# Posters for

## Nordic Conference in Nursing Research

Methods and Networks for the future

## 5-6 October 2021

**P5**

## Everything is as before but nothing as usual. A Phenomenological Study of Adult epilepsy patients's experiences of life after rehabilitation

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**Background** An interdisciplinary rehabilitation aimed at adults with refractory epilepsy(RE) has existed in Denmark since 2013. A systematic literature search establishes that neither in a Danish nor in an international context exists research-based knowledge of these epilepsypatients' individual experiences of life after rehabilitation.

**Purpose:** The aim of this study was to illuminate life experiences among adults with RE after rehabilitation with focus on the significance of rehabilitation, in order to develop a deeper understanding of this phenomenon.

**Method:** Nine patients (six women & three men with an average age of 40,6 years) who all participated in 8 weeks of Interdisciplinary Rehabilitation were interviewed between 6 months and 2 years after rehabilitation. The in-depth interviews were recorded, transcribed verbatim and analyzed according to the Phenomenological method 'Reflective Lifeworld Research'.

**Findings:** The essence of the phenomenon is '*Experience of life as a struggle for a dignified existence with RE as navigating life companion'*. Through the clusters of meaning four constituents emerged from the phenomenon:
1) To be on a journey towards oneself; 2) To accept the limitations of the body; 3) To be met in the unsaid and 4)To fight for the renewed hope and recognition.

**Conclusion:** The patients see it as significant knowing their own bodies with the constraints that this involves. This knowledge help them make decisions that not only have a positive effect on their disease situation, but also raise self-esteem, hope and courage to face life.Being recognized and met equally is perceived as significant in the rehabilitation process, in that it provides space for confidentiality so that concerns and experiences can be shared in the everyday life that follows. However, the struggle for a dignified life is hard, and comes to a head in the encounter with the 'municipal-system', where asymmetries arise that challenge the feeling of equality.

**P7**

## Nursing students experiences of cultural awareness during their studies: A qualitative study

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

**Objective:** To explore nursing students' experiences of cultural awareness during their nursing studies.

**Method:** The study used a qualitative design and two focus groups were used to collect data from 12 students from two universities in Sweden. Data was analysed with the method for focus groups described by Krueger and Casey (2015).

**Results**: The analyses of the focus groups identified three categories with respective subcategories. The result showed that nursing students were aware of the importance of cultural awareness in nursing education, but in the most cases, it was not through nursing training they obtain it.

**Conclusion:** The study found that nursing education offers limited occasions for nursing students to become culturally aware. Thus, nursing education can be improved by offering both theoretical and practical teaching forms that include cultural awareness.

**P10**

## The Clinical Nursing Introduction Program at Skaraborg Hospital, Sweden

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**Background:** Nurses at the start of their professional career may be in need of practicing their hands-on skills, as well as their theoretical knowledge. The Clinical Nursing Introduction Program (CNIP), during fourteen months, is an investment made in new graduate nurses.

**Objective:** The purpose of The Clinical Nursing Introduction Program is to create a safe and supportive environment where the new graduate nurse is given the opportunity to progress into the profession through education, clinical supervision and critical reflection.

**Method:** The CNIP include:
an employment until further notice as a registered nurse
working under one's own responsibility as a registered nurse
two placings in a clinical setting at different care units
simulation and practice of hands-on skills in a safe and supportive environment
process-oriented reflective supervision in nursing and theoretical education on current topics
specific introduction for the minimum of four weeks at each care unit
the opportunity to auscultate at an additional care unit

Having completed The CNIP, the nurse is offered a permanent placing based on the nurse's own wishes and the needs of the care unit. The program starts up twice a year with an introduction week prior to introduction at each care unit respectively.

**Results:**
Process-oriented reflective supervision in nursing is perceived as a central component and is valued highly regarding the development of self-confidence in one's professional role as a nurse. It is also an arena for exchanging experiences and to share and acquire new knowledge. The placings at different care units provide professional competence as well as an understanding of the organization of the hospital as a whole.

**Conclusion:**
The CNIP has put focus on the need for support and development of self-confidence in the new graduate nurse, to enable development of competence in one's profession.

