Oral presentations for

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Methods and Networks for the future

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O2

Safe Brain Initiative

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Postoperative delirium (POD) is a serious complication with an incidence rate of up to 50% (1). POD is associated with several deleterious clinical consequences such as short and long-term cognitive morbidity, increased short and long-term mortality and reduced quality of life. The main hypothesis of the Safe Brain Initiative is that by implementing the 17 evidence based and consensus based SBI core recommendations, will be able to reduce the postoperative delirium incidence in our daily clinical routine.

The ongoing quantitative quality development study is performed at the Naestved Clinic in Denmark, started in October 2016. A patient case report form (p-CRF) was used for data collection, an online webbased Clinical Trial Management System (EasyTrial) was used for data storage. The Local Ethics Committee was involved with a waiver approval, and the Danish Data Protection Agency was applied and approved the project. In this analysis, all patients >18 years in the database are included (N=5.337).

The main outcome of our ongoing quality improvement initiative is a reduction of POD by 49 %; from 9.4% (424/4479) to 4.7% (40/858); p< 0.00001 (CI: <0.00 – 0.00)

The most important result is that the incidence of POD in our clinical routine was significantly reduced by nearly 50% (from 9.4 to 4.7). In addition, this was achieved through a concerted researchbased team effort. This proves that a reduction of POD, can very well be achieved, also in the clinical routine, by implementing a multi interventional approach.

The SBI can be seen as an enhancer and accelerator of guidelines knowledge, transfer to the patient's bedside, thereby aiming to accelerate the shift towards patientcentered care and an improvement of postoperative outcome, as our results suggest. With multiintervention, based on SBI core recommendations, it is possible with a team-based approach over time, to reduce the occurrence of POD.

O3

Understanding different effects of a diary intervention in patients and relatives - a convergent mixed methods analysis

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Background: Critically ill patients and their closest relatives often experience post traumatic stress symptoms after the patient is discharged from the intensive care unit. Intensive care unit diaries have been proposed to help relatives and patients to process the experience, reduce psychological distress and find meaning; however qualitative and quantitative research is conflicting.

Objective: To understand how and why relatives' diaries for critically ill patients work or do not work by relating 1) relatives' and patients' perception of the diary to 2) the shared use of the diary and 3) symptoms of posttraumatic distress in patients and relatives.

Method: A convergent mixed methods analysis of 1) data from a randomized controlled trial exploring the effect of an intensive care unit diary on posttraumatic stress symptoms in 75 patients and 116 relatives and 2) data from two hermeneutic phenomenological studies of 10 patients' and 11 relatives' perceptions and uses of the diary. The analysis included transformation of qualitative data before merging with quantitative data and creation of joint displays.

Results: In relatives, findings and results of the underlying studies converged and identified the continuous reflections and subsequent sharing the diary as a preventive measure against posttraumatic stress. For patients, the mixed methods analysis expanded our understanding identifying the diary as challenging to read but also helpful in interpret fragmented and disturbed memories of the intensive care unit into a coherent story, however filling memory gaps by a relatives' diary did not prevent posttraumatic stress in patients.

Conclusion: The convergent mixed method added to a more comprehensive understanding of why diaries worked as hypothesized in relatives but not in patients. To help relatives cope, a diary should be offered while in the ICU. Relatives' diaries help patients find meaning but the hypothesis of posttraumatic stress reduction in patients should be abandoned.

O6

A comprehensive model of nurses' remaining in everyday nursing practice - a study designed in three sequential stages

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Introduction: The question of why nurses remain in everyday nursing practice is a complex one. Theoretical and empirical models explain the issue by elements such as intent to stay and desire to stay. Existing models also emphasize that the characteristics of the nurse, organization, managers and workplace seem to have influence.

Objective: The presentation aims to describe the development of a comprehensive model that expand our understanding of the comprehensiveness of nurses' remaining in everyday nursing practice.

Method: This study was designed in three sequential stages: first, the empirical foundation of the model, second, the development of the model and third, the description of the model. The model was developed as a schematic model grounded in the empirical findings of an earlier study, the aim of which was to understand the significant factors that made nurses remain in everyday practice. The data set comprised of qualitative interviews with 13 nurses. The model re-contextualizes findings from the earlier study into a clearer conceptual frame, which places remaining in everyday nursing practice into an appropriate theoretical context. The model links incorporated concepts, and visualizes and verbalizes them.

Conclusion: The comprehensive model points to two key concepts or constituent elements: horizons of identity and self-understanding. The model links nurses' horizons of identity to resources such as language, culture, and society, with self-understanding contained within nurses' horizons of identity. It also includes concepts as strong evaluations, standpoints, identity, hypergoods and self-realization. In other words, the model shows that remaining can occur through a process of identification and taking standpoints, which in turn has the potential to empower nurses to realize themselves. The specific added value of the current model is that remaining in everyday nursing practice is linked to realization of self as a nurse.

O9

Dementia care and technological solutions: Caregivers´ and dementia coordinators´ experiences

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Background: Caregivers of people with dementia have significant risk of developing both physical and mental health related stress due to caregiver burden. Internationally, the use of information and communication technology is rapidly evolving in healthcare. Dementia coordinators communicate with and support caregivers of people with dementia in the everyday life. This study focuses on the views on using technology in the collaboration between the dementia coordinators and the caregivers.

Objectives: To explore the experiences of caregivers of persons with dementia and dementia coordinators regarding their collaboration in caring for a person with dementia and the feasibility of using technology in this collaboration.

Methods: The study has a qualitative and exploratory design. Focus group interviews including both dementia coordinators and relatives of people with dementia were conducted. The text was analyzed using thematic analysis inspired by Braun and Clarkes' step-by step guide.

Results: Analysis revealed three themes: 1) The need for creating a safety net in everyday life, 2) The need for moving together in the right direction, and 3) The need for handling technology while preserving relational interaction

Conclusions: Findings from this study identifies that technology might be used as a mediator to help ease some caregiving tasks or the burden of caregiving but cannot replace human contact. The caregivers have to rely on their own competences and initiatives in the matter of technology solutions as the dementia coordinators experience that technological solutions are outside the scope of their work.

Implications for practice: The authors of this study suggest the nursing profession should initiate a discussion regarding who should be updated on possible technical solutions, and who is best suited to support caregivers in making choices regarding which technologies to implement concerning their family member with dementia.

O13

Exploring hospital nurses' barriers and enablers to employing and adhering to a delirium guideline - using the Theoretical Domains Framework

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Background: Delirium is a severe clinical syndrome often seen in older hospitalized patients, with serious consequences for the patient and society. Delirium guidelines recommend multicomponent nonpharmacological interventions for prevention and treatment of delirium. Nurses' adherence to delirium guidelines is important, as nurses have a pivotal role in identifying, preventing and managing delirium in hospitalized patients. According to research, most enablers and barriers to guideline adherence are external, with emphasis on social and organizational factors. However, knowledge is sparse on barriers and enablers concerning nurses' adherence to delirium guidelines.

Objective: To explore hospital nurses' experiences of enablers and barriers to employing and adhering to the recommendations of a delirium guideline.

Method: Focus group interviews were conducted with registered nurses from four departments in a 530-bed university hospital. Individual interviews were conducted with senior staff nurses and nurse supervisors. The interview guide was based on the Theoretical Domains Framework (TDF), which integrates a large number of behavior change theories and can be used as a tool for identifying barriers and enablers when implementing interventions. Analysis was based on inductive content analysis.

Results: Four focus group interviews and six individual interviews were conducted with 23 nurses. The analysis identified four main categories concerning the barriers and enablers to employing and adhering to the recommendations of a delirium guideline; factors relating to the guideline, factors relating to the individual nurse, factors relating to collaboration and factors related to the context. Using TDF made it possible to identify different types of barriers and enablers – not only social and organizational factors, but also factors concerning the individual nurse, such as knowledge, qualifications, attitudes and feelings.

Conclusion: The analysis identified a wide range of barriers and enablers, which must be addressed if we want to improve the adherence to guidelines and care for patients with delirium.

O14

Improved prerequisites for evidence-based practice when using action research methodology to implement a clinical pathway in intensive care

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Background: Current healthcare systems still fail to fully provide reliable and evidence-based practice. To minimize the prevalence of preventable patient harm further knowledge is needed about how different interventions and implementation strategies affect the prerequisites for evidence-based practice. Implementing clinical pathways, and involving local healthcare staffs' improvement knowledge in the implementation process, has been suggested to be a recipe for success.

Objective: To evaluate if a clinical pathway implementation process utilizing action research methodology affected prerequisites for evidence-based practice.

Method: An action research project was performed in order to implement a clinical pathway for patients on mechanical ventilation in a Swedish intensive care unit. Informed by the Promoting Action on Research Implementation in Health Services framework (PARIHS), a one-group pretest-posttest research design was used to compare the staffs' perceptions of conditions in the setting at start (baseline) and finish (follow-up) of the project. The Evaluation Before Implementation Questionnaire and the Attitude Towards Guideline Scale was used. The sample included registered nurses, assistant nurses and anesthesiologists.

Results: At follow-up (n=44) compared to baseline (n=50), the staff perceived the conditions in terms of valuing patient's experience, research utilization, context and facilitation significantly more promoting for evidence-based practice, while the change with regards to clinical experience was not significant. The attitudes towards guidelines were perceived as positive at baseline as well as follow-up and did not significantly change. Belonging to a profession with longer education was associated with higher probability to perceive that the importance of research utilization was discussed and reflected upon, while longer professional experience was associated with slightly less probability.

Conclusion: The study indicate that using the methodology of action research to implement a clinical pathway set in motion various mechanisms that can improve some of the prerequisites that according to the PARIHS framework are advantageous for evidence-based practice.

O20

Systematic reviews in nursing research: are we summarizing consistent and uniform evidence?

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Background: There is a broad scope of nursing theories and concepts that guide clinical practice and research. However, for many of the available concepts in nursing there are no unified definitions or even measurements. Furthermore, at times they are misused as synonyms of other concepts. This lack of consensus on conceptual clarity complicates the understanding and applicability of the evidence presented in systematic reviews. Hence, it is necessary to undertake conceptual assessments as part of systematic reviews in order to provide an adequate description of the available nursing research.

Objective: To exemplify the use of conceptual rigor criteria in a systematic review that will identify antecedents and correlates of patient empowerment.

Methods: Articles were retrieved from PubMed, Scopus, CINAHL and PsycInfo. Included publications had to be written in English, Spanish or Swedish; involving persons with chronic conditions; using a quantitative design and addressing antecedents or clinical outcomes of patient empowerment. To appraise the conceptual rigor of the included studies, 8 review criteria were defined, based on the definition of empowerment proposed by Small and colleagues (2013). The criteria assess whether the studies (1) provide a definition of empowerment; (2) propose dimensions of empowerment; (3) the reasoning for selecting a specific instrument; (4) use an instrument meant to measure empowerment; (5) measure empowerment with a subscale; (6) differentiate other concepts; (7) the possibility to calculate a total score; and (8) whether the authors evaluate an intervention. To indicate how well the articles fulfilled the review criteria a summary score will be calculated (range 0-80). Additionally, for each criterion the number of articles complying with it will be counted.

Conclusion: The review criteria will help appraise the conceptual quality of the included articles and will help identifying possible conceptual drawbacks that should be considered when interpreting the results of the systematic review.

O21

Evidence mapping; a tool for summarizing research evidence related to students and sleep

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Background: Sleep problems commonly occur in the student population. Students report bad sleep quality, difficulties falling asleep, and waking up frequently at night; however, there is a lack of broader evidence reviews.

Objective: This evidence map aims to establish the current evidence base related to students and sleep by answering the overarching research question: What is known about students and sleep?
The specific objectives are to 1) systematically identify, organize and summarize the quantity and focus of scientific evidence related to students and sleep, and 2) identify the key factors in association with students sleep characteristics.

Method: The evidence mapping followed six steps: a comprehensive literature search strategy, establishing study eligibility criteria and a systematic study selection, systematically retrieve, screen and classify data, and visualize findings in an evidence map. Searches were performed in eleven databases including Google Scholar. The selection included studies in English, French, German, Spanish, Italian and Scandinavian languages published after 2000. Graphical models were produced to visualize the evidence-map data and research gaps.

Results: The literature searches resulted in 15 286 citations, and after title/abstract, and full text screening 548 studies were included comprising data from 714 189 students (mean age 21.42, ±2.4 years) representing 58 countries. The majority of studies were cross-sectional (n=367, 67%), and only 18% (n=82) were intervention studies. The most frequent themes were related to sleep characteristics (n=87, 19%), academic performance (n=50, 11%), and mental health (n=28, 6%).

Conclusion: Results from this mapping process suggests that evidence about students' sleep characteristics is emerging. The included studies represented a broad range of countries from all continents; however, there is a lack of prospective- and intervention studies.

O23

User Experiences when Introducing Patient Reported Outcome Measures in a Haematologic Outpatient Clinic - An Interpretive Description Study

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Background: PROMs are recognized as a resource to information about patients' quality of life, functioning, symptoms and experiences of care for clinical processes. However, knowledge about how PROMs as another tool is used in clinical practice is limited.

Aim: The aim of this study was to investigate the user experiences of patients, nurses and haematologists when PROMs were introduced in a haematological outpatient setting for individualized care.

Methods: A qualitative conceptual framework guided the study, using Interpretive Description with a focused ethnographic approach including participant observations and interviews to explore the users' experiences with PROMs in applied practice. Analysis was inspired by Habermas' social theory of communicative action. Finally, a data triangulation was applied to synthesize data, identify similarities and patterns among the three perspectives.

Results: Across the different user experiences was an unquestioned commitment to the biomedical values which was set by the system, limiting the actionability of PROMs. Overall, the methodology has resulted in multi-faceted knowledge on PROMs in clinical practice.

Conclusion: Users had different preferences related to choice of PROMs and different objectives with PROMs in clinical practice. Aiming towards individualized care, application of PROMs might not be supportive as data ends up as another layer of bureaucracy.

O27

Grounded theory - a method used to explore the coordinated individual planning process

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Background: The integration of healthcare and social services has made shared care plans an important tool for professionals and patients. The coordinated individual planning (CIP) is challenging, and studies have revealed that its implementation and outcomes are not satisfactory for all participants.

Objective: The study aimed to explore the CIP process and attributes contributing to make the process work for all participants. Using Grounded theory contributed in achieving the objectives.

Method: A qualitative explorative design with a grounded theory approach was used, adopting Charmaz's (2014) constructivist grounded methodology. Criteria for inclusion; older persons living at home above 65 years of age in need of CIP, their informal caregivers, professionals and managers working for municipalities or the region.
Data collection and analysis occurred concurrently. Several sources were used to collect data from participants (interviews, observation, focus group discussion). During data collection, memos were written on emerging codes that helped inform the interviews' direction as well as selection of the next informants. Data collection stopped when the emerging categories were full and no new data surfaced. Data analysis was a continuous process of comparison between findings and emerging codes. Notes from observations were added to the transcript. Line-by-line codes stayed close to the data and showed actions. During focused coding, the labelled clusters were used re-examining the transcripts to sharpen the analysis. During theoretical coding, three concepts were established. Finally, a model capturing the planning process and its core elements was constructed.

Results: The conceptual model explained identified attributes and connections between the overarching process "holding the links together" and the two sub-processes; explaining participants' perspectives of the CIP process.

Conclusion: Grounded theory facilitated to reveal different processes and levels in the data. By constructing a theory, the objective of the study was answered and a complex practice with different perspectives illuminated.

O30

Exploring shame - a qualitative within method triangulation

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Shame or the sensation of shame is to be understood as a social behavior that secures the personal dignity and the inviolability of privacy. Shaming other people is a form of subtle psychological violence (Neckel 2000). Especially in nursing, high social and emotional competencies of the care professionals are required (Bohn 2015). While caring for other people, it lies in the responsibility of the professional nursing staff to recognize and protect the border of shame of the people they care for.

The aim of the research project was to explore the two perspectives of shame, in particular the perspective of the residents and those of the care professionals and to derive recommendations for nursing practice.
The project took place in a long-term care facility for 350 older people, spread over twelve wards. The nursing home is located in Vienna, the capital city of Austria. As Methodology we conducted a within methods triangulation (Flick 2008, Denzin & Lincolan 1994) in order to focus more on the insight of shame than on the data validity. In a first step, semi structured interviews with older residents (n=8) explored their feelings and experiences of shame. The results of these interviews served as starting point for the second step, where in two focus groups, results were reflected and discussed with care professionals (n=8) and experts (n=8). The gained data material was analyzed separately, following the qualitative content analysis of Gläser & Laudel (2009). The final step included the triangulation of all three data sets.

The knowledge gained leads to a better understanding and handling of the subject shame. Results show, that it made sense to use the complex method of qualitative data triangulation. Against the background of validity, the advantages and disadvantages of the qualitative method for Nursing Research must be discussed.

O31

A scoping review of the James Lind Alliance process

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Background: Over the past decade, patient and public involvment has been highlighted in research.

Objective: To summarise study descriptions of the James Lind Alliance (JLA) approach to the priority setting partnership (PSP) process and how this process is used to identify uncertainties and to develop lists of top 10 priorities.

Method: Scoping review. Data sources used, the Embase, Medline (Ovid), PubMed, CINAHL and the Cochrane Library as of October 2018. All studies reporting the use of JLA process steps and the development of a list of top 10 priorities, with adult participants aged 18 years. A data extraction sheet was created to collect demographic details, study aims, sample and patient group details, PSP details (eg, stakeholders), lists of top 10 priorities, descriptions of JLA facilitator roles and the PSP stages followed. Individual and comparative appraisals were discussed among the scoping review authors until agreement was reached.

