedings. She is also the author of an award winning book, "Theoretical Nursing: Development and Progress" (1985, 1991, 1997, 2004, 2006, 2018) and "Women's Work, Health and Quality of Life".

Professor Ingalill Rahm Hallberg,

Professor emerita Ingalill Rahm Hallberg is a Professor of Health Care Science at Lund University. She is a registered nurse, specialized in mental health and a Fellow of the American Academy of Nursing and also of the European Academy of Nursing Science, an organization she participated in initiating, and later on became the president of for several years. She developed and managed a large interdisciplinary institute for health science and has been the pro-Dean of the Medical Faculty as well as the Assistant Vice Chancellor of Lund University. Internationally she is particularly well known for her research on aging, health care and social services for the elderly as well as for her commitment to developing nursing research into enveloping research from discovery to evaluation. Currently she is working with clinicians and experimental researchers in order to understand the molecular fingerprints of psychological resilience in women with breast cancer.

Professor Dame Nicky Cullum,

Dame Nicky Cullum is Professor of Nursing and is Head of the Division of Nursing, Midwifery & Social Work in the School of Health Sciences at The University of Manchester, UK. Professor Cullum has garnered an international reputation for her research in epidemiology and large trials in wound care. She was a founding member of the Cochrane Collaboration and the Coordinating Editor of Cochrane Wounds since 1995. In 2006, she was awarded the European Pressure Ulcer Advisory Panel Achievement Award for contributions to evidence based medicine, and she has served several funding panels.

Professor Kirsti Malterud,

Professor Kirsti Malterud is a Senior Researcher and Professor of General Practice at Uni Research Health and the University of Bergen, Norway. Her research field generates from questions and experiences from her long time clinical work as a general practitioner with special focus on experiences among vulnerable population groups and patients with chronic illnesses. Professor Malterud has published a large number of theoretical and empirical studies and is today an internationally renowned researcher and writer and has contributed to heighten competence in and recognition of qualitative research methods both in Nordic and international context.

Oral sessions 1

Push ► and you go to the actual abstract

Thursday 14th June 2018 10.30–11.30 (20)

Room NO40.111 Chair: Ann-Kristin Fjørtoft	Room NO40.112 Chair: Edel J. Svendsen	Room NO20.025 Chair: Heidi Jerpseth	Room NO02.107 (large auditorium) Chair: Bente Hamnes	Room NO10.023 (small auditorium) Chair: Edith R. Gjevjon
33. Cécile Marie Dupin Learning from programme theory : Innovative practices emerging from the field of participatory research.	94. Susanne Lind Implementation of the Integrated Palliative care Outcome Scale in acute care hospitals.	142. Kristina Sørensen Endovascular therapy after acute ischemic stroke – relatives need caring.	34. Oili Dahl Early assessment and identification of posttraumatic stress disorder, satisfaction with appearance and coping in patients with burns.	6. Ewa Andersson Stimulated recall interview as a data collection method in nursing science.
202. Åsa Carlsund Living with diabetes type 1, health and wellbeing.	139. Annika Söderman The adaptation of the Dignity Care Intervention to a Swedish context.	106. Anne Højager Nielsen Structure and Content of ICU Diaries Written by Relatives – a Narrative Approach.	35. Oili Dahl Individuality in the nursing care- how to measure?	15. Laila Twisttmann Bay Men Living with Rheumatoid Arthritis – Sexuality and Masculinity. A Mixed Methods Study.
55. Kristin Halvorsen A thematic synthesis of concept analysis of empowerment: Methodological challenges.	23. Grethe Brynildsen The Model of Practical Skill Performance as a tool to enhance learning during nursing student's clinical placements in nursing homes.	153. Inger Emilie Værland Parents' experience of having a premature infant due to pre-clampsia – further abstraction.	44. Hanne Søberg Finbråten The necessity of conducting Rasch modelling in questionnaire-based quantitative nursing research.	63. Anne Marie Lunde Husebø Mixed method reviews in exploring learning environments in nursing education.
54. Hanne Aagaard Challenges in using meta-study in advancing qualitative evidence.	136. Mia Svantesson Sandberg Do analysis methods need to be altered when using software program?	120. Elin Salemonsén Starting point and prerequisites for changing diet and activity habits in lifestyle courses in Healthy Life Centres (HLC) in primary care: A qualitative study on the perspectives of persons affected by overweight or obesity.	150. Tove Karin Vassbø The impact of a person-centred workplace on job satisfaction among nursing home staff.	157. Kristin Ásgeirsdóttir The acute ischemic stroke patient admitted to Landspítali University Hospital in Iceland: Development, implementation and evaluation of a nursing care plan.

Oral sessions 2

Push ► and you go to the actual abstract

Thursday 14th June 2018 13.00–14.15 (25)

Room NO40.111	Room NO40.112	Room NO20.025	Room NO02.107 (large auditorium)	Room NO10.023 (small auditorium)
Chair: Marit Silén	Chair: Karin Bölenius	Chair: Johanna Ulfvarson	Chair: Ami Hommel	Chair: Oili Dahl
99. Lorenzo Mariano Malnutrition, culture and cares. Contributions from ethnography.	95. Berit Lindahl It is all about stories – on the use of narrative approaches in nursing research.	29. Connie Bøttcher Berthelsen Nursing research culture.	137. Erla Kolbrun Svavarsdottir There is strong evidence regarding the impact of medical treatments on hospitalized children and their families...	19. Petronella Bjurling-Sjöberg Implementing clinical pathways in the context of intensive care; experiences from conducting grounded theory in an action research project.
100. Lorenzo Mariano Cancer and food: The narratives of experience as first-order evidences.	112. Emma Ohlsson-Nevo Nurses' perceptions of hospitalized patients' need for progressed physical activity: a focus group study.	38. Sidsel Ellingsen Sensitivity to the unspoken – essential for trustworthiness in the qualitative research interview.	138. Erla Kolbrun Svavarsdottir Parents of children and adolescents with severe psychiatric illnesses or disorders.	76. Helga Jonsdottir Questioning the validity of data on breathing difficulties – merging objective and subjective assessments -
60. Suzanne Herling Reflections and motivations during the citation process conducted by interdisciplinary authors of scientific papers– a qualitative interview study.	147. Kristina Tryselius The becoming of life for families in palliative care – testing methods for mapping becomings	39. Helle Enggaard Adolescents' experience of ADHD and concurrent medical disease in everyday life.	1. Mariela Acuna Mora Mapping the field: scoping reviews as a method to identify gaps in nursing research.	77. Helga Jonsdottir Reluctance of patients to participate in a partnership-based self-management trial for people with COPD in its early stages and their families –a search for explanations.
18. Kristin Bjornsdottir The benefits of integrated nursing services for persons with advanced heart failure between secondary and primary care.	80. Jonas Karlsson Video recording and participant observation as a method to explore the patient's situation during interhospital intensive care transfers.	151. Pia Lysdal Veje Patients' preference for bed bath: Water and soap or disposable wet wipes?	9. Åsa Audulv Using scoping review methodology to investigate existing measurements of self-management.	125. Carina Sparud Lundin Adherence to technological elements and study design – a critical analysis of a web-based intervention for women with type 1 diabetes in pregnancy and early motherhood.
140. Susanne Friis Søndergaard Realistic Evaluation in nursing research.	117. Mette Juel Rothmann The use of video consultations – Barriers in clinical practice.	16. Malene Beck Raising a beautiful swan: A phenomenological-hermeneutic study about a mealtime intervention.	74. Steinar Johansen SAFE identification of patients at risk for readmission to municipal acute care units.	28. Elin Børøsund Stress management in cancer: A feasibility pilot of an app-based program.

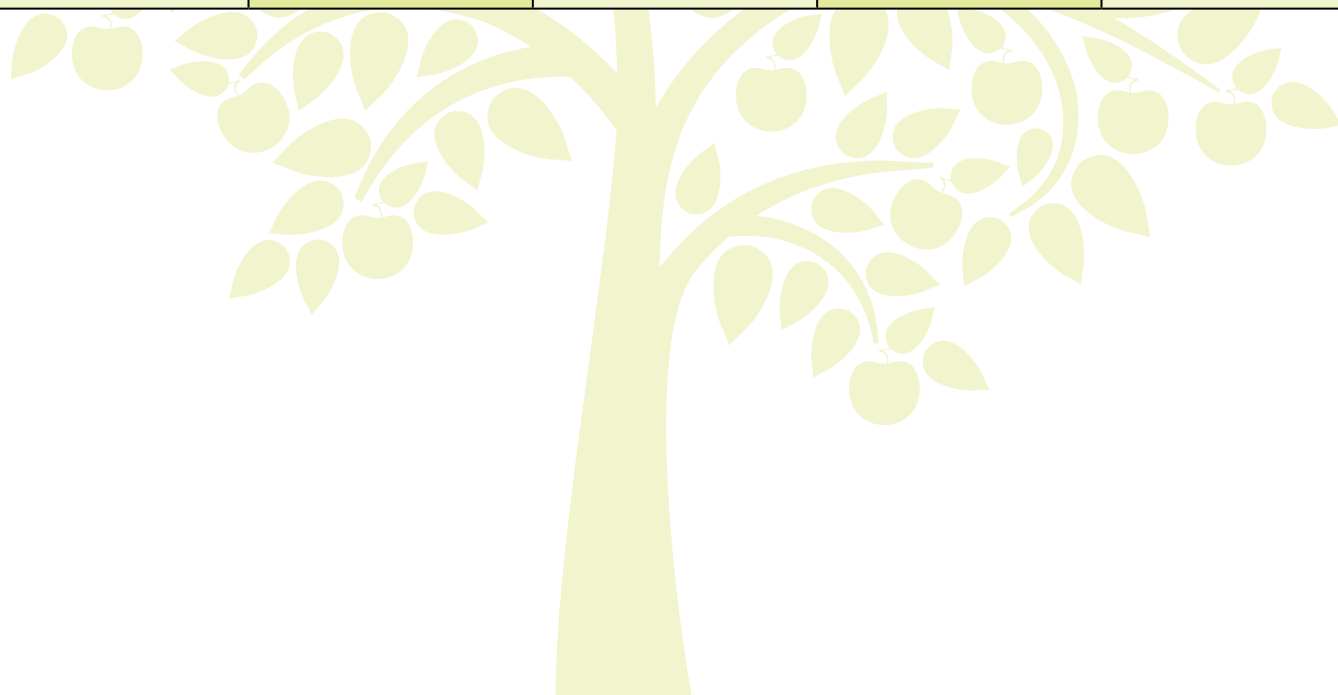
Oral sessions 3

Push ► and you go to the actual abstract

Friday 15th June 2018 10.30–11.45 (25)

Room NO40.111 Chair: Hanne Aagaard	Room NO40.112 Chair: Helle Haslund Thomsen	Room NO20.025 Chair: Karin Bundgaard	Room N002.107 (large auditorium) Chair: Jens Peter Hansen	Room N010.023 (small auditorium) Chair: Suzanne Forsyth Herling
62. Cecilia Hultstrand-Ahlin Patients' presentation of bodily sensations – An observational study of negotiation of shared understandings among patient and healthcare personnel after implementation of SCPP.	30. Bjørg Christiansen Challenges in assessment situations in clinical studies.	132. Annelie J Sundler Attributes of person-centred communication. A qualitative exploration of communication with older persons during home healthcare visits.	78. Gudrun Jonsdottir Obtaining and transforming clinical data from Electronic Health Records into research data – the case of decision-making of end-of-life care for neurological patients on an acute hospital unit.	21. Line Bragstad A longitudinal mixed method study assessing implementation fidelity in a complex intervention promoting psychosocial well-being following stroke. Part 1: A quantitative study of intervention adherence.
145. Friederike J.S. Thilo A balancing act for relatives when falls matter in old age: taking care versus acknowledgement of self-determination.	97. Helena Lööf Long-term rheumatic pain, body awareness and fear-avoidance beliefs.	17. Kirsten Beedholm Patient Involvement and Institutional Logics - Implementation Processes in Practice.	108. Lena Nordgren Can therapy dogs improve quality of life in people with dementia disease?	22. Berit Arnesveen Bronken A longitudinal mixed method study assessing implementation fidelity in a complex intervention promoting psychosocial well-being following stroke. Part 2: A qualitative study of potential moderating factors.
45. Ann-Kristin Fjørtoft Exploring discourses on nursing competence in home health care.	118. Berit Madsen Participatory family approach to investigate family's and children's needs in cancer care.	43. Monica Eriksson Conceptual Clarification of Wellness and Sense of Coherence (SOC): Rodgers' evolutionary concept analysis in health care settings.	73. Kaisa Fritzell Psychometric properties of the SCREESCO questionnaire used in a colorectal cancer screening program- a Rasch analysis.	46. Mariann Fossum Medication administration episodes in acute hospital settings: a descriptive and exploratory study.

Room NO40.111 Chair: Hanne Aagaard	Room NO40.112 Chair: Helle Haslund Thomsen	Room NO20.025 Chair: Karin Bundgaard	Room NO02.107 (large auditorium) Chair: Jens Peter Hansen	Room NO10.023 (small auditorium) Chair: Suzanne Forsyth Herling
10. Therese Avallin Person-centred pain management for the patient with acute abdominal pain: an ethnography informed by the Fundamentals of Care framework (10)	124. Kari Lslerud Smebye The Influence of Relationships on Personhood in Dementia Care: A qualitative, hermeneutic Study.	70. Jørgild Jensen Nurses' experiences when introduced to the National Early Warning Score.	83. Marianne Elisabeth Klinke What happens after a systematic literature review of intervention studies? An example from an ongoing research project of "neglect" with testing of a complex intervention in a nursing context.	90. Pernille Langkilde Applying action-based research to improve nursing care during admission in isolated ward facility.
	155. Bodil Winther Family Conversation.	85. Susanne Kristiansen Nurses' experiences of caring for the older patient with delirium in a general medical department.	98. Ulla Riis Madsen Effect of time and age on Health Related Quality of Life, General Self-Efficacy and functional level twelve months following dysvascular major lower limb amputation: a longitudinal study.	91. Susan Larsen Unplanned admissions in haematology - the voices of patients.



Oral sessions 1

Thursday 14th June 2018 10.30-11.30

6. Stimulated recall interview as a data collection method in nursing science

■
Ewa Andersson¹, Lisa Skär¹

1. Department of Health, Blekinge Institute of Technology

Background: Stimulated recall interview (SRI) is a data collection method that aims to awake and bring up thoughts, perceptions, meanings and subjective reactions associated with the phenomenon in focus portrayed by a written vignette. SRI intends to support the informant to present a richer and deeper description of attitudes and perceptions than what a single interview question would result in.

Objective: The aim is to present the experiences of using a SRI based on vignettes developed from findings from previous studies in nursing research.

Method: The purpose of the vignette was to introduce the topic for the SRI, encourage discussions and facilitate reflections among participants, and decrease risk for uncertain links. After reading the vignettes, the participants were invited to discuss. The SRI started with an overall main question and open-ended follow-up questions discussing the vignette. The use of the vignette gives the researcher the possibilities to decrease uncertain links between what the participants believe and how they act in a reality.

Results: Using SRI with vignettes as a stimulus to recall an original-specific situation gave in-depth explorations of an earlier investigated phenomenon. The vignettes functioned as a springboard for a free-flowing discussion. It was also an effective tool for uncovering informants' perspective and understanding of the phenomenon studied.

157. The acute ischemic stroke patient admitted to Landspítali University Hospital in Iceland: Development, implementation and evaluation of a nursing care plan

■
Kristín Ásgeirsdóttir¹, Marianne Elisabeth Klinke²

1. Landspítali the national university hospital of Iceland
2. University of Iceland

Background: Stroke is the second leading causes of disability in Europe which makes it a key issue to improve

patients' outcomes. Existing evidence supports the pivotal role of the neurological nurse to facilitate accurate management of acute stroke.

Objective: We set out to (1) clarify the nurses' roles in the interdisciplinary acute stroke team, (2) to develop and implement clinical support tools to manage patients eligible for – and who receive – thrombolytic treatment, and (3) implement a plan for managing all acute stroke patients within the first 72 hours.

Method: The development of the nursing care plan was divided into several interrelated phases: (1) Review of the literature, (2) Identification of facilitating and inhibiting factors for implementation, (3) Interdisciplinary consensus discussions, (4) Development of an educational package and supportive clinical tools, (5) Determining (re)evaluations (6) Monitoring selected quality indicators in 300 consecutive stroke patients.

Results: The care plan comprised a clinical pathway and a predetermined Stroke Order Set of nursing actions related to; neurological assessment, monitoring and reacting to vital signs, cardiac monitoring, bedrest, intravenous access, intravenous fluids, administration of thrombolytic treatment (tPA), observation of side-effects, and more. The evaluation of success will be monitored with selected quality indicators. Data collection was initiated in 2017. Initial findings will be presented at the conference.

15. Men Living with Rheumatoid Arthritis – Sexuality and Masculinity. A Mixed Methods Study

■
Laila Twistmann Bay¹, Torkell Ellingsen², Annamaria Giraldi³, Christian Graugaard⁴, Dorthe Nielsen¹

1. University of Southern Denmark
2. Odense University Hospital, Dept. of Rheumatology
3. Copenhagen University, Sexological Clinic Copenhagen
4. Aalborg University, Sexologic Research Center

Background: It is recognized that sexual health influences the way illness and symptoms are perceived and coped with and that living with Rheumatoid Arthritis (RA) can challenge patients' intimate and sexual life. However, there is a scarcity of studies concerning the frequency of sexual dysfunctions among RA patients, and in particular how male patients deal

with these. Moreover, there is a lack of knowledge about the importance of addressing sexuality and masculinity in lives with RA. Despite patients' demand for discussing sexual problems in the consultation, sexual function often constitutes a two-way taboo in the health care system.

Objective: To identify elements of importance to men with RA and their sexuality

Method: The study is designed as explanatory sequential mixed methods study. 90 men will be included in the quantitative part of the study consisting of 2 questionnaires about sexual function and sexuality. The qualitative study will consist of 6 focus-group interviews with 4-6 men in each group (n=35). The interviews will be based on a thematic interview guide developed on basis of the survey results, with an over-all focus on masculinity, sexuality and everyday life with RA.

Results: The combination of questionnaires and focus-group interviews will contribute to a deeper understanding of the changes in sexual function and sexuality among men with RA. Further, the study will shed light on men's perspectives on current health-care services.

23. The Model of Practical Skill Performance as a tool to enhance learning during nursing student's clinical placements in nursing homes

Grethe Brynildsen¹, Ida Torunn Bjørk²

1. Lovisenberg Diaconal University College
2. University of Oslo

Background: The Model of Practical Skill Performance was developed as part of a PhD thesis in 1999. Since then the model has been further developed and adopted by various people within the clinic, education and research.

Objective: The purpose of this study was to explore nursing students' experiences with the Model of Practical Skill Performance as a learning tool during clinical placements in nursing homes.

Method: The model was tested in five nursing homes during a two year period. Participants in the study were 254 1st and 3rd year students in a BA program in nursing. The students used the model in connection with assisted body care situations. Data was collected using a questionnaire and student logs. Data from the questionnaire were analyzed using SPSS version 18. Descriptive and inferential statistics were performed. The logs were analyzed using qualitative content analysis.

Results: Both in the questionnaire and the logs students generally reported positive experiences with the model. Students particularly reported positive experiences with the model's impact on own learning, on supervision and peer learning and on the quality of patient care. Students had less positive experiences with how the model was introduced and the extent to which clinical preceptors used the model.

202. Living with diabetes type 1, health and wellbeing

Åsa Carlsund¹, Siv Söderberg¹

1. Mid Sweden University

Background: Living with type 1 diabetes (T1D) in young adulthood raises a lot of challenges and concerns. In Sweden was 39 671 adult patients with diabetes registered in the year 2016, of them 9831 young adults were aged between 18-21 years. The incidence of T1D in children in Sweden is the second highest in the world after Finland. One of the most important goals with the T1D treatment is to strive for as normal blood glucose levels as possible. The blood glucose levels may be strongly affected by stress, wellbeing and insulin treatment. For young adults living with T1D the transition from pediatric to adult care in many ways implies a period of high risk. First, leaving well-known and safe relations, structure and environment

Objective: The aim of the study was to describe young adults experience of daily life with T1D.

Method: Qualitative semi-structured individual interviews were conducted with 12 participants, aged between 18 and 30 years. Analysis were performed with content analysis.

Results: Young adults with T1D reported diverse ways to handle the situation. Generally, a stubbornness of managing their long-term illness on their own. A major part of the participants described that they could manage whatever they decided to, all that was required was a lot of scheduling. Mood swings were described as very common when having fluctuating blood glucose levels. Managing diabetes were in some cases pictured as stressful. A person may constantly worry about their blood sugar and whether it is too high or too low.

33. Learning from programme theory : Innovative practices emerging from the field of participatory research

■
Dupin Cécile Marie¹, Breton Eric²

1. School of Health Sciences – Geneva – University of Applied Sciences and Arts Western Switzerland
2. EHESP French School Of Public Health

Background: It is known in public health and population health research that a program theory should guide the development of interventions, their implementation and evaluation. However, complex community interventions highlights a significant challenge in defining this theory and, incidentally, the evaluation based on it; the participatory process and the nature of complex systems can lead to significant changes in program directions.

Objective: Build on the case of a program reinforcing local capacity for action on the upstream social determinants of health, we examine how the implementation of a program can inform this theory.

Method: We base this research on the participative program developed in Redon (Brittany, France) between 2010 and 2014. The framework of the realistic evaluation as defined by Pawson & Tilley was used for data analysis. The collection strategy was based on Carspecken's critical ethnography approach using realistic interviews (n = 12), observations of meetings (n = 6) with field notes and a focus group.

Results: The initial theory became insufficient to capture all the activities and resources carried out to generate the results of the intervention nested into a complex system. Its mechanisms are essential, but not sufficient. The co-reformulation of theory is key to generating synergy between partners.

35. Individuality in the nursing care- how to measure?

■
Oili Dahl¹, Mia Bergenmar¹

1. Center for Digestive Diseases, Karolinska University Hospital

Background: The Common Health Fund presented result from an international survey in which health care in 11 developed countries was compared. Patients' experiences with health care were considerably lower for Swedish population.

Objective: Person-centered care (PCV) focuses on patient participation and that each person's care is planned and

shaped jointly by health care professionals, the patients and the patient's loved ones. The aim was to study how individualized care is from the patients and nurses perspectives.

Method: Baseline assessment of patients and nursing staff was performed by The Individualized Care Scale (ICS) before first introducing and implementing PCV at the in-patient care. ISC captures aspects of care relevant to PCV. It consists of two parts, A; how patients perceive that nursing intervention supports individuality and B; patients' perceptions of individualized nursing care. A corresponding instrument for nursing staff, the ICS-Nurse evaluates how nurses rate to what degree they support their patients' individuality (A) and the maintenance of individuality in the nursing care they provide (B) (Suhonen et al. 2010).

Total 405 questionnaires were distributed to patients before they were discharged from medical and surgical ward. Total 220 questionnaires were distributed for all nursing staff.

Results: The response rate for patients was 73% (n=296) and 67% (n=147) for nursing staff. Mean scale scores for patients and nursing staff ICS part A and B differed in total scale and in all subscales.

34. Early assessment and identification of posttraumatic stress disorder, satisfaction with appearance and coping in patients with burns

■
Oili Dahl¹, Marie Wickman², Viveca Björnhagen², Mona Friberg³, Yvonne Wengström⁴

1. Perioperativ Medicin and Intensive Care
2. Department of Molecular Medicine and Surgery, Karolinska Institutet
3. Department of Reconstructive Plastic Surgery, Karolinska University Hospital
4. Department of Neurobiology Care Science and Society, Division of Nursing, Karolinska Institutet

Background: The first year after severe burn is a psychologically challenging period for the patient. Patients may still struggle with burn-related physical and psychological problems such as posttraumatic stress disorder (PTSD) and body image dissatisfaction (BID).

Objective: This study investigates the presence of PTSD and BID, at 3, 6 and 12 months after discharge for early identification of patients in need of focused support during rehabilitation.

Method: Fifty-two adult patients with different degrees of burns were followed up the 12 months after discharge and 36 patients completed all assessment points. A

standardized clinical protocol was used for systematic assessment of PTSD (IES-R) and BID (SWAP-Swe). The follow-up included an intervention with a burn nurse as a complement to the existing program.

Results: Approximately half of the patients had a risk of developing PTSD three months after discharge from hospital, and body image dissatisfaction was found to potentially predict risk of PTSD during follow-up.

44. The necessity of conducting Rasch modelling in questionnaire-based quantitative nursing research

Hanne Sørberg Finbråten¹, Kjell Sverre Pettersen², Øystein Guttersrud³

1. Inland Norway University of Applied Sciences
2. Oslo Metropolitan University
3. University of Oslo

Background: Classical test theory, such as factor analysis, is most frequently used to assess the psychometric properties of scales where subsets of items measure different aspects of a construct. However, classical test theory may have limitations in confirming the validity of scales. Only Rasch modelling meet the requirements for fundamental measurement, such as additivity, invariance, sufficiency and specific objectivity.

Objective: Exemplify how Rasch modelling can be used to explore the psychometric properties of a measurement scale. The validation of European Health Literacy Survey Questionnaire (HLS-EU-Q47) in people with type 2 diabetes (T2DM) will serve as an example.

Method: In total, 388 adults with T2DM responded to the HLS-EU-Q47 paper-pencil questionnaire. The data were analysed using the partial credit parameterization of the unidimensional and the 'between-item' multidimensional polytomous Rasch model.