**P11**

## Incidence Of Urinary Tract Infection After Surgery For Fractured Hip

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**Background:** To prevent urinary tract infections (UTI), The National Clinical Guidelines for patients with Hip Fracture - recommends e.g. early and systematic mobilization and no use of indwelling catheter.

**Objectives:** To describe the number of patients developing an UTI during admission and patients mobilized within 24 hours after surgery.

**Methods:** A descriptive prospective design was used, including 65 patients. Inclusion criteria were adult patients who had surgery for fractured hip. Exclusions criteria were patients discharged to other de-partments than orthopedics, diagnosed dementia, not being able to talk and understand the Danish language, patients with catheter a demure, usually catheterization, or patients in antibiotic treatment on admission. All patients had urine samples collected on admission and at discharge, using sterile intermittent catheterization. The urine sample should be collected within eight hours after admission. The definition of Centers for Disease Control modified for Danish conditions (104) was used to define UTI. Both urine samples were send to microbiological analy-sis, to diagnose the presence of UTI. Demographic data: age, gender, type of fracture, comorbidity, form of anesthesia and waiting time for surgery. Care process data: time for early mobilization after sur-gery and if, for how long urinary catheter was used. These data were from the patient records collected. Data are processed in the statistical program SPSS, version 23.

**Results:** Findings showed that 29, 2% of patients with a fractures hip had a positive urine culture on admission. 6, 2 % contracted nosocomial urinary tract infection during admission. None of these patients had catheter a demure at hospitalization. All patients with nosocomial UTI, were mobilized within 24 hours postoperatively.

**Conclusions:** The two departments who took part in this study do not have a higher number of UTI than the literature describes.
All patients, which had UTI, were within 24 hours mobilized.

## P12

### Linking nursing education and clinical practice through person-centered research collaboration

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**Background:** Evidence-based nursing is likely to provide patients with meaningful health benefits and avoid suboptimal or even harmful interventions, thus research-based and research-informed education and practice is a demand to nursing in order to meet future requirements and to develop the nursing profession. However uniting these acquirements in the nursing profession seems still in its infancy.

Despite both research trained staff from nursing education institutions and from clinical settings, are occupied with establishing applied research results and environments in order to strengthen nursing education and practice, establishing solid interconnections between them have proved difficult.

In order to facilitate synergy and collaboration between researchers from these institutions, a new nursing research network was established.

**Aim:** To establish a knowledge-creating network for further nursing research collaboration between the educational and clinical environments.

**Method:** Established nursing researchers from University College Zealand and the four hospitals in Region Zealand participated in the initial network meeting. The initial collaborative process was facilitated by including experiences from knowledge-creating networks within nursing. The establishment and content of the research network, was inspired by a person-centered practice approach, followed by an analysis of the network's potential to the establishment of several new common project ideas.

**Results:** Initially the person-centered practice approach applied favorable engagement among the researchers, as an overall concept describing a direction for future research collaboration. On a more specific level, the possibility of shared research projects in transition were discussed in smaller groups according to interest. The subjects were related to new emerging nursing roles, organization of patient trajectories across sectors and leadership.

**Conclusion:** The current plan is to further develop the ideas at future network meetings. Another important outcome is building relationships between researchers from education and clinical institutions.

## P15

### Involving clinical nurses in qualitative data analysis - using collaborative analysis in nursing research

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**Background:** This study is a part of a larger project with an aim of developing a coherent knowledge base for nursing and nursing education tailored to the needs of future patients and relatives. The overall project uses co-research as a methodology and involves researchers, academics, educators, clinical nurses, nurse specialists, nurse leaders, patients and relatives. The focus of this article is collaborative analysis used in research of nursing, by nurses as researchers and with nurses as informants.

**Objective:** The aim of this study is to explore a possible use of collaborative analysis as a method in nursing research.