Result: Database searches yielded 431 potentially relevant studies published in 2010–2018, of which 37 met the inclusion criteria. JLA process participants were patients, carers and clinicians, aged 18 years, who had experience with the study-relevant diagnoses. All studies reported having a steering group, although partners and stakeholders were described differently across studies. The number of JLA PSP process steps varied from four to eight. Uncertainties were typically collected via an online survey hosted on, or linked to, the PSP website. The number of submitted uncertainties varied across studies, from 323 submitted by 58 participants to 8227 submitted by 2587 participants.

Conclusion: JLA-based PSP makes a useful contribution to identifying research questions. Through this process, patients, carers and clinicians work together to identify and prioritise unanswered uncertainties. However, representation of those with different health conditions depends on their having the capacity and resources to participate. No studies reported difficulties in developing their top 10 priorities.

O33

Protest or Illness. A PhD study of patients' and relatives' perceptions of situations associated with mechanical restraint in forensic psychiatry

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Background: There is an increasing focus on the reduction of coercive measures, especially mechanical restraint (MR), in psychiatric settings. Knowledge of patients' and relatives' perceptions of coercive measures, and the involvement of this knowledge in clinical practice, is crucial to reduce their use and improve evidence-based patient care. However, patients and relatives' perceptions of MR episodes specifically within a forensic setting, have not been addressed in earlier studies.

Objective: To generate knowledge about the meaning forensic psychiatric patients and relatives ascribe to perceptions of situations before, during and after MR episodes, and to develop knowledge about what they perceive can impact and reduce MR episodes.

Method: The Ph.D. study comprised a qualitative research design, in which the methodological requirements of Symbolic Interactionism (Blumer 1986) were utilized to conduct a systematic literature review of 26 studies and in-depth, semi-structured interviews with 20 forensic psychiatric patients and 15 relatives of forensic psychiatric patients.

Results: Patients' and relatives' perceptions of MR episodes can be viewed as a process that starts before, continues during, and ends after MR episodes. However, the process of MR, and thus the situations that occur throughout this process, were perceived differently, depending on the main cause of MR episodes: In the case of the process of MR in regard to the patients' 'overt protest reactions', patients and relatives ascribed meaning to MR episodes as a result of staff's lack of care, protection and professionalism. Opposite, and in the case of the process of MR in regard to the patients' 'illness-related behaviour', patients and relatives ascribed meaning to MR episodes as a result of staff's provision of care, protection and professionalism.

Conclusion: Based on the results, de-escalation, inclusion and involvement of relatives, debriefing, and caring attitudes from staff, is suggested to reduce the use and duration of MR episodes.

O34

Integrating qualitative and quantitative data to synthesize evidence related to students learning experiences in nursing programs

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Background: There is a lack of contextual information about the nursing students' experiences of learning during nursing programs. An integrated review combines the strengths of qualitative and quantitative research providing rich data, such as tools/resources and setting, that might be lacking from traditional systematic reviews.

Objectives: To describe emerging knowledge related to nursing students' experiences, tools and resources used to facilitate learning in an academic context.

Method: Nine electronic databases were searched. Extraction and synthesizes of results were performed according to the framework for integrated reviews by Whittemore and Knafl: 1) data reduction, 2) data display, 3) data comparison, and 4) conclusion. The patterns, themes and relationships between themes across qualitative and quantitative data were displayed in conceptual maps highlighting research gaps and conclusions.

Results: In total 65 primary studies were included after screening of 15,886 citations, and 594 full-text articles, comprising data from 4,411 participants. The majority of studies utilized a qualitative design (N=26, 39%), 20 studies (30%) were quasi-experimental, 12 (18%) randomized controlled trials, 5 (8%) mixed methods, 2 (3%) prospective cohort studies, and one (1%) cross-sectional. Across all studies, students consistently expressed motivation to learn new skills and improve their knowledge through reflective writing/group discussion, learning new study habits, time management, and testing out their new nursing skills with peers in laboratory and clinical settings. The overall goal and motivation were their future role as a nurse, being able to adapt and use their skills to understand and take care of the patient needs. Positive interactions with peers or faculty during learning activities stimulated belief in themselves as nurses.

Conclusion: Our findings suggests that learning was facilitated by nursing faculty establishing an encouraging and supportive atmosphere. Nursing students expressed a need for engaged, prepared, empathetic, and culturally competent faculty giving attention to students during the nursing program.

O35

Nurses' experiences with using two different track and trigger systems to recognize patient deterioration - a focus group study

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Background: *National Early Warning Score* (NEWS) is implemented to identify early signs of deterioration. Nurses are the primary users of NEWS because an essential part of nursing is to recognize deterioration. However, the NEWS system is being criticized for being a "one-size-fits-all" system and inferior compliance with NEWS has been identified. *Individual Early Warning Score* (I-EWS) is a development of NEWS and a patient-centered track and trigger system where clinical assessment is involved. Based on knowledge from clinical assessments such as the patient's clinical presentation and vital signs, supplemented with knowing the patient, their medical history and involving relatives, nurses can adjust the score with a maximum of -4 or +6 points. I-EWS could potentially meet some of the challenges because nurses can include their observations or concerns systematically leading to an appropriate response.

Objective: To examine nurses' experiences with using two different track and trigger systems to recognize deterioration.

Methods: The study design is qualitative and based on the methodology content analysis, as described by Graneheim and Lundman. Data is collected through six focus groups with 45 registered nurses from 25 different wards at six different hospitals in Region Zealand and the Capital Region of Denmark. The focus groups was conducted from February until June 2019. Experience levels of the study participants varied from six months to 32 years, and the majority were female. The focus groups lasted from 50-62 minutes.

Results: Data analysis is in progress. Preliminary themes and reflections on the strengths and limitations of the chosen method will be presented at the Nordic Conference in Nursing Research 2020.

Conclusion: This study can generate knowledge and an understanding of how nurses look at and use track and trigger systems to recognize deterioration. This will help optimize a tool that is used numerous times daily at Danish hospitals.

O37

Screening-based individualized rehabilitation following primary breast cancer treatment - The ReScreen complex intervention study

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Background/objective: Despite knowledge that patient's symptoms and problems following breast cancer (BC) treatment varies greatly and the well-known complexity of the health care system, studies repeatedly focus on evaluating the effect of specific single interventions. To enable optimized rehabilitation for these patients there is a great need for bridging the gap between narrow rehabilitation research and clinical practice. The overall aim of the ReScreen-study is to develop and test a model for screening based individualized rehabilitation following primary BC treatment. The specific aim for this presentation is to describe the ReScreen-study design.

Material and Methods:
The ReScreen-study is designed based on the MRC framework for complex interventions and incorporate four phases. Phase I focus on developing the evidence base and modelling process and outcome. It incorporate 1) a systematic review (SR) of SRs assessing the effects of rehabilitation interventions following BC treatment and 2) a feasibility focus group study exploring health care professionals' experiences of barriers and facilitators for individualized rehabilitation. Phase II focus on feasibility and piloting the RCT. The full-scale RCT are conducted in phase III and will be evaluated focusing on patient reported outcomes measures (PROM), patient reported experience measures (PREM) and health economy as well as through in depth interviews with patients and relatives. Phase IV will be designed based on the results of the RCT.

Results and conclusions: Phase I-II is conducted and the full-scale RCT (Phase III) is now running. Phase I-II has provided valuable knowledge about the effectiveness of rehabilitation interventions and barriers and facilitators for individualized rehabilitation. Further, the feasibility and pilot testing resulted in some adjustments related to recruitment and intervention. The results were used as a fundament in the development and design of the full scale RCT.

O38

Participants and non-participants - factors affecting representativeness and reach in randomized controlled trials evaluating the effectiveness of complex interventions

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Background: Transition programs for adolescents with chronic conditions (CC) are evaluated in several studies. It is well known that the recruitment of adolescents with CC to research studies is a challenge and can have an important impact on the representativeness of the sample. Several studies lack information to assess representativeness of their sample. Therefore, generalizability of current transition programs is limited. Findings of evaluations investigating representativeness and reach can inform which subgroups are harder to recruit and inform future strategies.

Objective: The aim of this study was to:
1) Compare clinical and demographic characteristics of participants and non-participants in a RCT evaluating the effectiveness of a transition program for adolescents with congenital heart disease (CHD)
2) Explore factors affecting participation and non-participation by describing the adolescents' reasons

Method: A mixed-methods sequential explanatory design was undertaken. In the quantitative phase, variables concerning clinical, demographic and healthcare use was compared between participants and non-participants using non-parametric tests. To explain these findings, the consecutive qualitative phase, used content analysis to analyze participants and non-participants reasons for accepting or declining participation.

Results: Out of eligible adolescents, participants (n=134, 37.5%) and non-participants (n=223, 62.5%) differed for primary diagnosis (p=0.023) and complexity of the underlying disease (p=0.017), where participants had a more complex condition. Eight percent (n=18) of non-participants provided reasons to why they declined participation. 1) Not perceiving a need of the intervention, 2) lack of time, 3) hospital being too far away, 4) having too many hospital visits or 5) perceiving problems with the components of the study. Participants' reasons for accepting participation is currently being analyzed.

Conclusion: Non-participants were more likely to have a milder CHD compared to participants, which could be explained by the qualitative findings. This knowledge can aid future trials in identifying which adolescents with CC that risk declining participation.

O41

Photo-elicited conversations as a tool for engagement in people with dementia: An observational study

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Background: People with dementia spend much of their time being inactive (1). Understimulation can increase problematic behaviors (1). In contrast, meaningful activities can positively affect behavioral symptoms, for example by reducing angst and anxiety, or by decreased negative verbal and non-verbal behaviors (2). For people with dementia, different stimuli mean different levels of engagement. One-on-one socializing activities are most engaging. In addition, stimuli that aim to strengthen the person's identity can evoke engagement (1). Photos stimulate the ability to speak of recent and past events, which can support the person's sense of self.

Objective: The aim of this study was to explore photo-books as a tool for engagement in people with dementia. The research questions were. 1. What level of attention are observed during photo-elicited conversations? 2. What attitudes are observed during photo-elicited conversations? 3. For how long are the participants occupied with the photo-books during photo-elicited conversations? 4. What actions towards the photo-books are taken by the participants during photo-elicited conversations?

Methods: An observational research design was applied. The setting was a Swedish nursing home for residents with dementia. Repeated video recordings of photo-elicited conversations with ten people with dementia were used for data collection. A dog handler took photos of the persons while interacting with the therapy dog. The photos were kept in a photobook that were used in conversations between the dog handler and the persons with dementia. The conversations were video-recorded by a research team. The video-recordings were analysed using the modified Observational Measurement of Engagement scale (3).

Results: Data are currently (October 2019) being analysed. The results will be ready for presentation at the Nordic Conference in Nursing Research in June 2020.

Conclusions: The preliminary results indicate that video-recordings of photo-elicited conversations are useful in observational studies of vulnerable people like people with dementia.

O47

Exploring a Patient-centered Palliative Care Service for people with advanced COPD - a Mixed Methods study

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Background: People with advanced Chronic Obstructive Pulmonary Disease (COPD) suffer debilitating physical symptoms and significant psychological, social and existential problems, with subsequent need for palliative care. However, studies have shown that people with COPD are living with unmet needs and non-alleviated symptoms and experience lack of care and help, as well as insecurity as barriers in meeting health professionals. Furthermore, palliative services for people with COPD are lacking - both basic and specialized.

Objective: To generate insights into basic palliative care needs of patients with advanced COPD by 1) exploring if a planned symptom-alleviating admission can meet the experienced needs of people with advanced COPD as well as improve their physical symptoms. 2) identifying interactions and complexities affecting the perception of symptom-alleviation for this patient group in a Patient-centered Palliative Care Service.

Method: A convergent Mixed Methods Research design with a qualitative theoretical drive and an Interpretive Description framework. The core component consists of participant observation and informal interviews of patients and healthcare professionals during admission and semi-structured interviews of patients after discharges. The supplemental component consists of Demographic Data and survey measurements of palliative symptoms including breathlessness, physical function level, anxiety and depression collected before the admission and 2-3 weeks after discharge. Resulting in a [**QUAL**+[qual+quant]+quant] design sequencing.

Results: The datasets will be merged at the result point of interface, with the threefold aim of seeking triangulation of results, initiation as in looking for paradox, contradictions and new perspectives and expansion as seeking breadth and range in the results.

Conclusion: This design can capture both subjective meaning making elements, objective measurable elements and the relations between them. Including the fostering and inhibiting role of health professional interactions, all believed to have mutual influence on how people with advanced COPD ultimately perceives the outcome of the Patient-Centered Palliative Care Service.

O52

Students and sleep - A story about how to succeed with data collection, a James Lind Alliance user involvement study

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Background: User involvement and data collection is important and can be challenging in research. Many researchers have experienced delays, higher expenses, and rewriting due to missing data. Planning an achievable and realistic strategy is necessary to succeed. User involvement is often required to get funding, and the James Lind Alliance (JLA) method brings focus to research question of direct relevance for users.

Objective: Sleep and academic achievements are closely linked, and the objective of this study is that members of the research group Quality of Life, should try out the methodology of JLA to achieve that 500 students answer a digital survey of their top priorities for future research concerning students and sleep.

Methods: To get students to answer at least one theme in the digital survey about sleep, we developed and pilot-tested the survey together with some nursing students as part of their education. In week 11, 2019 which included the World Sleep Day, we arranged several different strategic activities to gain publicity surrounding the data collection. Information was announced at the University's info screens, websites and Facebook pages. Selected students made snapchat stories, published videos and photos. Two students volunteered to sleep in the cafeteria, and updates, interviews and discussions of the students sleep quality were streamed live on Facebook.

Results: 558 students responded, the researchers were more visible and worked towards a united goal. The arrangement created a lot of publicity from students, university leaders and various types of media broadcasted the event.

Conclusion: Our data collection succeeded due to strong planning, close follow-up and participation in social media and from researchers at students gathering spots. Since data collection is only one small part of JLA methodology, the amount of resources used in the data collection process should be compared to the benefit of using this method.

O55

Two birds with one stone - Undergraduate nurse students as partners in research in clinical nursing

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Background: Nursing research is often described as important to create knowledge and foster clinical reasoning. Sough knowledge is essential for nursing practice to promote an evidence-based care. However, several studies address a lack of dedication to practice evidence-based care for new graduate nurses. Studies suggest that extra-curricular research activities for undergraduate nurse students (UNS) would enhance their dedication to practice evidenced based care.
Hence, we organized enrollment of UNS into a realistic evaluation research program exploring how an alteration in hospital design to all single-room accommodation will influence patient-perceived quality, nursing, nurses and nurse students' educational conditions. The research was carried out in cooperation between a Nursing school, the clinical practice and the University.

Objective: - of enrolling UNS was divided into two parts – first, an educational part for the UNS to explore the role of being a part of research activities. Second, the objective was to benefit from the UNS's generation of data in a part of the program.

Method: The study was designed as a "realistic evaluation" (RE). RE intends to investigate whether something works, but also to investigate whom it works for and under what circumstances it works.
The research group trained 12 UNS in the method of participatory observation and field note transcription with an aim to generate data in the clinical practice. Each student generated eight hours of observation under the supervision of a researcher.

Conclusion: Enrolling UNS in the research program was beneficial for both the UNS's education, and for the research program. The UNS gained new competences and skills. Furthermore, they expressed how the participation had revealed a view into the complex work of research. In the Research group we gained data with a perspective of UNS that has been beneficial for the quality of the research.

O56

Loss and Bereavement - A Mental health perspective on children's and young adults´ Double Bereavement of parental divorce and parental death

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Background This study investigates a particularly vulnerable group of children as relatives experiencing double bereavement i.e. parental divorce and subsequently parent´s critical illness and death and targeted health support for this group. Literature study has shown that 46% of Danish children, who lose a parent through death, have experienced parental divorce. Internationally, studies have demonstrated increased risk of mental health problems for these children and a need for improved support from the health care system.

Objectives: To develop knowledge about children and young adults experiences of Double Bereavement, the mental health consequences and their need of support and health promoting interventions for children and their families, when a divorced parent dies.

Method: Different qualitative and a quantitative method were applied to investigate four studies: An integrative systematic literature review included 11 studies, a survey with 190 young adults, interviews with 20 nurses and a field study with 340 hours of participant observation and 28 interviews with children and young adults and their relatives. Data were analyzed according to Ricoeurs theory: Naïve reading, structure analyses, and interpretation and through two software programs: NVivo and SPSS.

Results: The Results show that double bereaved children experience many losses, and have risks of mental health problems and prolonged grief. They need support to secure their future and promote their mental health. The nursing study shows four themes of interventions: Collecting information on family structure, assessing need of support, initiating well-being support and coordination and follow-up, and provide a new caremodel: "The Divorced Family Focused Care Model"

Conclusions: A profound gap of this unseen group of relative double bereaved children and their divorced families and need of mental health care throughout sickness and death is seen. This emphasis nurses important role to intervene target family to secure children´s future and well-being.

O57

Team-based Visits within Swedish Child Healthcare Services: a national cross-sectional study
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The aim om Child Health Service (CHS) is to promote children´s health and developement, to prevent illness tod identify problems or risks in children's health, development or environment and, if needed, to initiate early interventions. In an increasingly complex society, the healthcare needs of children and families can only be met through effective interprofessional collaboration. Since 2014, Swedish CHS has included universal team-based visits with a nurse and a physician who perform universal team-based visits at the age of four weeks, six months, 12 months and 2.5-3 years and targeted team-based visits to address additional needs.
This study aims to describe the frequency of team-based visits in Swedish CHS as well as its associations with contextual (individual, organizational and societal) factors that may affect the implementation of team-based visits. A national cross-sectional survey was conducted using a web-based questionnaire distributed to all accessible nurses, physicians and psychologists engaged in CHS. Descriptive statistics were used to analyze characteristics of the study population, such as contextual factors at different levels and the prevalence of team-based visits for various indications. Data were then analyzed with binary and multivariate logistic regressions.
The response rate was 32% (1,119/3,552), of which 920 (82%) reported team-based visits (nurses 89%, physicians 87% and psychologists 38% (p<.001)). For nurses (83%) and physicians (88%), the most frequent indications for team-based visits were specific ages, while psychologists (67%) predominantly reported team-based visits to provide parental support. Respondents working at Family Centers were more likely to perform team-based visits in general, at 2.5-3 years and targeted in case of additional needs than others. The results point to complex interactions between indications for team-based visits and investigated contextual factors at different levels. Team-based visits are well implemented, but the pattern differs depending on contextual factors.