Results: The HLS-EU-Q47 data did not meet the Rasch models' expectations. The assumption of local independence was not met (i.e., unidimensionality and no response dependency). Several of the HLS-EU-Q47 subscales were poorly targeted and suffered from low reliability. Some items showed poor fit to Rasch models. All items had ordered response categories indicating rating scale data at the ordinal measurement level.

54. Challenges in using meta-study in advancing qualitative evidence

Hanne Aagaard^{1,3}, Elisabeth O. C. Hall^{1,2}, Liv Fegran⁴, Mette S. Ludvigsen⁵, Lisbeth Uhrenfeldt^{6,7}

1. Section of Nursing, Department of Public Health, Health, Aarhus University
2. Faculty of Natural and Health Sciences, University of Faroe Islands
3. Lovisenberg Diaconal University College, Oslo Norge
4. Department of Health and Nursing Science, University of Agder, Kristiansand, Norge
5. Department of Clinical Medicine, Aarhus University – Clinical Research Unit, Randers Regional Hospital, Denmark
6. Faculty of Nursing and Health Science, Nord University, Bodø, Norway
7. Health Science and Technology, Aalborg University, Aalborg, Denmark.

Background: Meta-study is an interpretive review design of qualitative reports. Meta-study differs from other metasynthesis approaches because comprising analyses of findings, theories and methods. The object is to search for empirical, historical, disciplinary and methodological patterns and, through deconstructing, interpreting and reflecting on the insights, to document new evidence relevant to the time period when the reports were published.

Objective: To discuss challenges in applying meta-study.

Method: First we describe the main components of meta-study, second we to compare and contrast them to other qualitative metasynthesis approaches, and finally we discuss challenges wrestling with when applying meta-study in a systematic review about parents' experiences of neonatal transfer 2000-2017.

Results: Because previous experiences in using other metasynthesis approaches, the reviewers tended to focus on empirical findings, to aggregate more than interpret and to underestimate the meaning of deconstruction of theories and methods.

55. A thematic synthesis of concept analysis of empowerment: Methodological challenges

Kristin Halvorsen¹, Alfhild Dihle¹, Marita Nordhaug¹, Camilla Hansen¹, Heidi Jerpseth¹, Pål Joranger¹, Sidsel Tveiten¹, Ingrid Ruud Knutsen¹

1. Oslo Metropolitan University

Background: Empowerment of health care users is an increasing value in health care and encompasses mutual and trustful relationships, a redistribution of power, participation, recognition and joint respect of involved parties. However, research reveals that understandings of the concept varies within health care. Using a thematic synthesis, we aim to explore the overarching understanding of empowerment in concept analyses of empowerment in the perspective of health care users.

Objective: The objective of this paper is to discuss methodological challenges using thematic synthesis in analysing concept analyses of empowerment.

Method: After comprehensive database searches 83 articles were read, reread and quality checked by JBI checklists, before ending up with 12 concept analyses. The thematic synthesis included three analytical steps; 1) Systematic coding of the results in each study 2) Organizing the codes in a hierarchic thematic structure and 3) Abstraction to analytic themes.

Results: Thematic synthesizing of concept analyses of empowerment implied methodological challenges, which involves a consideration of whether the results can be trusted or not. The included concept analyses varied in quality and age. Description of methods for selection of included articles in the concept analyses were sometimes limited. The included concept analyses had different approaches for analysing the concept and varied within contexts.

63. Mixed method reviews in exploring learning environments in nursing education

Anne Marie Lunde Husebø¹, Marianne Storm², Bodil Bø Våga², Adriana Rosenberg², Kristin Akerjordet²

1. Stavanger University Hospital

2. University of Stavanger

Background: Research summaries can provide increased understanding of nursing students learning and competence development during clinical placement in nursing homes.

Objective: To discuss application of a mixed-method review

aimed at exploring clinical learning environments in nursing homes.

Method: An electronic and manual literature search, and a quality assessment of 20 included studies was performed. Analysis of quantitative, qualitative, and mixed-methods research, all addressing the same review question, were performed involving three pair of researchers. Findings from each analysis were combined and contrasted in a final synthesis, guided by the research question: What influences the student's learning processes during clinical practice studies in nursing homes, and what nursing competencies do they achieve? Data analysis followed the analysis method for integrative reviews.

Results: The final synthesis resulted in four main themes: 'Student characteristics and earlier experience'; 'Nursing home ward environment'; 'Quality of mentoring relationship and learning methods' and 'Student competencies'. Quality appraisal reported variation in the studies' methodological quality.

94. Implementation of the Integrated Palliative care Outcome Scale in acute care hospitals

Susanne Lind¹, J Sandberg², C J Fürst³, I Beck⁴, T Brytting⁵, L Wallin⁶

1. Department of Health Care Sciences, Palliative Research Centre, Ersta Sköndal Bräcke University College, Stockholm, Sweden
2. Department of Nursing Science, School of Health and Welfare, Jönköping University, Sweden
3. Institute for Palliative Care, Lund University and Region Skåne, Sweden
4. Department of Health and Society, The Research Platform for Collaboration for Health, Kristianstad University, Kristianstad, Sweden.
5. The Institute of Organisation and Worklife Ethics, Ersta Sköndal Bräcke University College,
6. School of Education, Health and Social Science, Dalarna University, Sweden

Background: Around half of all deaths in Sweden occur in hospitals. An important part of palliative care is to identify and relieve patients from distressing symptoms. Use of patient-reported outcome measures have shown positive effects on palliative care, but are sparsely used in acute care hospitals.

Objective: The aim was to explore the feasibility of an implementation strategy for the Integrated Palliative care Outcome Scale (IPOS).

Method: A strategy for implementation of IPOS was developed. It included training sessions and external facilitation. Nurse managers and dedicated internal facilitators were assigned to support the staff in the use of IPOS. The implementation strategy was performed in three acute care settings and one palliative care unit. A mixed-method approach was used for data collection

Results: The prevalence of completed IPOS stored in patients' health record (primary outcome), varied widely, from 6% to 53%. Staff's participation in training sessions contributed to patients having IPOS completed, while patient factors were not associated with having IPOS completed. Contextual factors were experienced as barriers, e.g. high workload and insufficient teamwork. Staff expressed feelings of insecurity with the use of IPOS and how to approach severely ill patients. However, staff experienced that use of IPOS contributed to person-centred care and improvement of quality of care.

106. Structure and Content of ICU Diaries Written by Relatives – a Narrative Approach

■ **Anne Højager Nielsen¹, Sanne Angel², Ingrid Egerod³**

1. Department of Anaesthesiology, Regional Hospital Holstebro / Dept. of Clinical Medicine, Aarhus University, Denmark
2. Section for Nursing, Dept. of Public Health, Aarhus University, Denmark
3. Rigshospitalet, Intensive Care Unit 4131 and Health & Medical Sciences, University of Copenhagen, Denmark

Background: Diaries authored by relatives for the patient in the Intensive care unit (ICU) may provide a narrative framework for processing and understanding the ICU experience and a key to psychological recovery for patients and relatives in the aftermath of the traumatic experience of critical illness.

Objective: To explore the structure and content of diaries authored by relatives for critically ill patients in the ICU.

Method: Ricoeurs hermeneutic phenomenology was used as a framework for the narrative analysis of 12 diaries authored by relatives of 12 ICU patients undergoing ventilator treatment. Analysis was initiated by a naïve reading, followed by a structural analysis exploring the internal relations of the text. To capture the narrative elements in the diaries a number of analytical questions based on the work of Ricoeur was posed providing a more comprehensive structural analysis. The analysis was completed by a critical interpretation.

Results: The time-line of the diary consisted of 5 phases: Pre-ICU phase, Early ICU phase, Culmination, Recovery and Post-ICU reflection. Content of the diary were identified as relatives struggling to get the story right, longing to connect with the patient and striving to understand, thus making the diary a difficult but rewarding task for the relatives.

120. Starting point and prerequisites for changing diet and activity habits in lifestyle courses in Healthy Life Centres (HLC) in primary care: A qualitative study on the perspectives of persons affected by overweight or obesity

■ **Elin Salemonsén¹, Britt Sætre Hansen², Georg Førland¹, Anne Lise Holm¹**

1. Western University of applied sciences
2. University of Stavanger, faculty of Health Sciences

Background: Background: Overweight and obesity are complex conditions, associated with a wide range of serious health complications. From a research- and health policy perspective there is an increasing focus on public health. In primary health care in Norway, learning and mastering courses, based on an understanding of a healthy diet and including group physical training sessions, are offered to those seeking help with weight management through Healthy Life Centres (HLC). The purpose of these courses is to assist participants achieve a healthier lifestyle. Changing lifestyle habits is challenging and time consuming and the effect and significance of HLC to help people change their diet and activity habits is limited.

Objective: Aim: To explore persons affected by overweight or obesity's experiences of challenges and their prerequisites for changing diet and activity habits in Healthy Life Centres in primary care.

Method: Design: This exploratory study has employed a hermeneutic and qualitative design. Method: Semi-structured in-depth interviews were carried out to gather data from 13 participants (5 men and 8 women) aged 30 to 69. Data were transcribed verbatim and analysed using qualitative content analysis.

Results: Results: The analysis is ongoing. Preliminary themes: i) Having a need to justify and explain their weight and health challenges, ii) feeling of pride by taking responsibility.

136. Do analysis methods need to be altered when using software program?

■
Mia Svantesson Sandberg¹, Kaja Heidenreich¹

1. University Health Care Research Center

Background: Do analysis methods need to be altered when using software program? Software program facilitating qualitative data analysis are here to stay, but data analysis methods may not be adapted for this aid.

Objective: To reflect on the feasibility to follow qualitative data analysis methods when using data analysis software in a basic way.

Method: Presentation of three different analysis of data, using different data analysis methods, aided by QSR NVivo©.

Results: On the conference we report on own experiences of using QSR NVivo® when following the methods of content analysis according to Graneheim and Lundman [1], framework method according to Gale et. al [2] and phenomenological hermeneutical method according to Lindseth and Norberg[3]. Furthermore, we will discuss how NVivo may facilitate analysis, but also how it may threaten the sense of the whole and impede co-assessment.

139. The adaptation of the Dignity Care Intervention to a Swedish context

■
Annika Söderman¹, Karin Blomberg¹, Ulrika Östlund², Carina Werkander Harståde³

1. Faculty of Medicine and Health, School of Health Sciences, Örebro University, Örebro, Sweden
2. Centre for Research & Development, Uppsala University/Region Gävleborg, Gävle, Sweden
3. Centre for Collaborative Palliative Care, Faculty of Health and Life Sciences, Linnaeus University, Växjö, Sweden

Background: The Dignity Care Intervention (DCI) was developed in Scotland by Johnston and co-workers for nurses in municipality care, to enhance dignity in persons with palliative care needs. DCI includes a questionnaire, examples of reflective questions and suggests care actions. DCI has been tested in Ireland, and is now adapted to Swedish.

Objective: To translate and adapt the DCI to a Swedish palliative context.

Method: The questionnaire was translated and adapted into Swedish and reviewed by an expert group, before validated

in cognitive interviews (N=7) with older persons. To update evidence concerning care actions from a Swedish context, a review of Swedish research literature and interviews with older persons, relatives and health care professionals were carried out. This gathered knowledge has been integrated into the Swedish DCI (DCI-SWE) and a feasibility study now takes place in one municipality in home care, Sweden. Included nurses got repeated information and participated in a shorter DCI-education, and will use the DCI in their everyday work for three months. Follow-up interviews will be conducted and analysed with qualitative content analysis.

Results: The Swedish version of the questionnaire was experienced relevant for older persons, and both the Swedish review and the interviews gave culturally relevant proposals about dignity care actions. Further, a feasibility study will contribute to the ongoing development of the Swedish DCI-version.

142. Endovascular therapy after acute ischemic stroke – relatives need caring

■
Kristina Sørensen¹, Pia Dreyer¹, Grethe Andersen¹

1. Aarhus University Hospital

Background: Ischemic stroke is the most common cause of acquired disability among adults in the western world. The latest approved treatment for major stroke is endovascular therapy (EVT). Removing the arterial occlusion has proven to be the best predictor of outcome. While patients are treated, relatives are left waiting. Facing the massive shock of their loved ones being hit by a stroke, may cause emotional turmoil and leave the relative with various needs. No previous studies have explored experiences and needs of relatives, being part of an EVT course.

Objective: To obtain a deeper understanding of how the EVT course concerning acute hospital admission, the time waiting and the days after, impact on relatives.

Method: A qualitative design with a phenomenological-hermeneutic approach was selected. Semi-structured interviews and participant observations were carried out. Data from interviews and observations were analysed using Ricoeur's theory of interpretation and condensation of meaning.

Results: Four themes emerged; 1. The first phase – chock, chaos and feeling paralysed, 2. The all important information – sharing is pivotal, 3. Professional loving care – being seen and heard by caring health professionals, 4. The course – facing new challenges. One pivotal finding that emerged across all themes was relatives constant need for care, support and for health professionals to «be there».

150. The impact of a person-centred workplace on job satisfaction among nursing home staff

■
Tove Karin Vassbø¹, Karin Sjøgren², Quarin Lood³, Marit Kirkevold⁴, David Edvardsson⁵, Ådel Bergland¹

1. Lovisenberg Diaconal University College
2. Umeå University
3. La Trobe University
4. Oslo University
5. Umeå University, La Trobe University

Background: Job satisfaction has been identified as a key factor in attracting and retaining staff, as well as having a positive impact on the quality of care and well-being of residents in nursing homes. Person-centred care is believed to have a positive impact on staff's job satisfaction. However, this has not been sufficiently verified.

Objective: To investigate differences in job satisfaction between staff and to what extent person-centred workplace qualities can explain the variance in staff job satisfaction.

Method: Cross-sectional survey design. Questionnaires measuring job satisfaction, person-centred climate, person-centred care and occurrence of ethically difficult situations in everyday work were completed by staff (n = 341) in six nursing homes in Australia, Sweden and Norway. One-way analysis of variance (ANOVA), and hierarchical multiple regression analyses were used.

Results: No statistically significant differences in levels of job satisfaction between different groups of staff were found. Two workplace characteristics, a person-centred climate and low occurrence of ethically difficult situations explained 40% of the variance in job satisfaction.

153. Parents' experience of having a premature infant due to preeclampsia – further abstraction

■
Inger Emilie Værland¹

1. Stavanger Universitetssjukehus

Background: The experience of becoming parents to a premature infant when delivery is necessary to save mother's and / or infant's life due to mother's pre-eclampsia is highlighted in two descriptive, phenomenological studies, based on Reflective Life Research.

Objective: To deepen and expand the understanding of the phenomenon described in the two studies concerning mothers' respectively fathers' experiences, and to perform a philosophical and theoretical examination.

Method: The two essences from the studies were the basis for a further abstraction. The first step was to create a general structure; a fusion between and an abstraction of the previous results. The analysis started with a reading of the two essences, and was guided by research questions. The two essences were alternately regarded as figure and background. The second step was to do a philosophical and a theoretical examination.

Results: The general structure revealed that parenthood started more or less by addressing the existential issues of life and death. Parenthood and family life started in the context of separation. The infant was initially in the «background» for some parents. The lack of privacy was handled differently from parent to parent. A philosophical and theoretical examination was done using Karl Jaspers' «limit situation» and health theory (Dahlberg & Segesten, 2010).

Oral sessions 2

Thursday 14th June 2018 13.00-14.15

1. Mapping the field: scoping reviews as a method to identify gaps in nursing research

■
Mariela Acuna Mora¹, Markus Saarijärvi^{1,2}, Carina Sparud-Lundin¹, Ewa-Lena Bratt¹, Philip Moons^{1,2}, Eva Goossens²

1. Institute of Health and Care Sciences, University of Gothenburg; Department of Public Health and Primary Care
2. KU Leuven Department of Public Health and Primary Care

Background: There are several methods to summarize available research. Systematic reviews are the choice of method to assess the quality of available studies and are considered as one of the highest levels of evidence to guide clinical practice. However, such reviews do not allow for the examination of a broader area of research and identify possible knowledge gaps.

Objective: To exemplify the use of scoping reviews for identification of gaps in published literature on transfer and/or transition of young persons with a chronic condition.

Method: Articles of any study design and any publication date, were retrieved from Medline, CINAHL, Scopus and Web of science. Study design, type of medical condition, author's information, study location and sample characteristics were used to map the current literature and develop bibliometric networks.

Results: Out of 14201 eligible articles, 1657 were assessed on full-text and 955 were included for analysis. Research on transfer and transition increased significantly after 2010, with over 50 publications per year. Only 3% (n=28) belonged to the highest levels of evidence ([quasi] experimental designs), whereas 35% (n=342) were in the lowest evidence level (expert and bench research). There were 173 cross-sectional, 89 observational and 128 qualitative studies. Mixed and multi-method designs represented 3% (n=33) of the articles. The top-three studied conditions were within endocrinology, neurology and pulmonology.

9. Using scoping review methodology to investigate existing measurements of self-management

■
Åsa Audulv¹, Tanya L Packer², America C Fracini², Neda Alizadeh², Betsie van Gaal³, Grace Warner², George Kephart²

1. Mid Sweden University
2. Dalhousie University
3. Radboud University

Background: The interest in patient reported outcome measures is increasing. Proliferation of measures can result in development of multiple tools measuring the same or similar concepts. This scoping review is an example of how systematic reviews can be used to describe and compare different measurements so researchers and clinicians can make informed decisions regarding use of measurements.

Objective: The scoping review aimed to identify self-report, self-management measures for adults with chronic conditions, and describe their purpose, theoretical foundation, dimensionality, and scope.

Method: A search of four databases (8479 articles) generated a total of 28 tools. To gain a deeper understanding of the conceptual similarities and differences we used an external framework as a bench-work in comparing the measurements.

Results: Although authors identified tools as measures of self-management, wide variation in constructs measured, purpose, and theoretical foundations existed. Lack of common terminology regarding tools created confusion; for example, two different tools had the same name.

16. Raising a beautiful swan: A phenomenological-hermeneutic study about a mealtime intervention

■
Malene Beck¹, Bente Martinsen², Regner Birkelund³, Ingrid Poulsen⁴

1. Department of Neurology, Zealand University Hospital / HEALTH, Section of Nursing Science, Denmark
2. HEALTH, Section of Nursing Science, Aarhus University, Denmark
3. Section of Health Services Research Lillebaelt Hospital, University of Southern Denmark, Odense, Denmark
4. Institute of Public Health, Aarhus University Research Manager at the Research Unit on Brain Injury Rehabilitation Copenhagen (RUBRIC), Clinic of Neurorehabilitation, TBI Unit, Rigshospitalet, Hvidovre, Denmark

Background: The British concept, Protected Mealtimes, is known for stopping all non-acute activities and giving health professionals an opportunity to focus on providing patients their meals without being interrupted. PM involves a cultural and behavioral change in clinical setting, since the health professionals are asked to adjust their daily routines.

Objective: To investigate how health professionals experience participating in a mealtime intervention inspired by the concept of Protected Mealtimes and intend to change mealtime practices.

Method: Three focus group interviews that included a total of 15 interdisciplinary staff members were conducted. After transcribing the interviews, the text material was analyzed and interpreted in a three-methodological-step process inspired by the French Philosopher, Paul Ricoeur.

Results: Three themes were identified in the analysis and interpretation: 1) a chance towards a new and better scene; 2) a step towards a more neurologically friendly environment; and 3) a renewed view of the neurological patients.

18. The benefits of integrated nursing services for persons with advanced heart failure between secondary and primary care

■
Kristin Bjornsdottir¹, Brynja Ingdóttir², Auður Ketilsdóttir³, Magrét Guðnadóttir¹, Inga valgerður kristinsdóttir⁴

1. University of Iceland
2. University of Iceland and National Hospital
3. University hospital
4. Home Care Nursing/Primary Care

Background: Health authorities in many Western countries have re-defined healthcare services, emphasizing home

care and out-patient services rather than institutional care. This has called for enhanced co-ordination and continuity of services between acute care hospitals and home care.

Objective: To describe the development of integration of community and acute care services for patients with heart failure (NYHA class III and IV) living at home involving a) a common clinical pathway and b) enhanced understanding and exchange of knowledge and work methods.

Method: In this qualitative study (focused ethnography) we drew on interviews with home care nursing team leaders (N=6) and specialist nurses (N=2), field-work at steering group meetings (320 minutes) and during team leaders' visits in patients' homes (540 minutes), minutes from steering group meetings and focus-group interviews with home care nurses (N=18). Data were analyzed using systematic text condensation.

Results: Results: Themes identified were: Opening channels of communication highlighting the interactive and collective nature involved in the development of a clinical pathway in caring for patients with severe heart failure living at home. The collective work facilitated mutual understandings among the nurses from the two settings. Transfer of knowledge and skills occurred as both theoretical knowledge of signs and treatments related to heart failure and skills used to assess and respond to changes in condition were introduced by the specialist nurses in their collaboration with the home care nurses.

19. Implementing clinical pathways in the context of intensive care; experiences from conducting grounded theory in an action research project

■
Petronella Bjurling-Sjöberg¹, Barbro Wadensten², Ulrika Pöder², Inger Jansson³, Lena Nordgren⁴

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

Background: Clinical pathways are a methodology to support quality improvement and evidence based practice. Globally clinical pathways are gaining in importance but in intensive care the methodology is still infrequently applied.

Objective: The study aimed to explain the process of

implementation of a clinical pathway based on a bottom-up approach in a Swedish intensive care unit.

Method: The implementation process was explored during a five years period within an action research project. The study design was emergent, and a grounded theory methodology was applied. The sampling was purposeful and theoretical. Data were gathered from different staff categories, managers, and health records. Focus groups, individual interview, logbooks/field notes, questionnaire, and health record screening were utilized. Constant comparative analysis was applied, including open coding, axial coding, selective coding, and integration of descriptive statistics.

Results: A conceptual model was generated that explains the clinical pathway implementation process. The core category 'Struggling for a feasible tool' conceptualizes the process. The related categories explain triggers, affecting circumstances, actions and interactions of the participants, as well as output of the process.

28. Stress management in cancer: A feasibility pilot of an app-based program

Elin Børøund¹, Matthew M. Clark², Shawna L. Ehlers², Michael A. Andrykowski³, Hilde Renate S. Sleveland¹, Lise Solberg Nes¹

1. Center for Shared Decision Making and Collaborative Care Research, Department of Medicine, Oslo University Hospital
2. Department of Psychiatry and Psychology, College of Medicine, Mayo Clinic, Rochester, Minnesota, USA
3. Behavioral Science, College of Medicine, University of Kentucky, USA

Background: Cancer can be life threatening and life changing. Psychosocial interventions may provide support, but are not always available.

Objective: This study tested usability and preliminary effects of a cognitive behavioral app-based eHealth intervention targeting stress management for cancer patients.

Method: Participants (N=20) with various types of cancer tested a newly developed intervention in a feasibility pilot involving; a) a face-to-face introductory group, and b) ten app-based stress management modules including a variety of exercises (e.g., diaphragmatic breathing and mindfulness). Stress (PSS-14) and anxiety/depression (HADS) questionnaires were completed at baseline and post intervention. In addition, usability questionnaires and interviews were conducted post intervention

Results: Participants, mainly women (85%) and mean age 49 years (range 34-71), rated the intervention as useful (90%), easy to use (95%), with easily understandable exercises (100%). Dependent/paired t-tests showed significant preliminary pre- post intervention effects with significant decrease in stress ($p < .016$, mean diff (MD) -3.75, SD 6.35) and anxiety ($p < .037$, MD -1.65, SD 3.30). In interviews participants described having obtained a broader understanding of stress and that StressProffen had provided them with many new stress management tools for use in their everyday challenges. The easy accessibility was highly appreciated as the intervention could be used anytime and anywhere and they «did not have to bother anyone for help».

29. Nursing research culture

Connie Bøttcher Berthelsen¹, Bibi Hølge-Hazelton²

1. Aarhus University
2. University of Southern Denmark

Background: Nursing research culture should be valued for its contribution to improving patient care, and should be considered as a routine hospital activity. However, the demand for efficiency, nurses' barriers to research utilisation and the lack of definition of the concept of nursing research culture make it difficult to establish.

Objective: To report an analysis of the concept of nursing research culture in the context of clinical nursing practice.

Method: Walker and Avant's eight-step framework for concept analysis was used to define the concept of nursing research culture in the context of clinical nursing practice. Data were collected through a literature review in PubMed, CINAHL and PsycINFO during March 2016.

Results: Five defining attributes of nursing research culture in the context of clinical nursing practice were identified: strong monodisciplinary nursing professionalism, academic thinking and socialisation, research utilization as a part of daily nursing practice, acceptance by colleagues and management, and facilitation of resources from management and organization.

38. Sensitivity to the unspoken – essential for trustworthiness in the qualitative research interview

Sidsel Ellingsen¹, Sigrunn Drageset², Wilfred McSherry³

1. VID specialized university
2. Western Norway University of Applied Sciences
3. Staffordshire University

Background: Qualitative research has an important role in communicating the tuned lived experience in all its variety and complexity. Unlike quantitative research, qualitative research has a unique opportunity to express the unspoken and the tuned impression, but this is not always systematically handled in qualitative research. There is much that is being communicated in the sighed, in the break between the words, in the body, in the movements, the mimics, the facial expressions, in the tears, in the laughter but also in the tuned voice that carries the words. According to philosopher Løgstrup, the tuned voice refers to the whole meaning and purpose of the speech. The tuned impression contains an acknowledgment that strive to be articulated. This is important to capture in order to ensure trustworthiness.