**Method:** Empirical data were collected through three focus group interviews. The interviews were transcribed, coded and categorized into five main themes. The themes and summarized findings were presented to five of the initial eleven informants at a workshop. The themes were presented individually, and an analytical conversation was conducted between the informants and the authors of this article.
At the end of the analytical conversation the outcomes were summarized and read aloud for validation from the informants.
**Results:** The informants involved in the workshop were in concordance with the themes identified by the authors, and felt the data well represented the initial interviews and their daily lives and practice as nurses. The informants were able to engage in an analytical conversation and added valuable depth and nuance to the initial findings

**Conclusion:** This study has examined and explored the use of collaborative analysis in nursing research. It has identified potential advantages in using this research approach in nursing.
We conclude that collaborative analysis has great potential in nursing research and in the involvement of nurses from different spheres and cross different roles who bring their unique perspectives and knowledge on nursing to the analytical process

## P18

### The expectations, experiences and needs of patients undergoing bowel preparation and colonoscopy - a longitudinal study

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**Background:** Colonoscopy is frequently used for both diagnosis and surveillance of inflammatory bowel disease and it remains the reference standard for diagnosing and monitoring colorectal cancer. Colonoscopy requires patients to undergo bowel preparation, which can be challenging for patients. In fact, these requirements have proven to be such a major challenge for patients that 20-25 % of colonoscopies have been canceled due to poor bowel cleansing. Previous studies have shown that the preparation procedure is so unpleasant for the patients that they feel anxious about it alongside the anxiety related to the colonoscopy and the results. However, there is a lack of knowledge about what is particularly challenging and a limited knowledge of their needs.

**Objective:** The objective of this study was to explore the expectations, experiences and needs of patients undergoing bowel preparation and colonoscopy.

**Method:** Interviews with an exploratory design and an inductive research approach were set up at Herlev and Gentofte University Hospital and Aarhus University Hospital. Participants were sampled based on a maximum variation strategy and both oral and written consent were obtained. Data were collected through individual interviews based on a semi structured interview guide. Interviews took place before the colonoscopy and approximately two weeks after in order to gain understanding of patients´ expectations and experiences. Interviews were digitally recorded and analyzed using content analysis inspired by Graneheim and Lundman.

**Results, conclusion and implication for practice:** Results, conclusion and implication for practice will be presented at the conference in Copenhagen.

**P22**

## Relatives' negotiation power in relation to older people's acute hospital admission - a qualitative interview study

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**Background:** Changes in the Danish welfare model increase demands on citizens to take personal responsibility and be active or even proactive. Citizens need to have strong client competencies to get access to welfare. Older people acutely admitted to hospital are potentially vulnerable and may depend on relatives to negotiate on their behalf.

**Objectives:** This study aimed to analyse relatives' experiences of their interactions with health care professionals during acute hospital admission of older people to identify elements of importance for relatives' negotiations with health care professionals.

**Method:** The study encompassed interviews with 17 relatives of acutely admitted older people at two emergency departments in Denmark. Graneheim and Lundmans' (2004) understanding of Qualitative Content Analysis guided the analysis of the transcribed data. The analysis process was supported by NVivo software version 12 (Alphasoft).
**Results:** The analysis resulted in four themes: (a) ***M**andate (*whether the older person allowed the relative to speak and act on their behalf)*,* (b) ***I**ncentive (*relatives' motivation to act on behalf of the older person)*,* (c) ***C**apability (*relatives' knowledge about health-related issues, the organisation of the healthcare system and specific knowledge about the older person's everyday life) and (d) *Attitude to taking action (*how active are the relatives). These four elements of relatives' negotiation power can be illustrated in a MICA model.

**Conclusion:** Four elements were identified as important sources of relatives' negotiation power. These four sources of power can potentially change according to the situation, and therefore relatives' negotiation power appears to be context-dependent and may change over time.

## P29

## Testing the Adaptability of Older People - a Mixed Method Approach

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**Background:** There is paucity of evidence pointing towards the meaning of adaptability and no explanation how adaptability changes over the time. In order to close this gap we explored the topic with a convergent parallel mixed method study by integrating the opinion of professional nurses on the one hand and patients on the other hand.

**Objective:** We initiated a project at seven geriatric units of a nursing home shifting the mealtimes towards evening. The following research questions were generated: (1) Are older residents of a long-term care facility able to adapt to changes within their daily routine? (2) How long does it take to adapt?

**Method**: This study, designed as a convergent parallel mixed method intervention study carried out within a four-month period and took place within seven wards of a long-term care hospital in Vienna, Austria.
Qualitative interviews and quantitative questionnaires with patients and nurses, carried out as well as a diary, kept by the patients. As a planned intervention, a change of mealtimes was established. The inhabitants, surveyed before, during and after the intervention. In addition, a survey of the nursing staff, carried out in order to detect changes of the people they care for and how long it took them to adapt. Quantitative data was analyzed with SPSS, qualitative data with a summarizing content analysis.