O58

Exploring the meaningfulness of patient reported questionnaires before implementing in clinical practice - a qualitative investigation from patients and nurses perspectives

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Background: Up to 90 % of patients experience peripheral chemo-induced neuropathy (CIPN) during and after chemotherapy for colorectal cancer. CIPN is difficult to describe for the patients and identify for the nurses. To improve the identification of CIPN and its influence on everyday life, we wanted to implement a questionnaire in clinical practice to assist the nurses to address the specific needs of patients during and after chemotherapy.

Objective: The aim was to identify which of two validated questionnaires described CIPN and its influence on everyday life in a meaningful way from a nurse and patient perspective before implementation.

Method: A qualitative descriptive design was used. Fifteen patients were included consecutively and filled in the questionnaires in total three times where after semi-structured individual interviews were conducted. Nurses from the colorectal-team were included purposively to participate in two focus groups. Combining data from semi-structured interviews and focus groups, steps from qualitative content analysis were used to organize and interpret data. The analysis took an inductive approach in an iterative process of reading, analysing and rereading in a movement from raw data to thematic dimensions.

Preliminary results: Two main themes and four sub-themes appeared.
'Dig a shovel deeper', elaborated by 'identifying the line between acceptable and non-acceptable side effects', and 'searching for a precise report'.
'When everything is inter-related' elaborated by 'an awareness of different perspectives and languages' and 'recognizing potential pitfalls'.

Conclusion: Involving patients and nurses in choosing between the two questionnaires revealed that none of the questionnaires used alone was sufficient to describe CIPN and its influence on everyday life. Instead, it seemed essential to implement both questionnaires, using the answers as a basic for a dialogue to address the patients' specific needs as well as to identify CIPN.

O59

Older person's experience of the gains from the support and advice given during the preventive home visit

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Background: In order to maintain good health in old age, a comprehensive perspective including both health promotion and risk prevention is crucial. Preventive home visit is one intervention with the purpose to prevent risks and promote health among older persons. Support and advice given during the preventive home visit needs to be tailored towards the older person's needs. In order to give advice and support that is targeting older persons prerequisites there is a need for more research about how older persons experience support and advice given during a preventive home visit. Therefore, the aim of this study was to explore older person's experiences of the gains from the support and advice given in a preventive home visit program developed in collaboration between several municipalities, a county council and researchers.

Method: Individual semi-structured interviews were conducted with 13 older persons, mean age 79 years old, living at home who had received a preventive home visit. The interviews were analysed with content analysis.

Findings: The overarching preliminary theme *Being empowered and recognised as a person* reviled the participants feeling of that the support and advice given encountered all aspects of health and the whole person. The support and advice generated conditions for the person to be empowered by contributing to a feeling of control and preparedness for the future. Further the support and advice given contributed to a feeling of being recognised when health, behaviour and the surrounding environment were assessed.

Conclusion: Being empowered and recognised as a person might be central gains from the support and advice given during the preventive home visits, which enables good health among older persons.

O67

Be seen as a unique person after suffering a second myocardial infarction - A qualitative study describing patients' needs and personnel's descriptions

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Be seen as a unique person after suffering a second myocardial infarction - A qualitative study describing patients' needs and personnel's descriptions

Background: To our knowledge, there are no specific secondary prevention and cardiac rehabilitation (CR) programmes for patients with recurrent myocardial infarctions (MIs). There is a lack of research investigating the needs expressed of those suffering from a second MI in relation to how personnel in secondary prevention and CR describe their work.

Objective: The aim of this study was to describe patients' expressed needs during cardiac rehabilitation after suffering a second myocardial infarction in comparison to personnel's descriptions of how they work with these patients.

Method: This study has a descriptive qualitative design. An interview guide covering topics about the experience of suffering a second MI or working with patients suffering from MIs was used. All interviews were conducted face-to-face. Data were collected by personal interviews with patients suffering from two MIs and with registered nurses, physiotherapist and cardiologist, working in CR. Data were analysed with qualitative thematic content analysis.

Result: An interpretation of the underlying meaning in the categories was formulated into one theme: 'To be seen as a unique person'. Patients expressed a need for individualized care; they wanted the cardiac rehabilitation to be customised to their condition and prognosis. Personnel described the importance of the care being individualised, although they had guidelines to follow. It was crucial for them to see the individual and discover what was important for each patient.

Conclusion: There was a shared opinion from patients and personnel that individual care is essential. However, despite that, the patients did not perceive their care as individual. Using the concept and working in accordance with person-centred care could meet the patients' need for individualised care.

O68

The home as a place of health care: An integrative review of theoretical traditions

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Background: The current emphasis on extended living in private homes has led to enhanced interest in the home as a place of health care. In line with Nightingale´s emphasis on the environment in shaping health, it is imperative to understand how the home is conceptualized in research studies. This calls for an analysis of philosophical perspectives and theoretical approaches applied in studies where home care takes place.

Objective: To clarify theoretical traditions used in studies of the home as a place of home care.

Method: This analysis was informed by Kirkevold´s description of a synopsis review and Dixon-Woods description of a critical interpretive synthesis. Synopsis reviews identify and clarify different theoretical traditions at work in a particular area of study, without trying to unify them. This approach allows for the flexibility needed in exploring the literature to identify different ideas and theoretical traditions. Four databases Google Scholar, PsychINFO, Scopus and PubMed were used in addition to a manual search from reference lists and citing studies, Studies were written in English and published between 2016-2019. Search terms were home, well-being, chronic illness, place, space, and dwelling. Throughout the search, influential and typical studies were identified for closer analysis (n=35). Data analysis aimed at identifying different theoretical perspectives.

Results: Two main themes were identified. 1) T-he home as designed and built, emphasizing ecology and the materialities of the home, where space is central and the focuses are on how the home may support certain ways of living well. 2) The home as a lived reality, both experienced and infiltrated with feelings and memories, where place is the main concept. The meanings of homes and the impact on identity and wellbeing are explored.

Conclusion: The synopsis review offers an important contribution to the development of knowledge for nursing practice.

O71

Focus group discussions (FGDs) as data collection about parents' experiences of indicated parental support groups

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Background: The majority of indicated parental support programs show that parental support in a group is effective in reducing problem behaviour in children and parental stress. In this study, we have chosen to study the parenting programme, the International Child Development Programme (ICDP).

Objective: To describe parents' experiences of indicated parental support in a group following ICDP with FGDs as method for collecting data.

Method: The parents (n=13) participating in the program had requested parental support, as they had difficulty in controlling their child's feelings and behavior. The age of the children ranged from about 2 to 5½ years. All parents participated in an individual first meeting, describing what they needed help with and thereafter group sessions every other week on five occasions. The parents were divided into two different groups. Eleven of the parents participated in the FGDs, with questions about the utility of the program, support from other parents and changes in parental or children's behaviour. The FGDs were recorded and transcribed verbatim. Text units that corresponded to the aim were extracted and sorted by similarities and differences and then categorized.

Result: The results are presented in five categories; Sharing experiences gives strength, Valuable parenting tools, Effects on attitudes and behaviour, Increased awareness and parental ability, Easy to follow and understand but lack of time and training.

Conclusion: According to the parents, ICDP has contributed to changing their attitude towards their child. The ability to handle children's emotions has increased and they had adapted to using a calmer and more responsive parenting approach. By participating in ICDP, the parents had experienced more joy and fewer conflicts with their children. They were supported by other parents and describe it as a strength to share their experiences.

O75

A Ricoeur-Inspired Approach Can Lead to Valuable Knowledge within Nursing - Unfolding the Patients' Perspectives

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Background: In-depth knowledge of what it means to patients to be ill and receive healthcare services is crucial in the development of adequate protocols for nursing.

Objective: To argue that research can provide substantial insight into patients' lived experiences when an in-depth interpretation of the coherent data material from a combination of participant observations and interviews is conducted.

Methods: It is described and discussed how valuable in-depth knowledge of the patients' perspectives is gainable if field notes and transcribed interviews are gathered into one collective text and interpreted within a phenomenological-hermeneutic three-level model. Furthermore, it is argued that such an interpretation can be performed with inspiration from the French philosopher Paul Ricoeur's theory on narratives and interpretation.

Conclusion: A Ricoeur-inspired interpretation of qualitative data shows the strength of combining participant observation and interviews because it provides unique, in-depth knowledge of patients' lived experiences. By using this research approach, the patients' perspectives come comprehensively and nuanced into the light. Thus, a detailed understanding of how it is to be in the world as the respective patients is accessible.
The argued phenomenological-hermeneutic research approach is recommended for the investigation of areas within the nursing practice, where rich and nuanced knowledge of patients' perspectives are desired.

O76

Accessible healthcare to socially marginalized men
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Unmet healthcare needs among marginalised populations have increased in recent years, which is worrying from a public health perspective. Especially among socially marginalized people it has increased because of complex care needs that require integration of healthcare and social services which is in different policy sectors.

This research used an ethnographic study design consisting of five months of fieldwork at two public bench sites in a large Danish municipality including interviews with 25 socially marginalised men between 45-65 years of age. In addition, 21 managers and practitioners from two different municipal policy sectors were interviewed. All with the aim to explore socially marginalised men's health perceptions, their health behaviour, health-related help-seeking behaviour, and municipal employees' experiences and perceptions on how to support socially marginalised men's healthcare needs.

This study has shown that health among the men is perceived as related to the ability to participate in daily life activities which included alcohol drinking as part of a complex everyday life balance. The men had several complex, interacting social- and health-related conditions and valued that health professionals exhibited respectfulness in their behaviour by "talking to me, not at me," and that they were met by appreciation and acceptance of their life choices and integrity. This seemed to encourage the men to reconsider their utilization of healthcare services. The study also revealed how organisational structures with specialisation, division of labour, and increased autonomy seemed to challenge cooperation across policy sectors which affected the flexibility in services that could accommodate socially marginalized men's health needs. This study's findings will contribute to an understanding of socially marginalised men's perceptions on health and how these perceptions affect their health in such a way it becomes possible for health professionals to construct targeted interventions to support the men's health needs.

O84

Registered nurses with a PhD working in clinical care - a systematic review
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Background: One third of all patients does not receive care based on scientific evidence and about one fourth receives care which is either unnecessary or may lead to patient injury. Nursing care is the responsibility of nurses, thus the competence of nurses influences the results of care given. There is also a correlation between the nurse's level of education and the use of research results in clinical practice. Today, there are approximately 1700 registered nurses (RNs) with a PhD in Sweden. However, as in many other countries few work in clinical care. Currently there is limited knowledge about how RNs with a PhD impact clinical care.

Objective: To investigate what is described about what RNs with a PhD working in clinical care contribute with in care and what their duties/work tasks include. What is the possible value of such competence and how does it affect quality and outcome of care?

Method: Systematic literature review. The search strategy was designed based on the aim and questions. The database search began with preparatory searches to investigate what terms were relevant to use. In addition to "MesSH-terms" (PubMed) and "subject terms" (Cinahl), the terms that appeared in titles and abstracts were examined for relevant studies and how they were indexed. As a complement, manual search was done by examining the reference lists of selected publications.

Conclusion: There is a paucity of studies in this area. Accordingly, there is a lack of knowledge about what RNs with a PhD work contributes with in clinical care. The task that is perceived as most important by both the RNs, their colleagues and managers is to lead/support the work with EBP.

O89

Children's experience of pain. The effect and influence of hospital clowns on hospitalized children aged 4-15 undergoing painful procedures

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Background: Hospitalized children around the world undergo painful procedures as an integrated part of treatment and care. Despite a continuous focus on pain management, research points to commonly under-recognized and undertreated procedural pain among hospitalized children. Previous negative pain experiences are known to have major consequences for future admissions and procedures. Non-pharmacological strategies can help reduce pain and distress during painful procedures. Although hospital clowns are widely used at the pediatric clinics, there is limited knowledge of the effect and influence of hospital clown's on children's experience of pain and their ability to cope with common painful procedures.

Aim: To expand knowledge of the effect and influence of the hospital clown on the pain experience of the hospitalized children aged 4-15 and their ability to cope during painful procedures and conditions in acute and recurrent hospitalizations.

Methods: With the overall aim to collect different and at the same time complementary data on the topic, a two-phased study using a convergent design (study 1A and B), followed by a qualitative study (study 2) is conducted.
Study 1A: A prospective, non-blinded trial evaluation of the effect of the hospital clown on self-reported pain level compared to standard care with 111 acutely hospitalized children undergoing venipuncture.
Study 1B: A focused ethnography, including participant observation, informal interviews and video recording to explore the interactions between the hospital clown and 38 acutely hospitalized children undergoing venipuncture.
Study 2: A focused ethnography, including participant informations and informal interviews, to explore the recurrent interactions of 13 children undergoing various procedures.

Conclusion: A relationship with the hospital clown during a continuous responsive interaction, represented as a WE, strengthens the child's competences in pain management and coping. The findings of this research advance knowledge of the psychosocial care of hospitalized children (aged 4-15) undergoing painful procedures.

O97

Research methodology for the process of nursing practice

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Background: Central to knowledge development in nursing is the nature of its practice. Nursing practice is action oriented and has a moral mandate. Nursing knowledge needs to be relevant at the general level as well as specific to the unique contexts of patients and families. "Research as practice" are terms that have been articulated to meet this charge. Central to this approach is that the researcher is with patients in their daily endeavors; the researcher provides nursing care concurrent with conducting research. Attempting to understand, the meaning of practice emerges or evolves in a collaborative effort of the participants -nurse-patient-family. Being *with* patients in such action- and relationship-oriented situations, data collection becomes a collection of, interviews, observations, field notes, researcher accounts on own experience and more, depending on choice of the best methods to answer the research question each time.

Objective: Present research methods that reflect the "research as practice" approach and to give examples of some research projects on nursing practice for patients and families with lung diseases and hemispatial neglect following stroke.

Conclusion: Through the illustrations of different examples it becomes visible how research as practice moves from a detached view of researching participants, towards a method where the researcher actively submerges her-/himself into an investigation of a given phenomenon to encounter it and seek its meaning with regard to knowledge, (inter)action as well as in thought and speech. "Research-as-practice" reflects such an attempt.

O99

Palliative cancer patients` experiences of telehealth in home-based care: Challenges in the recruitment of vulnerable patients

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Background: Palliative cancer patients (PCP) is considered a vulnerable group. They often report significant symptom burden, poor communication with healthcare professionals (HCP) and lack of continuity in home follow-up and coordination of services. It is important to include these patients' experiences and perspectives in research to further develop and improve palliative care services. Telehealth is increasingly being used in homecare and could be one measure to support the care needs of these patients. However, the experiences of PCP using telehealth with follow-up from homecare services is a limited but important resource to develop knowledge and expand the evidence base about.

Objective: To explore palliative cancer patients´ experiences of using telehealth with follow-up from homecare services.

Method: The study had an explorative and descriptive qualitative design. HCP helped identify and recruit PCP. The patients were offered to use a telehealth application for five months with follow-up from homecare services. Fourteen patients were interviewed four times, using a semi-structured topic guide; one to two weeks after the introduction of the telehealth application, then after four, 10 and 16 weeks. Qualitative content analysis will be used in the analysis of data.

Conclusion: The main challenge of this study turned out to be the recruitment of patients. This was due to the gatekeeping executed by HCP. The HCP believed that patients were too vulnerable and ill to participate and regarded the study as an additional burden. Gatekeeping need to be addressed prior to recruitment of vulnerable patients in research, and in particular strategies to strengthen cooperation with HCP and support their competencies in the recruitment process. Weekly meetings and discussions with the HCPs during ongoing recruitment might prevent gatekeeping, capture variations in perspectives to prevent selection bias and enhance the credibility and transferability of the findings.

O101

Possibilities and limitations of qualitative interviews with people with communication impairments

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Background: Interviews are a commonly used approach in qualitative research to access experiences, views or relevance criteria of individuals receiving nursing and health care. People with communication impairments such as those with artificial respiration are often excluded from this kind of research. Because of this, the voice of a particularly vulnerable patient population may not be heard in qualitative nursing and health services research.

Objective: To reflect on methodological possibilities and limitations of interviewing people with communication impairments, taking mechanically ventilated persons as an example. To derive recommendations on how these individuals could be included in qualitative interview studies.

Method: Against the background of the methodological literature on this topic, the authors will reflect possibilities and limitations encountered in a larger multi-stage health services research project, where mechanically ventilated persons were interviewed in their home setting.

Results: Qualitative interviews with people receiving mechanical ventilation are influenced by the reduced speech intelligibility, participants' fatigue, the inability to give a detailed account of their experiences and the use of or augmentative and alternative communication. Various ways to overcome these challenges could be found due to methodological reflections within the research team. Broadening the sample, using proxies as interpreters and technical solutions were strategies which allowed these communicative impaired persons to make their voice heard in this qualitative research.

Conclusion: It is certainly possible to conduct qualitative interviews with participants with a language handicap. It requires the use of creative solutions and careful preparation and adaption. It is essential to allow these individuals to describe their own experiences, views and relevance criteria. Consequently, possibilities and limitations of qualitative interviews with people with communication impairments need to be weighed against each other and discussed critically.

O102

Living with dementia at home: Through the lens of ethnography

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Background: Living with dementia at home is an increasingly common reality for families worldwide. Studies have shown that these families call for more support, but knowledge related to what is helpful is lacking. Ethnography can offer holistic insights into the nature of daily life, how families cope with difficulties and what formal support they find helpful.