Objective: To highlight awareness of the influence on the unspoken on the overall trustworthiness in qualitative reseach.

Method: Researcher's reflections on qualitative interviews

Results: We argue that awareness to the unspoken is of paramount importance for generating trustworthy and credible qualitative research knowledge.

39. Adolescents' experience of ADHD and concurrent medical disease in everyday life

Helle Enggaard¹, Marlene Briciet Lauritsen², Vibeke Zoffmann³, Britt Laugesen¹, Rikke Jørgensen²

1. Aalborg University Hospital
2. Aalborg University Hospital – Psychiatry
3. Rigshospitalet, Copenhagen

Background: Adolescents' experience of ADHD and concurrent medical disease in everyday life. Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common psychiatric disorders among adolescents. The disorder is associated with impairments in social, emotional, academic and behavioral functioning. Furthermore, the prevalence of medical diseases is higher in adolescents with ADHD than in adolescents without. Research on ADHD and concurrent medical disease is sparse, and the existing literature emphasizes the need for improving treatment and care in hospital services for adolescents with ADHD and concurrent medical disease and their parents. Such initiatives should be based on evidence and target the needs of the adolescents and their parents. Evidence on parents' perspectives exists, but not much on adolescents' perspectives.

Objective: The aim of this study is to explore how

adolescents experience ADHD and medical disease in everyday life.

Method: It is an ongoing qualitative study. Data is collected through individual semi-structured interviews with adolescents with ADHD and concurrent medical disease between 13 and 18 years of age. Data is analyzed thematically.

Results and clinical implications: The results of this study will be used to develop an intervention to target the needs of adolescents with ADHD and concurrent medical disease in order to support these adolescents in pediatric and psychiatric hospital settings.

60. Reflections and motivations during the citation process conducted by interdisciplinary authors of scientific papers– a qualitative interview study

Suzanne F Herling¹, Karin Frydenlund Jespersen¹, Ann M Møller¹

1. Herlev Gentofte Hospital, University of Copenhagen, Department of anaesthesiology

Background: Title: «Exploration of reflections and motivations during the citation process conducted by interdisciplinary authors of scientific papers– a qualitative interview study».

Objective: The aim was to explore reference praxis and motivation for choosing specific references in scientific writing conducted by primary authors of scientific papers.

Method: We conducted 6 focus group interviews recruiting 24 health researchers as informants. Inclusion criteria were: first author of a scientific paper submitted or published within the last 24 months. The paper was on the table during interviews to stimulate reflection. An interview guide with 8 questions was used. All interviews were electronically recorded, transcribed verbatim, organized in NVivo and analyzed according to systematic text condensation by Malterud.

Results: At present we are analyzing the results. Preliminary results indicate that citation bias may be present as researcher are motivated primarily by getting their paper accepted and are very pressed for time. First authors have several strategies for increasing their odds for successful publication by citing the journal they are submitting to, complying with reviewer or editors suggestions, crediting specific colleagues or institutions rather than conducting extensive literature searches to make sure the negative studies, smaller studies also are included and credited. The accessibility of papers has important bearing as time is

scarce and may introduce citation bias. Little is said of good citing practice from senior to junior researcher as the first author embarks on the first paper.

74. SAFE identification of patients at risk for readmission to municipal acute care units

Steinar Johansen¹, Ragnhild Hellesø², Edith Roth Gjevjon³

1. Bærum Municipal Acute Care Unit
2. Department of Nursing Science, University of Oslo
3. Lovisenberg Diaconal University College

Background: In Norway, municipal acute care units (KAD) is especially targeted at frail older citizens and aims to reduce unnecessary hospitalisation. Like hospital admissions, readmission to KAD is a recurring phenomenon among older people. Early identification of risk factors for readmission will contribute to improved follow-up and more targeted treatment and care.

Objective: To assess if and how the Sub Acute Functional decline in the Elderly instrument (SAFE) can identify patients at risk for readmission to KAD.

Method: In phase 1, a scoping review was conducted to identify factors characterising frailty in older people and general risk factors for readmission. The findings from phase 1 was synthesized into scoring elements representing risk factors for readmission of frail older people through thematic analysis. In phase 2, a scoring instrument was developed to be able to assess SAFE's compliance with the scoring elements.

Results: Sixty-two scoring elements were identified within the following categories; 1) Patient characteristics (age, sex, medical diagnoses, clinical factors); 2) Pre-per and post hospital admission events; 3) Overall assessments. The degree of compliance with the overall risk factors for readmission was 28%. However, SAFE complied with the clinical factors and overall assessments by 75 and 78%, respectively.

77. Reluctance of patients to participate in a partnership-based self-management trial for people with COPD in its early stages and their families –a search for explanations

Helga Jonsdottir¹, Þorbjörg S. Ingadottir²

1. Faculty of Nursing University of Iceland
2. Lanspítali National University Hospital, Reykjavík Iceland

Background: Recruitment, the process of accessing, screening, selecting and retaining participants for research

remains a challenge. In a randomised control trial, partnership-based self-management intervention for patients who have chronic obstructive pulmonary disease (COPD) in its initial stages, and their families, a theoretical framework that had been developed for patients with an advanced COPD and their families was modified and implemented in a primary care context.

Objective: Compare two studies on partnership based nursing practice with emphasis on study designs and stages of COPD of participants in the respective studies.

Method: Comparative analysis.

Results: In contrast to recruitment to the original study where 4% declined participation, in this study 25% of the potential patients declined. Although participants were encouraged to bring a family member, only 25% of them did so. The main reason for not being accompanied by a family member was that patients did not want to have anybody accompany them. Those who had quit smoking were more often accompanied by a family member compared to those who smoked. Reviewing the literature, the most compelling explanations for non-participation are shame and self-blame due to smoking, and that potential participants may not have envisioned any benefits from participating since they might not have realized that they had COPD.

76. Questioning the validity of data on breathing difficulties – merging objective and subjective assessments

Helga Jonsdottir¹, Þorbjörg S. Ingadottir²

1. Faculty of Nursing University of Iceland
2. Lanspítali National University Hospital, Reykjavík Iceland

Background: Data that reveal patients' health problems in a reality-reflecting way is a precondition for its usefulness in clinical research and practice. Over the last decades there has been an increasing emphasis on developing standardized data collection tools for this purpose. Numerical scales such as observation checklists and questionnaires are the ones most prominently used for health professionals and patients, while textual data still remains less valued and utilized.

Objective: In research and practice for lung patients the collection of data on breathing difficulties and its consequences have become a particular challenge. Several standard instruments exist that have proved particularly useful for nurses in exchanging information with other health care professionals e.g. the COPD Assessment Test (CAT) and the Modified Medical Research Council Dyspnea Scale

(mMRC). These instruments, however, may not capture the fullness of the health circumstances of the patient and family which consequently diminishes possibilities for nurses to identify, comprehend, describe and ultimately alleviate complex health problems.

Method: In this presentation authors address the importance of merging objective and subjective data in research and practice for the purpose of giving valid accounts of issues that are important to patients and that may guide their nursing care. We will present examples from clinical practice, the literature and from our ongoing qualitative and quantitative research.

Results: xx

80. Video recording and participant observation as a method to explore the patient's situation during interhospital intensive care transfers

■
Jonas Karlsson¹, Isabell Fridh¹, Thomas Eriksson¹, Berit Lindahl¹

1. University of Borås – Faculty of Caring Sciences, Work Life and Social Welfare

Background: //Title:Video recording and participant observation as a method to explore the patient's situation during interhospital intensive care transfers.//
Background: Interhospital transfers within intensive care have increased dramatically. These transfers are complex and potentially hazardous due to care taking place in mobile high-tech environments. Research within this field is limited and almost entirely consisting of quantitative research designs. There is a significant lack of research with creative qualitative approaches focusing on the patients' situation during transfers.

Objective: To explore the observed nature of the patient's situation when being transferred between intensive care units (ICU).

Method: Eight intensive care unit to unit transfers carried out by ambulance were included, and video recording and participant observation were conducted within each transfer process. This required the researcher to follow the transfer, performing video recording and participant observation in the ICU as well as in the ambulance care area and in between. In some cases data collection begun in one ICU and ended in another. Data collection resulted in 7 hours and 23 minutes of video material and field notes, which was analyzed using a hermeneutic approach.

Results: During transfer, the patient is in a vulnerable

position with risk for discomfort, objectification and to endure exposure in public spaces. The bodily existence seems to be affected when being fettered, but still in constant motion within a dwindling space

95. It is all about stories – on the use of narrative approaches in nursing research

■
Berit Lindahl¹

1. The Faculty of Caring Sciences, Work Life & Social Welfare, University of Borås

Background: Nursing researchers often use the expression «to give voice to» in their publications. In collecting data in-depth interviews are often used where the research participants are asked to narrate their stories. From a constructionist/constructivist perspective narrations do not represent reality, i.e. are not absolute true stories. But represent what we are, how we see something and what this means to us. Consequently, when people tell a story about themselves it is the voice of their lived experience that is heard. This story is open for interpretation, and for the researcher to analyze and publish so the main findings can be shared by others.

Objective: The aim is to present approaches used in nursing research from a caring and phenomenological-hermeneutic and narrative perspective.

Method: A brief overview of various narrative approaches used in data collection processes, analyses and mediation of findings will be presented.

Results: The presentation will focus on locating my research work within the narrative perspective through giving examples from my own research. Moreover, narrative interviewing and the act of reading, following, analyzing and presenting a story will be reflected on.

99. Malnutrition, culture and cares. Contributions from ethnography

■
Lorenzo Mariano¹, Sergio Cordonvilla Guardia¹, David Conde Caballero¹, Sergio Rico Martin¹, Julián Calderon García¹

1. Universidad De Extremadura

Background: Ethnography, along with other qualitative research methods, has become a powerful methodology in biomedical research. There is a high degree of

consensus for including research methods that address «understanding» – verstehen- and the meanings of health and disease processes. The nursing research of the last few years is finding in this methodology a very productive tool.

Objective: In this paper, we discuss the possibilities offered by the ethnographic method based on our research on experiences and representations of child malnutrition in eastern Guatemala.

Method: Ethnographic fieldwork carried out for 8 months between 2012 and 2016 in the eastern Ch'orti region of Guatemala, which included participating observation in health centers, hospitals and family homes, including more than 60 in-depth interviews and hundreds of informal conversations.

Results: Child malnutrition in the region has a socio-cultural construction, different from that in the west: etiology, risk assessment, reasons for medical consultation, or the choice of forms of treatment are linked to a particular social system. Health promotion and care processes in the region are failing to pay attention to these local ways of understanding the illness and thus in their health care programmes.

100. Cancer and food: The narratives of experience as first-order evidences.

Lorenzo Mariano¹, Sergio Rico Martín¹, Sergio Cordovilla Guardia¹, David Conde Caballero¹, Julian F. Calderón García¹, M^a Carmen Cipriano Crespo²

1. Universidad De Extremadura
2. Universidad De Castilla La Mancha

Background: This work was supported by the 4IE project (0045-4IE-4-P) funded by the Interreg V-A España-Portugal (POCTEP) 2014-2020 program. For a little over three decades, the relationship between diet and cancer has been thoroughly researched. through quantitative studies, by medical experts in nutrition and cancer However, the narratives and experiences of cancer patients with respect to food and the emotional climates that surround the nutritional process – understood as an entirely social fact – are conspicuously absent.

Objective: This paper intends to describe, analyze and interpret the various ways in which illness and treatment have impacted their lives beyond the obvious biological impact, in order to define the needs that traditional care has subordinated

Method: Qualitative research – descriptive, observational- with depth interviews that were conducted with twelve men suffering from laryngeal cancer. Through a semi-structured,

open-topic questionnaire, the interviews constituted an invitation to narrate their experiences with food in their lives and at their dinner tables since the emergence of their illness.

Results: Faced with the discourse of professionals, patients show a discourse that delves deeper into the loss, a fact that goes beyond nutritional balances. Stigma, loneliness, a tendency to isolate, refusal to eat as recommended are part of these patients' narrative strategies and assessment of treatment success.

112. Nurses' perceptions of hospitalized patients' need for progressed physical activity: a focus group study

Emma Ohlsson-Nevo¹, Gunnel Andersson², Emma Nilsing Strid¹

1. Centre for Health Care Sciences, Örebro County Council
2. Department of Health Sciences Örebro University Sweden

Background: Patients enrolled in wards at hospitals spend time in bed even if rest is not medically indicated. The inactivity in the hospital reduces muscle strength and can create a need for assistants that did not exist before or justified by the treated condition. Early and progressive mobilization is a key factor to maintain physical functioning during the care period in hospital. Despite the knowledge of the importance of physical activity, patients are not sufficiently mobilized. Reasons why patients are not mobilized are related to organizational factors as well as patient and nurse personal characteristics. With an understanding of nurses' experiences, interventions to enhance patients' physical activity can be developed aiming at reducing the risk of physical deterioration due to inactivity.

Objective: The aim of the study was to describe how nurses perceive hospitalized patients' needs for progressed physical activity during their stay at the wards.

Method: A total of seven focus group discussions were conducted in seven wards at three different hospitals in Sweden. A total of 16 nurses and 14 nurse assistants participated. The analysis was conducted in two steps; First an interaction analysis of the communication and response pattern in the focus groups and thereafter a content analysis of the transcribed text.

Results: The analysis is in progress and the results will be presented at the conference.

117. The use of video consultations – Barriers in clinical practice

Mette Juel Rothmann¹, Dorthe Boe Danbjørg², Christina Østervang Svendsen³, Lene Vedel Vestergaard⁴

1. Odense University Hospital
2. Department of Haematology, Odense University Hospital, Sdr. Boulevard 29, 5000 Odense C, Denmark. CIMT – Centre for Innovative Medical Technology, University of Southern Denmark
3. Department of Hematology, University Hospital Odense, Denmark.
4. Department of Oncology and Department of Hematology, University Hospital Odense, Denmark.

Background: The health care system is changing. Nurses are constantly faced with changes and new challenges. One could be the use of health technology such as video consultations. In 2017, two departments at Odense University Hospital offered video-consultation. At the diabetes out-patient clinic video consultations were offered to patients instead of usual follow-up, and at the department of haematology video consultations were introduced at rounds so relatives could participate even though they were not at the ward.

Objective: To investigate barriers among nurses in relation to the implementation of video consultations in clinical practice

Method: Fieldstudies were carried out including informal interviews and diary records, and a focus group interview was conducted.

Results: Despite a positive response to the opportunity to use video consultations, implementation was still challenged. Thus, a number of barriers were found e.g. opposition to changes as nursing has to be provide in a different way, uncertainty toward the technology, quality in care and the relation between nurse, patient and relatives. Barriers toward new workflows, changed tasks and resources were revealed as well.

125. Adherence to technological elements and study design – a critical analysis of a web-based intervention for women with type 1 diabetes in pregnancy and early motherhood

Carina Sparud-Lundin¹, Karolina Linden¹, Agneta Ranerup², Annsofie Adolfsson³, Marie Berg¹

1. Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg
2. Applied Information Technology, University of Gothenburg
3. School of Health Sciences, Örebro University

Background: Methodological challenges can affect study outcome and overall intentions with web-based support. Therefore, applying a critical perspective on web-based, health care interventions for persons with chronic conditions is important.

Objective: To critically analyze the challenges of testing the use of web-based support in the context of an RCT, with special focus on the adherence.

Method: Exploratory case study methodology and the Persuasive System Design model were used as a framework for critical analysis. The analytical focus was on technology and its design, the usage of different parts of the web-based support, especially forum for peer support. Additional analytic methods include descriptive statistics and content analysis.

Results: The MODIAB-Web study implemented three design principles to manage the targeted behavior: tailoring, reduction and self-monitoring. Five design principles to increase credibility were used: trustworthiness, expertise, surface credibility, real-world feel and authority. Design principles for social support included social learning and social comparison. Out of the 81 women, 69 were classified as «active users», i.e. they had logged in at least once after the introduction session. Social interactions were negatively affected by limited active participation due to prolonged recruitment process and randomization effects.

137. There is strong evidence regarding the impact of medical treatments on hospitalized children and their families.

Erla Kolbrun Svavarsdottir¹, Gudny Bergthora Tryggvadottir²

1. University of Iceland, School of Health Sciences; Faculty of Nursing
2. University of Iceland

Background: There is strong evidence regarding the impact of medical treatments on hospitalized children and their families, following diagnosis with a severe illness. Even though survival rates have increased for children and adolescents with severe illnesses such as cancer, kidney, liver and gastrointestinal diseases, lengthy medical procedures and symptom management may have a great impact on the well-being and quality of life for the family. Little is known, however, about promoting family quality of life in hospital-based pediatric settings.

Objective: The purpose of this study was to evaluate the predictors of quality of life across physical health conditions among families of children and adolescents with cancer, kidney, liver and gastrointestinal diseases.

Method: The study design was cross-sectional. Thirty-eight families of children with cancer, kidney, liver or gastrointestinal diseases participated at the Children's Hospital at Landspítali University Hospital. Data were collected using valid and reliable instruments to measure the study variables from March 2015 to May 2016.

Results: The main finding from the hierarchical regression analysis indicated perceived family support and illness beliefs (controlling for the cancer diagnosis), significantly predicted quality of life of the family; approximately 44% of the variance in the families' perception of their quality of life was explained by the model.

138. Parents of children and adolescents with severe psychiatric illnesses or disorders

Erla Kolbrun Svavarsdottir¹, Gudny Bergthora Tryggvadottir², Margret Gisladottir³

1. University of Iceland; Faculty of Nursing
2. University of Iceland
3. Landspítali University Hospital

Background: Parents of children and adolescents with severe psychiatric illnesses or disorders, are on a daily basis loaded with complexed caregiving tasks, that can have an impact on their quality of life. Parents may also be coping at the same time with variety of different psychiatric illnesses or disorders in their child or adolescent, like anxiety, depression, attention deficit hyperactive disorder (ADHD) or eating disorders. Anxiety in children and adolescents are common and may become a lifelong psychiatric disturbance but, anxiety in childhood can predict a range of psychiatric disorders' in the adolescence years. Little is however known, about promoting quality of life across mental illnesses, among families of children and adolescents with severe psychological illnesses or disorders.

Objective: The purpose of this study was to evaluate the predictors of quality of life among families of children with severe mental illnesses/disorders who are in active psychiatry treatment.

Method: The study design was cross-sectional. Sixty-eight families of children with anxiety, depression, ADHD, eating disorders, autism and asperger, who were in active psychiatry treatment at a University Hospital participated. Data were collected, from March 2015 to December 2016, using valid and reliable instruments to measure the study variables.

Results: The main finding from the hierarchical regression analysis indicated perceived family support predicated 21% of the variance in the family perception of their quality of

life when controlled for by the anxiety and depression illness types (these illnesses affected least the families QOL).

140. Realistic Evaluation in nursing research

Susanne Friis Søndergaard¹, Vibeke Lorentzen², Erik Elgaard Sørensen³, Kirsten Frederiksen⁴

1. Centre for Research in Clinical Nursing, Viborg, Denmark
2. Centre for Research in Clinical Nursing,
3. University of Aalborg
4. Aarhus University

Background: In the nursing profession, the documentation of nursing care is considered an important tool to support clinical decision-making processes, ensuring transparency and thereby patient safety in healthcare. However, studies suggest that there are issues with documenting nursing care in the perioperative setting. The documentation of nursing care in the perioperative setting is described as poor and has been characterised as subjective related to perioperative nurses.

Objective: – to examine the reasons behind perioperative nurses' documentation practices.

Method: The evaluation method was based on realist principles, and the key feature is its stress on the mechanics of explanation. Realistic Evaluation provides a method that focuses not only on outcomes but also on an explanation of why those outcomes were achieved by focusing on both the mechanisms and the actual contexts.

Results: We identified three features:

1. The perioperative nurse is influenced by contradictory practices.
2. The local values and traditions of the nursing profession constitute an unconscious framework
3. Everyday circumstances affect documentation practices.

147. The becoming of life for families in palliative care – testing methods for mapping becomings

Kristina Tryselius¹, Carina Persson¹

1. Institution for Health and Caring Sciences

Background: An ontology of becoming, recognizing the being of the world as constantly made, de-made and re-made, requires the use of research methods able to grasp the constant processes of becoming making it. In nursing science research there is a lack of studies made based on an ontology of becoming, thus leaving a space open for exploring its potentials in developing methodological thinking and new ways of thinking research, results and development of nursing practice.

Objective: To test photography and video recording as methods to generate information about the becoming of life of families enrolled in advanced palliative home care.

Method: Patients and family members use their own mobile phones for photo taking and video recording of their lives during one week. Families are thereafter asked to give their narratives on the documentation in a recorded research interview. Photo voice is used as method for analyzing generated visual and verbal information.

Results: The study is ongoing. Results will be presented at the conference.

151. Patients' preference for bed bath: Water and soap or disposable wet wipes?

■
Pia Lysdal Veje¹, Jette Primdahl², Christian Stab Jensen³, Jan Sørensen⁴, Ming Chen⁵

1. Institute of Regional Health Research, University of Southern Denmark
2. King Christian X's Hospital Gråsten, Hospital of Southern Denmark.
3. National Center for Infection Control, Statens Serum Institute,
4. RCSI, Research Centre, Royal College Of Surgeons in Ireland
5. Department of Clinical Microbiology, Hospital of Southern Denmark

Background: Bed bath provides hospitalized bed-bound patients the opportunity to stay clean and fresh and is regarded as a necessary intervention to improve patients' quality of life, social acceptance and wellbeing. Bed bath assists in removing dirt, odor and microorganisms and may reduce the potential of infection. Water and soap have traditionally been used for personal hygiene, but recently, disposable prepacked wet wipes have been introduced as an alternative. So far, few qualitative studies have reported on patients' experience and preference of the two types of bed bath.

Objective: To gather in-depth understanding of patients' experiences and preferences of the two bed bath methods during admission

Method: Semi-structured individual in-depth interviews with 16 bed-bound patients from three hospital wards was used to explore their experience with water and soap, and disposable wipes during admission. The transcribed interviews were analyzed from a phenomenological-hermeneutic scientific angle and were structured in the software program NVivo version 11.3.2(1888).

Results: The overall themes identified were: 'Cleanliness is important', 'Disposable wipes freshen you up', 'Face and hands are special', 'Bed bath methods is a situated shared decision' and 'water and soap makes you really clean.'

Oral sessions 3

Friday 15th June 2018 10.30-11.45

10. Person-centred pain management for the patient with acute abdominal pain: an ethnography informed by the Fundamentals of Care framework

■
Therese Avallin¹, Åsa Muntlin Athlin², Erik Elgaard Sørensen³, Alison Kitson⁴, Martin Björck¹, Eva Jangland¹

1. Surgical Sciences, Uppsala University, Uppsala, Sweden
2. Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, SA, Australia. Medical Sciences, Uppsala University, Uppsala, Sweden. Emergency Care and Internal Medicine, Uppsala University Hospital, Uppsala, Sweden. Public Health and Caring Sciences, Uppsala University Hospital, Uppsala, Sweden.
3. Clinical Medicine, Aalborg University, Aalborg, Denmark . Green Templeton College, University of Oxford, Oxford, United Kingdom
4. Adelaide Nursing School, Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, SA, Australia. Green Templeton College, University of Oxford, Oxford, United Kingdom

Background: Despite considerable research and pain management being a human right, unmanaged pain continues to cause suffering and prolong hospital care. Unanswered questions about reasons for this concern the organizational culture and how the practitioners could act and behave to perform successful pain management.

Objective: Describing actions and behavior between the patient and practitioners that contribute to and counteract successful pain management for the patient with acute abdominal pain across the acute care pathway, and to explore the impact of the organizational culture on this.

Method: Focused ethnography, applying the systematic Developmental Research Sequence and the Fundamental of Care framework. The setting was an emergency department and two surgical wards at a large university hospital. Patients aged ≥ 18 years seeking care for acute abdominal pain at the emergency department and admitted to a surgical ward ($n = 31$; ages 20–90 years; 14 men, 17 women; 9 with communication disabilities) were included. Data were collected 24/7 through participant observation and informal interviews (92 hours), using fieldnotes including 261 interactions with 198 practitioners.

Results: Person-centred pain management require an

organization that support patient and practitioner sharing knowledge as true partners, consistently connecting trust, communication, and analgesics for optimal patient outcome.

17. Patient Involvement and Institutional Logics - Implementation Processes in Practice

■
Kirsten Beedholm¹, Lene Michelle Andersen², Kirsten Lomborg³

1. Department of Public Health, Aarhus University
2. Municipality of Aarhus
3. Research program – Patient involvement, Aarhus University Hospital and Department for Clinical Medicine, Aarhus University

Background: In 2013-2014, a development project on patient involvement was completed at a big Danish hospital. Nine project groups participated. Research indicate that while patient involvement is a success when organized as pilot projects it is difficult to implement and maintain as new routines.

Objective: Following the completed development project, we aimed to investigate implementation of methods for patient involvement and illuminate inhibiting and promoting factors.

Method: Semi-structured interviews were conducted with project group members 12 – 20 months after completion of the development project. Data generation and analysis were informed by The Normalization Process Theory. Concepts on institutional logics were integrated in the last part of the analysis.

Results: Despite strong commitment among project group members and positive assessment of the quality of own projects, only two projects were implemented and maintained as new routines. Both were characterized by preservation of the traditional 'professional logic'. Projects who were including a 'patient logic' failed to be implemented.