**Results & Conclusion:** The results show that the ability to adapt to changes does not deteriorate with age or by moving into a long-term care facility. It only takes a few days to get used to new situations. From a methodical view, using diaries has been a challenge for older people. It is important to discuss whether and how well the diary method is suitable for older people in order to examine their daily structure.

## P32

## Sex differences in perceived social support from nurses, family health and family functioning among family members of heart failure patients

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**Background:** Social support, family functioning and family health play important roles in the treatment of heart failure. However, no study has been conducted to identify gender differences in terms of perceived social support from nurses, family health and family functioning among family members of patients with heart failure (HF).

**Aim:** To explore gender differences in perceived social support from nurses, family health and family functioning among family members of patients with HF.

**Methods:** Comparative, cross-sectional study design including 312 family members of patients with HF. The Family Functioning, Health and Social Support questionnaire was used to collect the data. Independent samples t-test and chi-square were used to analyze the data.

**Results:** A total of 312 family members of patients with HF were included in the study of whom 105 (33.65%) were men and 207 (66.35%) were women. The relationship of the family members to the patient were: 69.2% partner, 16.3% child, 3.5% parent, 5.1% brother/sister, 2.9% son/daughter in law, and 2.9% other relationships. There were no significant differences in mean scores of perceived social support from nurses ($p=0.865$), family health ($p=0.197$) and family functioning ($p=0.231$) between men and women.

**Conclusions:** The results of the present study showed no significant gender differences between family members of patients with HF in terms of perceived social support from nurses, family health and family functioning.

**P36**

## Qualification of a app-based questionnaire (PRO-data) on asthma in collaboration with Young people aged 15 to 18 years

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**Background:** Asthma is the most frequent chronic disease in children in Denmark. Despite illness, young persons must develop identity, self-esteem and independence and gradually acquire competences in order to take responsibility for their own illness.
Young people between 16-24 years prefer the smartphone when they go online. It may therefore be obvious to incorporate apps in the transitioning proces from young to adult.
Demographic challenges and limited financial discretion put the public sector under pressure and finding new, effective ways to deliver healthcare by integrating digital solutions, including the use of Patient Reported Outcome (PRO-data). As a digital tool for this purpose, the Region of Southern Denmark has chosen the app Mit Sygehus.

**Objective:** this research we tailored the evidence-based Asthma Control Test and young people aged 15-18 years contributed in the qualification of the questionnaire for the purpose of future use in the app ”Mit Sygehus”.

**Method:** A mixed methods design grounded on elements of the survey-method. Nine young people aged 15 to 18 with asthma were invited to test the questionnaire using observation, informal conversations and ”think-aloud-method” in the qualification of the asthma questionnaire (PRO-data). Using a deductive content analysis approach, aspects related to app content and usability were identified.

**Conclusion:** It can be concluded that the involvement of young 15-18 year olds in the qualification of the questionnaire regarding asthma provided insight into the needs and preferences for a questionnaire for young people with asthma. They suggested several minor corrections in attempt to improve the usability and content of the questionnaire. In addition it seems that the use of the questionnaire could have a positive effect on young people`s self-care ability, because they reflected on their asthma while answering the questions.

**P39**

## Critical incident technique - a method used to explore parents' strategies to create a positive sleep situation in the family

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**Background:** Awakening nighttime and bedtime problems are common during infancy and early childhood, this can be challenging for parents. It is well known that parenting stress is connected to children’s sleep problems and that parents can experience problems with their wellbeing due to sleep interruption, exhaustion and fatigue.

**Objective:** To use the method Critical incident technique (CIT) to explore parents’ strategies to create a positive sleep situation in the family.

**Method:** A qualitative descriptive design was carried out, using CIT when analyzing the data. Inclusion criteria were; >18 years old, parents of at least one child. A total of 93 parents participated, the majority were mothers. We found CIT suitable, as the method aims to describe actions and behaviours that are crucial for a particular outcome, in this case strategies for the best possible outcome of the sleep situation in the family. Critical incidents identified were parents’ strategies to create a positive sleep situation in the family. Data was collected by means of open questions in an online survey posted in several parenting groups on a social media platform. Data was analyzed inductively and critical incidents in form of textual units were identified and extracted from written answers in the survey. Textual units were sorted into categories, according to matching content. Finally eight categories remained.