Objective: To describe the benefits of using ethnography in developing knowledge related to formal support that is considered helpful by families. We address questions such as: What is the researcher´s benefits and hindrances of being located at the home? How does the researcher keep up a neutral role in his observations? What are the challenges of the continuous process of verifying and maintaining informed consent of participants with dementia?

Method: Longitudinal ethnographic case studies were conducted. Eight families were followed for two years. Data collection for each family commenced as the person living with dementia was placed on a waiting list of specialised dementia day care. Data consisted of field notes based on observations as well as recorded and typed semi structured interviews. Findings were analysed using Interpretative Description. Theoretically we drew on ideas of Collectivisation and Relational Ordering.

Results: Overall, families were positive and some even enthusiastic about participation. They liked to be noticed and heard. Methodological concerns appeared related to the researcher´s influence on the scene and how to verify informed consent from the one diagnosed with dementia. This involved being aware of inevitable influence, reading deeply into the situation, how the person is feeling during your stay and discussing it with his family members regularly.

Conclusion: Heterogeneity in family situations demands flexibility from the researcher. He must be aware of his influence on the field. That awareness keeps the researcher on his toes and guides him through the observations.

O104

A scientific orthopaedic nursing association as a foundation for nursing research - A cross-sectional study of sleep quality in Denmark

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Background: Sleeping is an essential part of recovery following surgery to reduce postoperative complications. To improve focus on sleep quality, the Danish Scientific Orthopaedic Nursing Association (VIDOKS) invited all orthopaedic departments to design local projects exploring different aspects of sleep. Subsequently, an anthology was published, revealing a need for a national research study to uniformly evaluate orthopaedic patients' sleep quality.

Objective: To establish a nationwide study investigating patients´ self-reported sleep quality by engaging nurses through a scientific orthopaedic nursing association.

Method:VIDOKS appointed a project group responsible for the research design and process. All 23 orthopaedic departments in Denmark were invited to participate. The data collection were conducted over two days in November 2018 by nurses from each of the participating departments. Two validated sleep questionnaires were used to evaluate sleep quality and identify problems related to sleep. Data were analysed using descriptive statistics.

Result: Nineteen departments participated, and 533 out of 573 eligible patients were included resulting in a response rate of 93%. On a scale from 0-100 (0: worst sleep; 100 best sleep), the overall mean sleep quality score was 54 (95% CI 52;59) indicating a moderate sleep quality. Poor sleep quality was associated with problems regarding falling asleep (40, 95% CI 36;44), waking up during the night (25, 95% CI 20;30) or early in the morning (19, 95% CI 14;24), and having pain (18, 95% CI 13;23). Patients who were staying more than two nights and patients having a single room ad a better sleep quality.

Conclusion:A scientific orthopaedic nursing association managed to organise and conduct a nationwide study with a patient response rate of 93% by establishing collaboration with head nurses and clinical nurses from 19 orthopaedic departments in Denmark. The high response rate indicated that nurses were committed to performing nationwide research.

O105

Systemizing evidence in home-based pediatric palliative care and eHealth

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Background: Children and families in pediatric palliative care depend on close contact with healthcare personnel also when they are at home. eHealth is suggested to support care at home by facilitating their remote interactions. It is important to review the evidence on eHealth systems in order to inform future research and policymakers on how to facilitate the implementation of eHealth systems for communication and support in home-based pediatric palliative care.

Objective: To identify and review use of eHealth to communicate and support homebased pediatric palliative care, and appraise the methodological quality of the published research.

Methods: We conducted a convergent, systematic mixed-methods review and searched Medline, Embase, PsycINFO, Cochrane Library, CINAHL, Web of Science, and Scopus for eligible papers. Studies from 2012 to 2018 evaluating two-way communication technology for palliative care for children ≤18 years and applying quantitative, qualitative, or mixed-methods were eligible for inclusion. Quantitative and qualitative studies were equally rated during the search, screening, extraction, and analysis. Quantitative data were transformed into qualitative data and analyzed using a thematic analysis. Two independent researchers appraised quality of all included studies. PROSPERO, ID: CRD42018119051.

Results: We identified 1,277 citations. Only seven papers were eligible for review. All applied different research designs, only one aimed for a controlled design, and two were qualitative interview studies. The participants were mainly healthcare personnel discussing technology on behalf of children and their families.

Conclusion: eHealth and home-based pediatric palliative care is a heterogeneous field posing both methodological and ethical challenges for researchers. We successfully conducted a convergent, systematic mixed-methods review, however, research within the eHealth and home-based pediatric palliative care field is primarily based on the views of the healthcare personnel rather than those of the children and their families who are affected by the life-limiting or life-threatening disease.

O106

Opportunities and challenges in integrating data from observations, focus group interviews and individual interviews in one analysis

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Background: In a focused ethnographic study, data was collected from participant observations, focus group interviews and individual interviews. The aim was to explore how nursing students perceive and use the conceptual Fundamentals of Care framework in case"-based work in nursing education and furthermore to describe influencing factors on perceptions and use of the framework.

Objective: To present opportunities and challenges in integrating data from participant observations, focus group interviews and individual interviews in the analysis of data in an ethnographic study.

Method: Conducting participant observations enabled explorations of the nursing students' and faculty members use of the Fundamentals of Care framework. Furthermore, collecting data from focus group interviews and individual interviews enabled explorations of how both nursing students and faculty members perceived using the framework. However, the data collection methods all present diverse strengths and limitations, e.g. the knowledge gained from focus group interviews is based on the interactions among the students which contrasts with knowledge gained from the individual interviews. These diversities were discussed while analysing the data where opportunities and challenges were taken into account.

Conclusion: Integrating different data collection methods lends a richness to the analysis because different angels and perspectives on the same topic emerge. However, the analysis requires a special attention when the data that is analysed and translated derives from different data collection methods.

O108

Intervention fidelity in post-intensive care follow-up consultations at ten sites in the RAPIT-trial: a mixed methods evaluation

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Background: Guidelines recommend individualized rehabilitation to help the recovering patients after intensive care, physical as well as 'non-physical' domains. In Denmark, conventional rehabilitation has focused on physical training rather than psychological support. But the delivery of psychological rehabilitation initiatives are uncertain and the evidence of their effectiveness is limited. This is needed to understand how these interventions work.

Objective: The objective of the study was to evaluate intervention fidelity of nurses' delivery of the RAPIT recovery program for post-intensive care patients.

Design: Multistage intervention framework in a mixed-methods design. Intervention fidelity strategies were assessed for intervention design, training, delivery, receipt and enactment with quantitative and qualitative methods inspired by the Medical Research Council and the National Institutes of Health Fidelity Framework.

Methods: Data collection was embedded in a multicenter randomized controlled trial to explore intervention fidelity of a recovery program (December 2012 - February 2017). Ten Danish intensive care units participated in the RAPIT-trial including 386 patients and 27 nurses. Quantitative data covered training and delivery. Qualitative data explored design, quality of delivery, receipt, and enactment seen from nurses' and patients' perspectives. Data were analyzed statistically and by systematic deductive-inductive thematic analysis.

Findings: A framework for participatory enactment of a complex intervention was developed and demonstrated delivery with high consistent fidelity across sites. Low delivery doses and variations were related to the program, patient, provider nurses and context. The study highlights training, monitoring, and feedback as a means to improve consistent delivery and adherence to the protocol of a complex intervention.

Conclusion: Our study provides insight into the process of intervention fidelity of a nurse-led post-intensive care recovery program and potentially enables professionals to understand key factors in cross-site implementation. Although we demonstrate consistent delivery and variations suggest that some patients may benefit more than others.

O113

Methodological challenges when conducting nursing research among couple-based intervention following cancer regarding sexuality and intimacy
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Background: Nursing research in sexual health care inherently involves a quality of life focus that is both private and personal. All research on humans requires that specific ethical measures are upheld to protect participants right to privacy, prevent harm and suffering and protect self-determination. If sexual concerns among cancer patients are not addressed it could contribute to sexual distress for cancer patients and their partners and consequent, needless suffering. One common barrier while conducting nursing research on sexual health is that this topic remains sensitive and and difficult to address for nurses. Implementing research on the subject of sexuality and intimacy brings certain methodological challenges and considerations.

Objective: Women, diagnosed with any type of cancer and their partners can be offered various interventions to help in adjusting to changes regarding sexuality and intimacy following cancer diagnosis and cancer treatment. For this purpose, we designed a quasi-experimental registered clinical trial providing a nurse led face-to-face couple-based intervention involving three therapeutic conversations with optional access to web-base educational material. Currently, we are in the process of evaluating the results.

Method: Numerous methodological challenges were encounterd during the 2 year implementation phase that are described in this presentation. Among these issues are how the personal life of the participating couples is best protected, conducive qualities on behalf of the the researchers/interventionist and strategies that aid in increasing study participation acceptance.

Conclusion: Implementing nursing research on a sensitive topic brings unique methodological challenges but is obtainable.

O124

Talking about the end-of-life from the perspective of the patients and relatives
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Background: The end-of-life (EOL) conversation may be of very high importance for patients and relatives. It has been shown that talking about EOL is associated with reduced costs and better quality of care in the final weeks of life. However, patients in hospital settings are often not offered a conversation, mainly because doctors experience uncertainty in talking to them about the EOL and there exists role confusion for the nurses in addressing sensitive matters. Whether the patients and relatives also experience this uncertainty remains unknown.

Aim: The purpose of this study was to explore the wishes of patients and relatives regarding the content of EOL conversations.

Methods: A narrative approach was used to conduct individual interviews and to perform thematic and content analysis of open-ended questions. A total of 17 respondents participated in the study. The patients were identified by the medical staff on a medical and surgical ward using SPICT.

Results: The results revealed that living with a life-threatening disease takes up considerable time and energy. Their hopes were to come to terms with their disease and to receive support in this from the healthcare professionals. Addressing EOL issues differed widely between respondents. It was clearly an individual matter, as it ranged from not wanting to think about EOL to being ready to plan the funeral and expecting the healthcare professionals to be as open as themselves about the issues. EOL conversations were thus balanced on a knife-edge between superficial communication and daring to cross boundaries.

Discussion: Talking about EOL is a personal and individual matter that places heavy demands on the nurses in meeting the patient where they are. It requires the development of conversational tools that can assist both the patients and relatives who are not ready and the patients and relatives who are.

O125

Characteristics of nursing encounters in primary healthcare in remote areas: A survey of nurses' patient record documentation and self-report

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Background: Working as a nurse (i.e. Registered Nurse or Public Health Nurse) in Primary Health Care in remote areas, with long distances from specialist care and limited access to medical support, requires a wide competence range in nursing. However, few studies have surveyed health care delivered by nurses in this context.

Objective: To survey primary health care delivered by nurses in remote areas.

Method: The study was performed in an island community in Finland. A study-specific protocol with 25 items was developed for data collection. The protocol contained items describing patients encounters, patient characteristics, means of diagnostic reasoning and implementation of nursing care. Retrospective data from 846 patient medical records was collected and registered. Due to fragmentary documentation in the patient records, leading to a relatively large amount of internal missings, nurses working in the current context were asked to fill in the prospective self-report, adding 224 encounters. In total, data from 1.070 patient encounters was collected and analyzed using descriptive statistics.

Results: The majority of all the encounters (75%) engaged a patient aged 65 or older. The majority of encounters was related to nursing care (68%), some to medical symptoms/illness (10%) and a smaller part (7%) to preventative healthcare. Nurses gave guidance/advice to patients in one fourth (26%) of all encounters. Nurses sought counselling from other (e.g. physicians or nurse colleagues) in 10 % of all encounters.

Conclusions: Working as a nurse in remote areas requires a wide range of competences from caring for children and maternity health care to multimorbid older patients. This makes nurse work multifaceted. Generally nurses do not seek advice from other professionals. The results may be affected by fragmentary documentation. Further studies to verify the results are suggested.

O126

Moving from Participation towards Partnership in Nursing Care

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Background: Meeting with health care gets limited before and after the operation. The difficulty at the day surgery is that preparation and information take place in close proximity to the operation. Health professionals must not only take care of the child during the medical visit but also of the accompanying parent. Participation can be viewed as active and passive in being there for their child. Parents' participation in perioperative care, sometimes is at risk of becoming hindered or omitted with the risk of harming the child's possibility of qualitative nursing care during this process.

Aim: This study aims to investigate how parental involvement in the perioperative a process can be facilitated.

Method: A qualitative design based on observations and interviews with semi-structured questions with open answers.

Results: The results conveyed involvement in the child's perioperative process in diverse ways and to a different depth. This is highlighted in the theme Allowed with the under themes Security and Being accepted. However, the theme Exclusion with the under-theme Rejection revealed a non-caring approach where no caring relation could be established.

Conclusion: The study's findings confirm earlier studies from the perspective that information is of central importance in enabling parents to be involved in the perioperative process. The results add however how parents' involvement in the perioperative process is a prerequisite for creating safety in the child and reducing concerns in connection with the operation. Parental involvement may be hindered by a conventional approach that does not include the child's perspective.

O127

Documenting nursing care by or with the patient; a focus group study on patient participation

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Background: Nurses specify "collaboration" and "documentation together with the patient" as important for nursing documentation, which indicates that patient participation is important for nursing documentation. At an acute medical ward, each of the 16 single bedrooms has a computer to carry out the documentation. Nevertheless, most nursing documentation occurs in an office at a distance from the patient. This contradicts both nurses' intentions and official views regarding enhanced patient participation.

Objective: To explore where, when and what nurses document and how they discuss patient participation in nursing documentation.

Methods: Data were collected from three focus groups with participation of all nurses at an acute medical ward. Thematic analysis and conversational analysis were performed to explore the content and interaction in the focus groups. Conversational analysis was chosen because group dynamics and working habits were of potential importance for the documentation practice.

Findings: Documentation of measurements was performed immediately in the patient's room. Documentation regarding the patients' basic needs and experiences of their situation required the nurses' full attention and were predominantly performed in an office at the end of the day due to the possibility for reflections with colleagues. Documentation inside the patients' rooms was not discussed as a possibility for patient participation but rather as disturbing either the patient or the nurse. Conversational analysis showed that the nurse-patient relationship was valued and that detailed care plans were not valued but rather perceived as common knowledge.

Conclusion: Carrying out nursing documentation together with the patient was perceived to hamper the nurse-patient relationship and was not discussed as a means to enhance patient participation. Inside the patients' rooms, documentation was performed at the patients' sides by the nurses, rather than by the nurses with the patients. However, it was more common for documentation to be carried out away from the patients.

P129

Barriers and possibilities associated with performing an interview-study with frail elderly patients in the emergency department

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Background: Prolonged length of stay can cause increased risk of adverse events and mortality. Frail elderly is at particular risk as they more often experience prolonged waiting in the emergency department (ED), even though everyone has the right to equal care. However, studies highlighting the frail elderly patient's perspective on prolonged waiting times are lacking. This is an ethical dilemma.

Methods: An explorative qualitative interview study analyzed with inductive latent content analysis was conducted. Using purposive sampling patients (n=19) 65 years or older and screened for frailty with the FRESH-tool were included.

Results: The study method showed both barriers and possibilities. There was a risk that the frail elderly felt obliged to participate because of their vulnerability. Given that, the study was thoroughly planned, and interviews carefully conducted. The interview was performed in a private room at the ED and the interviewers used private clothes at the inclusion and during the interviews. Also, the interviewers have long professional experience as registered nurses in emergency care, and they were aware of any signs of deterioration. This competence was of importance, as it emerged that the frail elderly often was tired after long waiting and poor nutritional supply. Due to that they couldn't always give exhaustive answers for every question. The study findings showed that waiting for a hospital bed was experienced by the frail elderly patients as being in no-man's-land.

Conclusion: Using real-time interviews in the ED had more possibilities than barriers, as the patients could vividly describe their experiences. Frail elderly persons' perspective of the waiting showed a worrying lack of care for this vulnerable patient group. These important findings highlight ethical and safety issues with long waiting in the ED.

O131

Improving management of psoriasis - a participatory design study

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Introduction: Psoriasis is one of the most common chronic skin diseases affecting 2-4 % of the population worldwide. In Denmark, psoriasis patients treated with biologics are required to have intensive monitoring with regular follow-ups every three months. The development of a telemedicine solution may replace the follow up visits and meet the patients' treatment needs.

Objective: To identify technologies for providing health care for psoriasis patients receiving biological treatment.

Materials and Methods: The research methodology is participatory design (PD) with the purpose of involving all end-users in the design and development of a technology that meets the needs and challenges of the current care practice. End-users needs are identified using qualitative methods such as participant observation, semi-structured interviews and focus group interviews. User activities in form of a future workshop and creative workshops are conducted to generate ideas and concepts through creative and mutually learning processes involving end-users and designers to ensure the design of a viable solution.

Results: The qualitative methods applied contribute to one of the core values in PD that is to fully engage people in the design of their own future. The semi-structured interviews and focus group interviews created knowledge about the perspectives of end-users. The ethnographic approach revealed unspoken aspects of the current practice such as an admonishing approach towards patients, as well as a description of a current practice, that consultations have a strong bio-medical focus. Combined, these data were used in an iterative process of user activities, which gave patients and health care professionals the opportunity to forward ideas for future, potential solutions.

Conclusion: The qualitative methods applied within this PD study engaged end-users and supported the iterative process of the PD methodology. Patients request an individual approach high lightening the importance of communication and the relationship between patient and health care professionals.

O132

The Caregiver Pathway: Development of a structural model to empower caregivers of critically ill patients

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Background: Caregivers of critically ill patients go through a challenging time as their loved ones are in need of life-sustaining treatment. In the time after a patient's hospital stay in intensive care, 30-50% of caregivers suffers from post-traumatic stress, anxiety and depression, and do not return to the same level of employment as before the incident. In 2017, a Norwegian guideline obligated healthcare personnel to support the caregivers of critically ill patients. Despite this, few if any systematic approaches to support caregivers have been tested and implemented in Norwegian Intensive Care Units (ICU).