21. A longitudinal mixed method study assessing implementation fidelity in a complex intervention promoting psychosocial well-being following stroke. Part 1: A quantitative study of intervention adherence

■
Line Kildal Bragstad¹, Berit A. Bronken², Ellen G. Hjelle¹, Unni Sveen³, Marit Kirkevold¹

1. University of Oslo
2. Inland Norway University of Applied Sciences
3. Oslo University Hospital

Background: Process evaluation is an essential part of designing and testing complex interventions within randomized controlled trials in nursing and rehabilitation. Conducting a process evaluation alongside a clinical trial is thought to strengthen the overall quality of the trial, and support the research team's ability to understand the potential barriers to successful implementation. In this study, a conceptual framework for implementation fidelity was applied to assess intervention adherence in the intervention promoting psychosocial wellbeing following stroke.

Objective: The main objective is to assess the suitability of this framework for implementation fidelity as part of this process evaluation and to determine to which extent the intervention was delivered according to the protocol.

Method: The process evaluation is a longitudinal mixed method study conducted alongside the RCT. The process evaluation comprises qualitative and quantitative data collected from the trial coordinators and intervention personnel. The data material consists of recruitment records, detailed intervention records, attrition records, qualitative interviews with patients and focus group interviews with intervention personnel. The present evaluation of intervention adherence will assess the content, coverage, frequency and duration of the intervention.

* The qualitative portion of the process evaluation will be presented in part 2.

Results: The framework for implementation fidelity shows promise in guiding the process evaluation. We found high fidelity in implementation of content and coverage. Timeliness of ending the intervention in accordance with the protocol was challenging. In total, 80.1 % of the interventions were conducted with high fidelity in terms of overall intervention adherence.

22. A longitudinal mixed method study assessing implementation fidelity in a complex intervention promoting psychosocial well-being following stroke. Part 2: A qualitative study of potential moderating factors

■
Berit Arnesveen Bronken¹, Line Kildal Bragstad², Ellen Gabrielsen Hjelle², Unni Sveen^{3,4}, Marit Kirkevold²

1. Inland Norway University of Applied Sciences, Campus Elverum, Norway
2. University of Oslo, Institute of Health and Society, Oslo, Norway
3. Oslo and Akershus University College of Applied Sciences, Oslo, Norway
4. Oslo University Hospital, Oslo, Norway

Background: Process evaluation is an essential part of designing and testing complex interventions within randomized controlled trials in nursing and rehabilitation. Conducting a process evaluation alongside a clinical trial will strengthen the overall quality of the trial, and support the research team's ability to understand the trial outcomes and potential barriers to successful implementation. In this study, a conceptual framework for implementation fidelity will be applied to assess how potential moderators may influence the outcomes of the intervention.

Objective: The main objective is 1) to discuss experiences with using this conceptual framework for implementation fidelity as an analytic tool 2) to determine to which extent the intervention is delivered according to the protocol.

Method: The process evaluation was designed as a longitudinal mixed method study conducted alongside the RCT. The process evaluation comprises qualitative and quantitative data collected from the trial coordinators and intervention personnel. The data material for this part of the study consist of individual qualitative interviews with patients, focus group interviews with health care professionals who conducted the intervention, recruitment records, detailed intervention records and attrition records. The present study focuses on potential moderating factors that may influence the outcomes. The moderators encompass participant responsiveness, quality of delivery, recruitment, context and procedures and strategies to facilitate implementation.

Results: In this process evaluation, using the conceptual framework for implementation fidelity as an analytical tool has enabled structured deductive analyses of the qualitative and quantitative data. The conceptual framework has been especially useful in understanding how the different data sources have contributed to the understanding of implementation fidelity. Mixing the results in an overall

assessment of implementation has, however, been challenging in cases where results have appeared to be contradictory, and the framework does not consider that perspective. The analysis of the qualitative data extends the results of the quantitative analyses in a meaningful way, shedding additional light on the concept of implementation fidelity.

30. Challenges in assessment situations in clinical studies

Bjørg Christiansen¹, Gertrud Averlid¹, Anne Eikeland¹, Monica Holm Larsen¹, Cynthia Bauyot¹, Karin Blomberg¹

1. Department of Nursing and Health Promotion, Oslo Metropolitan University

Background: Clinical studies for nursing students are important in many respects, and characterized as an irreplaceable component of nursing education. Challenges concerning assessment situations such as unclear criteria for the expected level of student competences may open to the subjective bias of the assessor. Even though the nurse mentor have the main responsibility for the daily assessment of the nursing students, the teacher, on behalf of the nursing education also participate in midway- and final assessment situations.

Objective: The objective of this study is to generate new knowledge about the assessment of nursing students in clinical placements at a hospital and municipal health care
Research question: How do nurse mentors experience assessment situations?

Method: The study has a qualitative design with qualitative interviews (12 individual- and four focus group interviews) with nurse mentors from various levels and fields of nursing education. A hermeneutic approach will be used where the research questions is the basis for a reflective interpretation. The analysis will be inspired by Kvale & Brinkmann's (2015) approaches to qualitative analysis, and will be carried out using various tools such as coding and categorization of meaning on different levels.

Results: Conclusion and implications for practice will be presented and discussed at the conference
How do nurse mentors recognize an expected level of students' competences?
How do they perceive the usage of assessment forms?
How do they experience the cooperation with the teacher concerning the assessment of the students?

43. Conceptual Clarification of Wellness and Sense of Coherence (SOC): Rodgers' evolutionary concept analysis in health care settings

Monica Eriksson¹, Susann Arvidsson², Anette Ekström³, Henrika Jormfeldt², Ingela Lundgren⁴, Åsa Roxberg et al.²

1. University West
2. Halmstad University
3. University of Skövde
4. University of Gothenburg

Background: Clarification of concepts is important in the process of developing theories and concepts. The concept of «wellness» is frequently used, but the content is still unclear. Is the content of «wellness» the same as «health», «sense of coherence», «wellbeing», «spirituality», «quality of life» or another content?

Objective: To conceptually explore the concept of «wellness» in health care settings, and relate the results to the salutogenic core concept SOC.

Method: Rodger's evolutionary concept analysis is used for the theoretical analysis of the data. The focus has been on attributes, related concepts, consequences, antecedents, references, exemplars and implications. The literature search has been performed through manual review of reference lists and online search in databases for relevant papers. The abstracts has been examined to identify relevant studies for further review. The inclusion criteria was peer reviewed papers in English, published in scientific journals using the keywords wellness/health/health care/healthcare and wellness/sense of coherence/salutogenesis, discussing and/or defining the concept of wellness. The search was run in Cinahl and PubMed via EBSCO and in ProQuest.

Results: Fifty studies met the inclusion criteria. Preliminary results confirm a multidimensional property of «wellness». It seems to be used interchangeable with related concepts such as «health», «SOC», «wellbeing», «spirituality» or «quality of life» without a deeper clarification of theoretical aspects. A general impression is that wellness is strongly related to individual lifestyle and health behavior.

45. Exploring discourses on nursing competence in home health care

Ann-Kristin Fjørtoft¹, Herdis Alvsvåg¹, Oddvar Førland²

1. VID Specialised University
2. Western Norway University of Applied Sciences

Background: Home health care is an important part of Norwegian health care services. In line with international developments, there is an emphasis on building a strong primary nursing workforce to meet the challenges of chronic and complex diseases.

Objective: The aim of the study is to explore discourses on nursing competence in HHC. How do nurses describe essential nursing competence in their work?

Method: A qualitative explorative research design. Six focus group interviews with nurses working in home health care in different municipalities in Norway. A purposeful sampling to ensure heterogeneity in HHC work settings and participants. Semi-structured interview guide to facilitates reflections. Critical discourse analysis is applied to interpret and explore data following Fairclough's three-dimensional critical discourse model (2013): linguistic text analysis, identifying themes and interactions and explaining emerging discourses in relation to theories and practice.

Results: Nurses describe a demanding practice in close interaction with patients and crossing expectations between professional and bureaucratic values. The findings is discussed in relation to political and professional discourses on competence in home health care and standards of nursing competencies.

46. Medication administration episodes in acute hospital settings: a descriptive and exploratory study

Mariann Fossum¹, Tracey Bucknall², Mari Botti², Julie Considine², Trisha Dunning², Alison Hutchinson²

1. University of Agder, Department of Health and Nursing
2. Deakin University, School of Nursing and Midwifery

Background: Medication administration episodes are complex; with most medication errors occurring during the administration period. These errors may cause unintended harm to patients. By examining nurses' practices and their perceptions of risk associated with medication administration, we may be able to develop interventions and training programs aimed at reducing medication errors.

Objective: The purpose of this research study was to describe and explore nurses' practice and perceptions of patient involvement in medication administration episodes in the hospital settings.

Method: Twenty nurses from four medical and surgical wards were observed and interviewed in an Australian, metropolitan hospital. Naturalistic observations were captured on an electronic case report form and individual

interviews were conducted after observations. A semi-structured interview guide was used for the interviews. The audio recorded and transcribed interview data were analysed using thematic content analysis. The quantitative observation data were analysed using descriptive statistics.

Results: Ninety-five medication administration episodes were observed and fifty-six interruptions occurred. Dealing with uncertainty, framing and filtering information, managing interruptions, and knowing and involving patients were the four themes identified.

62. Patients' presentation of bodily sensations – An observational study of negotiation of shared understandings among patient and healthcare personnel after implementation of SCPP

Cecilia Hultstrand-Ahlin¹, Anna-Britt Coe², Mikael Lilja³, Senada Hajdarevic⁴

1. Nursing
2. Institution of Sociology
3. Public Health and Clinical Medicine
4. Nursing

Background: Most patients with symptoms indicating serious illness as cancer initially turn to primary care, which demonstrates the importance of primary care for achieving equal access to cancer care. How access to care is created in the encounters where symptoms are presented, and how the healthcare organization affect these encounters are sparsely explored. This study focuses on cancer care since Standardized Cancer Patient Pathways (SCPP) have recently been implemented in order to increase access to care.

Objective: This ongoing study aims to explore how patients' presentation of bodily sensations are constructed and legitimized to further access to care by SCPP.

Method: Observations of the encounters, and how patients present their bodily sensations at primary healthcare centres in two counties in northern Sweden will be carried out. A power and gender perspective will be applied, as well as the framework of symbolic interactionism which enables exploring how patients and personnel perceive the interaction during the encounters. Data will be analysed by using grounded theory.

Results: It is known that the decision to seek care is complex, as well as patients' entry into cancer care. We assume that the results from this ongoing study will provide in-depth insights into how the encounter, and interaction between patients and healthcare personnel, affects access

to care by SCPP. The preliminary results will be presented at the conference.

70. Nurses' experiences when introduced to the National Early Warning Score.

■
Jørghild Jensen¹, Bodil Tveit¹

1. VID

Background: The National Early Warning Score (NEWS) is commonly introduced to detect physiological changes, to identify patients at risk of deterioration and to facilitate the appropriate response.

Objective: The aim of this study was to get a better understanding of general ward nurses' expressions of the NEWS introduction in a Norwegian hospital.

Method: The study design is a participatory observational study, where a total of 79 nurses have been observed during nine different education and training sequences and 52 nurses have been observed during simulation. The activity theory can provide a systematic way of understanding nurses' activity when introduced to a new tool with the purpose to improve practice. The activity theory was used to analyse general hospital ward nurses' expression when introduced to the NEWS.

Results: Preliminary findings show that nurses experience contradictions within the various elements of the activity system, both in relation to interprofessional cooperation, their own professionalism in the meeting with the NEWS, and related to the system as a new structure and rule in the practice community.

73. Psychometric properties of the SCREESCO questionnaire used in a colorectal cancer screening program- a Rasch analysis

■
Anna Jervaeus¹, Anders Kottorp², Kaisa Fritzell¹, Rolf Hultcrantz¹, Yvonne Wengström¹

1. Karolinska Institutet
2. Malmö university

Background: Sweden has not yet implemented any CRC screening program but a study, Screening of Swedish Colons (SCREESCO) is ongoing. The movement within the health care sector towards a more participatory perspective has led to the increased importance of Shared Decision-Making (SDM) and suggestively applied when deciding upon screening participation. There is no Swedish questionnaire aiming at assessing the level of SDM in relation to CRC screening. Therefore, the CRC screening module of the

National Survey of Medical Decisions was translated and culturally adapted into a Swedish context; the SCREESCO questionnaire.

Objective: The SCREESCO questionnaire requires further evaluation and the aim was to evaluate the psychometric properties of the questionnaire.

Method: The Rasch approach was chosen to investigate psychometric properties and the sample consisted of individuals invited to the SCREESCO program who have answered the SCREESCO questionnaire.

Results: Preliminary findings: Rating scale structure indicating stability for the response structure used and satisfactory evidence of internal scale validity, for the whole questionnaire and two of three subscales, after deletion of a few items. Person response validity indicated mixed results, as did the results for unidimensionality while two subscales seem to measure the same concept and separation index revealed less satisfactory results, both for the whole questionnaire and the subscales.

78. Obtaining and transforming clinical data from Electronic Health Records into research data – the case of decision-making of end-of-life care for neurological patients on an acute hospital unit.

■
Gudrun Jonsdottir¹, Ásta Thoroddsen², Helga Jónsdóttir², Erna Haraldsdóttir³

1. Landspítali University Hospital
2. University of Iceland
3. University of Iceland/Queen Margareth University

Background: Obtaining and transforming clinical data from Electronic Patient Health Records into research data – the case of decision-making of end-of-life care for neurological patients on an acute hospital unit.

Electronic Health Records contains important information that can be used in research to describe components pertaining to patient care. As a part of an ongoing doctoral study we used retrospective data from electronic health records to describe the decision-making process of end-of-life care for neurological patients on an acute hospital unit.

Objective: To obtain reliable and valid information, we developed a sensitive data collection tool (DCT).

Method: The DCT was developed in three main phases: (1) Literature review, (2) establishing face-validity of items by involving a group of experts within palliative care, neurology, health informatics and statistics. (3) Fine-tuning and diminishing items to fit with local guidelines and to

disseminate nurses' role in the decision-making. A coding-manual was developed and the item file was transformed into RedCap data storage. Data collection was conducted by data abstractors that had been trained in using the coding-manual.

Results: The DCT is divided into seven main components: (1) Demographics, (2) dates of major decisions (3) assessment of patients, (4) laboratory and other tests, (5) invasive and other treatment, (6) exchanges with family and (7) professionals involved in documenting decision-making of end-of-life care.

83. What happens after a systematic literature review of intervention studies? An example from an ongoing research project of «neglect» with testing of a complex intervention in a nursing context

Marianne Elisabeth Klinke¹, Haukur Hjaltason², Árni Kristjánsson³, Helga Jónsdóttir¹

1. University of Iceland, Faculty of Nursing
2. Landspítali University Hospital
3. University of Iceland, Faculty of Psychology

Background: Spatial neglect (SN) is present in ~50% of acute stroke patients with right hemisphere damage and leads to poor recovery. Early interventions may improve outcomes. In our recent systematic literature review, based on the inclusion of 41 intervention studies, the results showed that smooth pursuit eye movement training (SPEMT) diminish SN and can be used in ward-based rehabilitation without requiring extensive additional resources. However, the use of SPEMT needs to be better explored when it is combined with daily nursing activities, such as in the immediacy of mealtimes.

Objective: The objective was to test the effectiveness of SPEMT when provided before mealtimes.

Method: Patients will be recruited from the National University Hospital of Iceland. The SPEMT intervention will be tested by using a randomized, multiple baseline study design (AABA; A: Two weeks without intervention, B: three weeks with intervention). To reach 80% power (at α 0.05), a total of 28 patients; n=14 (intervention group) and n=14 (control group) will be needed. The first phase, out of a two-phase data collection process, was initiated in 2017.

Results: Visual perception and eye movements are closely associated. Therefore, conventional testing will be combined with cutting-edge mobile eye tracking technology. This provides an innovative way of assessing the effectiveness of

complex interventions, even in very impaired patients, such as in those with dominant hand paralysis and aphasia.

85. Nurses' experiences of caring for the older patient with delirium in a general medical department

Susanne Kristiansen¹, Malene Beck², Hanne Konradsen³

1. SUH - Region Sjælland, Neurologisk afdeling, Regionalt Videnscenter for Demens
2. Neurologisk afdeling-SUH-Region Sjælland/ Institut for Folkesundhed, Sektion for Sygepleje, AU
3. Karolinska Institutet

Background: Delirium is a frequent, acute and in the utmost consistency fatal condition. Literature shows that nursing care is crucial in relation to prevention and treatment of delirium.

Objective: To investigate nurses' experiences of caring for the older (+65 years) patient with delirium in a general medical department

Method: The study had a qualitative, exploratory and descriptive design. A total of fourteen nurses participated in three focus groups. The text was analyzed using thematic analysis inspired by Braun and Clarke's step-by-step guide.

Results: Analysis revealed three themes: 1) the relationship with the patient is challenging, 2) Own professional expertise is challenged, 3) Interprofessional collaboration is challenging.

90. Applying action-based research to improve nursing care during admission in isolated ward facility

Pernille Langkilde¹, Anita Pedersen¹, Charlotte Troldborg¹

1. Lillebaelt Hospital

Background: In the Medical Department, Kolding Hospital, some patients need source or protective isolation. Nurse staff experienced that the psychological and physical well-being deteriorated during the period of isolation.

Objective: To improve nursing care during isolation.

Method: A literature and interview study was conducted to explore the impact of isolation during admission on psychological well-being and to identify specific interventions to improve the nursing care for isolated patients. Interview question was informed by the literature. Five interviews were conducted to guide specific interventions to improve

nursing care. Additional five interviews were conducted after introduction of the interventions. All interviews took place one week after discharge.

Results: The literature study indicated that suboptimal psychosocial conditions during a period of isolation may have negative consequences for the patient. Isolated patients are more likely to feel left behind, develop depression, and experience poor sleep. Furthermore, the study indicates that this patient group require a lot of information related to their condition and care. Consequently, the interviews revolved around these topics. Based on the findings from interviews, the nurse team developed several specific interventions to improve nursing care and maintain staff awareness of the challenges that isolated patients face.

Interviews after implementation of the intervention showed a clear difference in how well-informed, cared for and safe patient felt.

91. Unplanned admissions in haematology – the voices of patients

Susan Larsen¹, Niels Frost Andersen¹, Annelise Norlyk², Charlotte Delmar³

- 1 Aarhus University Hospital
- 2 Aarhus University and VIA University College
- 3 Aarhus University, Aalborg University, Diakonova Oslo, Norway's Arctic University

Background: Unplanned admissions are known to impair treatment outcome for patients and to be indicators of the quality in patient care. Research also suggests that chemotherapy treated patients at home have unmet needs and unnecessary suffering, which may lead to unplanned admissions. It is important to obtain more knowledge of factors causing unplanned admissions in haematological patients to adjust care and support.

Objective:

- Describe the extent and causes of unplanned admissions
- Explore and understand the impact unplanned admissions have on patients' lives
- Clarify possible initiatives to prevent/avoid unplanned admissions

Method: The study is designed using a quantitative and a qualitative approach. First, during a six months period data from all unplanned admissions (socio-demographics, disease, treatment, patient condition, nursing problems and time) are collected. The admissions and patients are characterized using descriptive statistics.

Secondly, these results guide and inform the selection of

patients for the qualitative study. Haematological patients are interviewed addressing their symptoms, problems and practice of seeking help, prior to an unplanned admission.

Results: Results from the quantitative study (n=988) indicated that patients living alone had a higher comorbidity index score and performance status score on admittance, than patients living with a partner. This called for a better understanding of what this group of patients experience prior to an admission. The qualitative study aims to clarify this by interviewing patients living alone and who have unplanned admissions. The project is still on-going.

97. Long-term rheumatic pain, body awareness and fear-avoidance beliefs

Helena Lööf¹, Unn-Britt Johansson²

1. Department: School of Health, Care and Social Welfare, Division of Caring Sciences, Mälardalens University
2. Sophiahemmet University

Background: Persons with long-term pain not only suffer from the physical aspects but also from emotional pain (1), as well as from a loss of identity in which the persons feel alienated from the things that once had meaning in their life (2). Participation in daily physical activities has been associated with several health benefits (3); however, a high level of self-rated rheumatic pain is associated with increased fear-avoidance behavior to physical activity (4). Body awareness, which involves attentional focus and awareness of internal body sensations, may be useful in the nursing management of long-term diseases (5).

Objective: The study aimed to gain a better understanding of body awareness in terms of physical activity and fear-avoidance beliefs in persons experiencing moderate to high rheumatic pain.

Method: The empirical phenomenological psychological method was used (6). Narrative interviews were undertaken with 11 persons (8 females and 3 males, age range 44-71 years) who were diagnosed with rheumatoid arthritis (n=7) or psoriatic arthritis (n=4) with a disease duration ranging from 3-35 years.

Results: Involvement in a greater context, support to discover new and creative solutions to daily activities altered the individual's feelings of hope and inner strength. By adopting a more favorable attitude towards the self, a state of calm in bodily signals would become more readily accessible.

98. Effect of time and age on Health Related Quality of Life, General Self-Efficacy and functional level twelve months following dysvascular major lower limb amputation: a longitudinal study

Ulla Riis Madsen¹, Ami Hommel², Carina Bååth³,
Connie Bøttcher Berthelsen⁴

1. Slagelse & Holbaek hospital
2. Lund University
3. Karlstad University
4. Aarhus University

Background: Having a leg amputated can have significant consequences for an individual's life, and although vascular disease is the most common cause of leg amputation in the Western world, little is known about quality of life and functional outcome in this patient group.

Objective: To investigate effect of time and age on Health Related Quality of life (HRQOL), general self-efficacy and functional level twelve months following dysvascular major lower limb amputation.

Method: A prospective longitudinal cohort study design with assessments at baseline and follow-up three, six and twelve months post amputation. Data were collected via in-person interviews using Short Form 36, the General Self-Efficacy scale and Barthel Index 100. Out of a consecutive sample of 103 patients having dysvascular major lower limb amputation (tibia, knee or femoral), 38 patients completed the study. Outcome at follow-up was compared with baseline and analyzed in age groups.

Results: All Short Form 36 subscale scores were below population norms at baseline. At twelve months, all scores but physical function and role-physical, had improved. Psycho-social problems persisted and fluctuated throughout the twelve months in all age groups. Large differences were identified between age groups in physical function with the loss of physical function almost solely evident among the oldest (aged 75+) patients.

108. Can therapy dogs improve quality of life in people with dementia disease?

Lena Nordgren¹, Ann Kårefjärd²

1. Sörmland County Council: Centre for clinical research Sörmland/Uppsala university
2. Vård- och omsorgsförvaltningen, Eskilstuna kommun

Background: Dementia diseases are often associated with poor quality of life. Previous studies indicate that dog-assisted interventions can increase well-being and decrease

behavioural and psychological symptoms.

Objective: The objective of this prospective one-group pre-test post-test study was to evaluate quality of life in people with dementia disease before and after an intervention that comprised ten sessions with a certified therapy dog team. Another objective was to investigate possible differences within sub-groups (i.e. gender, age, dementia disease, indication for the intervention) concerning quality of life before and after the intervention.

Method: A convenient sample of 59 residents in three different nursing homes for people with advanced dementia disease. Study outcomes were measured using the Swedish version of the Quality of Life in Late-Stage Dementia scale (QUALID) (Cronbach's $\alpha = 0.74$). Non-parametric tests (Sign Test; the Wilcoxon Signed Rank Test) were used to assess pre- and post-test median differences.

Results: Overall, the residents' had significantly higher pre-test scores (Mdn 24.0, SD = 4.6) than post-test scores (Mdn 19.5, SD = 6.7, $p = < .001$). Statistically significant pre- and post-test differences were found within all sub-groups ($p = < .05$).

118. Participatory family approach to investigate family's and children's needs in cancer care.

Berit Madsen¹, Mette Juel Rothmann²

1. Hans Christian Andersen Children's Hospital, Odense University Hospital, Denmark
2. Dept. of Endocrinology & Rheumatology, Odense University Hospital. CIMT – Centre for Innovative Medical Technology & Dept. of Clinical Research, University of Southern Denmark

Background: Every year approximately 200 children in Denmark are diagnosed with cancer. The diagnosis affects the family, and puts them in a challenging situation. In a Participatory Design study we wanted to identify families' and children's needs, in order to cope with diagnosis and actively participant in the treatment and care.

Objective: To investigate if a family structured approach could ensure participation from both children and their families in order gain knowledge about needs.

Method: Data were generated through semi-structured interviews with the child, both parents and siblings. To ensure and promote participation from the children the interviews started with a drawing. Two families were invited, with 9 interviews in total. The children were 6-11 years old. Data were analyzed using Systematic Text Condensation.

Results: The family structured approach reveals that the family system is challenged and changed when a child gets cancer. The families try to maintain everyday life despite severe illness. In doing so the family needs knowledge about treatment and a clear treatment plan.

Furthermore, families seek support in how to involve siblings. The children used the drawing to tell their story from their point of view.

124. The Influence of Relationships on Personhood in Dementia Care: A qualitative, hermeneutic Study.

Kari Lislrud Smebye¹, Marit Kirkevold²

1. Lovisenberg diakonale høgskole
2. University of Oslo

Background: In dementia personhood can be understood as concealed rather than lost. The sense of being a person evolves in relationships with others.

Objective: The purpose of the study was to increase the understanding of the nature and quality of relationships between persons with dementia (PWD), family carers and professional caregivers and how they influenced personhood in PWD.