**Result:** Strategies for creating a positive sleep situation were; having routines, following the child’s signals, adjusting daytime activity and rest, well fed child at bedtime, winding down before bedtime, closeness, setting and use of aids, and soothe the child if awake during the night.

**Conclusion:** To conclude, CIT was considered appropriate, as the objective of the study was answered. Use of the method enabled to disclose strategies for creating positive sleep situation in the family.

**P44**

## Patients experiences of their relationships with relatives and their collaboration with nurses during contact in non-COVID-19 hospital wards - a qualitative study

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**Aim :** To explore patients’ experiences of their relationships with relatives and their collaboration with nurses during in- and outpatient contact in non-COVID-19 hospital wards in a university hospital.

**Background :** COVID-19 restrictions have prevented relatives from visiting and accompanying patients to hospital and have required that nurses wear personal protective equipment. These changes have affected the patients’ relationships with their relatives and challenged their ability to connect with the nurses.

**Design:** The study design was qualitative explorative, guided by a phenomenological hermeneutic frame of reference.

**Methods:** Data was generated through individual semi-structured interviews with 15 patients who had been in contact with non-pandemic hospital wards during the first wave of the COVID-19 pandemic. Content analytical steps were used to structure the data.

**Results:** The patients felt lonely and insecure when separated from their relatives and felt caught in between relatives and professionals when they were required to remember and comprehend information. However, the absence of relatives could be perceived as a benefit or a burden.

**Conclusions:** Visitor restrictions provided the patients with time to rest and heal but also prevented patients from receiving informal care. This forced patients to take responsibility for maintaining contact and sharing knowledge with relatives independent of their health condition. Additionally, COVID-19 restrictions created a distance with nurses unless they were performing instrumental tasks. This potentially led to insufficient psychosocial care.

**Relevance to clinical practice:** Nurses must be prepared to create new ways of ensuring collaboration with relatives to alleviate the patient burden and maintain family-centered care in a triad.

## P45

## Tell me what you eat - A descriptive pilot study of food habits in women with endometriosis

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**Background:** Seven to ten percent of fertile women suffer from endometriosis, where fresh endometrial cells from a retrograde bleeding out of the fallopian tubes attach to the pelvic organs. Of these, 50-80 percent has symptoms of irritable bowel syndrome. A diet avoiding carbohydrates that are severely degradable in the small intestine may alleviate the symptom burden and therefore, personal food habits may play an important role in the symptom management.

**Objective:** To map personal food habits in women with endometriosis

**Method:** Food habits are culturally, geographically and socially dependent, and for many considered a private part of life that needs to be dealt with in a collaborative and respectful approach. Consequently, we do not address how many calories the woman eats, but the kind of food she consumes. The setting is a Danish university hospital specialized in endometrioses. Participants are women diagnosed with endometriosis via MR scans or laparoscopy, who are not already on a diet.
During seven days each participant take pictures of her food and drink (with a smartphone), and send the material +/- notes to the department. The prospective data collection is supplemented with systematic project registrations.

**Preliminary results:** The data collection started in June 2019 and is ongoing with 16 patients completed. The majority (13) reported that the photo documentation was easy and not-time- consuming. While six women found one week suitable, eight preferred two weeks, to get a more valid picture of their food habits. In addition, seven participants reported having gained increased awareness of the actual amount of sugar and white bread they were eating.

**Conclusion:** The pilot study indicates that photo documentation is feasible. Further, the method is capable of forming an empirical basis for clinical counselling and further research concerning the impact of food habits on symptom burden in women with endometriosis.

## P48

## The effect of increased fluid intake and physical activity on prevention or treatment of constipation - a scoping review

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**Background:** Constipation is a condition affecting up to 20% of the healthy population in Western countries. Studies suggests that the numbers are even higher when people are met with illness, even though it is most often under-diagnosed. Constipation affects wellbeing and is related to abdominal pain, fecal incontinence, hemorrhoids and can even lead to death. Different factors are related to prevention or treatment of constipation, and people often try to self-medicate. Clinical practice in primary and secondary healthcare often recommends increased intake of fluid and increased physical activity as non-pharmacological interventions.