Objective: The aim of the project is to describe the methods used for development of a systematic model to improve support for caregivers of intensive care patients during and after hospital admission.

Method: The model was developed based on existing guidelines and effective interventions, supported by user input in an iterative process containing the following steps: 1) identification of effective interventions to support caregivers, based on guidelines and literature, 2) interviews with former caregivers (n=8), 3) a preliminary draft of the systematic model, 4) workshops with healthcare providers (n=10), 5) user testing and input from former caregivers (n=4) and ICU nurses (n=11).

Results: Literature/guidelines suggested including the following elements: 1) assigned nurse, 2) "get-to-know" conversation within the first 24 hours of patient admission, 3) systematic screening of symptoms and needs, 4) caregiver-healthcare provider discharge conversation, 5) follow-up calls and 6) follow-up meeting at the hospital. Interviews with former caregivers affirmed the urgency for structured interventions and the' need for individual follow-up. Workshops with healthcare providers gave feedback on model elements and guided intervention implementation at the ICU.

Conclusion: The varieties of methods used to design "The Caregiver Pathway" outlined important elements for the support of caregivers. Involvement of healthcare providers was crucial for successful model implementation.

O135

Excellent Nursing in Oncology Care. An evolutionary Concept Analysis

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Background: The vision of The University Hospital of Southern Denmark is to perform excellent nursing placing the patient´s needs, wishes and preferences at the heart of care. Excellent nursing should be the norm of any clinical practice involving patients and their significant others, including patients with cancer. In order to actually perform excellent nursing in the care for patients with cancer and their significant others the meaning and the characteristics of the concept excellent nursing is needed.

Objective: To characterize and elucidate the meaning of the concept excellent nursing.

Method: Inspired by Rogers, a concept analysis of excellent nursing was conducted. The analysis included identifying surrogate terms of relevance to excellent nursing. Literature was searched using PubMed and CINAHL. Databases were searched for sources in English with no time limitation. Subsequently, attributes and antecedents related to excellent nursing were collected and identified from the retrieved literature. Finally, a framework and a model of excellent nursing were developed.

Results: Literature on excellent nursing is sparse. Hence, the gathered data were evaluated in relation to elements of excellent nursing. Our preliminary findings show that in order to be excellent, nursing must be person-centered, ethical, professional, respectful, competent, relational, and that nurse's authentic presence is a prerequisite. Excellent nursing is potentially supporting patients and their significant others to a sense of well-being.

Conclusion and implications for practice: This concept analysis supported an in-depth understanding of the attributes and antecedents of excellent nursing in the care of patients with cancer and their significant others. Further, it promoted the development of a theoretical framework and a model of excellent nursing as a point for reflection on practice and further analysis. The framework and the model may guide clinical practice on how to perform excellent nursing and research on how it affects patients.

O143

Health and social care professionals readiness to care for older adults with mental ill-health - a cross-sectional study

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Background: Old persons health care needs are extensive. It is important that professionals in somatic care, not only have knowledge in physical disabilities, but also in mental challenges in old age, especially since staff find it difficult to identify and care for older adults with mental ill-health. Approximately 20% of adults (65 years or older) are suffering of mental ill-health.

Objective: The aim of this study is to explore health- and social care staff readiness to care for older adults suffering from mental ill-health, in relation to knowledge.

Method: A cross-sectional study was conducted. Data were collected by a questionnaire to healthcare professionals (n=1038) in a specific region in Finland. In total 51.7% responded. Here, profession, knowledge and readiness were analysed. Knowledge in caring for old people with mental ill-health was estimated by the Knowledge Scale (KS), including 19 items (higher score - better knowledge). Readiness was estimated with the Readiness Scale (RS), including 8 items (Likert 1-5). The results from the RS were categorised by q1: participants with values above q1 were estimated to be ready to care for older adults with mental ill-health. Data was analysed by descriptive statistics and a p-value <0.05 was considered significant.

Results: About half (55.2%) were grouped as ready. A greater amount of assistant nurses and physicians reported to be ready compared to registered-, radiograph-, laboratory, public health nurses/midwives/therapists. Participants being ready had higher scores on the KS, and physicians had higher score on KS than assistant nurses. A larger amount of participants not being ready reported a need to learn more about mental ill-health among older adults.

Conclusion: Readiness to care for old persons with mental ill-health depends on profession and knowledge. Staff with higher profession may be more self-critical to their own competence. Readiness can be explained by other variables.

O144

Experience of family function, family involvement, and self-management in adult patients with type 2 diabetes: A thematic analysis

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Aim: To describe the patient's experience of family function and its importance in diabetes-related self-management.

Background: Many patients fail to reach the targeted glycemic level due to low self- management adherence. Knowledge is needed regarding the impact of family function on diabetes self-management.

Design: A qualitative descriptive design.

Methods: A purposive sample of 20 patients with type 2 diabetes. Data were collected in March-June 2017 via audio-recorded semi-structured interviews, field notes, and Eco-maps. Analyzed using thematic framework matrix and thematic analysis.

Results: Four themes were identified: (1) Downplaying disease. The disease was trivialized creating a barrier to family involvement; (2) Second guessing. When diabetes was not discussed, patient and family made their own assumptions; (3) Going it alone. The participants preferred sole disease responsibility to maintain usual family life; (4) No regrets. The participants managed their disease with medications only to maintain family cohesion and 'the good life'.

Conclusion: The participants in our study downplayed the consequences of type 2 diabetes and chose to control their disease medically rather than by lifestyle changes. They renounced family involvement to maintain their lifestyle and promote family cohesion. During clinical check-ups, patients should be encouraged to involve their family in lifestyle changes. Healthcare professionals need to recognize illness- and treatment beliefs and the impact of family function in disease management.

O145

Researching with visual materials: An analysis of visual representations of nursing in Norwegian and Danish professional nursing journals

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Background: Visual methodology is a somewhat overseen method within qualitative research and is based on the assumption that visuals take part in social life. Visuals *do* something to the viewer and are products of particular ways of categorizing the world. Hence, the viewer attaches meanings to visuals in nursing journals while categorizing nursing in specific ways. Studying visuals carries potential to visualize "the ordinary" or what we take for granted.

The **objective** is to present and discuss how to benefit from visual analysis. To illustrate this, we use examples from a study where the intention was to challenge tendencies of representing nursing as unchangeable and untouched by societal development. Visual representations of nursing in Danish and Norwegian nursing journals were investigated to reflect on whether and how policy movements in the welfare states appeared.

Method: The approach is inspired by Rose's (2016) social constructivist perspective. In our example, visuals were selected systematically in Sykepleien/Sygeplejersken from 1965 to 2016 in an analysing process of three phases. The analytical focus was "site of the image itself", studying formal components such as visual effects, composition and meanings. Important signs and how signs were related to other signs were thoroughly analysed, like context of the visual. Representation of bodies or activities were tools to analyse social effects. Our analysis specifically focused on what the visuals did and on whether political movements in the welfare state were reflected in forms of changes in ideologies in healthcare.

Results: Visual representations of the nurse-patient relationship and of the patient's and the nurse's roles and responsibilities changed over this period, corresponding with developments in the welfare states.

Conclusion: Our study indicates that visuals are a valuable source for studying the relationship between nursing and health policy and the impact of nursing on health policy.

O148

Co-design in adult hospital care - A scoping review

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Co-design in adult hospital care – A scoping review

Background: The use of co-design and corresponding methods has proliferated in health research publications in the past decade. Co-design projects typically involve both researchers/designers, patients and health care professionals as joint partners in co-creative processes to design care services. The methodology originates from participatory design practice and aims to address the challenges of patient involvement in healthcare improvement. As a still emerging methodology in health research, there is a need to review the published literature to examine the key concepts that underpin this research area.

Objective: This ongoing scoping review aims to clarify working definitions, identify potential knowledge gaps, and map approaches, applications, sources and origins of co-design methods in the context of hospital care and follow-up services for adults with long-term or chronic conditions.

Method: Following Joanna Briggs manual for scoping reviews, the databases Medline, Embase, DAAI and Web of Science were searched for publications from 2009 onwards using keywords Co-design, Codesign, Co-creation, Cocreation, Co-production, Coproduction, Participatory design, Open design process, Experience-based Co-design (EBCD), Accelerated experience-based co-design (AEBCO). Further grey literature searches are being conducted. The main inclusion criteria were hospital care setting and follow-up services, long-term or chronic conditions, adult population, and studies involving patients, while the main exclusion criteria were pediatric/adolescent care, maternity care and psychiatric care.

Results: The searches have so far yielded more than 3000 titles, 990 abstracts, and an initial set of 300 full texts for further review. Three reviewers collaborated on reviewing the 990 abstracts, while an additional two reviewers will be involved in the full-text review and analysis phase.

Conclusions: This review will help inform research about the meaning of co-design methods and lay the ground for more systematic reviews in the future as well as give directions for best practice.

O149

An eye-opener: Transforming research findings into a student activity to improve nursing practice

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Background: Developing practice guidelines is daily practice for a clinical nurse specialist in Sweden. However, a national survey indicated lack of quality in practice guidelines. It's important to feeding back research findings in education and in clinical practice, but to succeed innovative approaches are warranted.

Objective: Using research findings as the foundation for a student activating seminar to enhance research utilization and critical reflective skills on post-graduate level. Student and teacher feedback were used to improve the student activity over time.

Method: A student activating pedagogy using research findings from a national survey regarding clinical guidelines was applied at a specialist nurse program in Sweden.
The students selected clinical guidelines from their working place to be used at a seminar. The seminar was performed as a workshop in how to use the AGREE quality assessment tool (Appraisal of Guidelines, Research and Evaluation). In pairs, students reviewed their chosen clinical guidelines following discussions in the whole group. Over time, this learning moment has been developed and are now applied during students' clinical placement to highlight the applicability in nursing practice.

Results: Initially the different student groups were satisfied with their selected guidelines, however, after the review using the quality assessment tool they could clearly identify lack of quality in the guidelines. The seminar was much appreciated by the students and they expressed that they wanted to bring home this important knowledge to improve the patient care.

Conclusion: Students described the learning moment as a real eye-opener. Nurses need to be more aware of how to use research findings in their own working practice. These nurses, enrolled at a post-graduate program, perceived it as they have gained new important skills that could easily be used in their clinical practice.

O152

Using patient reported outcome measures in clinical practice to patients with colon cancer

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Background: Assessment of patients' quality of life in clinical practice may help to identify and address physical- and psychosocial issues that are significant for patients. Patients are experts in their lives and using their assessment and knowledge about own condition may contribute to earlier identification of symptoms from illness or side effects from treatment. However, these issues are not always expressed in the encounters between patients and healthcare professionals. This means that healthcare professionals do not always gain insight into the important issues. The consequence may be that treatment and care are not targeted the individual patient resulting in deterioration of patients' quality of life.

Objective: To explore how patient reported outcome measures are used in clinical practice to identify, address and intervene to issues being essential for quality of life among patients having surgery for colon cancer.

Methods: Patients (N=168) with colon cancer accepted to complete patient reported outcome measures in the form of two questionnaires measuring quality of life before receiving test results based on pathology and one year after surgery. Till now, semi-structured interviews with patients (N=4) and healthcare professionals (N=4) are performed to explore how patient reported outcome measures contribute to addressing issues that are important for the patients and how these issues are intervened by the healthcare professionals.

Conclusion: The preliminary conclusion is that patient reported outcome measures seems to be an important method to identify issues for patients treated for colon cancer and a way to give words to more sensitive issues as e.g. sexuality and body image in encounters between patients and healthcare professionals. However, patients do not always experience that the healthcare professionals address the issues that patients have indicated. It seems as if healthcare professionals often omit to address these issues due to e.g. limited time in the consultations.

O154

Retrospective population-based study on symptoms and clinical course of spinal cord injury in Iceland - methodological insights

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Background: Spinal cord injuries (SCI) have devastating physical, emotional, and social ramifications. Curative treatment is unavailable which makes it important to provide professional support to maximize quality of life. Hitherto, the primary research focus for this group of patients in Iceland has been on epidemiological factors and medical symptoms. Less attention has been paid to quality-of-life issues and patients' access to- and utilization of healthcare.
Objective: The overall goals of this ongoing project are to obtain deeper understanding of ways that healthcare professionals may use to support and facilitate maximum functioning and quality-of-life for persons with SCI.

Method: The project contains two distinct but interconnected pathways (1) a retrospective population-based study of data from patient medical records admitted to the rehabilitation department Grensás, at the National University Hospital of Iceland between 1999-2019 (quantitative pathway) and (2) in-depth interviews with persons with SCI (qualitative pathway). To gain insight into the characteristics of persons with SCI who have received regular follow-up from an interdisciplinary specialized team of healthcare professionals, data is currently gathered from nursing-, doctoral-, physio-, occupational-, social service- and psychologists written notes in patient medical records.

Results: Throughout the data collection process we have encountered several obstacles. We will present some of the means that we have used to overcome them. For instance, the way we have designed and used a data collection matrix to minimize differences in the extraction of data between data collectors as well as calculation of interrater agreement.

Conclusion: Retrospective data collection that ensures high quality data can be time consuming and challenging. In particular, when the data spans over many years, is stored at different places, and contains a mixture of paper- and electronic forms.

O157

Stimulated by insight: Exploration of critical care nurses' experience of research participation in a recovery program for intensive care survivors

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Aims and objectives: We aimed to explore critical care nurses' experiences of research participation during a one year recovery program for intensive care survivors.

Background. Nurse led post-intensive care follow-up consultations have emerged to help patients to recover and overcome problems related to critical illness and admission to the intensive care unit (ICU). Previous research exploring ICU-recovery programs has been inconclusive in terms of their evidence of effectiveness, and provider evaluation has been scarce. The context of this study is the Recovery and Aftercare in Post Intensive care Therapy (RAPIT) trial.

Design: A qualitative descriptive telephone interview study.

Methods: Data were collected after completion of the RAPIT-trial. Participants were fourteen trained intensive care nurses who delivered a post-ICU recovery program representing nine out of ten sites from the RAPIT-trial. Two focus group discussions were used to construct a semi-structured interview guide. A thematic data analysis was performed using Braun and Clark's six-step method, and the COREQ checklist provided a framework to report the study.

Results: Our study indicated that nurses considered participation in research a positive experience. The main finding 'Stimulated by insight' described how nurses' engagement and professional growth was gained by reflection, patient feedback, and research competencies acquired in the clinical setting. The research programs stimulated to new knowledge, broaden their perspectives, and enhanced critical reflection of ICU nursing practice.

Conclusions: The study indicates that nurses developed research competencies and enhanced their job satisfaction by using critical reflection and patient feedback. However, there is still a substantial need for support to strengthen nurses' competencies in collaboration with colleagues, managers, and researchers.

Relevance to Clinical Practice: This study can contribute in the development of recommendations supporting staff nurses doing research, and to optimize implementation of clinical research.

O160

Illness narratives - how to apply an ethnographic approach in understanding the co-construction of narratives between nurses and patients

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Background: For patients admitted to hospital it seems to be a fundamental act to tell about their life with illness. Some stories are they invited to tell by health care professionals, some are they telling spontaneously. Narrative theory stresses how stories create meaning, identity and coherence in life. Letting people tell stories during illness gives them a feeling of participation and involvement in their own life. Research on illness narratives shows that not all types of stories can be told or heard in the clinical encounter and points that illness narratives are co-constructed between health care professionals and patients. The research question of this qualitative investigation is dealing with how illness narratives are co-constructed in the clinical encounter between nurses and patients. A part of the project is concerned with how an ethnographic approach can be applied to explore the research question.

Objective: To gain knowledge on how an ethnographic approach can be used in researching narratives between nurses and patients during hospitalization, and how this method can explore narrative co-construction in the clinical encounter between nurses and patients.

Method: Ethnographic fieldwork inspired by Hammersley and Atkinson is carried out during fall 2019. This approach consists of participant observation of patient journeys through surgery for lung cancer. Patients are followed by a researcher during their hospitalization (4-6 days) and interviewed individually one month after discharge. Ten patients will be included in the study. Findings regarding how an ethnographic approach can be applied to explore the research question are expected to be ready for presentation in June 2020.

Conclusion: This project is expected to gain knowledge on the benefits and the pitfalls in using an ethnographic approach in nursing research. Especially when interested in researching the clinical encounter between nurses and patients.

O164

Newly graduated nurses´ experiences at death and with dying patients in medical units in Denmark - poetically represented

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Introduction: This oral presentation imply descriptions of an investigation of newly graduated nurses´ challenges associated with discrepancies between actual work at death and with dying patients and ideology of survival within the Danish healthcare system

Method: Methodological, the approach is critical institutional ethnography and with inspiration from critical feminism, data are poetically represented. The purpose is to provide knowledge of newly graduated nurses' emotional response to the encounter at death and with dying patients in everyday life.
Data are conducted through participant observation and interviews of five newly graduated nurses, twenty clinicians from an interdisciplinary health team, and analyzes of political documents and clinical guidelines at four medical units

Results: Newly graduated nurses live in constant fear of harming patients fatally or being blamed for patients' death despite mainly working with elderly patients with comorbidities, of whom many are expected to die. The newly graduated nurses verbalize that work in terms of "I am afraid of killing patients", or "I kill patients" even if patients are incurable ill, for whom a palliative approach has been established.
The national goals of quality for the Danish healthcare system are associated to improve healthiness, survival and productivity of citizens. Therefore, the key focal point for work activities in medical units are related to survival of patients. Doctors inspect unintended deaths and health care staff identify critical illness using various "early warning" tools, hence, death is perceived as a mistake.

Discussion: Newly graduated nurses verbalize their work with death and dying patients as murder due to goals of quality with ideologies of healthiness, survival and productivity.