Method: The study had a qualitative hermeneutical design based on ten cases. Each case consisted of the PWD, the family carer and the professional caregiver. Informed consent was obtained from all participants. A semi-structured interview guide was used in interviews with family carers and professional caregivers. Field notes were written after participant observation of interactions between PWD and professional caregivers. Before observation the PWD was again asked if they consented to participate (process consent). Data were analysed using an interpretive approach combined with a sensitizing framework for person-centred care.

Results: Relationships that sustained personhood were close emotional bonds between family carers and PWD and professional relationships between caregivers and PWD. Relationships that diminished personhood were task-centred relationships and reluctant helping relationships between family carers and PWD and unprofessional relationships between caregivers and PWD.

132. Attributes of person-centred communication. A qualitative exploration of communication with older persons during home healthcare visits

Annelie J Sundler¹, Frida Hjertberg², Helena Keri³, Inger K Holmström⁴

1. Faculty of Caring Science, Work Life and Social Welfare, University of Borås, Sweden
2. Home healthcare, municipality, Sweden
3. Home healthcare, Jönköping municipality, Sweden
4. School of Health, Care and Social Welfare, Mälardalen University, Västerås, Sweden, and Department of Public Health and Caring Sciences, Uppsala University, Sweden

Background: Attributes of person-centred communication. A qualitative exploration of communication with older persons during home healthcare visits.

Background: Home healthcare is important to promote better aging at home for older persons. Previous research points to challenges related to home healthcare of older persons; including the complexity of communication. More attention is needed on communication in home healthcare settings and how to communicate in a person-centred way.

Objective: To explore attributes of communication facilitating person-centred nursing care of older persons receiving home healthcare.

Method: A descriptive study with a qualitative approach. Data were gathered on 77 audio-recorded home healthcare visits and analysed with a method for qualitative content analysis.

Results: The results indicate that the attributes of communication facilitating person-centred nursing care of older persons comprises to acknowledge, invite, and involve the older person. To facilitate this communication, the RNs' attentiveness seemed significant. Person-centred communication was facilitated when the RNs used verbal expressions to emphasize and acknowledge the older persons view and by being attentive to emotions and expressions.

145. A balancing act for relatives when falls matter in old age: taking care versus acknowledgement of self-determination

Friederike J.S. Thilo¹, Jos M.G.A. Schols², Ruud J.G. Halfens², Sabine Hahn¹

1. Bern University of Applied Sciences
2. Maastricht University

Background: Relatives are often concerned about the

security of their aging parents. Of special concern are falls, as they are often related to serious injuries and increased suffering. Alerting devices provide a solution for older people to call for rapid assistance. However, they are not yet commonly used in community-dwelling older people. Little is known about the role relatives have in influencing their parents in their decision for usage of an alerting device.

Objective: Therefore, this study explored from the perspective of relatives, factors and circumstances influencing the decision for and against the use of an alerting device with their community-dwelling parents.

Method: A qualitative research design was utilized. Six semi-structured focus group discussions were conducted with a total of 33 relatives, having a mean age of 55 years (range: 31-72), of community-dwelling people 70 years of age and older. Data was analysed using the Qualitative Analysis Guide of Leuven (QUAGOL) within a Grounded Theory approach.

Results: The detailed data analysis is currently in progress. The preliminary analysis suggests that relatives own feelings of security are increased from an alerting device, and they argue with their parents that usage of an alerting device would allow for prolonged living at home. Relatives encountered a fundamental dilemma: feeling responsible for the security of their parents and acknowledgement of their parent's self-determination.

155. Family Conversation

Bodil Winther¹

1. Department of Oncology Vejle Hospital

Background: Family Conversation.

When a family member becomes ill, it affects the entire family. Family Conversations allow the family to talk openly about the concerns, ideas and expectations, which make it difficult for the family to handle everyday life with cancer. Family Conversations are based on a holistic approach and seek to alleviate suffering and promote health in the family.

Objective: To describe how patients with cancer and their families experience participating in Family Conversations.

Method: Descriptive intervention study of conversations with families inspired by phenomenological/hermeneutic approaches and a systemic approach as suggested by Wrigth/Leahey and Benzein/Savemann. Eight families were included and were offered three conversations over nine weeks. Conversations were guided by specially trained nurses.

Evaluated by qualitative interviews with selected family members. Analysis inspired by Ricoeur's work.

Results: Analysis shows that families find it difficult to share feelings and demands and that the Family Conversation is a space for open dialogue about the difficulties in the situation. An overall theme «strengthening of life» was identified and four subtopics emerged 1) new knowledge about each other 2) new realizations about own perception of illness and death 3) a feeling of unity in the family 4) courage to do something together.

Overview Poster sessions

Push ► and you go to the actual abstract

2. Exploring experiences, coping and dynamics in families before kidney transplantation of a child	49. Challenging the multimodal analgesic principle: Data from a cohort of total hip arthroplasty patients in five different hospitals
4. The Role of Policy Documents in Healthcare – Governing professionals and patients at a distance	50. From ICU to ward – a discharge based on knowledge and assumptions
5. Transition program for newly graduate nurses – exploring foundational activities for developing competence and capability	51. Opportunities with older people using an application to reporting health concerns in home-based health care – an intervention
7. Multiple case study method for studying the municipal healthcare in Norway	53. Developing Swedish Version of Measuring Cultural Awareness in Nursing Education
8. The experiences of Nursing for People with Intellectual Development Disorders: A Meta-Ethnography	56. Interdisciplinary systematic medication reviews in housing for people with intellectual and developmental disabilities
11. Integration of overseas registered nurses into the clinical setting of a nursing home in Norway	57. Bridging theory and practice through formative research
12. Interprofessional collaboration in pain rehabilitation – a qualitative study with an ethnographic approach	58. Using the Outcome Rating Scale to study the outcomes of a person-centered and strengths-based intervention among people with chronic illness
20. Caring for a family member with dementia is a stressful situation	64. Cognitive interviews in validation of patient reported outcome measures
24. Fundamentals of care when time is limited	65. Facilitating Capacity Building in Clinical Nursing across a University Hospital
25. Handing over patients from the intensive care unit to the general ward: Lack of shared aims amongst professionals throughout the process of communication	66. A healthy person: Indonesian and Scandinavian nursing students' perceptions
26. MAT in Denmark – Does it work – does it matter? A cross regional realist evaluation of the Rapid Response Team in Danish acute care settings	67. «There is nothing wrong with diversity and equality as long as the right people are employed» Promoting and hindering health in firefighter discourse
27. Significance of quality of care for quality of life in persons with dementia at risk of nursing home admission: a cross-sectional study	71. Not for the world of theorizing, but for the need of knowledge in the nursing discipline. The significance of establishing a National Interpretive Description network
37. Interviewing families participating in a weight-loss program	72. Towards understanding health literacy among participants and non-participants in a colorectal cancer screening program – a mixed methods approach
► 40. «That Mr. Alzheimer...– You never know what he will get up to»	75. What are they talking about? The content in nurses' communication with patients and relatives in departments of medicine for older people. -an ethnographic study
41. Challenges and coping of elderly recovering from colorectal cancer surgery after discharge from the hospital	82. «Reverberation». Advancing nurses evidence based practice competencies through a journal club deriving on narratives from own clinical practice, a pilot study
42. The challenges of interviewing internationally educated nurses and doctors in another language than their native language	
48. CHILDREN AS NEXT OF KIN – Improving family centered care	

84. Hemispatial neglect following right hemisphere stroke: clinical course and sensitivity of diagnostic tasks	126. Collaboration with an adjunct professor develops research opportunities
86. Feasibility and pilot out-come of Strengthening Adolescent mental health -promoting health in Swedish school environment	127. My patient
87. How do immigrant parents of children with complex health needs manage to cope?	128. Then my world is safe
88. District nurses´ experiences of leg ulcer care in accordance to clinical guidelines	129. The presentation of relatives in Danish Healthcare policies
89. The development of the Radiotherapy-related Symptoms Assessment Scale	131. Equal involvement in research- behind the rhetoric's
92. The Delphi method as a way to explore under-researched areas in nursing	133. Qualitative thematic analysis – a framework for analysis of lived experiences in nursing and healthcare research
93. Dementia care and service systems – a mapping system tested in nine Swedish municipalities	134. Protective nursing advocacy: translation and psychometric evaluation of an instrument and a descriptive study of Swedish nurse anesthetists' beliefs and actions
104. Field work with observations and qualitative interviews with patients, relatives and nurses in an advanced nursing home following the Coordination Reform	135. Self-care telephone talks as a health-promotion intervention in urban home-living persons 75+ years of age: a randomized controlled study
105. Research based technology to support patient involvement in the kidney transplantation process	141. «I cry a few tears every day»: A phenomenological study of patients with palliative cancer and their descriptions of their life situations
109. The value of cognitive interviewing; examples from the Safety Attitudes Questionnaire (SAQ)	143. Impact of Single Family Room versus Open Bay NICU Care on growth, breastfeeding and mothers milk in very preterm infants
110. Teamwork in Swedish Child Health Care	144. A nurse led study on patients and healthcare professional's experiences with Patient Reported Outcomes when interacting during visits at a large haematological outpatient clinic
111. Impact of health-related stigma on psychosocial functioning in the general population: construct validity of the Stigma-related Social Problems scale	148. Nursing students' professional identity development: A systematic review
114. Probes, Personas and Participation	149. Developing competences in palliative care through simulation and clinical practice
115. From an old to a new hospital: How do patients experience staying in a single bed room compared to shared accommodations?	152. Experiences of living with end-stage renal disease: A qualitative metasynthesis
116. Patient and family perspectives on out-patient palliative care	156. Peer learning during an exchange in clinical placements increase nursing students' satisfaction with their learning experience
121. Systematic planning of Patient and Public Involvement in a research study	201. Establishing patient safety in intensive care – A grounded theory
122. Resident Thriving in Nursing Homes – A cross country comparison	203. To integrate and manage diabetes in school: Youth's experiences of living with Type 1 diabetes in relation to school – a qualitative study
123. Communication skills nursing education	

Poster sessions

You can vote for the Best Poster Award until Friday 15th 10 am

2. Exploring experiences, coping and dynamics in families before kidney transplantation of a child

Hanne Agerskov¹, Helle Thiesson¹, Birthe D. Pedersen²

1. Odense University Hospital
2. Institute of Clinical Research, University of Southern Denmark

Background: Children with end stage renal disease have an incurable condition with risk of psychological burden and social stress for the children themselves and their families. Transplantation is of particular interest for pediatric patients with end stage renal disease. Not surprisingly parents are in a vulnerable situation and have concern for their sick child including concern for the medical prognosis and developmental issues such as growth. However, sibling also is a central part of the family life and interrelated to their parents as well as their sibling-patient.

Objective: To investigate the experiences, coping and dynamics among family members including a child with end stage renal disease

Method: We used a phenomenological-hermeneutic approach. Open interviews were conducted with individual family members in the period before kidney transplantation of a child between 7-14 years. 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. In total 24 interviews were performed including 7 fathers, 7 mothers, 5 siblings, 5 children with kidney disease.

Results: Preliminary results show how a perspective from individual family members enriches data. On this stage of the data analysis process themes related to health and emotional and, social well-being of each individual family member are essential to the well-being of the entire Family. Similarly it is recognized that when everyday life is changed into uncertainty about chronic illness in one child it may result in psychological suffering and social stress in the entire family.

4. The Role of Policy Documents in Healthcare – Governing professionals and patients at a distance

Anne Bendix Andersen¹, Kirsten Beedholm², Raymond Kolbæk³, Kirsten Frederiksen⁴

1. Aarhus University and Regional Hospital Central Jutland
2. Section for Nursing, Department of Public Health, Aarhus University
3. Center for Research in Clinical Nursing, Regional Hospital Central Jutland/Department of Nursing VIA Health, VIA
4. Section for Nursing, Department of Public Health, Aarhus University

Background: Policy documents are powerful actors in the delivery of healthcare, and nurses play a significant role in the transference of policies into daily practice.

Objective: To exemplify and discuss how the effects of a concrete policy are understood and adopted in intersectoral collaboration in Danish healthcare.

Method: A critical discourse analysis based on a three-dimensional model for discourse analysis provided a deeper and more critical understanding of the effects of written policies in healthcare delivery.

The policy document under scrutinize is known as 'Health Agreements'. This policy unfolds the premises for collaboration between hospitals, municipalities, and general practitioners in Danish healthcare. This field is traditionally a conflictual and contested field, and the intension of the 'Health Agreements' is to function as a guideline for the allocation of assignments and responsibilities within the collaboration.

Results: The linguistic analysis of wordings and grammatical features in the document made it possible to discuss and outlay the role of governing technologies within the delivery of intersectoral healthcare. The analysis uncovered how wordings and grammatical features creates and maintains certain perceptions or common sense understandings of factors and assignments in healthcare. Furthermore, the findings showed how this policy document through language use constructs the actors in intersectoral collaboration within a market economic understanding where the goal of healthcare delivery is to increase productivity and efficiency.

5. Transition program for newly graduate nurses – exploring foundational activities for developing competence and capability

■
Annika Andersson¹, Maria Skyvell Nilsson²

1. Dept of Social and Behavioural studies
2. Dept of Health Sciences

Background: Newly graduate nurses (NGN) intention of leaving the profession during the first year of health care practice and how this can be prevented, is a global concern. NGN experience difficulties integrating workplace environment, expectations, and educational experiences. Structured transition programs can contribute to develop professional competence effectively and to prepare NGNs to meet the demands of the new profession.

Objective: This is an evaluation study of a mandatory one-year transition program at five hospitals in Sweden. The study aims at exploring how specific learning activities contribute to continuous learning and development as a professional.

Method: An explorative qualitative research design was used and data consist of focus group interviews with NGNs, interviews with first-line managers, observations and survey material from the hospitals.

Results: The NGNs are permanent employed and engaged in learning activities such as; introduction, lectures, simulations, change of ward and process-oriented preceptorship. The result explore how the learning activities in the transition program could contribute to develop NGNs competence and capability, and how the organizational conditions for the transition program provides prerequisites for learning.

7. Multiple case study method for studying the municipal healthcare in Norway

■
Konstantinos Antypas¹

1. University of Oslo

Background: Case study methodology offers detailed and contextual knowledge and it can connect complex practice to theoretical abstractions, and therefore nursing research seems to be an ideal ground for its application. It can be a bridge across the paradigms, signalling a flexibility that we exploited by combining our multiple data sources and data collection methods that are necessary to study the municipal healthcare in Norway.

Objective: Our aim is to present the rationale behind

choosing the case study method, and discuss our experiences from its application in studying the implementation of the Advanced Geriatric Nurse (AGN) role in Norwegian municipalities.

Method: The study is an embedded multiple-case study in order to gain a holistic and meaningful understanding of the models of primary care in which the AGN role is implemented. Those models are enmeshed and interdependent in the context of the municipal services and the healthcare services. We included 5 municipalities that were early adopters of the AGN role. We have interviewed the AGNs, and stakeholders of primary healthcare, collected relevant documents and quantitative data.

Results: The case study method proved to be a powerful tool for gaining deep understanding of the phenomena we are studying, but also for documenting the complexity of the context. Several challenges were identified during the use of the method, but they were balanced by the method's flexibility.

8. The experiences of Nursing for People with Intellectual Development Disorders: A Meta-Ethnography

■
Marie Appelgren¹, Christel Bahtsevani¹, Karin Persson¹, Gunilla Borglin¹

1. Care Science, Malmö University

Background: Research implies that nurses are not feeling adequately prepared to support people with intellectual disability disorders [IDD]. Since, nurses, often are in the front-line of care it is vital to gain in-depth knowledge about how nurses can experience caring for this group.

Objective: Synthesise knowledge on caring for people with IDD. A second aim was to obtain directions for further research.

Method: This meta-ethnography included four databases. Translatable second order concepts were condensed into metaphors and idiomatic translations was developed. A line of argument synthesis was formulated capturing the core of our idiomatic translations.

Results: 18 published studies from 8 countries representing 190 nurses were included. Fourteen lines of argument syntheses were interpreted to mirror the experience of caring for people with IDD.

11. Integration of overseas registered nurses into the clinical setting of a nursing home in Norway

■
Cynthia Baluyot¹

1. Oslo Metropolitan University

Background: How to integrate overseas registered nurses into the clinical setting of a nursing home in Norway?

Objective: To develop a basic knowledge which will stimulate & improve competence in multi-cultural nursing in the clinical area.

Method: Action Research

Results: It is found out that diversity issues such as communication, different educational background, attitudes, values and Cultural expectations, Power Dynamics and social avoidance are the underlying Challenges of overseas registered nurses in adjusting to the clinical setting.

12. Interprofessional collaboration in pain rehabilitation – a qualitative study with an ethnographic approach

■
Gudrun Songøygard Battin¹, Grace Inga Romsland^{1,2}, Bjørg Christiansen¹

1. Oslo Metropolitan University

2. Sunnaas Rehabilitation Hospital, Oslo

Background: Previous studies have shown that interprofessional biopsychosocial pain rehabilitation has effect on pain and disability in patients suffering from chronic low back pain. However, pain rehabilitation is carried out with a variety of involved professions and collaborative practices. There are unanswered questions such as how do the professions contribute, how do they influence each other and how do the interprofessional competencies concerning pain rehabilitation influence the patients.

Objective: To explore how healthcare professionals collaborate in pain rehabilitation and how this collaboration influence patients.

Method: A qualitative design with an ethnographic approach. Data were collected by observations in a pain rehabilitation ward. Formal and informal interprofessional meetings and the various forms of patient contact such as teaching, counselling, physical and social activities were observed. During the observation period individual interviews were conducted with two professionals from each of the involved professions: registered nurse, physiotherapist, occupational therapist, psychologist, social worker and

physician. Seven of their patients were interviewed. A hermeneutical perspective is applied in the ongoing analysis of field notes and transcribed interviews.

Results: Results and discussion will be centered around these questions concerning the interprofessional collaboration in pain rehabilitation:

- What are the characteristics of the professions approach to the patients?
- What challenges do the professionals meet in their collaborative process?

20. Caring for a family member with dementia is a stressful situation

■
Heidi Bjørge¹, Ingun Ulstein², Kari Kvaal³

1. Oslo Metropolitan University

2. OUS. Ullevål Sykehus

3. Høgskolen innlandet

Background: Caring for a family member with dementia is a stressful situation. This stress increases the risks of both psychological and physical morbidity in caregivers, which may influence the relationship between the caregiver and care-receiver.

Objective: This study investigated the relationship between 208 familial caregivers and home-dwelling care receivers diagnosed with dementia. We employed a self-rating questionnaire, the Felt Expressed Emotion Scale (FEERS), derived from the concept of Expressed Emotion. The FEERS measured the caregiver's perceptions of criticism (CC) and emotional over-involvement (EOI) from their care-receiver. The FEERS comprised six simple questions concerning feelings of: criticism, worry, independence, appreciation, respect, and control. We performed factor analyses to rank single FEERS items pertaining to CC and EOI.

Method: We performed factor analyses to rank single FEERS items pertaining to CC and EOI. Logistic regression analyses were performed to test associations between FEERS-CC, FEERS-EOI, and FEERS-total and demographic characteristics, caregiver distress (Relatives' Stress Scale [RSS], including social, emotional, and negative feelings), caregiver depression (Geriatric Depression Scale [GDS]), and care-receiver depression (Cornell Depression Scale), neuropsychiatric symptoms (Neuropsychiatric Inventory [NPI]), function in activities of daily living (ADL), and cognitive function (Mini Mental Status Examination [MMSE]).

Results: The caregiver's own distress and the amount of time spent with the care-receiver were the main contributors to perceived criticism. Social distress was the main

contributor to perceptions of emotional over-involvement from the care-receiver.

24. Fundamentals of care when time is limited

■ **Karin Bundgaard¹, Erik Elgaard Sørensen²**

1. Clinic Acute & Research Unit for Clinical Nursing, Aalborg University Hospital
2. Research Unit for Clinical Nursing, Aalborg University Hospital

Background: Despite recent focus on the importance of high quality care in the hospital setting, the fundamentals of care are still being neglected or delivered inadequately. A response to the challenge of meeting patients' fundamental needs in health care was the development of the Fundamentals of Care framework, FoC. Current research stresses the need for further research to integrate and refine the FoC framework in clinical practice.

Objective: To add to the knowledge base of how fundamentals of care manifests itself in nursing practice in facilities for short-term stay. To discuss the strengths and weaknesses of the framework in this context, and add to the further refinement of the FoC framework.

Method: The descriptions of nursing care in time-limited encounters build on data generated in a fieldwork study in high technology endoscopy settings. Informed by hermeneutical philosophy, the study describes nursing care in time-limited encounters within the FoC framework through a directed content analysis.

Results: FoC provided a detailed description of establishing the relationship, and of the co-dependency between the relationship, integration of care and the context of care. The study questions whether the framework, in its eagerness to focus on the relational aspects of nursing care, omits important technical aspects.

25. Handing over patients from the intensive care unit to the general ward: Lack of shared aims amongst professionals throughout the process of communication

■ **Gitte Bunkenborg¹, Tina Charlotte Bitsch Hansen¹, Bibi Hølge-Hazelton²**

1. Holbaek University Hospital
2. Zealand University Hospital

Background: Adequate nursing documentation and communication is crucial to patient safety, especially

when handing over patients from the Intensive Care Unit (ICU) to the general ward. Suboptimal communication may cause disruption of continuity of care, ICU re-admission or unexpected death. Deeper knowledge of nurses' practice and perception of communication, when handing over patients, is necessary to initiate clinical interventions improving patient safety.

Objective: This study aimed at exploring nursing communication when handing over patients from the ICU to the general ward.

Method: An approach of focused ethnography were applied including participant observation of 22 situations of handing over patients from the ICU to the general ward and five focus group interviews, including nine ICU nurses and 11 general ward nurses, all conducted from November 2015 until February 2016. Observation notes and verbatim-transcribed interviews were analysed using content analysis

Results: Analysis of observation notes resulted in one theme: Communicative interaction as a process of sharing and adopting ownership and a subtheme: Communicative interaction influenced by nurses' individual expectations towards patient status and the handing over process, and three categories: Meeting and greeting, Body language and dialogue, Leaving. Interview findings were one theme: Balancing and negotiating when passing on, consuming and adapting knowledge and five categories: Preparing to hand over, Communicating in writing, Meeting face-to-face, Characteristics of verbal information, Simplifying and losing information.

26. MAT in Denmark – Does it work – does it matter? A cross regional realist evaluation of the Rapid Response Team in Danish acute care settings

■ **Gitte Bunkenborg¹, Hanne Irene Jensen²**

1. Holbaek University Hospital
2. Sygehus Lillebaelt

Background: To prevent unexpected in-hospital death, an intervention, the Rapid Response Team, was implemented in acute care settings around the world ten years ago. Despite great effort to implement the Danish version of the team, called MAT, unexpected patient deterioration and death remain a patient safety issue. Furthermore, insight into MAT's impact on patient safety and its role in enhancing clinical nursing skills is lacking. Therefore, a thorough evaluation of this preventative clinical intervention is highly relevant.

Objective: This study aims at answering the research

question; What about the MAT works? For whom and why does it work – to which extend does it work, and under which circumstances?

Method: We intend to apply a Realist Evaluation approach, collecting data across three regions in Denmark from January 2018-2020. Realist Evaluation is acknowledged in nursing research, and refines the original theories about how and for whom an intervention works. Various stakeholders may have different understandings of the intervention and several data collection methods will be applied to collect rich data. Participant observation and focus group interviews will be used to explore nurses' and medical staffs' perceptions of the MAT in different contexts and semi-structured interviews will illuminate hospital stakeholders' perceptions. Finally, quantitative data will supplement qualitative findings in the refinement of the theory behind MAT.

Results: Not available yet.

27. Significance of quality of care for quality of life in persons with dementia at risk of nursing home admission: a cross-sectional study

■
Christina Bökberg¹, Gerd Ahlström¹, Staffan Karlsson²

1. Department of Health Sciences, Faculty of Medicine, Lund University
2. School of Health and Welfare, Halmstad University

Background: Quality of life (QoL) in persons with dementia (PwD) is, in large part, dependent on the quality of care (QoC) they receive. Investigating different aspects of QoC may reveal areas for improvement, which may enable PwD to remain living in their own homes while maintaining QoL.

Objective: 1) describe self-reported QoL in PwD, 2) describe subjective and objective aspects of QoC, 3) investigate the significance of QoC for QoL.

Method: Structured interviews with 177 PwD at risk of nursing home admission and their informal caregivers. Descriptive and comparative statistics.

Results: Based upon Lawton's framework for QoL, persons with pain showed significantly lower QoL in the dimensions behavioural competence ($p=0.026$) and psychological wellbeing ($p=0.006$) compared with those without pain. Satisfaction with care seemed to have a positive effect on QoL. The overall QoL was perceived high even though one-third of the PwD had daily pain and had had a weight loss of $\geq 4\%$ during the preceding year. Furthermore, 23% of the PwD had fallen during the last month and 40% of them had sustained an injury when falling.

37. Interviewing families participating in a weight-loss program

■
Marianne Eg¹, Vibeke Lorentzen², Marianne Vamosi³, Kirsten Frederiksen³

1. Department of Paediatrics, Regional Hospital Viborg and Centre for Research in Clinical Nursing, Viborg Denmark
2. Section for Nursing, Department of Public Health, Aarhus University, Denmark, Centre for Research in Clinical Nursing, Viborg Denmark, School of Nursing and Midwifery, Faculty of Health, Deakin University, Australia.
3. Section for Nursing, Department of Public Health, Aarhus University, Denmark

Background: Obesity among children is a large and complex health problem worldwide. In the Danish child and adolescent population, approximately 20 % are overweight and 4-5 % are obese. Overweight and obesity in adolescence are often associated with psychological, social and physical problems. Furthermore 70-80 % of children with overweight also risk being overweight or obese in adulthood. Thus this project has focused on the long-term efficacy.

Objective: The aim of the project is to investigate significant factors for achieving sustained weight loss in adolescents participating in a weight-loss program.

Method: A qualitative study with a hermeneutic approach using the qualitative research interviews, as described by Kvale and Brinkman. 10 adolescents in a weight-loss program, and their parents, were interviewed 3 times over 5 years. Interviews was planned considering the adolescent's developmental age, language skills, and the capacity to understand the purpose of the interview.

Results: Short term, the study's adolescents all achieved weight loss, and experienced other effects, e.g. more energy, making friends and discovering a sense of kinship and commonality, along with improved physical parameters, experienced Health Related Quality of Life (HRQOL) and self-concept. However, weight loss was difficult to maintain after the program stopped.

40. «That Mr. Alzheimer...- You never know what he will get up to»

■
Annica Lövenmark¹, Christine L Williams², Martina Summer Meranius¹, Lena Marmstål Hammar³

1. School of Health, Care and Social Welfare, Mälardalens University, Västerås
2. Christine E Lynn College of Nursing, Florida Atlantic University, USA
3. School of Education, Health and Social Studies, Dalarna University

Background: To be a spouse that cares for you partner that have dementia contains a lot of challenges in daily life, something that is important to highlight and consider when there is a growing population of elder people.

Objective: The aim of this work is to show who spouses can understand that they can be in order to manage daily life living with sick partners.

Method: Discourse analysis; discursive psychology: analytic tools subject position (Edley, 2001) and categorization (Potter, 1996). Data: Eight interviews with spouses that live with a partner with dementia

Results: The clash for the spouses as actors are to drop the mask in order to be true to themselves and at the same time stay in the assigned role in order to make life easier for their partners. The clash for the spouses as parents are to put their own needs and wellbeing in front and at the same time put the needs and comfort of their partners in front. The clash for the spouses as survivors are to survivor for their own sake and at the same time lose their lives and self's in order to help their partners survive in any way that's possible and stay at home.

41. Challenges and coping of elderly recovering from colorectal cancer surgery after discharge from the hospital

Kristina Sundt Eriksen¹, Kirsten Lode¹, Hartwig Körner¹, Sissel Iren Eikeland Husebø²

1. Stavanger University Hospital
2. University of Stavanger

Background: Colorectal cancer affects a large number of patients ≥ 80 years. The postsurgical care for these patients is determined individually with lack of systematic follow-up from healthcare services. Consequently, there is insufficient knowledge on the patients' course of development after discharge from hospital with regards to experience of care, recovery and coping with daily life.

Objective: To achieve a comprehensive understanding of elderly recovering from colorectal cancer surgery, possible challenges and coping with daily living after discharge from the hospital.

Method: Data were collected through in- depth interviews with 10 participants aged ≥ 80 electively treated with curative colorectal cancer surgery. Interviews were conducted approximately four weeks following surgery, between January and March 2016. Thematic analysis was used to analyze the interviews.

Results: Preliminary analysis revealed two themes with five associated sub- themes. The themes are «Issues in connection with and after the surgery» and «Handling of a new daily life». The sub- themes disclose that elderly patients encounter a variety of issues when returning home after a colorectal cancer surgery, of both a practical as well as an emotional nature.

42. The challenges of interviewing internationally educated nurses and doctors in another language than their native language.

Elisabet Eriksson¹, Maria Engström¹

1. University of Gävle

Background: Globalization has increased the migration of internationally educated nurses' (IENs) and International Medical Graduates (IMG) to high-income countries.

Objective: To highlight the challenges of interviewing internationally educated nurses and doctors in another language than their native language regarding their working experiences in the Swedish health and social care system.

Method: Semi-structured interviews with eleven IENs and eleven IMGs. Data were analyzed with qualitative content analysis.

Results: Interviews with non-Swedish trained nurses and doctors provide important information about their working experiences in the host country, even if their language skills in the host country's language can be poor. However, the data had a less nuanced language, the same word could be used repeatedly, English words were sometimes used when not finding the Swedish words and some questions were difficult for the informants to understand and had to be omitted. Performing the interview, transcribing and analyzing them took more time compared to interviews with native speakers. The informants clearly stated that they wanted the interview to be in Swedish and not in for example English.

48. CHILDREN AS NEXT OF KIN – Improving family centered care

Charlotte Förars¹

1. Karolinska University Hospital

Background: NIVA is an adult Neurosurgical Intensive Care Unit where patients are in need of constant care and supervision. The importance of also caring for the patient's family, and the extra needs and attention required for Children, are well documented. Parents need support and

guidance. Research shows that this may affect their long-term mental well being.

Objective: To draw attention to the importance of identifying and addressing children's needs and questions when next of kin. To increase knowledge concerning Children in this role. Design a best practice routine.

Method: A Group of three members were initiated as support persons for Children. Lectures and training Courses with structured method for talking with Children as relatives were performed. Leaflets were implemented to give information to the families. Teaching opportunities were held for the staff. Documentation was improved and counseling focus on Children were initiated.

Results: Between 1/8 2015 – 31/5 2016, 39 families with 89 Children were included in our follow up. 81 counselings performed. A best practice routine was implemented in the unit and the entire staff took part in the process. There was an increased awareness of the Children in the unit, and there was a strong commitment.

49. Challenging the multimodal analgesic principle: Data from a cohort of total hip arthroplasty patients in five different hospitals

■
Anja Geisler¹, Jørgen Berg Dahl², Eva Persson³, Ole Mathiesen¹

1. Zealand University Hospital, Køge, Denmark
2. Bispebjerg and Frederiksberg University Hospital, Denmark
3. Faculty of Medicine, Lund University, Lund, Sweden

Background: The available literature does not present a «gold standard» for postoperative pain treatment after total hip arthroplasty. Our knowledge about benefit and harm of multimodal analgesia in daily clinical practice is limited, especially at the individual patient level

Objective: The study had two co-primary outcomes: Numeric rating scale (NRS) (0-10) pain during mobilisation at 6 hours postoperatively, and morphine consumption 0 – 24h postoperatively

Method: This prospective, multicenter, observational cohort study of 501 total hip arthroplasty patients was performed at five different hospitals in Denmark from April 2014 to April 2016. The study was approved by The Danish Data Protection Agency, and the Research Ethics Committee at Region Zealand.

Results: A large variety of non-opioid analgesic treatment

routines were used at the included hospitals and no hospital used the same basic analgesic regimen. For all patients at all hospitals, the NRS-pain level during mobilisation at 6h was 5 (3-6), (median (IQR)), and the 24-hour intravenous morphine-equivalent consumption was 25 mg (18-35), with no major differences between hospitals. In general, pain levels at rest were low to moderate, and pain during mobilisation was moderate to severe.

50. From ICU to ward – a discharge based on knowledge and assumptions

■
Kirsten Brinck Thøgersen¹, Pia Scheuer², Dorthe Døhl Poulsen², Tina Riekehr Bjerre¹, Anja Geisler³

1. Zealand University Hospital, Roskilde
2. Zealand University Hospital
3. Zealand University Hospital, Køge

Background: During discharge from the intensive care unit (ICU) to the ward there are three important actors; the patients, relatives and nurses. To maintain patient's safety and the relatives trust it is important that the patient's transition is prepared.

Objective: The aim of this study was to explore and compare factors, patients, relatives and nurses find important to achieve a successful discharge. Thereby, to gain a deeper understanding of the main concerns in the ICU transitional process and find interventions for improving clinical practice.

Method: This qualitative, explorative study took place at a University Hospital in Denmark. The sample group contained two ICU's, two surgical wards and one medical ward. The study was approved by The Danish Data Protection Agency. Four patients and three relatives were individually interviewed using a semi-structured approach. The nurses were divided into two focus groups with respectively 5 and 7 participants in each group. Afterwards thematic analysis of the transcripts was undertaken.

Results: During the analyze these categories appeared: «Assumptions». The nurses had many assumptions; about the patients, the relatives and each other «We haven't got a clue about what's going on at your ward. Likewise, you haven't got any idea of, what's going on at our ward.» The patients did not remember much. The relatives express a lack of information and that they felt they were a burden to the staff.

51. Opportunities with older people using an application to reporting health concerns in home-based health care – an intervention

■
Carina Goransson^{1,2}, Kristina Ziegert², Yvonne Wengstrom³, Karin Blomberg¹

1. Faculty of Medicine and Health, School of Health Sciences, Orebro University, Orebro, Sweden
2. School of Health and Welfare, Halmstad University, Sweden
3. Department of Neurobiology, Care Science and Society, Division of Nursing, Karolinska Institutet and Radiumhemmet, Karolinska University Hospital, Stockholm, Sweden

Background: An information- and communication technology-platform was developed in collaboration with a multicentre research group and a Swedish healthcare company, Health Navigator, specialized in health care management consulting and new innovative care solutions.

Objective: The overall aim was to investigate the potential value, feasibility, acceptability and benefit for older people with home-based health care of a regularly reporting health concerns via an interactive application with feedback both to the older people and to the home care nurses.

Method: The design was underpinned by the Medical Research Council's complex intervention evaluation framework's four phases: to identify problem, test feasibility, implement and evaluate. The first phase: develop content for the application from the older peoples' preferences is conducted. The second phase is presented here: where the home care nurses informed 76 older people, 51 were interested but 27 decline due to illness.

Results: Twenty-four older people started to report twice a week during three months, 17 fulfilled the study. The older people experienced the application as an enabler for learning and a new way of communication, despite lack of experiences of smartphones. They also expressed a sense of security and self-confidence but also challenges such as difficulties to log in.

53. Developing Swedish Version of Measuring Cultural Awareness in Nursing Education

■
Emina Hadziabdic¹, Jalal Safipour¹, Sally Hulstjöö^{2,3}, Margareta Bachrach-Lindström³

1. Department of Health and Caring Sciences, Linnaeus University, Sweden
2. Psychiatric Clinic, County Hospital Ryhov, Jönköping, Sweden
3. Department of Medical and Health Sciences, Linköping University, Sweden

Background: Globalization in the world has been greater than before, and this leads that cultural awareness is becoming essential ability for nurses and thus nurses' student. When reviewing the literature, there was found none trustworthy instrument for assessing cultural awareness among students in nursing education in Sweden.

Objective: To develop the Swedish version of the Cultural Awareness Scale (CAS).

Method: The study included three universities in Sweden and it was 158 students in the last semester of their nursing education who participated. First completed was face and content validity and a translation/reverse translation process. Second, the reliability of the scale was testing using two methods: a consistency and a stability test. Further, a split-half analysis was used for testing the stability of the items in the scale using the Guttman split-half coefficient and the Spearman Brown coefficient (cut-off 0.60).

Results: The findings of testing the validity and reliability of a CAS-scale found that the original subscales are appropriate for the assessing cultural awareness among Swedish nursing students. Thus, one items missed validity and reliability and therefore are not included in the Swedish version of the CAS-scale.

56. Interdisciplinary systematic medication reviews in housing for people with intellectual and developmental disabilities

■
Kari Anne Hoel¹, Inger Karin Almås¹, Anne Gerd Granås^{2,3}, Liv Halvorsrud¹

1. Oslo Metropolitan University
2. University of Oslo.
3. University of California

Background: People who have intellectual and developmental disabilities (IDD) have a high burden of daily medication. Systematic Medication Review (SMR) is

a structured professional examination of the medicines patients actually use so that appropriate medical treatment is ensured. User involvement is required to carry out SMR.

Objective: The aim of this study is to investigate how healthcare workers in housing for people with IDD experience the interdisciplinary SMR.

Method: Four focusgroups consisting of eight social educators and two nurses were performed. Qualitative descriptive thematic analysis is used.

Results: The healthcare workers emphasized three main topic. 1) Quality in documentation of SMR. The SMR documentation was equal to the model used in homecare. The respondents experienced lack of adaption of the SME documentation to use among people with IDD. 2) Special challenges in user involvement. People who have IDD often rely on others for support of day-to-day activities including user involvement in treatment decisions. 3) Inadequate professional knowledge in primary health care. The neurologist at the hospital usually prescribe medications while the follow-up is the responsibility of the general practitioner with less experience in IDD. The health care worker describe their role as a bridge between these specialists.

57. Bridging theory and practice through formative research

■
Kristin Heggdal¹

1. Lovisenberg Diaconal University College

Background: Reviews of published papers on complex interventions in healthcare demonstrates that most studies report outcomes but development aspects are often poorly described. Lack of reporting of how interventions were developed and on their content makes them difficult to implement in practice.

Objective: To describe how clinicians, patients and researcher collaborated in the research, and to outline the intervention's components in order to establish a sound basis for implementation and further research in practice.

Method: Qualitative formative research was applied to consider intervention structure, content and pedagogical approaches. The methodological steps included: Establishing the project team, clinical reflection notes, work-shops, development and testing of pedagogical tools, development of intervention manual and development of an educational programme for health personnel. Outlining the intervention components was an important part of the research.

Results: The results of the formative research was the development of a new pedagogical health intervention to facilitate coping, recovery and health in chronic illness. The intervention was designed to be broadly applicable across diagnostic categories and in a variety of settings. A criteria list was found to be useful as a basis for the reporting of the intervention components.

58. Using the Outcome Rating Scale to study the outcomes of a person-centered and strengths-based intervention among people with chronic illness

■
Kristin Heggdal¹, Bjørg Oftedal², Dag Hofoss³

1. Lovisenberg Diaconal University College

2. University of Stavanger

3. Lovisenberg Diaconal University College

Background: Recovery in chronic illness has been described as a process, an approach or a vision, and as a guiding principle for practice. Clinical recovery is often described in terms of normalization of bio-physiological functions while the personal/life recovery approach emphasize individual parameters of recovery. The question is which interventions are useful to facilitate recovery among people with chronic illness and how personal recovery outcomes can be demonstrated in an easy way that is useful both for clinicians and researchers.

Objective: The aim of the study was to apply a new instrument to trace patient recovery during an intervention designed to strengthen their health capacities while living with chronic illness.

Method: The sample consisted of 37 patients who were diagnosed with a variety of long-term conditions. The Outcome Rating Scale (ORS) was chosen as an instrument to measure change and applied at pre-programme-mid-programme (4 weeks) and post-programme (3,5 month). Mean change and standard deviations was calculated.

Results: Significant change was identified during the programme period, especially in the personal and general well-being dimensions of ORS. The number of participants scoring above the ORS cut-point of 25 increased by a factor of 1.7, demonstrating the programme's efficiency.

64. Cognitive interviews in validation of patient reported outcome measures

■
Oda K. Nordfonn¹, Anne Marie Lunde Husebø², Kristina Sundt Eriksen², Ingvild Morken²

1. University of Stavanger
2. Stavanger University Hospital

Background: There is a need for patient reported outcome (PRO) measures on treatment burden among individuals suffering from chronic and long-term illness. Content validity indicates to what extent an instrument measures aspects perceived significant by users, and can be established by input from cognitive interviews with the target population. Cognitive interviews aims as at understanding how respondents comprehend and produce answers to PRO items.

Objective: To establish evidence of content validity of the Norwegian version of Patient Experience with Treatment and Self-management (PETS) scale, by use of cognitive interviews in a sample of patients with heart failure and colorectal cancer survivors.

Method: Cognitive interviews, based on the methodology by Willis (1999), were carried out with individuals treated for longterm illness. The interviews applied both concurrent and retrospective verbal probing techniques, and was guided by a question route. Audiotaped interviews were transcribed and a content analysis was applied to establish the respondents comprehension of the PETS scale's instructions and items.

Results: Seven patients with colorectal cancer and five patients with heart failure participated. Preliminary results from the cognitive interviews identified 4 main themes: 'General consumptions of the PETS', 'Definition of concepts', 'Item comprehension', 'Problematic recall time', and 'New perspectives'. PETS was in general was well perceived by patients.

65. Facilitating Capacity Building in Clinical Nursing across a University Hospital

■
Bibi Hølge-Hazelton^{1,2}, Susanne Hwiid Klausen¹, Thora Grothe Thomsen^{1,2}

1. Zealand University Hospital
2. University of Southern Denmark

Background: Capacity building is highly contextually anchored and it is therefore necessary to focus on the overall organization as well as the individual nurse/unit/department when intention is to strengthen research-and

development capacity in clinical nursing practice. The program Capacity Building in Nursing/CAPAN is established across a hospital that has recently changed status from being a regional hospital to a university hospital.

Objective: The purpose of CAPAN is to facilitate the generation, dissemination and absorption of a development and research culture that is constructive, creative, inclusive and visible at all levels.

Method: A 5-year Program Theory frames the research program, and includes a process evaluation in concordance with an action research methodology. Qualitative and quantitative methods are included in the data generation processes. The Promoting Action on Research Implementation in Health Services (PARIHS) framework has inspired the program. This framework focuses on interactions between evidence, context and research facilitation.

Results: Results from the first program year includes data from: 1) a nurse survey to all nurses in the region, 2) development of a reflection tool, 3)an educational program for leaders and, 4) a collaborative program for researchers/ non-researchers. International guest professors are now associated to the hospital/CAPAN .

66. A healthy person: Indonesian and Scandinavian nursing students' perceptions

■
Sevald Høye¹, Kari Kvigne¹, Ilyas Aiyub², Anne Trollvik¹, Bodil Wilde-Larsson^{1,3}, Reidun Hov¹

1. Inland Norway University of Applied Sciences
2. Akademi Keperawatan Ibnu Sina Kota Sabang, Banda Aceh, Indonesia
3. Karlstad University

Background: Health is a worldwide phenomenon of interest to all human beings. Nursing theories address the understanding of health in specialist and general terms. The social determinants of health take account of poverty, education, and social structure. In Scandinavi, people, but especially women, are increasingly affected by reduced mental health and well-being. The main health problems in Indonesia are related to biological diseases, pregnancy complications, injuries, poison, and malnutrition.

Objective: The aim of the study was to explore how nursing students in Indonesia and Scandinavia characterize a healthy person.

Method: The study employed a qualitative, exploratory design. The participants were recruited from first year

nursing students in the bachelor's program in university colleges and universities in Scandinavia, and the Diploma III and bachelor's programs in Indonesia. Qualitative content analysis was used to identify patterns of health in a cultural and national context.

Results: The characteristics of a healthy person were summarized in the theme «external and inner balance,» which are intertwined because of the wholeness of self-image and appearance. The subcategories were having a strong and positive body image, feeling well and having inner harmony, following the rules of life, coping with challenges, and acting in unison with the environment.

67. «There is nothing wrong with diversity and equality as long as the right people are employed» Promoting and hindering health in firefighter discourse

Ann Jacobsson¹, Susann Backteman-Erlanson¹, Christine Brulin¹, Annika Egan Sjölander¹

1. Umeå University

Background: Meaning-making processes for firefighters are a neglected area of research in the field of health and well-being. We argue for the need to understand these processes better, especially beyond the current strong focus on extreme events and their aftermath. This paper will attempt to highlight cultural and organizational influences on the health and well-being.

Objective: The aim of this study is to identify and discuss dominant and recurrent themes in firefighter discourse that promote and hinder health and well-being among fire fighters

Method: We apply a Critical Discourse Analysis on text from focusgroup interviews with firefighters. The 'critical' in CDA has multiple meanings, including the intention to make visible the interconnectedness of things or phenomena as part of research. Other advantages of the CDA approach are that theory and method are closely linked to each other, and that this perspective helps integrate different levels into the analysis

Results: Using Critical Discourse Analysis, we identified recurrent or dominant themes in the interviews that promoted health and well-being among firefighters. We have also identified the other side of the coin – in other words, what can be described as hindrances to the health and well-being of firefighters. They all relate to changes in the work culture and the profession, and are expressions of external pressures on the fire service.

71. Not for the world of theorizing, but for the need of knowledge in the nursing discipline. The significance of establishing a National Interpretive Description network

Annesofie Lunde Jensen¹, Mette Kjerhot², Thora Groethe Thomsen², Lisbeth Soelver³, Charlotte Handberg⁴, Bibi Hølge-Hazelton²

1. Aarhus University Hospital
2. Zealand University Hospital
3. Bispebjerg and Frederiksberg Hospital
4. Aarhus University

Background: Title: Not for the world of theorizing, but for the need of knowledge in the nursing discipline.

– The significance of establishing a National Interpretive Description network. Research networks have significant value and are essential for conducting high quality applied health research. Only few examples of interdisciplinary clinical research network exist, and where they do, qualitative research methodology is not highly prioritized. Still, a number of nurses and allied health professionals work with qualitative methods and applied health research. This may call on different kinds of networks depending on the geographic context, the backup, and the goal of the network.

Objective: To share our knowledge of different kinds of networks and in particular our experience with an Interpretive Descriptive (ID) knowledge-creating network. We describe the establishment, content and contribution of a Danish national qualitative ID network.

Method: We outlined the establishment and content of the ID network, which was inspired by action learning. This was followed by an analysis of the network's contribution to our professional work.

Results: Seven persons constituted the ID network. Members were junior and senior researchers with different kinds of employment at hospitals and universities. The network has provided us with results in form of stimulating professional conversations and discussions. It has strengthened the methodological depth in our research and epistemological standpoints. We established a forum allowing us to share and debate issues of power in a context free from competition.

72. Towards understanding health literacy among participants and non-participants in a colorectal cancer screening program – a mixed methods approach

Johanna Wangmar¹, Anna Jervaeus¹, Kaisa Fritzell¹,
Josefin Wångdahl², Rolf Hultcrantz¹, Yvonne Wengström¹

1. Karolinska Institutet
2. Uppsala University

Background: Sweden has not yet implemented a national screening program for colorectal cancer (CRC), but a nationwide study is ongoing; the Screening of Swedish Colons (SCREESCO). Previous research shows that the use of health care services, together with several health-related outcomes, are associated with an individual's level of health literacy (HL). However, the relation between HL and participation in CRC screening has had varying results reported within the few studies addressing this issue.

Objective: The aim of this study was to explore health literacy among participants and non-participants in a national colorectal cancer screening program.

Method: To explore health literacy, a mixed methods approach was used with two HL-scales among participants and non-participants in the SCREESCO program, randomly sampled to either the Fecal Immunochemical Test (FIT) or colonoscopy. Views about the screening invitation were discussed in focus group discussions and individual interviews.

Results: The majority of individuals, whether they were participants or non-participants in the SCREESCO program, had an acceptable level of HL (labelled Not inadequate) and no significant differences in HL-levels among those two groups were found. Participants expressed that it was important and appreciated to be able to choose sources of information on an individual basis. Among non-participants, the importance of receiving invitations with a clear message that quickly draws one's attention was highlighted. However, both groups expressed a positive outlook towards the invitation.

75. What are they talking about? The content in nurses' communication with patients and relatives in departments of medicine for older people. -an ethnographic study

Anette Johnsson¹, Sandra Pennbrant¹, Åse Boman¹,
Petra Wagman²

1. Department of Health Sciences
2. Department of Rehabilitation, School of Welfare

Background: The quality of communication between nurses, older patients and relatives has a major influence on patient outcomes and one of the prerequisites for good care to be given and received is that there is mutual understanding between the parties involved.

Objective: The aim was to describe the content of the communication between nurses, older patients and relatives and the poster will content how the study was made with Ethnography.

Method: Data collected through observations made at 40 occasions and covered a total of 135 hours of nurse-patient-relative meetings. Informal field conversations (80) were carried out with nurses, in the final phase of each observation and five semi-structured interviews were conducted separately with nurses.

Results: The communications content generally flowed as a process starting with medical information on medical conditions, examinations and medications, shifting to personal information on the patient's concerns, problems and life story and then to either pedagogical information on the patient's health and nursing needs or distancing communication on patient referral and transfer of responsibility for the patient. The process is controlled by the interaction between the nurse, patient and their relatives, the actual content and context of the communication.

82. «Reverberation». Advancing nurses evidence based practice competencies through a journal club deriving on narratives from own clinical practice, a pilot study

Susanne Hwiid Klausen¹, Malene Beck¹

1. Zealand University Hospital, Roskilde, Denmark

Background: Title: «Reverberation», Advancing nurses evidence based practice competencies through a journal club deriving on narratives from own clinical practice, a pilot study. Many nurses have positive attitudes and beliefs about evidence-based practice (EBP). However, nurses also find it difficult to apply best research evidence in a form, immediately applicable to their clinical practice. Since journal clubs are a key strategy to facilitate EBP, it is necessary to investigate key aspects of how journal clubs may demonstrate relevance of research evidence for clinical practice.

Objective: To investigate how nurses experience participating in a journal club deriving on narratives from own clinical practice.

Method: The intervention called 'Reverberation' was conducted on three 2-hourly workshops over four months, as well as homework between workshops. Two Journal Clubs were run synchronically at Zealand University Hospital, Region Zealand, Denmark. The workshops were piloted at the pediatric department, and at the neurological department. A total number of six nurses participated. Three focus group interviews will be conducted eight weeks after the last workshops. The interviews will be verbatim transcribed and the text material will be analysed and interpreted in a three methodological-step process inspired by the French philosopher Paul Ricoeur.