Conclusion: Newly graduated nurses are unaccustomed to working at death and with dying patients and may consider themselves as failed nurses if patients die in Danish healthcare system where death could be perceived as a mistake.

O166

Managing multiple types of data in ethnographic research

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Background: Seriously shortened life expectancy among people with severe mental illness is a well-established problem. Various causes have been associated with the excess mortality in this population, however, it seems that physical illnesses and especially cardiovascular diseases play a pivotal role.
Reducing this excess mortality has had political attention for several years, and the regional health authorities in charge of several mental health services in the North Denmark Region, has explicitly stated that managing physical health issues should be an integrated part of care delivery within the mental health services. However, research shows that physical health care remains subopimal.

Objective: To gain further understanding of the ways in which mental health care professionals construct physical health issues in written records, and to provide insight into the social practices in which these issues are dealt with on a daily basis.

Method: Critical Discourse Analysis (CDA) focused on articulation of physical health issues among people with schizophrenia in mental health care professionals' written documentation of care delivery. Data materials consisted of printouts of documentation records, retrieved from two mental health care settings. The analysis included 696 entries of documentation, which were analysed using Fairclough's approach to CDA. In this approach, the analysis of discourse is related to the social processes of construction, distribution and consumption of texts and the social contexts surrounding these processes.

Conclusion: This presentation will focus on methodology as well as results of the study. Currently, the process of conducting CDA is still ongoing. Preliminary focus points of the analysis are language-use and the content-focus seen in the entries, and how these are strongly related to the social contexts of the two clinical mental health care settings.

O172

Using new media as methodological tools: asking nurses to keep multimedia diaries using their mobile phone

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Background: Nurse work and nurse lives are the subjects of many political debates and research projects. The work lives of nurses and the characteristics of fundamental care are less well understood. Ethical and logistical issues are present around the use of recording devices in healthcare settings.

Objective: To access the work lives of nurses in a timely manner to further understand the characteristics of fundamental care. The project aims to support nurses to correspond in a familiar way, and in a way in which they frequently communicate.

Method: A group of 12 secondary care nurses were asked to record diaries using their mobile phones. The choice of media and mode of recording were decided by the participants, as to their preferred method of keeping a diary. Participants were asked to keep a diary for a three-week work period, which accounted for twelve shifts of their usual work pattern. Three prompt questions were provided to initiate a narrative. The diaries are then analysed as part of a wider project.

Results: 11 of the 12 participants completed diaries over a three-week period. Participants responded using video (n=2), voice recordings (n=7), prose (n=1) and photographs of drawings they had made (n=1). One participant did not complete a diary. Participants reported that keeping a diary was an extremely positive experience. 49 diary entries were received in total.

Conclusion: The opportunity to keep a diary is well received by nurses. Diary entries were often made in retrospect of at least 12 hours after a shift had finished. The mains themes that emerge for participants are disrupted circadian rhythms, high levels of job satisfaction, perceptions of camaraderie and teamwork relating to better patient care, and feelings of "never having done enough".

O173

Effect of preoperative high-dose glucocorticoid on early postoperative cognitive function in abdominal wall reconstruction - a randomized controlled trial

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Background: Preoperative high-dose glucocorticoid (GC) improves postoperative recovery and reduces length of stay. Preoperative high-dose GC has increased the risk of postoperative cognitive dysfunction (POCD) in patients undergoing cardiac surgery. Whether the risk of POCD is increased by preoperative high-dose GC in abdominal wall reconstruction (AWR) is unknown.

Objective: We hypothesized that preoperative high-dose GC increases the risk of early POCD in patients undergoing AWR.

Method: This was a double-blinded randomized controlled trial examining the effect of 125 mg methylprednisolone (MP) iv versus placebo (NaCl) iv given as a single dose at anesthesia induction. Cognitive function was tested pre- and postoperatively by The Trail Making Test (TMT); a neuropsychological test, which measures cognitive dysfunction. The test consists of 2 parts: TMT-A and TMT-B. Outcome of TMT is time (seconds) to complete the test; the longer the time, the worse the impairment. Primary endpoint was individual changes from: baseline to postoperative day (POD) 1 on TMT-B. Secondary endpoints were changes from baseline to: POD1 on TMT-A, POD2 on TMT-A and TMT-B, and POD30 on TMT-A and TMT-B, respectively.

Results: A total of 33 patients (17 MP; 16 placebo) were available for analysis. There were no significant differences between the groups in primary endpoint (median [IQR], P) (MP 1 [-7 to 23]; placebo 12 [-5 to 34], $P = 0.521$). The MP-group was significantly faster than the placebo group on TMT-A POD30 (MP -10 [-16 to 4]; placebo -4 [-8 to 1], $P = 0.045$). There were no significant differences in remaining secondary endpoints.

Conclusion: Preoperative high-dose GC is not associated with increased risk of early POCD in patients undergoing AWR.

O174

Methodological Challenges when Conducting Therapeutic Conversation Intervention Research for Families of Adolescents with ADHD

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Background: ADHD (attention deficit hyperactivity disorder) is an incurable neurological disorder that impacts 5-7% of adolescents, not only the adolescent him/herself but also the family as a whole. There is however a lack of knowledge regarding how to offer effective therapeutic conversation interventions to this population. ADHD is a genetic disorder that often lays within families. Therefore, conducting a research where often times both the parents as well as the adolescents have the ADHD, may require specific/careful implementation of the traditional ways of conducting intervention research. Further, a pilot study is a cornerstone to represent many methodological challenges issues and design when we are studying a vulnerable group of parents. Attrition of dropout is one of the most crucial components in interventions for families of adolescents in third line care. Also, motivation is important to keep parents engaged, as well as to minimize the threat to having them dropping out of the study.

Objective: The aim was to evaluate the feasibility of an educational and support intervention to families of adolescent with ADHD.

Method: Parents of 10 adolescents with ADHD at a Children and Adolescents´ Psychiatric Outpatient Unit participated in a pilot study. Parents and adolescents answered questionnaires before and after their parents had received the five-week intervention, that is a three educational and psychosocial group support sessions and two individual counseling sessions. Various methods were used to motivate parents and adolescents to participate. Results: Various methods were used when recruiting participants and to insure fidelity. These methods were found to be important in conducting a research among families of adolescents with ADHD.

Conclusion: It is of a great important to find solutions to methodological challenges when conducting a research with a vulnerable population.

O180

A Cultural historical activity theory approach to learning and change of practice

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Background: Change and development of complex healthcare practices require approaches matching the clinical context. Cultural Historical Activity Theory (CHAT) offers an approach to learning and development with emphasis on systemic contradictions as drivers for change and participants 'agency

Objective: The objective was to investigate how a CHAT approach can contribute to workplace learning and change of practice in nurses´ collaboration on older adults´ transitional care

Method: Change laboratory Method (CLM) builds on CHAT and was used in a learning intervention consisting of eight consecutive sessions. Fourteen participants from hospital and primary care were included: two geriatric nurses, one geriatric staff nurse, one medical unit development nurse, one consultant, one emergency department development nurse, two primary care (pc) nurses, one pc staff nurse, one acute care team-nurse, one pc triage nurse, one pc consultant, one short term unit- nurse and one social services assessor. Learning was facilitated in cycles of expansive learning actions consisting of questioning and analyzing existing practice, modeling a future vision, searching for new solutions and initiating implementation.

Results: The intervention provided results in three areas: 1. knowledge of developmental challenges. Participants identified systemic contradictions challenging their collaboration e.g. patients expectations opposite systemic effectiveness. 2. Collective and individual agency. Some participants took on roles and tasks to change their practice. Participant number was inconsistent during the process. 3. Formation of new concepts and tools. Participants developed a vision for future collaboration and two tangible tools.

Conclusion: Using CHAT as an approach to workplace learning is provocative and motivating and creates both resistance and agency in participants. CLM provides a bottom up perspective that is engaging. Participants' expanded understanding of systemic contradictions established a new platform for development. CLM is time- and resource consuming. The representation of seven units might have influenced participants feeling of responsibility towards the process..

O183

Implementing the concept of Fundamental of Care (FoC) in a pediatric setting
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Background: Despite focus on quality of care, failures in delivering of fundamental care occurs. For healthprofessionals communication and collaboration with parents/patients (PP) are continuously challenged and values of Patient- and Familycentered Care (PFCC) can be difficult to perform in daily practice.

Objective: The aim is an evaluation of PP experience and satisfaction through operational and visible values of PFCC based on FoC

Method: The core of FoC focus on establishment of the relationship between PP and the healthprofessionals with a goal of experience of a personal and targeted care and treatment. For that reason, FoC was chosen as the frame of concept and the direct approach was inspired by KIDS-CARE. Between summer 2018 and March 2019 6 statements and an on-line questionnaire was developed by a team of clinical nurse specialists and head nurses. After presentations and local interdisciplinary discussions, posters and iPads were given to each of the 5 units in the department. By discharge PP were asked to respond to the questionnaire.
Data were collected and results and improvements were discussed regularly at each unit. It was considered that answers "Always" and "Mostly" were acceptable while answers "Once in a while", "Seldom" and "Never" (OSN) indicated an area for improvement.

Results: 479 families have completed the questionnaire which is 32% of the scanned/distributed questionnaires. 20% are answered by children below 15 years. The answers were comparable between units.
29% responded OSN to the question: *"Does the staff ask you about what you think about what is going to happen"* compared to 7-14% to the other questions.

Conclusion: The PP experience and satisfaction with the provided care is generally good. FoC is an operational frame. It is difficult to find suitable methods for collecting answers.

O193

Nursing staff's knowledge about delirium. Using data from a questionnaire study to tailor the interventions of a delirium awareness program
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Background: Delirium is a severe condition associated with high morbidity and mortality, functional decline and prolonged hospital stays. The nursing staff's knowledge and skills regarding delirium is important due to their pivotal role in prevention, identification and treatment of delirium.

Objective: To explore hospital nursing staff´s knowledge about delirium in order to design a tailored delirium awareness program.

Method: A questionnaire study was conducted concerning nursing staff's knowledge about delirium. The questionnaire was based on "Nurses' knowledge about delirium" and supplemented with questions concerning prevention of delirium and screening tools. The questionnaire was distributed by email to all nursing staff in a 530-bed university hospital. Results were analyzed using descriptive statistics and applied in a tailored intervention called "*Delirium roadshow*" aiming to increase the nursing staffs' knowledge of delirium through reflection. During the roadshows the participants played games and discussed nursing actions related to delirium care.

Results: A total of 501 nurses and nursing assistants completed the questionnaire. On hospital level, the results showed that the nursing staff lacked knowledge about risk factors (correct response rate 52 %) and prevention of delirium. Thirty percent of the respondents didn´t know the delirium screening tools recommended by the hospital, and 34 % replied that they never used a screening tool.
The results from each department were reviewed before the roadshows, enabling tailoring the content of the roadshow to the needs of each department. In 2019, the roadshow has been conducted 31 times in 10 different departments, both medical and surgical bed units and outpatient clinics, reaching more than 280 nurses and nursing assistants.

Conclusion: The results of the questionnaire study identified knowledge gaps concerning delirium. The local data made it possible to tailor the roadshows to the needs of each department, and thereby increase nursing staff's knowledge and awareness of delirium.

O195

Patient and public involvement in research: Involving ethnic minority students in developing research about health inequality related to ethnicity

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Background: Patient and public involvement (PPI) in research is steadily developing. PPI democratizes research by inviting users to influence the research agenda and can qualify research at several research stages. However, the democratic ambition is being questioned due to the overrepresentation of socioeconomic advantaged and ethnic majority participants in PPI. Motivated by this critique, researchers at the nursing program at Copenhagen University College involved nursing students with an ethnic minority background in the development of a research project addressing health inequality related to ethnicity.

Objective: To explore the potential of involving students with ethnic minority background at various research stages and identify benefits related to research quality as well as students' learning.

Method: Students (n=8) participated in group interviews to inform research focus and were afterwards involved at different research stages.

Results: The involvement of students with ethnic minority background provided a clearer research focus, better information material for patients about the research and overall qualified interview material and method. The potential of involving students in recruitment, data generation (e.g. as translators and interviewers), analysis, and dissemination is at this point in the project still to be learned. Participating students experienced their involvement as personally rewarding in terms of sharing their knowledge and contributing to research focusing on ethnic minority health, but the learning potential of involvement is still to be explored. In the project general PPI challenges were experienced, e.g. the additional time and resources required to build skills, coordinate and ensure long-term research collaboration.

Conclusion: Preliminary findings demonstrate several benefits of the students' involvement in research; however, the full potential is still to be explored.

O204

The Use of Research Results for Theory Synthesis: An Underutilized Method in Nursing?

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Background: Theories are part of the knowledge base of each discipline, and nursing is no exception. A theory is used to explain a phenomenon in a field and is thus a way of explaining a part of the real world.

Objective: The aim of this presentation is to describe the interrelationship between research and theories, discuss the main types of theories and their development, and to explain the use of research results in theory synthesis within nursing.

Short description: Theories are developed and tested through research and when they have been sufficiently tested, they become part of science. Based on theories, hypotheses are developed that can be tested with the research process and research results can lay the foundation for a new theory. All theories are meant to reveal a certain reality within each discipline or even across disciplines. Among other things, they are intended to increase understanding of and draw attention to certain aspects that are important. The main types of theories are metatheory, grand theory, middle-range theory or mid-range theory and practice theory. There are also many methods for developing theories. In this presentation, theory synthesis is presented and discussed in particular. Theory synthesis involves constructing a theory from combining knowledge units from research results and theoretical writings into one whole. The method enables theorists to integrate a number of research results into one theory. Examples will be given of seven theories within nursing where theory synthesis was used and the process will be described.

Conclusions: There is a reciprocal relationship between research and theory. Based on theories, hypotheses are developed that can be tested with the research process and research results can lay the foundation for a new theory. From analyzing the nursing literature it is concluded that theory synthesis is an underutilized method within nursing.

O220

Pros and cons when using case study in qualitative health studies

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Background: The case study methodology has been used widely in the social and applied sciences to study phenomena in their natural contexts. However, in comparison to other types of qualitative research, case studies are little used in nursing studies. Often a great emphasis is placed on the disadvantages, and some academic journals refuse to publish case studies. Thus, the authors question if confusion may still exist about the usefulness and pros and cons when choosing case study as a research strategy? An example of the usefulness, pros and cons in a multidisciplinary case study exploring the experiences and needs of patients with malignant brain tumours participating in a brain cancer pathway is provided. We followed the recommendations on how to do a rigorous and methodologically sound case study, as described by the American social scientist and leading researcher in case studies, Robert K. Yin.

Objective: To identify pros and cons when doing case studies in qualitative health studies and demonstrate the usefulness of applying this framework in a nursing study.

Method: Robert K. Yin's definition and definitive guide is presented on how to design rigorous and methodologically sound case studies that will stand up to questions of validity and reliability. As the case study showed up to be a useful framework in our study, we discuss the pros and cons experienced.

Conclusion: More pros than cons were experienced in our study. When applying the principles of Yin, the case study is a valuable methodology for producing valid qualitative health studies and offers a complete understanding of very complex topics when the contextual influences are of primary concern. Accordingly, the case study methodology has excellent potential in nursing science.

O225

Participatory Action Research in the project 'Healthy Future - Prevention of Childhood Obesity'

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Background: There is limited access to evidence-based interventions for childhood overweight in Norway, and in rural areas there is also limited access to professionals with specialized training. The research approach Participatory Action Research (PAR) promotes both the development of new knowledge and new practice and is suitable for learning in and developing organizations.

Objective: To discuss application of PAR aimed at implementing evidence-based interventions to prevent childhood obesity in the "Healthy Future" project.

Method: "Healthy Future" study is a comprehensive locally developed project, with two local hospitals within the same hospital trust, and two different municipalities, a university college, and The User Association for Obesity, a total of 14 professionals. Comprehensive participatory planning and evaluation (CPPE) process as an action-oriented research approach was chosen, including five steps (1) problem assessments (2) identification and selection of interventions, (3) planning (4) intervention proposal development, and (5) monitoring and evaluation of the results. We used mixed data sources.

Results: Based on research, user knowledge, and provider knowledge in the field of childhood overweight and obesity in a certain context, with CPPE step 1-4, we found a mitch-match of expectations from users and what the healthcare professionals meant they could offer. The intervention proposal emphasized developing communication skills in the professionals to raise the overweight issues to parents without hurting their feelings or blaming them.

Conclusion and implication for practice

In PAR it is crucial not only to build partnership and shared understanding, motivation, and vision, but also to consider the frames of the organizations, such as competencies, and time to carry out the interventions at the right level of healthcare service and to adapt the service to the overweight children and their families' needs, starting at child health clinics for children aged 0-6.

O228

Implementing reflective lifeworld research in a study of fathers' expectations of and experiences with municipal postnatal healthcare services

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Background: Most high-income countries offer postnatal healthcare services for the families, both at the hospital of birth and in the municipalities where the families live. The research on parents' expectations of and experiences with postnatal health care seem almost solely to focus on mothers, and we found scarcely any studies on municipal postnatal health care for fathers.

Objective: To describe the use of reflective lifeworld research (RLR) in a study of new fathers' expectations of and experiences with municipal postnatal healthcare services.

Methods: A phenomenological RLR approach has been used. Ten fathers were interviewed, and the data were analyzed to elucidate a meaning structure for the phenomenon. By using the methodological principles referred to in RLR as openness, flexibility, and bridling in the search for the phenomenon of new fathers' expectations of and experiences with postnatal health care, the phenomenon is explored in a scientific way focusing on not making definite what is still indefinite.

Results: The essential meaning of the phenomenon of fathers' expectations of and experiences with municipal postnatal health care is described as *going blindly into the women's world*. The essential meaning is further explicated through its four constituents: Not knowing what to ask for, Feeling excluded, Seeking safety for the family, and Longing for care.

Conclusions: The RLR approach allows describing the phenomenon close to the lived experiences of the participants. However, the preunderstanding and openness of the researchers' are challenged throughout the research process in describing constituents being 'close to' participants' experiences, and in illuminating the findings with a metaphor covering the findings. In this presentation, we will focus on implementing the RLR approach.

230

Writing Cave - COVID-19 gave rise to a new method to focus the research writing process

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Background: Researchers expect to produce a large amount of written work, such as peer-reviewed articles, book chapters, and fund applications. However, COVID-19 restrictions have caused working from home, without the opportunity of socializing with colleagues. It can be lonely and difficult to maintain the spark and stay productive.

Objective: The purpose of this study was to test whether a virtual writing cave could 1) make writing more focused 2) increase social interaction between researchers.

Method: Writing Caves were planned inspired by Mollie Wood (Harvard). We met biweekly on a virtual platform for two hours and worked on our individual selected topics in three steps: 1) Each researcher expressed her specific writing goal i.e. 300 words in discussion 2) Pomodoro technique: 25 min writing sessions with cameras open but no mail/telephone, 5 min breaks in between. The breaks were held away from the computer 3) Each researcher told the others about her progress.
Written evaluations on mail from five nursing researchers were analyzed using content analysis.

Results: During March-May 2021 six writing caves were completed. The method initiated allocating tasks for protected and focused time, training in working purposefully within short intervals, training in using fellow researchers to "work together" individually, training in working undisturbed with a specific purpose and training in setting a limited goal for what is realistic to accomplish in the allocated time. Increased social interaction and collegial support made writing obligatory, and it became easier to concentrate on difficult details and reach a goal.

Conclusion: Writing caves have focused and motivated the research writing process and increased social interaction between nursing researchers. We would recommend the method, also post COVID-19.

O237

A Fairclough-inspired critical discourse analysis of inequality in cancer treatment in Denmark
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Concern over inequality in cancer treatment in Denmark is growing. Studies argue that society's health discourse and the structure of today's healthcare system create further inequality. Most patients with head and neck cancer are classified with lower socio-economic status, and studies suggest that they face a high risk of inequality in treatment.
Inspired by Fairclough, we undertook a critical discourse analysis investigating how the written language in policy papers used as formative instruments are constructive and constitutive for the treatment pathway of head and neck cancer.
The analysis was based on Fairclough's three dimensions of textual analysis, discursive practice and social practice. In the textual analysis, we searched for words that stood out in the description of the treatment pathway. The dimension of discursive practice enabled us to move beyond the text and to interpretation and allowed us to connect the different texts. The dimension of social practice required that our findings were placed in a broader perspective; for this purpose, we used theory in relation to sociatal developments in Denmark.
We identified two discourses that together describe the treatment pathway of head and neck cancer as effective when the patient is acting in accordance with recommendations offered by the healthcare system: An efficiency discourse and an involvement discourse. We argue that the treatment pathway is framed by the two discourses to a point where both health professionals and patients are challenged in ways that increase the risk of inequality in the treatment.
From a methodological perspective, we found the three-dimensional approach useful because the method offers analyses at different levels and in relation to sociatal tendencies. However, we found the method challenging because the boundary between descriptive and interpretative analysis was difficult to draw. Fairclough offers many analytical terms, which we argue can inform the analysis.

O240

Methodological challenges and strategies for recruiting patient-partner dyads into family-nursing longitudinal dyadic research conducted at twelve cancer university hospital units
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Background: Serious illnesses that threaten daily life affect both the patient and their partner´s ability to adapt, and other family members are also affected. The focus of care and research in cancer has expanded from examining individual experiences to the experience of coping with cancer of the patient-partner dyad. Results of a recent meta-analysis show that further studies are needed in order to develop effective dyad interventions in oncological care to address the challenges posed by cancer. Researchers conducting studies on dyads have experienced various challenges when attempting to recruit appropriately.

Objectives: Despite mounting evidence supporting the use of family-based psychosocial interventions to support patient-partner dyads facing cancer and to promote adaption to the illness situation, recruitment of dyads into research studies can present challenges when enrolling dyad participants into various types of study designs is challenging.

Method: In this ongoing dyadic longitudinal study various recruitment efforts and attempts to boost enrollment to meet the recruitment goals have been used. Anticipated barriers to meeting the recruitment goals were taken into account in the planning process. Actual barriers to meeting recruitment goals and potential solutions will be presented and discussed. Lessons to be learned will also be described and how to overcome difficult challenges faced by our research team.

Conclusion: Various challenges have been experienced in this ongoing study, which range from lack of readiness to participate in the study to retaining a dyadic sample throughout both timepoints has proven to be difficult. Additionally great deal of time has been spent to contact and enroll the other member of the dyad who was often unreachable. Descriptions of the strategies to overcome these recruitment efforts which may have important implications for enhancing participation rates in dyad-based studies in the presence of cancer will be reported.

O247

Dyad-interviews to explore experiences of serious illness conversations in patients with multiple myeloma and their caregivers - methodological considerations

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Background: Dyadic interviewing as a method for qualitative research is underexplored and accompanied by ethical and methodological considerations. In dyadic interviews, two participants interact in response to open-ended questions, which can generate rich data. However, disclosure of personal information in the presence of a family member can potentially inhibit openness in sharing experiences.

Objective: This qualitative study is part of an interdisciplinary feasibility study aiming to develop, implement and explore Serious Illness Conversations with patients and caregivers in a hematological setting. We evaluated the use of dyadic, joint interviews as a method to explore the experiences of patients and caregivers who had participated in a serious illness conversation.

Method: Semi-structured dyad-interviews were carried out in patients with multiple myeloma (n=12) and their caregivers (n=11) 2-20 days after participation in a serious illness conversation. Data were analyzed by interpretative phenomenological analysis.

Results: The dyad-interviews resulted in detailed co-constructions of the shared experience of participation in serious illness conversations. We identified three main themes 1) Transforming patient-caregiver communication, 2) Redeeming communication and 3) Equality in communication in an unequal relation. Adequate time for the conversations as well as receiving preparatory materials prior to the conversation were helpful for patients and caregivers.

Conclusion: Use of dyad-interviews led to detailed descriptions and revealed similarities and differences in how patients and caregivers experienced the same conversation. The method allowed both patient and caregiver to explore the experience of the serious illness conversation. However, the possibility of participants withholding responses to sensitive questions in the presence of their relative is an ethical dilemma. Nevertheless, no participants expressed a concern regarding joint interviewing when recruited, but future research might consider offering patients a choice between dyad or separate interviews.

O252

Ethnic minority patients in healthcare from a Scandinavian Welfare perspective: The case of Denmark

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Background: The Scandinavian Welfare states are known for their universal access to healthcare and yet, health inequities among ethnic minority patients are prevalent. The encounter between ethnic minority patients and healthcare professionals is often portrayed as the system representing equality, objectiveness and neutrality. However, the healthcare sector is a political apparatus.

Aim: The aim is to analyse and discuss how discourses from society, politics and history relating to ethnic minorities translates into the Danish healthcare system.

Method: Health policies addressing ethnic minority patients (political press conferences in media, healthcare guidelines and scientific periodicals within nursing) are analysed with Bacchi's (2009) policy analysis to show the underlying problem representations, discourses and positionings that are dominating the Danish healthcare system.

Results: Through the analysis we show how policies in hospitals are based on different ideas about who ethnic minority patients are and what kind of challenges they involve. Two main problematizations are present: First, ethnic minorities are positioned as the ones bearing 'culture' and 'ethnicity'. These 'othering' concepts become explanations of inapt healthcare behaviour. The implicit problem representations of ethnic minorities are translated from society and politics and onto healthcare systems which exclusively keep ethnic minority patients accountable. Second, the Scandinavian Welfare states are known for their solidarity, collectivism, equality and tolerance which also relies on a post-racial, colour-blind and non-colonial past ideology. Combined with healthcare professionals having an ethical and legal responsibility to treat all patients equal, it complicates addressing experienced discrimination among ethnic minorities patients.

Conclusion: Our findings point to an inhibited space for addressing discriminatory experiences, while at the same time unintentionally holding ethnic minorities accountable for inapt healthcare behaviour, within the Scandinavian Welfare states. Based on the case of Denmark, this risks to impact health inequities among ethnic minority patients.

O254

Video-stimulated interviews in nurse educational research - reviewing knowledge development and research processes in a PhD collaborative study

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Background: Supporting nurse students learning in clinical studies is organized as a joint responsibility between the educational system and the clinical field. During the placement period, the nurse student, nurse mentor, and nurse teacher engage in a tripartite collaboration including three meeting points, namely a start-up conversation, mid- and final assessment. The current study focuses on a multi-stakeholder perspective on supervision and assessment practices during first-year students' clinical studies in nursing homes. All stakeholder perspectives were explored using the video-stimulated interview method "Stimulated recall – dialog, and reflection".
Two PhD-candidates in the "Quality in Clinical Studies"-project (https://www.uis.no/nb/kvalitet-i-praksisstudier-pa-sykehjem), collaborated on data collection.

Objective: The aim was to explore and describe participants' experiences on supervision and assessment practices during clinical studies in nursing homes.
Additionally, collaboration and peer-learning were facilitated during the research process aiming to enhance researcher-development.

Method: Data were collected from February to June 2021 across two Norwegian Universities, using a partly digital design. The PhD-candidates collaborated in all aspects of the data collection, including planning, practical implementation, and reflective processes.
15 participants in 5 different "tripartite-groups" were recruited. Each tripartite meeting was video recorded, followed by individual stimulated recall interviews. Prior to the individual interviews, participants and researchers viewed the recordings separately to stimulate recall, reflection, and dialogue. Small video extracts were also replayed during the interviews for recall purposes. Additionally, each tripartite-group participated in a group interview after the placement period.

Conclusion: In our experience "Stimulated recall – reflection and dialogue" serves as a fruitful method, providing rich in-depth data in nurse educational research. By interviewing participants several times throughout the placement period, this study explored the process of supervision and assessment during clinical studies in nursing homes.
Furthermore, a PhD peer-learning process through close collaboration can increase researchers learning, reflection, and motivation, and consequently the overall research-quality.

O265

Information handover concerning the ICU patient's family - a game of whispers?

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Background: To ensure continuity and quality of family care, it is necessary to include information about the ICU patient's family in the daily handover. Although improvements in handovers have received increasing attention in recent decades, little is known about how information about ICU patients' family members is included in handovers.

Objective: To explore how information concerning ICU patients´ families is included in ICU clinicians' daily handover

Method: A constructivist grounded theory approach was used to explore how ICU clinicians communicate about patients' families in their everyday practice. Data were gathered from July 2017 to August 2019, through participant observation, focus groups, dyadic and individual interviews whit physicians and nurses from four ICUs in Norway. In accordance with grounded theory, data collection and data analysis were conducted simultaneously. Systematic yet flexible guidelines were used to form conceptual categories.

Results: "A game of whispers" emerged as the core category, representing missing information about the patient's family during the handover. Together with three subcategories: "documentation dilemmas," "being updated" and "talking together," the core category explains how transfer of family-related information between clinicians is continually processed and resolved.

Conclusion and implications for practice:
Oral handovers are essential in terms of clinicians' need to elaborate on the information and update each other, including details about the family. However, oral transmission involved a high risk of information being altered or lost as in a "game of whispers." In addition, written documentation about the family was inadequate and poorly structured. User-friendly handover tools and documentation systems that include appropriate and reliable information about patients' family should be developed.

O267

Video communication between nurses and relatives of ICU patients during COVID-19

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Background: The COVID-19 pandemic has restricted hospital visiting and relatives are not allowed in most ICUs due to the risk of infection. Relatives of critically ill patients might experience distance instead of inclusion. The burden on relatives of COVID-19 ICU patients is particularly heavy, thus family support is important during the crisis. There is little empirical research on the use of video communication between clinicians and ICU family members.

Objective: To explore ICU relatives' experiences of the use of video communication with nurses and patients during ICU visiting restrictions

Method: A qualitative explorative and interpretative approach using in-depth interviews. Participants were six relatives of one mechanically ventilated patient, isolated due to COVID-19 for several weeks. Data were analysed using qualitative content analysis and further interpreted within the context of patient- and family-centred care (PFCC) and the Danish/Norwegian nursing care model.

Results: Only receiving descriptions of the patient's appearance and condition and being unable to visit caused hopelessness and despair among relatives. It was vital for them that nurses made video calling possible. Relatives' experiences were interpreted into four main themes: (i) It was awful not to visit her, (ii) It wasn't just a voice, we could see a human being, (iii) We had a sense of being present in the room, and (iv) We organized a family Messenger group.

Conclusion: Video communication is a useful method to mitigate the negative effects of COVID-19 isolation among ICU relatives. The possibility to see the patient increases relatives' hope for survival and ability to support the patient through the rehabilitation phase. Nurse-promoted engagement with families at a distance enables family members to become involved in care for their loved one.

O283

Do nurses know their patients? Agreement between patients' self-reported degree-of-worry and nurses' estimation of patients' degree-of-worry

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Background: Good quality of health care requires patient participation, however emergency medicine is centered around flow and production and to a lesser degree the patients' contextual perception of acute illness. Degree-of-worry is a simple subjective measure used to enable patients to rate their worry about the condition that initiated their contact to the acute health care system on a scale from 1 (minimally worried) to 10 (maximum worried). This study examines the agreement between patients' self-rated DOW and their nurses' estimation of the patients' DOW

Method: A total of 194 patient/nurse-pair from the emergency department at Amager Hvidovre Hospital were asked to rate their DOW (patients) and estimate their patients' DOW (nurses). Patients' age, gender, triage level, and co-morbidity was registered alongside the corresponding nurses' age, gender and work experience (years). DOW was categorized as DOW1 (DOW=1-3), DOW2 (DOW=4-6) and DOW3 (DOW=7-10). The agreement between patients' 3-level DOW and nurses' estimation of patients' 3-level DOW was assessed with equal weighted Cohen's Kappa. Additional kappa values stratified on patient's gender, age, co-morbidity and nurses' gender, age and seniority are also estimated.

Results: The difference between patients' 3-level DOW and nurses' estimation was in total agreement in n=58 pairs (29.9%) of the ratings. For n=136 patient/nurse-pairs there was not agreement between scores, which corresponds to a weighted Cohen's Kappa of 0.19 (0.30;0.08, $p<0.001$). Similar kappa values were found in analyses stratified for age, gender, nurse seniority.

Conclusion: The agreement between patients' 3-level DOW and nurses' estimation of patients' 3-level DOW is low and suggests that nurses do not know their patients' worries. This should be addressed in further research, as well as, clinical work.

Symposium – Phenomenology

SYMP 95

Using Phenomenology to Understand Patient Experience: A Conceptual Approach

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Phenomenology is a philosophical tradition that studies the structure of human existence. Since its inception, it has been adapted as a method for qualitative research, especially popular in nursing. However, phenomenological insights can also be applied directly in clinical practice. In this workshop, we (I) explain how front loading of phenomenological concepts can be used to inform both research and clinical practice (II) illustrate the benefits of this approach with a case study and brief exercise.

I. *What is Phenomenologically Informed Clinical Practice?*

Philosophically trained phenomenologists have developed detailed accounts of the basic structures of human existence, including the structure of selfhood, embodiment, temporality, and empathy. These descriptions provide insight into aspects of human experience that we rarely reflect upon, such as how objects within our world afford possibilities for bodily action or how we perceive other humans as expressive of desires, intentions, and emotions. Many phenomenologists use these concepts to describe experiential alterations in somatic, neurological, and psychiatric illnesses. Such front-loading of concepts can inform clinical practice. To exemplify we turn to a case study of neglect.

II. *Clinical Applications: Body Schema, Body Image, and the Case of Neglect*

Neglect is a neurological disorder that causes patients to lose awareness of happenings within half of the world. Many aspects in patients' behavior—due, for instance, to lack of insight into their own situation—appear erratic and are often misunderstood by nurses. Neglect therefore provides an ideal case for demonstrating how phenomenology can enhance clinical practice. In this workshop, we illustrate how three phenomenological concepts—body image, body schema, and affordances—provide healthcare professionals with better insight into the experiential world of patients and how such insight may facilitate better care. We conclude with a brief exercise, guiding participants in how to use phenomenological concepts to reflect upon patient experience.

Symposium Meta-syntese

SYMP 181

Qualitative evidence for practice: scoping review or meta-synthesis methods?

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Background: Scoping reviews aim to map, clarify, and identify evidence for research and provide recommendations for clinical practice from a relatively broad perspective and may include qualitative primary studies. Qualitative research synthesis (QRS) differ from this with narrower and more specific research questions.

Objective: To contrast JBI methods for QRS and scoping reviews.

Method: We reviewed a JBI scoping review[1] according to JBI QRS methods.[2]

Results: Research question and search were structured with Population (P), concept (C), and context (C), whereas concept differ from but may overlap with phenomenon of interest applied in QRS. Data extraction covered all elements defined in the JBI data extraction tool recommended for QRS. In QRS, assessment of methodological quality should be assessed with JBI Critical Appraisal Checklist, and synthesis by pooling and aggregating quality rated findings into a meta-synthesis. In the scoping review, study characteristics were provided without assessment of methodological quality, and findings were assessed without quality rating. Qualitative findings were analyzed using steps from content analysis, identifying 10 issues presented narratively and in a tabular with effect sizes (% of studies covering the issue). Implications for research and practice including JBI Grade of Recommendation were given.

Conclusion: The JBI QRS and scoping review methods may overlap substantially whereas the latter are more flexible and open concerning aim, methods, results, and recommendations, leaving more responsibility of interpretation both to the researcher and the reader of the review.