Results: Results will be used to design and test Journal Clubs in two different hospital settings in Region Zealand.

84. Hemispatial neglect following right hemisphere stroke: clinical course and sensitivity of diagnostic tasks

Marianne Elisabeth Klinké¹, Haukur Hjaltason², Guðný Bergþóra Tryggvadóttir³, Helga Jónsdóttir¹

1. University of Iceland, Faculty of Nursing
2. Landspítali, The National University Hospital of Iceland
3. University of Iceland, The Social Science Institute

Background: Stroke patients with severe symptoms of hemispatial neglect (HN) are known to experience a weaker recovery than those less affected from the outset. Correct identification of HN is therefore important throughout the entire course of rehabilitation.

Objective: To explore: (i) the course of clinical symptoms in stroke patients with moderate/severe HN from acute setting to home, (ii) changes in sensitivity of diagnostic tasks over time, and (iii) agreement between the researcher's and patients' HN assessments.

Method: Out of 79 consecutive patients, we included 23 patients with moderate/severe HN following right hemisphere stroke. The Catherine Bergego Scale was used as a benchmark for HN and to measure the congruence between the researcher's and patients' HN assessments. Diagnostic tasks included star cancellation, line crossing, line bisection, m-fluff test, figure copying, and clock drawing. Data were collected at t1: sub-acute stroke (days: $M \pm SD = 10.3 \pm 5.25$), t2: during rehabilitation (days: $M \pm SD = 51 \pm 8$), and t3: following discharge (days: $M \pm SD = 141.5 \pm 47.3$).

Results: (i) 20 out of 23 patients had HN at t3. Associated stroke challenges included paralysis, sensory loss, visual deficits, and extinction. (ii) Combining the star

cancellation and figure copying yielded the highest sensitivity at all time points, even in patients with mild HN at t3.

(iii) Patients' HN scores differed from the researcher's at t1. The difference was insignificant at t3.

86. Feasibility and pilot out-come of Strengthening Adolescent mental health -promoting health in Swedish school environment

Lisbeh Porskrog Kristiansen¹

1. Department of health and caring sciences

Background: 10-20% of children and adolescents worldwide experience mental disorders. This influences their development, educational attainment and their potential to lead fulfilling lives. Further, reduction of school drop-out rates and an increase in the proportion of tertiary degrees to 40% is an European goal. Well-being, mental health and school success are mediated by the same factors. We wanted to address adolescent well-being and mental health by designing and piloting an intervention where the school health care teams were educated to facilitate the hands-on intervention. The pilot attempted a holistic approach towards well-being. One underpinning assumption was that on-going transactions between body, mind and brain take place where the human organism works holistically to understand the surrounding. New inputs and experiences may give rise to new meaning to actions and behaviors creating a sense of coherence that leads to better self-efficacy, self-, social inclusion, and consequently well-being. According to the Swedish Act of School, school health care teams must prioritize health promotive actions. Though, the literature showed a lack of such.

Aim

This paper aims to design, implement and test the feasibility and acceptability of a promotive intervention that targeted healthy migrant school children (16-18 Y) with the objective to impact their well-being, mental health self-efficacy and self-esteem as a mean to strengthen their mental health.

Testing for a group based intervention

The study was designed and piloted in these principal steps:

1. Designed a manual driven intervention elaborated from research based knowledge integrated with professional nursing experience mostly from school health care and mental health care
2. The sessions consisted of integrating knowledge and experimental components. Health related themes like; Well-being and Mental health, – Physical health and healthy lifestyle,- Social health and affluence,- Coping with stress- Sexual health, and Violence
3. Prior to onset, the structure and content was relevance checked with a number of other adolescent

4. After obtained ethical permission, two student health care teams (n=8 staff) from a public school were recruited and educated at three occasions in the SAW methodology and guided in the manual driven intervention
5. During eight weeks the two teams facilitated with school students seven to eight students in each group, one and a half hour. The group learned about and discusses health related factors, and conducted different kinds of relaxation- and experienced based exercises
6. Pre- and post-testing of the students, and qualitatively investigations from student and staff perspectives

Measuring the outcomes

WHO 5, Resilience Scale, Qualitative interviews, focus groups, individual and written statements
 The result indicates enhanced level of well-being
 Comparison between pre – and post test showed some significant mean improvement. Apart from wanting more, and longer sessions times, six participating students and the all staff jointly displayed positive experiences of the pilot. The students primarily emphasized an enhanced knowledge level. They were inspired and tested going to bed early, eating breakfast daily and conducting physical exercise during one week, and witnessed about how this influenced the ability to focus on schoolwork. From a staff perspective, the intervention provided them a good meaningful tool to work promoting. The findings made it probable that the design showed good feasibility as well as good participant acceptability from both sides.

87. How do immigrant parents of children with complex health needs manage to cope?

Lisbeth Gravdal Kvarme¹, Elena Albertini Frùh¹, Hilde Liden²

1. Oslo Metropolitan University
2. Institutt for samfunnsforskning

Background: Daily life with children with complex health needs can be stressful for immigrant parents.

Objective: In this study, we focus on how immigrant parents of children with complex health needs manage their daily lives according to emotion-focused and problem-focused coping strategies.

Method: This qualitative study had an exploratory design with individual and focus-group interviews. The sample consisted of 27 parents—18 mothers and 9 fathers—from Pakistan, Poland and Vietnam. Interview guide was used and the responses were audiotaped, transcribed, and coded into themes.

Results: The main findings were that many immigrant parents of children with complex health needs experience stress and challenges; however, they also talk of the joy of having their child. Some of the stress was related to demands of their personal, social, and structural problems, and to the inadequacy of the resources available to meet those demands, such as lack of respite care. The parents used both emotion-focused and problem-focused coping strategies to try to reduce their stress.

88. District nurses' experiences of leg ulcer care in accordance to clinical guidelines

Annica Lagerin¹, Ingrid Hylander¹, Lena Törnkvist¹

1. Sektionen för allmänmedicin och primärvård, NVS, Karolinska Institutet

Background: Patients with leg ulcers are typically treated by district nurses in primary care. Clinical practice guidelines aim to ensure optimal leg ulcer treatment. However, nurses do not always treat leg ulcer patients in line with these guidelines, and studies show this may be because the nurses face several obstacles to providing such care.

Objective: To investigate district nurses' experiences of caring for leg ulcers in accordance with clinical guidelines.

Method: This qualitative study used Grounded Theory Method to investigate district nurses' experiences of caring for leg ulcers in accordance with clinical guidelines at seven primary care centres in Stockholm, Sweden. Group interviews were conducted with thirty district nurses.

Results: The result describes how district nurses strive to stay on track in order to follow clinical guidelines and remain motivated despite prolonged wound treatment and feelings of hopelessness. Three main obstacles to following the guidelines were found. So that the obstacles would not lead to negative consequences, district nurses used compensating strategies. If the strategies were insufficient, perceived prolonged wound treatment and feelings of hopelessness could result. District nurses then used motivating strategies to overcome these feelings. Sometimes, despite the motivating strategies, treatment in accordance with guidelines could not be achieved. With some patients, district nurses had to compromise and follow the guidelines as far as possible.

89. The development of the Radiotherapy-related Symptoms Assessment Scale

Ulrica Langegård¹, Karin Ahlberg², Per Fransson³, Birgitta Johansson⁴, Emma Olsson Nevo⁵, Katarina Sjövall⁶

1. Institute of Health and Care Sciences
2. Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden
3. Department of Nursing, Umeå University, Sweden and Department of Cancercentrum, Norrlands University Hospital, Umeå, Sweden
4. Experimental oncology, Department of Immunology, Genetics and Pathology, Uppsala University, Uppsala University Hospital, Sweden
5. University Healthcare Research Centre, Faculty of Medicine and Health, Örebro University, Sweden
6. Department of Oncology, Skane University Hospital, Sweden and Department of Oncology, Lund University, Sweden

Background: Patients with cancer often experience multiple concurrent symptoms, changing in frequency, intensity, and distress over time. A core symptom set including fatigue, insomnia, pain, appetite loss, cognitive problems, anxiety, nausea, depression, constipation/diarrhea, has been identified to be assessed across oncology research for the purposes of better understanding side effects of treatment. No tool is available to easily and effectively measure the frequency, intensity and distress of symptoms in patients receiving radiotherapy (RT).

Objective: The aim was to develop and evaluate the validity and reliability of a tool measuring symptoms experience in patients receiving RT.

Method: A patient-reported outcome questionnaire, the Radiotherapy-related Symptoms Assessment Scale (RSAS), was developed to assess the frequency, intensity and distress of symptoms included in the core symptoms set. The scores range from not at all to a great deal. The study is part of a larger multicenter study where additional health data was collected.

Results: 183 patients completed the RSAS daily during the period of treatment. Demographic and health data will be summarized using descriptive statistics, and psychometric analyses will be conducted. The results will be presented at the conference.

92. The Delphi method as a way to explore under-researched areas in nursing

Joacim Larsen¹, Prof Henrik Eriksson¹, Erika Sigvardsdotter¹, Kim Silow Kallenberg¹

1. Department of Health Sciences, The Swedish Red Cross University College

Background: The Delphi method developed in the 1950s in the US-Army as a way to forecast the probability of nuclear weapons usage in war by consulting «experts». From this origin the Delphi method successfully spread in different academic disciplines during the late 1900 to become one important method for access «expert consensus» in situations where no other evidence exist and furthermore to provide a valuable tool in the investigation of «expert opinion» and may thereby help to guide future policy directives in an era such as nursing.

Objective: The aim of this presentation is to describe the possibilities of using this approach to explore under-researched areas in nursing using conclusion drawn from a scoping review of Delphi studies on refugee's health and social participation.

Method: Scoping review.

Results: The findings show that health workers; nurse's, physicians, civil servants have a tremendous impact on health outcomes that occur for refugees during their adjustment to a new life and that their interpretation and implementing policies is important to consider when elaborating on health and resources of health.

93. Dementia care and service systems – a mapping system tested in nine Swedish municipalities

Connie Lethin¹, Lottie Giertz², Emme-Li Vingare², Ingalill Rahm Hallberg³

1. Health Sciences
2. Department of Social Work, Linnaeus University, Sweden
3. Department of Health Sciences, Lund University, Lund, Sweden

Background: It is crucial that the professional chain of dementia care are adapted to the needs of people with dementia and informal caregivers throughout the course of the disease. Assessing the dementia care system regarding facilities, availability and utilisation may be informative to ensure that the professional dementia care and service system fits the needs of patients and families from onset to end of life, and thus also open up for filling gaps in the chain of care.

Objective: To further develop and test a mapping system, from a national to a local level in nine municipalities, regarding dementia care and service and professional providers' educational level. In addition, to compare availability and utilisation between municipalities regarding screening, outpatient clinics, institutional/palliative care and professional providers' educational level.

Method: A cross-sectional study, conducted 2015. Data was derived from care and service systems in nine municipalities in Sweden. The further developed mapping system contained 56 types of care and service.

Results: Adapting and testing the mapping system on local level was applicable with minor adaption to the context. Availability and utilisation was higher for care concerning screening compared to outpatient clinics, institutional/palliative care as well as professionals' educational level.

104. Field work with observations and qualitative interviews with patients, relatives and nurses in an advanced nursing home following the Coordination Reform

■
Kjersti Sunde Mæhre¹

1. Department of Health and Care Sciences, Uit The Artic University, Campus Harstad

Background: My PhD (2017) revealed the consequences of the Coordination Reform (introduced on 01.01.2012) for care in an advanced nursing home. Since the reform, primary health services have been given more responsibility for treatment. Patients are discharged from hospitals before treatment is completed. Many still need a lower level of treatment. Primary care nurses will therefore need more specialised expertise.

Objective: In my PhD (2017), the following questions were asked: 1) How do patients, relatives and nurses experience being in an advanced nursing home? 2) In which areas is their situation a result of the Coordination Reform?

Method: A hermeneutic-phenomenological approach was used, with participatory observation and qualitative narrative interviews. Five severely ill patients, six relatives and eight nurses were interviewed. A combination of field work and qualitative interviews was chosen to enhance insight into the nursing home as an organisation, and to increase background understanding of the experiences presented. Qualitative interviews with caregivers and care receivers enable experience to be understood from different perspectives. Combining these methods has both advantages and disadvantages.

Results: Patients, relatives and nurses experienced little autonomy, an insecure situation, inadequate skills and excessive responsibility to bear alone.

105. Research based technology to support patient involvement in the kidney transplantation process

■
Charlotte Nielsen^{1,2}, **Jane Clemensen**^{1,2}, **Hanne Agerskov**^{1,2}, **Claus Bistrup**¹

1. Odense University Hospital

2. University of Southern Denmark

Background: Kidney transplantation is the treatment of choice for terminal renal insufficiency. Kidney recipients report higher quality of life than dialysis patients because of fewer side effects, complications and restrictions in their daily lives. After transplantation the possible side effects of the immunosuppressant treatment are outweighed by the increased quality of life. Renal transplantation is a milestone, but the whole process is based on close contact with the health services, through outpatient visits and during possible hospitalization.

Objective: To develop new ways of involving kidney recipients in the kidney transplant process, supported by telemedicine.

Method: Participant observation and semi-structured interviews were conducted with 20 kidney recipients in order to investigate experiences during the transplant process. Additionally, focus group interview with eight health care professionals were completed. Data analysis was inspired by Ricoeur's interpretation theory on three levels: Naive reading; structural analysis and critical interpretation and discussion. The investigation led to workshops with patients, health care professionals and relevant stakeholders to identify patient's needs in the transplant process.

Results: An App is needed to gather information and tools relevant for the transplant process. The most relevant functions were: Actual transplant activity, knowledge relevant to the transplant process, organizing of individual out-patient controls, education of patients meeting the health system and electronic correspondence between patients and health care professionals.

109. The value of cognitive interviewing; examples from the Safety Attitudes Questionnaire (SAQ)

Rebecka Maria Norman¹, Ingeborg Strømseng Sjetne¹

1. Norwegian Institute of Public Health

Background: When answering questionnaires, participants undertake complex cognitive processes, including understanding and interpreting questions. The overall aim of this ph.d.-project is to adapt and evaluate a questionnaire measuring all nursing personnel's experience with their working conditions, care quality and patient safety in Norwegian nursing homes. Safety Attitude Questionnaire (SAQ) is widely used measuring safety attitudes, but is not validated for our population or setting.

Objective: To conduct cognitive interviews with seven items from the «Safety Climate» factor in SAQ, in order to find out if SAQ is appropriate for our setting.

Method: Fourteen face-to-face interviews with nursing personnel working in three different nursing homes. Ten had non-Norwegian mother tongue. While answering the questionnaire «think-aloud» and concurrent probing techniques was used as well as follow-up questions about issues revealed.

Results: Problems were identified related to comprehension of specific words/phrases and inapplicability of some questions. For example, «Patient safety» was somewhat difficult for those who were not registered nurses. It was interpreted as to ensure locked doors, preventing theft and fire. The interviews also revealed ambiguity in wording, i.e., «culture» was interpreted as the respondents own cultural background and the working environment. «Channels» was perceived as something relating to the TV / Radio domain.

110. Teamwork in Swedish Child Health Care

Ulrika Svea Nygren¹, Lena Nordgren², Håkan Sandberg³, Ylva Tindberg¹

1. Department of Women's and Children's Health
2. Department of Public Health and Caring Sciences (IFV)
3. School of Health, Care and Social Welfare, Mälardalens University

Background: The Swedish National Board of Health prescribed interprofessional teamwork with nurses, doctors and psychologists as one of the methods for achieving the goals of the child Healthcare system. In order to establish a model for the design of teams and teamwork in child healthcare services team and teamwork needs to be studied in their context.

Objective: The survey is the initial study in a thesis about teams and teamwork in Swedish Child Healthcare. The survey is designed to describe and analyze the presence of teams and teamwork in Child Healthcare nationally. Survey participants are the professions in child healthcare

Method: The study is a national online survey that has been send out to all nurses, doctors and psychologists working in the Swedish child healthcare (ca 3 500). The data will be analyzed with descriptive statistics and 2-test. P-value < 0.05 will be regarded as statistically significant. Category data is processed with regression analysis and the answer given as Odds Ratios with 95% confidence intervals.

Results: The results will be ready for presentation at the time for the conference.

111. Impact of health-related stigma on psychosocial functioning in the general population: construct validity of the Stigma-related Social Problems scale

Emma Ohlsson-Nevo¹, Jan Karlsson¹

1. Örebro University, Sweden, 3 Centre for Health Care Sciences, Örebro County Council, Sweden

Background: Felt stigma is an internalized sense of shame about having an unwanted condition along with fear of discrimination due to imputed inferiority or unacceptability. Various illnesses and symptoms of disease are associated with health-related stigma and individuals may experience stigma that strongly affects their quality of life. The Stigma-related Social Problems scale (SSP) was developed for measuring the impact of health-related stigma on social functioning in people with different diseases and disorders.

Objective: The aim of the study was to evaluate the validity of SSP in the general Swedish population.

Method: In 2015, SSP was sent to a random population sample (n=8140). Tests of the internal consistency reliability of scale scores (Cronbach's alpha), the unidimensionality and homogeneity of scales (factor analysis), item-scale convergent validity, ceiling and floor effects, and known group analysis were conducted.

Results: The response rate was 42%. Reliability coefficients were high (< 0.93) for both scales. Factor analyses confirmed the unidimensionality. Item-scale correlations for both scales indicated satisfactory item-scale convergent validity ($r \geq 0.40$). The proportion of subjects scoring at the lowest possible score level (floor effect) was 25% for the Distress scale and 28% for the Avoidance scale, while ceiling effects were marginal (<1%). The proportion of missing items was generally low, ranging from 0.8-1.5%.

114. Probes, Personas and Participation

Kristian Poulsen¹, Dorte Boe Danbjørg²

1. Odense University Hospital, Department of Anaesthesiology and Intensive Care Medicine
2. Department of Haematology, Odense University Hospital & The Haematological Research Unit, University of Southern Denmark

Background: Participation is the core of Participatory Design. The central concern is how collaborative design processes can be driven by participation of the people affected by the technology designed and the researcher's participation in practice. Yet some areas of nursing practice can be difficult accessible, both practically and because the subject of matter can be difficult to talk about. Probes and personas can be used as a means of exploring experience and give insights in situations where the researcher cannot participate or capture otherwise. The example used, is an exploration of the experience of newly trained nurses (NTN) rarely caring for patients on Non-Invasive Ventilation (NIV), where it can be difficult to expose professional weaknesses.

Objective: To investigate the use of Probes and personas when exploring and elaborating the experience of NTN, caring for patients on NIV.

Method: Probes were used for exploration of the nurses' experiences. The data was organized using Ishikawa Diagrams. Data was used to guide the topics in semistructured interviews. The interviews unveiled sensible issues, where deeper knowledge was desirable to understand the experiences of the nurses. Personas was then used for further examination and elaboration. Personas was analyzed using Systematic Text Condensation.

Results: Probes uncovered nurses' experiences such as spontaneous emotions, reasoning, and reflective deep thoughts from nursing practice, where personas helped to elaborate sensitive issues from the participants' experiences.

115. From an old to a new hospital: How do patients experience staying in a single bed room compared to shared accommodations?

Anne Karine Østbye Roos¹, Eli Anne Skaug¹, Ann Karin Helgesen¹

1. Sykehuset Østfold

Background: There is a consensus view that single bed rooms are to prefer for a difference of reasons. However,

few studies have addressed how patients experience staying in shared accommodation versus single bed rooms.

Objective: The aim of this study was to describe how patients experience staying in a single bed room in a new hospital compared to shared accommodations in an old hospital.

Method: This study has a descriptive and explorative approach. Systematic text condensation inspired by Malterud was used to analyze data. A total of 39 patients were interviewed. The study is approved by the Norwegian Social Science Data Services (NSD) (number: 44034).

Results: Shared accommodations represent an involuntary presence of others. Despite the involuntary situation, socializing with other patients is valued by many. However, witnessing co patients suffer, lack of privacy and lack of hygienic facilities were considered as negative aspects of shared accommodations in the old hospital. Patients in single bed rooms are content with room standard and the possibility to maintain privacy, but are lonely and miss the opportunity to connect with other patients. For patients in single bed rooms, nurses play an important role in order to meet social needs

116. Patient and family perspectives on out-patient palliative care

Elizabeth Rosted¹

1. Zealand University Hospital

Background: Patients with serious or terminal illness may suffer from a reduced quality of life (QOL) and multiple symptoms, such as pain, fatigue, and dyspnea due to their illness and/or its treatment. Patients and families may have different palliative care needs, and though we know from studies that personalized care by multidisciplinary teams and communication are central elements of quality of care and satisfaction, research does not clearly prescribe a model for outpatient Specialized Palliative Care (SPC). Thus, when deciding how to organize outpatient SPC in the future, it is relevant to investigate the patients, families, and staffs experiences and needs.

Objective: The overall purpose is to gain new knowledge about, what is important to patients and families when receiving outpatient SPC, and to include this knowledge in future organization. We will compare two different models of organizing SPC. Three perspectives represented in separate studies will highlight the purpose; they are patient and families' experiences, staffs experiences, and cost effectiveness of the two models.

Method: The study is a mixed method study and contains three independent studies using questionnaires containing Patient Reported Outcome (PRO), semi-structured interviews, field observations, and registry data.

Results: Results from the questionnaires will be presented at the conference.

121. Systematic planning of Patient and Public Involvement in a research study

Berit Seljelid¹, Tonje Krogseth¹, Lise Solberg Nes¹, Cecilie Varsi¹, Elin Børøund¹

1. Department: Center for Shared Decision Making and Collaborative Care Research, Division of Medicine, Oslo University Hospital

Background: Many studies have been published about Patient and Public Involvement (PPI) in research over the past decade, but the reporting of PPI gives little or inconsistent information about how the involvement were performed or what the effects were. This limits gained understanding and learning from these studies. The use of Guidance for Reporting Involvement of Patients and the Public (GRIPP2) can be used prospectively to plan PPI and retrospectively as a quality assurance to improve quality, transparency and consistency of PPI.

Objective: To use GRIPP2 to plan involvement of patients in a research study aiming to develop and test an eHealth intervention for symptom assessment with the goal to improve quality and contribute to the evidence base of PPI.

Method: GRIPP2 was used to prospectively plan PPI in a clinical research study. An experienced patient co-researcher was involved in the planning process.

Results: The process resulted in a detailed plan about PPI and helped to identify possible facilitators and barriers for PPI in the study. As a consequence, steps to overcome the identified barriers and how to take advantage of identified facilitators were included in the plan. The co-researcher involvement contributed to integrate PPI in different stages of the project.

122. Resident Thriving in Nursing Homes – A cross country comparison

Karin Sjögren¹, Ådel Bergland², Qarin Lood³, Tove Vassbø⁴, Marit Kirkevold⁴, David Edvardsson⁵

1. The Medical Faculty, Department of Nursing, Umeå University, Umeå, Sweden
2. Lovisenberg Diaconal University College, Oslo, Norway; Department of Nursing Science, Faculty of Medicine, Institute of Health and Society, University of Oslo, Norway
3. The Medical Faculty, Department of Nursing, Umeå University, Umeå, Sweden; College of Science, Health and Engineering, School of Nursing and Midwifery, La Trobe University, Victoria, Australia
4. Department of Nursing Science, Faculty of Medicine, Institute of Health and Society, University of Oslo, Norway
5. The Medical Faculty, Department of Nursing, Umeå University, Umeå, Sweden; College of Science, Health and Engineering, School of Nursing and Midwifery, La Trobe University, Victoria, Australia

Background: Resident Thriving in Nursing Homes – A cross country comparison (Titel) . The concept of thriving has been sparsely investigated in nursing home contexts internationally.

Objective: To make a cross country comparison of resident thriving and related factors, in nursing homes in Australia, Norway and Sweden.

Method: A cross sectional design. The sample consisted of nursing home residents in Australia (n= 74), Norway (n= 105), and Sweden (n= 128). Staff conducted proxy ratings of residents´ thriving, ADL-independence, neuropsychiatric symptoms, and cognitive health. Statistical analyses of correlations and mean differences were conducted.

Results: Residents in Australia were rated as experiencing higher thriving compared to residents in Norway (p = 0.02), and Sweden (p = 0.02). In Australia residents with cognitive impairment were rated as having higher thriving compared to residents without cognitive impairment (MD = 7.5, ns). In Norway and Sweden residents with cognitive impairment were rated as having lower thriving compared to residents without cognitive impairment (MD = 8.3, ns; MD = 18.7, p <0.001). No other differences between the countries were found.

123. Communication skills nursing education

Karin Skoglund¹, Inger K Holmström^{1,2}, Annelie J Sundler³, Lena Marmstål Hammar^{4,5}

1. School of Health, Care and Social Welfare, Mälardalen University, Västerås
2. Department of Public Health and Caring Sciences, Uppsala University, Sweden
3. Faculty of Caring Science, Work Life and Social Welfare, University of Borås
4. School of Education, Health, and Society, Dalarna University,
5. Department of Neurobiology, Care Science and Society, Division of Nursing, Karolinska Institute

Background: With the continuing increase in the older population, being able to communicate with the elderly is one of the many important skills in caring for older people. Therefore, student nurses need support during education to be prepared with the necessary communication skills to meet these demands

Objective: The purpose of this study was to describe the development of communication skills towards older people during nursing education.

Method: A quantitative descriptive and comparative study where data were collected with a self-efficacy questionnaire in the second and final semester in a nursing programme in Sweden.

Results: The student nurses in the final semester had a higher self-efficacy to communicate with older people than student nurses in the second semester of the education. There were also a difference in self-efficacy between students with or without former experience work of health care or in care with older people in the second semester. However, these differences were not seen in the final semester. The students' age did not affect their self-efficacy rate.

126. Collaboration with an adjunct professor develops research opportunities

Kirsten Specht^{1,2}, Trine Hjetting¹, Rebecca Jester³

1. Department of Orthopaedic Surgery, Zealand University Hospital, Køge, Denmark
2. Department of Regional Health Research, Faculty of Health Science, University of Southern Denmark
3. Institute of Health, University of Wolverhampton, United Kingdom

Background: Nurses have a professional responsibility to deliver care based on the best available evidence. However,

it needs a supportive environment in the department to achieve a nursing practice where existing knowledge can be translated to clinical practice. There is a need for nurses to have opportunities to provide local clinical research at a practical level.

Objective: To identify clinical research priorities to further develop evidence based patient care. To develop nursing research capacity and capability at Zealand University Hospital and foster collaborative research opportunities between the Faculty of Education, Institute of Health, University of Wolverhampton, United Kingdom and the Faculty of Health Sciences, University of Southern Denmark.

Method: In the Orthopaedic Department, Zealand University Hospital a postdoc fellow and clinical nurse specialists were employed. A forum was established for nurses engaged in research and development. Contact was established to a professor from United Kingdom and in 2017 The University of Southern Denmark awarded her as an adjunct professor in orthopaedic nursing research.

Results: During 2017 the adjunct professor visited the department two times where approximately 60 out of 90 nurses heard her presentation: Research is everybody's business. Nurses identified areas within their daily practice where they saw nursing practice could be improved. The research is everybody's business approach aims to demystify research for clinically based nurses, facilitating them to identify research priorities and be active members of research planning through implementation methods such as action research.

127. My patient

Mette Stie¹

1. Lillebælt Hospital

Background: Caring for the patients individual needs is a cornerstone in nursing. However, cancer patients receiving chemotherapy in an outpatient clinic experience that they have individual needs that are not cared for sufficiently.

Objective: The purpose of this study was to explore which factors influence the nurses to care for the patient's individual needs in an outpatient clinic.

Method: Within a phenomenological hermeneutical framework data was collected through participant observation and the interviews of four nurses. Data was analyzed according to Hammersley and Atkinson's analysis process and interpreted in the light of Martinsens philosophy of caring.

Results: Two final themes and five sub-themes were found: The patient's approach, Time and space, «My Patient», The patient – a fellow human being, Medical and clinical knowledge, Chemotherapy – on time and The wall. These are all factors that influence the nurses to care for the patients individual needs.

128. Then my world is safe



Mette Stie¹, Bodil Winther¹

1. Lillebælt Hospital

Background: Women who have received curative treatment for breast cancer have physical and psychosocial needs that are not cared for sufficiently at the scheduled control visits. This means that the womens quality of life and ability to manage life is impaired.

Objective: To explore how women undergoing curative treatment for breast cancer experiences life after treatment and control visits in an outpatient setting.

Method: Ten women were interviewed within a framework of phenomenology and hermeneutics. Interviews were conducted in connection with control visits one year after the breast cancer diagnosis. All women were surgically treated and had received radiation therapy; four had received chemotherapy and five received anti-hormone treatment. Interviews were interpreted according to theory of meaning interpretation by Kvale and Brinkmann.

Results: Four themes emerged: 1) A changed everyday life with experiences of fear, 2) A good everyday life –a deliberate choice, 3) The family -a substitute for fear and 4) Control visits at the outpatient clinic are considered as essential events.

129. The presentation of relatives in Danish Healthcare policies



Mette Stie¹, Bodil Winther¹, Anne-Lisbeth Pedersen², Pia Koustrup², Bente Hoeck³, Charlotte Delmar⁴

1. Lillebaelt Hospital

2. VIA UC, Sygeplejerskeuddannelsen, Århus

3. University of Southern Denmark

4. Department of Nursing Science, Public Health, Århus, Denmark

Background: The Danish Health Policy states that only highly specialized treatment and care must take place at the hospital. Currently, visions and strategies on the Danish health service emphasize that relatives are important and

must be actively involved in the health care. It means new and changed roles for the relatives.

Objective:To clarify how relatives are presented in contemporary Danish Policies and Strategies about relatives involvement.

Method: Based on Fairclough's three-dimensional model of critical discourse analysis, six policies by the National Board of Health, Danish Regions and Local Hospitals are analyzed. The texts are selected based on current documents and from different institutional hierarchy. The analysis of the text is divided into 1) The actual text 2) The discursive practice and 3) The social practice.

Kari Martinsen's care philosophy is used as an interpretation objective

Results: The preliminary analysis shows that the discourses within the documents considers relatives to be a means of achieving the goal of an effective and economic health system. This means, that relatives are considered to be co-responsible not only in the care of the patient but also in the «care» for the healthcare system.

131. Equal involvement in research- behind the rhetoric's



Susanne Stuhlfauth¹, Christina Foss¹, Ingrid Ruud Knutsen²

1. Department of Nursing Science, Institute of Health and Society, University of Oslo, Norway

2. Oslo Metropolitan University, Norway

Background: The focus on user involvement in research has increased the last years. Despite development of models and guidelines of how to implement user involvement, literature suggests that the collaboration process is arduous. Concepts such as equality, equal partner respect, knowledge and responsibility are mentioned in several studies and guidelines but they are not described in depth. We have a scant appreciation of how researchers and users understand and interpret these concepts and whether or not there is a common understanding between the two groups who are supposed to collaborate.

Objective: The aim of this study is to explore concepts as equality, knowledge, being a partner, responsibility and social acts, in depth through interaction between users and researchers.

Method: This study is grounded in a constructivist view where we consider opinions and knowledge as being constructed and reconstructed through interaction. We

conducted two focus group interviews. We recruited both researchers and users to achieve a constellation that enabled to provoke meanings and views, nuances and variations from all involved and thus stimulate to a knowledge construction. Positioning theory was used as an analytical tool, aiming to describe what people consider to be their rights and duties and their actions based on these beliefs. Positioning theory has been a useful tool in understanding the various positions users and researchers assumed and assigned, as well as how they interpreted their moral rights and duties.

Results: We have not yet finished our analysis

133. Qualitative thematic analysis – a framework for analysis of lived experiences in nursing and healthcare research

Annelie J Sundler¹, Elisabeth Lindberg¹, Christina Nilsson¹, Lina Palmer¹

1. Faculty of Caring Science, Work Life and Social Welfare, University of Borås, Sweden

Background: Qualitative research findings that deals with lived experiences of patients, families and professionals are important. In this research area there is a need for useful approaches and methods with ontological and epistemological underpinnings. Moreover, the approach used need to offer an understanding of how validity and rigor can be achieved when analysing lived experiences.

Objective: To develop a method for thematic analysis and discuss questions of validity within qualitative research on lived experiences in healthcare.

Method: This is a discussion paper based on literature, theory and the researchers' experiences.

Results: Methodological principals and a model for thematic analysis is presented, and thereafter discussed in relation to validity and how rigor can be achieved when analysing lived experiences. The thematic analysis is grounded within a philosophical framework of the lifeworld, based on phenomenology and continental philosophy.

134. Protective nursing advocacy: translation and psychometric evaluation of an instrument and a descriptive study of Swedish nurse anesthetists' beliefs and actions

Ann-Sofie Sundqvist¹, Agneta Anderzén Carlsson², Ulrica Nilsson³, Marie Holmefur³

1. Centre for Health Care Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden
2. Faculty of Health, Science and Technology, Department of Health Sciences, Karlstad University, Karlstad, Sweden
3. Faculty of Medicine and Health, School of Health Sciences, Örebro University, Örebro, Sweden

Background: Advocacy is multifaceted, and has been described as supporting patients emotionally, preserving the patients' dignity, acting against unethical and incompetent treatment, speaking up for patients, and protecting patients from harm.

Objective: To translate and adapt the Protective Nursing Advocacy Scale (PNAS) into a Swedish version (PNAS-Swe), to evaluate its psychometric properties, and to describe registered nurse anesthetists' (RNAs) advocacy beliefs and actions from a protective perspective.

Method: This study was conducted in three different phases: (1) translation of the original PNAS into Swedish, (2) psychometric evaluation of the PNAS regarding content, face and construct validity and finally (3) description of the Swedish RNAs' advocacy beliefs and actions regarding protective nursing advocacy.

Results: The final PNAS-Swe had 29 items in four subscales. The RNAs reported that they feel that they should provide protective nursing advocacy for their patients. There were no differences in gender, age, or work experience regarding their advocacy beliefs or actions.

135. Self-care telephone talks as a health-promotion intervention in urban home-living persons 75+ years of age: a randomized controlled study

Kari Sundsløi¹, Ulrika Söderhamn¹

1. University of Agder

Background: «Self-care telephone talks as a health-promotion intervention in urban home-living persons 75+ years of age: a randomized controlled study». Self-care might be considered a health-promoting activity for maintaining, restoring, or improving health and well-being. Results from studies on self-care show a health decline in people older than 75 years. In the Norwegian context, there

were no such studies found that encompass the aim of this study.

Objective: To evaluate the effects of a telephone-based self-care intervention among urban living individuals 75+ years of age.

Method: The study was a randomized controlled trial (RCT), n=15 (intervention group) and control group (n=15). Instruments used were: perceived health, General Health Questionnaire (GHQ), Sense of Coherence (SOC), Self-care ability scale for the elderly (SASE), and Self-care agency (ASA). The intervention consisted of: a first meeting with health professionals and additional five telephone calls with the health professionals. The data was analyzed with descriptive and inferential statistics.

Results: Thirty individuals, 14 females and 16 males, 75-93 years participated in the study. Mental health improved significantly in the intervention group (P=0.037). The participants in the control group scored mental health, sense of coherence, self-care ability, and self-care agency lower after the intervention (19 weeks).

141. «I cry a few tears every day»: A phenomenological study of patients with palliative cancer and their descriptions of their life situations

Hildegunn Ervik Sønning¹, Mariann Fossum¹

1. University of Agder, Department of Health and Nursing

Background: Cancer patients face both cognitive and emotional challenges when receiving palliative care. There has been an increasing focus on how to meet the patients' needs in this context. Palliative care includes medical treatment, as well as both nursing and compassionate care. However, there is a lack of knowledge about how patients experience palliative care at home.

Objective: This study aims to investigate how cancer patients living in their homes perceive their life situations when receiving palliative care.

Method: This study has an explorative, qualitative design. Eight patients who had cancer and were living at home were interviewed once each: Six females and two males. They all received palliative care at home. The transcribed data were analysed using the qualitative phenomenological method.

Results: The eight participants were at different stages of life; six were females, and two males. All spoke good Norwegian. A total of five themes were explored: The significance of predictability when encountering the health

service, the importance of words in encounters with individuals, who sees me, am I letting my close relatives down, and the struggle of everyday life.

143. Impact of Single Family Room versus Open Bay NICU Care on growth, breastfeeding and mothers milk in very preterm infants

Bente Silnes Tandberg¹, Trond Markestad², Renée Flacking³, Kathrine Frey Frøslie⁴, Hege Grundt⁵, Atle Moen⁶

1. Vestre Viken HT, Child and adolescent department
2. University of Bergen, Norway
3. School of Education, Health and Social Studies /Dalarna University, Sweden
4. Norwegian Resource Centre for Women's Health, Oslo University Hospital Rikshospitalet, Oslo, Norway; Oslo Centre for Biostatistics and Epidemiology, Institute of Basic Medical Sciences, University of Oslo, Norway
5. Department of Pediatrics, Haukeland University Hospital, Norway,
6. Department: Child and adolescent department, VVHT / Oslo University Hospital

Background: A single Family Room (SFR) unit offers a less stressful neonatal intensive care unit (NICU) environment than traditional Open Bay (OB) care. As growth is a vital indicator for health and quality of care we initiated a controlled study hypothesizing that the protected physical environment in a SFR unit would improve growth in preterm infants compared to traditional Open Bay (OB) care.

Objective: Whether NICU design and optimizing positive sensory environment (parental presence, involvement, and skin-to-skin care (SSC) may contribute to positive outcomes in morbidity, growth, and breastfeeding.

Method: A Prospective Comparative Observational study comparing very preterm infants (n =77) born between 28-32 gestational weeks and their parents (n=132) at two NICUs in Norway. A protocol assuring equal nutrition was developed. We registered morbidity, nutrition data, breastfeeding and mothers milk volume. Observations of growth parameters during hospitalization, at term date and at 4 months corrected age were performed. Parents recorded prospectively their presence and SSC from birth until 34. gestational week.

Results: There was significantly more of presence from both parents (p=.000) and mean of daily SSC in the SFR unit (p=.005). Comparisons of the morbidity however showed similarity. Nor were there any differences' in breastfeeding and growth parameters between the groups during

hospitalization, neither at term or at 4 months' corrected age.

144. A nurse led study on patients and healthcare professional's experiences with Patient Reported Outcomes when interacting during visits at a large haematological outpatient clinic

Stine Thestrup Hansen¹, Mette Kjerholt¹, Sarah Friis Christensen², John Brodersen³, Bibi Hølge-Hazelton⁴

1. Department of Haematology, Zealand University Hospital, Denmark
2. Department of Haematology, Zealand University Hospital/ University of Copenhagen
3. Centre of Research & Education in General Practice Primary Healthcare Research Unit, Zealand Region / Department of Public Health Faculty of Health Sciences University of Copenhagen
4. Zealand University Hospital & Institute of Regional Research, University of Southern Denmark

Background: Patients with haematological cancer live longer due to better treatment and care. They maintain a lifelong relation to haematologic departments for check-ups, supportive care and rehabilitation. Previous studies have shown that including Patient Reported Outcomes (PROs) in clinical practice has the potential to contribute to and support shared decision-making processes between patients and healthcare professionals. However, experiences from use of PROs in nursing care is missing. We have momentum to impact future nursing care practice.

Objective: This nurse led project is part of an interdisciplinary multi-method study, aiming at exploring how healthcare professionals and patients with haematological cancer experience PROs when interacting during visits at the outpatient clinic.

Method: Interpretive Description for applied practice, with an ethnographic focused design. Fieldwork focusing on patients' and professionals interactions, positioning, experiences when using PRO in clinical practice.

Results: Using PRO in practice seems to influence and change interactions and positions between patients and healthcare professionals during consultations, including increasing reflecting on sensitive issues (e.g. mentally and physically coping) from both patients and clinicians.

148. Nursing students' professional identity development: A systematic review

Grete Vabo¹, Åshild Slettebø¹, Mariann Fossum¹

1. University of Agder

Background: Nursing students' professional identity development is influenced by different factors. Professional socialisation activities both on campus and in clinical practice may improve the professional identity of nursing students. However, knowing more about what might actually influence professional identity development is of great importance for improving nursing education programmes.

Objective: The aim of this integrative review is to explore what factors contribute to nursing students' professional identity development.

Method: A systematic literature search was conducted using Cinahl (EBSCO), Medline, Eric, Embase and PsycINFO (January 2000-December 2016). The search words were as follows: nursing student, nursing education, professional identity, and professionalism. A total of 12540 references were retrieved but only 14 references met the inclusion criteria. Data achieved from the articles were summarized and analysed based on the aims of the paper.

Results: The main factor identified for nursing students' professional identity development was the clinical supervisor as a role model and reflection partner. In addition, time together with the teachers and other students on campus, and reflections on ethical and theoretical themes play a key role in nursing students' identity development.

149. Developing competences in palliative care through simulation and clinical practice

Kristin Valen¹, Anne Lise Holm¹, Kari Toverud Jensen², Ellen Karine Grov²

1. Western Norway University of Applied Sciences
2. Oslo Metropolitan University

Background: Nursing students describe lack of preparedness to care for dying patients and their families. Educational whitepapers point out that the bachelor education must ensure nursing students basic knowledge in palliative care.

Objective: The aim of this study is to measure nursing students' knowledge, skills and general competence in palliative care during hospital practice. Further to investigate to which extent experience from simulation prepares students to meet the dying patient and their families, and contributes to realize learning outcome.

Method: An intervention study with a pretest – posttest design with mixed method is initiated. The study has a switching replicating design and a control group (learning condition as usual). Fifty-five second-year bachelor students in Norway are included. Learning goals are defined by national and international guidelines for palliative care, and learning outcome from Norwegian educational standards. From focus-group interviews, students and their supervisors collaborated developing the cases for the simulation. Relational skills and clinical assessment competence were selected as topics. The cases and questionnaire are pilot-tested. A three-hour simulation intervention was conducted with the steps: briefing to scenario; simulation; and debriefing, which has a reflective focus in the start of practice, spring 2017. Sim Man 3G manikin and teachers were marker. The students self-rated knowledge, skills and general competencies using a questionnaire. This assessment took place before and after the simulation and after ended practice. Eleven interviews were completed with students to gain deeper understanding of the value of simulation.

Results: Analysis is ongoing.

152. Experiences of living with end-stage renal disease: A qualitative metasynthesis

Ingrid Villadsen Kristensen^{1,2}, Jette Henriksen², Regner Birkelund³, Annelise Norlyk¹

1. Section for Nursing, Department of Public Health, Aarhus University
2. VIA Nursing, VIA Faculty of Health Sciences
3. Lillebaelt Hospital, Vejle & Institute of Regional Health Research, University of Southern Denmark

Background: Treatment of end-stage renal disease is complex and involves fluid and dietary restrictions, prescribed medications, and dialysis or kidney transplantation. An increasing qualitative research is an important attempt to understand the experiences of living with end stage renal disease.

Objective: The aim is to explore the experiences of individuals with end-stage renal disease by examining the qualitative research focused on individuals' experiences of end-stage renal disease.

Method: This qualitative metasynthesis follows parts of the method of Sandelowski & Barroso in order to increase the usefulness of qualitative studies in practice by gathering and synthesizing knowledge from existing research. Sandelowski & Barroso describe a systematic method for searching for and retrieving qualitative research rapports, appraisal,

classifying the findings in qualitative research rapports, and synthesizing and integration of qualitative research findings within a specific topic. The qualitative metasynthesis is derived through a constant comparative analysis.

Results: The preliminary findings of the synthesis show that patients with end-stage renal disease experience existential contradictions: Perception of body – being between connection and separation, Maintaining life – being between freedom and captivity, Uncertainty – being between hope and despair, Enduring technology – being between object and subject.

156. Peer learning during an exchange in clinical placements increase nursing students' satisfaction with their learning experience

Christina Ystrøm Bjerger¹, Dorte Myhre Therkildsen², Anne-Katrine Hjetting¹, Dorte Bruun Jacobsen², Kirsten Specht¹

1. The Department of Orthopaedic Surgery, Zealand University Hospital
2. Department of Anaesthesiology, Zealand University Hospital

Background: Organizational scope for departments in clinical practice are different, and evaluations from nursing students showed an experience of limited opportunity to work with specific learning goals. Through a cooperation, between departments of Orthopedic and Anesthesiology an intervention was launched – An exchange program where students followed each other using Peer-learning, and an surgery patient.

Objective: The aim was to explore nurse students' experiences of their learning possibilities and outcomes in selected learning goals after implementing the intervention.

Method: The explorative study took a phenomenological-hermeneutical approach inspired by Paul Ricoeurs' theory of interpretation, including a: naïve reading, structural analysis and critical interpretation and discussion. Two focus group interviews were conducted using a semi-structured interview guide. Six nursing students in the same level e.g year 3 participated in each group.

Results: Three themes emerged during the analysis: 1) Increased opportunity to work with specific learning goals. 2) Continuous patient contact showed an increased insight into structures and patient requirements. Furthermore an increased insight into relationship formation and own professional role. 3) Students who are learning from students leads to confidence and a higher courage

to develop clinical skills. The results show increased responsibility for own and fellow students' learning. The student additionally increased insight into own competences and they experienced a higher transferability between theory and practice.

201. Establishing patient safety in intensive care – A grounded theory

■
Marie Häggström¹

1. MIUN department of Nursing Science

Background: The modern intensive care unit (ICU) is a complex and high-risk environment, and even small adverse events and changes may deteriorate the patient's conditions and eventually cause harm. Many factors can potentially be associated with an increased amount of errors, leading to adverse events. Nurses, nurse managers, and other leaders all play important roles in establishing patient safety.

Objective: This study aimed to obtain a deeper understanding of leaders' and nurses' main concerns in establishing patient safety in Swedish intensive care units

Method: A grounded theory methodology was used. Data from 15 interviews with leaders and nurses involved in critical care in Sweden were collected, analysed and constant compared.

Results: The main concern in establishing patient safety was promoting quality of care, work engagement, and staffs well-being in strained ICUs. The core category building trust explained how the leaders' and nurses' strove for quality of care and wished a healthy, safe work environment. This is further explained in the categories 'Being an accessible and able leader', 'Creating knowledge and understanding', and 'Establishing collaborative practice'.

203. To integrate and manage diabetes in school: Youth's experiences of living with Type 1 diabetes in relation to school – a qualitative study

■
Malin Rising Holmström¹

1. Mid Sweden University

Background: In Sweden, each year approximately 700 children develop Type 1 diabetes (T1D).

Objective: To describe youths' experiences of living with T1D in relation to school.

Method: A qualitative research design, interviews with youth with T1D. The interviews were subjected to qualitative content analysis

Results: Three themes were identified: to be friends with the diabetes, striving for normality and receiving support from others. Living with T1D was a struggle for normality, independency and the youth needed to be friends with diabetes to handle everyday self-management. Although there are demanding life and school circumstances, it eventually becomes possible for the youth to handle the illness and to integrate and manage diabetes in school.



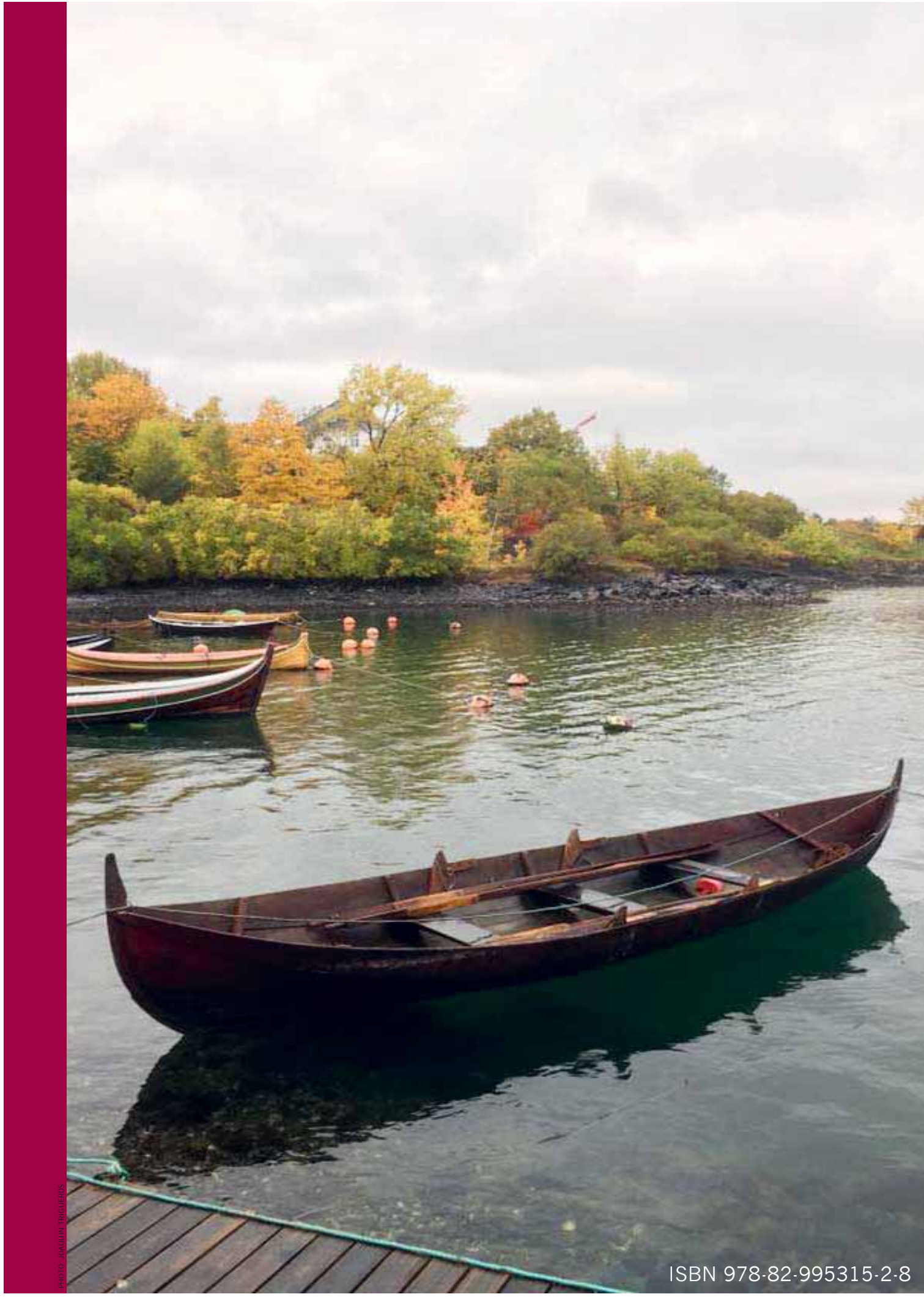


PHOTO: JOAQUIN TRIGUEROS

ISBN 978-82-995315-2-8