References
[1] Westergren, Berntsen, Ludvigsen, Aagaard, Hall, Ommundsen, Uhrenfeldt, Fegran.
 Relationships between physical activity level and psychosocial and socioeconomic factors and issues in children and adolescents with asthma: a scoping review. *The JBI Database of Systematic Reviews and Implementation Reports* 2017; 15(8) s.2183-2222
[2] Lockwood, Porrit, Munn, Rittenmeyer, Salmond, Bjerrum, Loveday, Carrier, Stannard. Chapter 2: Systematic reviews of qualitative evidence. 2017. Available from https://reviewersmanual.joannabriggs.org/

SYMP 188

A meta-aggregative approach to the synthesis of nurses' and physicians' experiences in a health-care context.

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Background: Transfer of the growing number of adolescents and young adults with severe chronic health conditions from paediatric to adult care is a multidisciplinary effort where nurses and physicians play an important role. Despite the increased focus on guidelines and improvement models, the experiences of health care professionals in handling adolescents' and young adults' transfer appears to be challenging both in pediatric and adult care.
In the present study of professionals' experiences of the transfer, the Joanna Briggs Institute (JBI) meta-aggregative approach was used. The developmental history of JBI is grounded the need of evidence to inform health care decision-making. They suggest that aggregation of findings is more than a combined whole in a way that is analogous with meta-analysis (quantitative findings).

Objective: To present and discuss a meta- aggregative approach to synthesize qualitative findings.

Methods: JBI SUMARI (System for the Unified Management of the Assessment and Review of Information) was used to assist the conduct of the review. To establish confidence of synthesised qualitative findings, the ConQual system ranking the dependability and credibility of the included studies will be presented. The dependability score is based on five specific questions from the JBI critical appraisal tool. The credibility score is based on the number of findings included in the categories associated with the synthesized finding, and defined as Unequivocal, Credible or Not Supported.

Results: The aim of a JBI meta-aggregation is the translation of research evidence into practice. We will reflect on the strengths and limitations of using the ConQual approach in JBI's meta aggregation approach.

Conclusion: A meta-aggregative approach provides one qualitative approach to qualitative findings, however how does it capture the quality of qualitative findings transferable to clinical practice?

SYMP 189

How does the eMERGe reporting guidance improve the quality of analyses and synthesis reporting when applying Noblit and Hare's meta-ethnography?

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Background: In a review about parents' experiences of discharge-to-home after the birth of a very preterm infant, we analyse and synthesize data from 11 studies following the eMERGe guidance, developed to *emerge* the reporting of Noblit and Hare's meta-ethnography from 1988, a method we have applied in previous reviews. The eMERGe is published in 2017 and developed through research reviews and audits among an extensive multidisciplinary group of experienced qualitative researchers. The authors have found that very few meta-ethnographies are satisfactory reporting the analyses and synthesis processes. Their objective with eMERGe is to help improve the clarity of meta-ethnographic reporting, and thus present more robust meta-ethnographic studies. To our knowledge, the eMERGe is not yet used as guidance for the analysis and synthesis processes of a meta-ethnography.

Objective: To compare and contrast elements of Noblit and Hare's reporting of meta-ethnography and the eMERGe mode of guidance, and to demonstrate our use of these elements.

Method: First we present Noblit'and Hare's seven phases of reporting a meta-ethnography, second we describe the what, why and hows of the 19 eMERGe criteria for reporting a meta-ethnography and we discuss similarities and differences of the two approaches. Finally, we mention challenges and benefits of using eMERGe in our meta-ethnography concerning parents' experiences of discharge-to-home after the birth of a very preterm infant.

Conclusion: Noblit and Hare's meta-ethnography is a seminal, appreciated and widely used qualitative approach. Though, future qualitative reviewers considering using meta-ethnography will strengthen the quality of their review by combining guidance from both Noblit and Hare and eMERGe in their analysis and synthesis processes. The eMERGe guidance might be too comprehensive, but it helps enhancing transparency and - not to forget - the quality in reporting a meta-ethnography. The eMERGe thus, is a welcomed checklist in line with PRISMA, ENTREQ and COREQ.

SYMP 261

Exploring longitudinal qualitative research method using adapted scoping review method - lessons learnt while conducting research on research

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Background: Qualitative longitudinal research (QLR) is increasingly used within nursing science, mainly because nursing topics often are fluent and concern changing processes. To describe the variation and possibilities with QLR within the health sciences we conducted a method study.

Objective: This presentation will describe lessons learned during our method study project.

Method: There is little guidance in doing method studies, our study was inspired by Mbuagbaw et al., (2020) 'A tutorial on methodological studies' and scoping review method. Systematic searches were conducted in CINAHL and PubMed, and we identified articles through a blinded screening process. Data extraction was performed according to a protocol by two independent reviewers. Extracted data was mapped thematically and presented together with descriptive statistics.

Results: A large sample of studies was needed to describe both commonalities and diversities in how research method was used, we included 299 original articles. Testing and developing the extraction protocol was done in steps with several tests of the inter-rater review reliability.

Conclusions: Method studies are important to understand the use and opportunities of emerging research methods. Scoping review method contributed with a structured approach to ensure transparency and avoid introduction of bias in mapping QLR methods. While Mbuagbaw (2020) provided insights into the specific assumptions of method studies. A research team was valuable for screening and data extraction of a large material, however structured management of data was required, as well as inter-reviewer testing, and regular team updates. Finally, qualitative longitudinal research is a promising research approach with common methodological assumptions regarding the scope of study and methods for data collection. There are interesting and diverse opportunities to use QLR for different kinds of research questions within nursing.

SYMP 276

Effect sizes in qualitative research synthesis: How effect size calculations improve the quality of qualitative research synthesis

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Background: Qualitative systematic reviews (QSR) - often referred to as metasynthesis, synthesize findings of qualitative primary studies using qualitative methods. Unlike narrative overviews of literature, QSR are empirical projects that include the collection, critical appraisal, analysis and synthesis of knowledge. In a review about parents' experiences of the transfer from paediatric to adult care for their adolescent or young adult children with chronic conditions, we integrated effect size calculations in the QRS of 23 primary studies.

Interpretive researchers have argued that implementing effect sizes calculation in the analyses enhance the process of verstehen/hermeneutics in that effect sizes calculations, as one component in QSR, assess the relative magnitude of the abstracted findings and ascertain which findings reports contributed to the final set of abstracted findings.

Objective: To introduce to effect size calculations in qualitative research synthesis, and to establish how effect seize calculations may affect the analysis and final metasynthesis

Methods: In this presentation, we propose a rationale for effect seize calculations and their use in QSR. We demonstrate our use of effect sizes in own review, we show ways of integrating effect sizes in varied QSRs, and how effect seize calculations affected the analysis and final metasynthesis.

Results: Calculation of effect sizes enables transformation of qualitative data in extracting more meaning from those data and verifying the presence of a pattern or theme, and effect sizes can avoid the possibility of over or underweighting findings.

Limitation is that equal weight may be given to each study regardless of how many participants a study has. However, quality is not just associated with numbers of participants but with what the study adds to the knowledge of the topic.

Conclusion: This discussion contributes to careful considerations among qualitative research reviewers when contemplating about integrating effect size calculations in future qualitative research synthesis.

SYMP 184

The translation process and culture adaption of the MissCare Survey-Swedish version

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Background: In Sweden, the shortage of registered nurses poses a challenge to staff wards with right competence and skills, which may implicate adverse effects on patient safety and quality of care. This can be manifested in the terms of missed nursing care (MNC), defined as any aspect of standard, required nursing care that is not provided. 'MissCare Survey' is an American instrument to measure MNC, and has two parts: aspects of nursing care that are missed and reasons for MNC. The instrument has been translated and used in other languages but not in Swedish.

Objective: To translate and culturally adapt the MissCare Survey-Swedish version.

Method: The translation and culture adaption were conducted according to the steps in the WHO guidelines;
Forward translation by the research group.
Back-translation by a professional translator.
Confirming the back-translation by an expert-panel of native English-speaking registered nurses with Swedish as their second language.
Pre-testing and cognitive interviewing of nurses from different specialties within a University Hospital.

Results: The process proceeded during approx. 12 months. Throughout the entire process there were items that needed to be probed to adopt to the Swedish context and culture. The adaptation was conducted in collaboration with the author of the instrument and with the author of the Icelandic version. The researchers also used an expert group as reference group. Most challenging was the translation of concepts, capturing the exact meaning of statements as well as cultural expressions.

Conclusion: To translate and culture adopt an instrument is complex and time-consuming. The strict intention to keep the content of the instrument in origin may lead to adaptations that challenge the instrument, despite collaboration with the originator. Also, to be able to have an expert group as reference is vital when translating and adapting an instrument.

SYMP 185

The translation process and culture adaption of the Nursing work Index- revised a Swedish version

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Background: In Sweden there is a lack of registered nurses all over the health care organizations both within and outside the hospital setting. The reason for lack of nurses could be seen in the light of an organization that does not promote a professional nurse practice environment defined as a "a system that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered (Aiken 2000). In the international context the nursing work index (NWI-R) has been used to capture organizational attributes that characterize professional nursing practice environments such as nursing autonomy, nurse control over its own practice and nurse-physician teamwork.

Objective: To adapt, develop and psychometrically test the instrument NWI-R in the Swedish language and healthcare context to measure the organization's support for nurses' professional practice and the opportunity to provide good nursing care for patients.

Method: The method used in this study is inspired by Guillemin et al.
The steps in the validation process include:
1) translation of the NWI-R questionnaire into Swedish and back translation
2) expert committee assessments on the appropriateness of the translation
3) testing of face validity to a group of 10-20 registered nurses in acute care
4) analysis and final examination of the expert committee to evaluate the content of the instrument 5) Finally, the NWI-R Swedish version will be tested for validity and reliability, psychometric analyzes, in approximate 200 register nurses in acute care.

Results: At present, the face validation is completed, stage 4 is in progress. Results will be presented at the congress.

Conclusion: Instrument that reliably measures nurses' ability to practice the nursing profession in Sweden is lacking. From measurements we can identify areas that need to be strengthened and optimize organization support that increase nurses' job satisfaction to promote excellent patient outcome.

SYMP 192

Translation of measures between languages and cultures - experience from Iceland
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Background: When translating measures such as surveys, questionnaires and other tools, from one language to another, language and culture play the key roles as comparable words or concepts may not be found in the different languages or that literally translated words may have different cultural meanings between languages or countries. This may be a challenge, even when translation is being done between related languages from countries with somewhat comparable cultures as the translation needs to both capture the content as well as the meaning in the measures, referring to cultural adaptation of the new version

Objective: The objective of this presentation is to share the experience and encountered challenges of translating measures within clinical research in nursing from US English to Icelandic.

Method: Rigid back-translation methods were used when translating and testing measures developed in US English, translated to Icelandic, with the purpose of using the measures with nursing staff in Iceland. The process involved collaboration with authors of the original version, clinicians, linguists and scholars.

Results: The translation process required the work of a diverse group of people with different knowledge as well as time, precision and critical thinking. Most challenging was the translation of concepts, capturing the exact meaning of statements, translating metaphors and culturally bound expressions and adapting linguistically and culturally correct directions for participants.

Conclusion: Even though English and Icelandic have common linguistic roots with the US and Icelandic cultures having many things in common, several challenges were encountered when translating measures from US English to Icelandic. Translating measures from one language and culture to another is a rigid time consuming process requiring the participation of scholars, clinicians and linguists.

Symposium PROFFNurseSAS

SYMP 233

Translation of questionnaire PROFFNurseSASII into Nordic languages

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Background: The Nordic Nurse Competence Study (NNCS) will examine how Nordic nurses assesses the level of competence/need for further training. The participants answer the questionnaire PROFFNurseSASII when they complete bachelor education.
The questionnaire contains 50 items. Competence is rated with response scale from 1 (poor) - 10 (excellent). The need for more training/education is rated from 1 (low) - 10 (high) needs. The original language is Norwegian and has previously been prepared in Swedish and English.

Objective: To translate PROFFNurseSASII from Norwegian to Danish, Finnish and Icelandic to prepare NNCS according to six-step process method.

Method:
PROFFNurse SAS II is translated in a six-step process.
1. One-way translation From Norwegian to Danish, Finnish and Icelandic
2. Comparison of questionnaires
3. Blinded back-translation
4. Comparison of questionnaires with expert assessment
5. Pilot test of pre-final version of the questionnaires
6. Expert assessment/adjustment

Results: PROFFNurseSASII was translated by a professional translator, which had the new language as their mother tongue. The project group has members from all Nordic countries. The translation was assessed by those who had the language as their mother tongue. The questionnaire was professionally back-translated by persons with a Norwegian mother tongue.
Versions of the questionnaire were then compared, assessed for linguistic and cross-cultural discrepancy until agreement on words, sentences and meaning content. The revisions were compared to secure the original content of the questionnaire and seen in connection with other questionnaires. The pre-final version of the questionnaire was tested on students to examine understandings. A new expert assessment/adjustment was carried out after feedback from students.
Notes was written from all assessments.

Conclusion: PROFFNurseSASII is now available in all Nordic languages and can be used in further research. Recruitment of participants to NNCS has started.

SYMP 271

From Nurse Competence Scale to The Professional Nurse Self-Assessment Scale: Development and use of the questionnaire

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The development of the Professional Nurse Self-Assessment Scale (PROFFNurse SAS) is inspired by and built upon Riitta Meretoja's Nurse Competence Scale (NCS) and Anna-Lena Nieminen and Lisbeth Fagerström's Nurse Clinical Competence Scale (NCCS). The theoretical framework of the NCCS and the PROFFNurse SAS is grounded upon the Caring Advanced Practice Nursing Model. The ICN descriptions of central competence domains of advanced nursing practice constitute the fundament of the Nordic APN model.

The questionnaire consists of 50 statements where the respondents are asked to do a self-assessment of their competence and need for further training: both on a scale from 0 to 10.

The development of the PROFFNurse SAS includes psychometric testing of an earlier version (to be presented). The questionnaire is used for various purposes, such as to describe of competence and need for further training among nurses in postgraduate and Advanced Practice Nurse (APN) programs, to analyze possible predictors for self-assessment of competence and need for further training, to describe and analyze students self-assessed clinical competence with a longitudinal design, to explore possible differences between nurses with various lengths of professional experience as a nurse, to assess the self-reported clinical competence and need for further training of newly graduated nurses in hospital settings, and to explore and describe newly graduated nurses' change in self-assessed competence and need for further training during their first 15 months in hospital settings.

The questionnaire is translated into Swedish, Finnish, Danish, Islandic and English languages. Researches in China and Korea have requested the questionnaire for use in their countries included translations to their languages.

A majority of these mentioned studies will be presented in this section.

SYMP 272

From Nurse Clinical Competence Scale to the Professional Nurse Self-Assessment Scale: Psychometric testing in Norwegian long term and home care contexts

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Background: Nurses' clinical competence is vital to ensure high quality and patient safe nursing care. An instrument for the continuous assessment of nurses' clinical competence at different educational levels and across specialities is needed.

Objective: The aim was to test the reliability and construct validity of a questionnaire based on the Nurse Clinical Competence Scale in long term and home care contexts in Norway.

Method: A cross-sectional survey design was applied. The purposive sample of 357 registered nurses completed the 74-item questionnaire, which was the 67-item Nurse Clinical Competence Scale (NCCS) developed by Nieminen and Fagerström added with seven new items.
Exploratory factor analyses were used to test the psychometric properties, including assessment of the factorality of the data, factor extraction by Principal Component Analysis (PCA), oblimin (oblique) factor rotation, and interpretation. Cronbach's alpha was used to estimate the internal consistency.

Results: The response rate was 52.7 % (n = 371). The result was a 51 item, six-component structure. The components, illustrating the domains of nurses' clinical competence, were named Direct Clinical Practice, Professional Development, Ethical Decision-Making, Clinical Leadership, Cooperation and Consultation, and Critical Thinking. For the internal consistency the Cronbach's alpha values ranged from 0.940 to 0.737.
Conclusions: This study resulted in a validated questionnaire named The ProffNurse SAS which showed acceptable reliability and construct validity and may be a promising instrument for the assessment of practicing nurses' clinical competence. However, further development- and psychometric testing is recommended.
Publication: Finnbakk E, Wangensteen S, Skovdahl K & Fagerström L (2015) The Professional Nurse Self-Assessment Scale: Psychometric testing in Norwegian long term and home care contexts. BMC Nursing 14(59). https://doi.org/10.1186/s12912-015-0109-3

SYMP 273

Postgraduate nurses' self-assessment of clinical competence and need for further training. A European cross-sectional survey

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Background: Various programs have been developed in order to educate registered nurses to meet the changes in health and nursing care throughout the world. Specialization in nursing is different in different countries. Development of common standards is recommended. The APN role has been introduced and is now known in multiple European countries. The number of nurses holding a master's degree has increased the last twenty years.

Aim: The present study aimed to 1) describe nurses' self-assessment of clinical competence and their need to further training and 2) explore possible differences between nurses in specialist vs master programs.

Method: A cross-sectional survey design was chosen. The Professional Nurse Self-Assessment Scale, which consists of 50 statements to be responded for a) self-assessment of competence and b) self-assessment of need for further training was use for data collection. Nurses in postgraduate specialist nursing- and APN- programs in Iceland, the Netherlands, Sweden, Norway and United Kingdom constituted the sample. A total of 97 nurses responded (response rate 45%). Data collection was carried out with the Professional Nurse Self-Assessment Scale.

Parametric tests and regression analyses were used.

Results: The nurses rated their competence highest in taking full responsibility, cooperation with other health professionals and in acting ethically. They rated the need for further training highest for competence on medications, interaction and side effects. The nurses in master programs rated their competence higher than did the nurses in specialist programs. With respect to further training the nurses in specialist programs rated the need higher the nurses in master programs.

Conclusions: The nurses in master programs rated their competence significantly higher than the nurses in specialist programs. Further studies are needed to conclude if and how master's degree improve patient outcomes.