**Objective:** To map the extent, range and nature of evidence supporting the effect of increased intake of fluid and/or physical activity on preventing or treating constipation

**Method:** A scoping review is being conducted, using the recommendation from PRISMA-ScR. Literature has been searched for in Pubmed, Cinahl and Cochrane using a PICO strategy and with help from an information specialist. All papers are screened for inclusion by at least 2 persons. First assessment was done after reading title and abstract, second assessment included reading full text. All researchers will agree on the final inclusion of papers.

**Results:** Will be presented at the conference

**P50**

# Phenomenological hermeneutic - a method and philosophy to illuminate the meaning of suffering multiple concussions for professional hockey players

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**Background:** Playing ice hockey poses a persistent risk of injury due to the sport's forceful, body-to-body contact, especially when played on ice rinks encompassed by rigid walls. Despite using protective equipment, there is a high injury incidence, including an increased number of concussions. Concussions have become major sources of concern for individuals involved in the sport.

**Objective:** Drawing from phenomenological hermeneutic, the aim of this study was to describe what suffering multiple concussions forcing the athlete to end their career has meant for former semi-professional or professional hockey players.

**Method:** According to Ricoeur, the relationship between phenomenology and the hermeneutic philosophy can be accessed to discover the meaning of lived experiences. The interpretation of the transcripts involved three stepwise phases: the formation of a naïve understanding, structural analysis and the formation of a discussion and comprehensive understanding. The study's sample consisted of nine former hockey players—eight men and one woman, all Swedish—who once played on national or professional teams.

**Result:** The primary theme of losing one's identity as a hockey player was constructed from six subthemes: being limited in everyday life, returning to the hockey stadium as soon as possible, forming a post-career identity, finding ways to live a good life and preventing injuries by respecting other players

**Conclusion:** The former hockey players interviewed struggled with forming identities and findings sources of meaning for their lives after quitting professional hockey. The players want to share their experiences with coping with concussions and extend their knowledge of the injury's long-term effects in order to prevent other brain injuries among players of hockey, the sport that they continue to love despite the price that they have paid.

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## Documenting nursing practice - a survey about possibilities and barriers in nursing documentation

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**Background:** The Nursing Documentation Group (NDG) in the Regional Hospital Central Jutland (RHCJ) conducted a questionnaire survey in 2018 on the documentation of nurses and social and health assistants; hereafter referred to as the nursing group.

**Objective:** The objective of the survey was primarily to gain insight into the nursing group's experience of nursing documentation, and to explore what could improve the quality of documentation for the benefit of nursing care and patient safety.

**Method:** 1875 nurses and social and health assistants received an electronic questionnaire with questions, reflecting 7 themes of documentation. The questionnaire was validated by the NDG and the Chief Nursing Officer in the RHCJ.
The informants were permanently employed in basic and specialized positions, performed clinical work with daily patient contact, and documented in Midt EPJ, the electronic patient record system of Central Denmark Region (CDR).
The informants could provide graduated responses, and sometimes add free-text responses. All respondents were guaranteed anonymity.
Data analysis was descriptive and incorporated free-text responses. Free-text responses suggesting documentation improvements were categorized into themes.

**Results:** 53% (N = 995) answered all questions. 2% (N = 35) partially answered the questions. 45% (N = 848) did not respond. 84% (N = 838) were nurses. 12% (N = 117) were social and health assistants.
Respondents saw, among other things, the need for:

Clarification of what, where and how is documented.
Clinical settings that support documentation.
An electronic documentation system that embraces nursing interventions.
Teaching and discussion on nursing documentation.

**Conclusion:** Each department uses the results:
For debate, overview and development of nursing documentation.
The RHCJ can use the results:
To sharpen the focus on developing the quality of nursing documentation, so patient safety is better supported.
To set quality goals for nursing documentation and strategies for documentation in the RHCJ and the CDR.

**P54**

## Focused ethnography as a methodology to explore nurses´ use of early warning score in a hospital setting

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**Background:** Early Warning Score (EWS) has been implemented worldwide to help nurses recognize deterioration among hospitalized patients. However, studies show that nurses´ perception and use of the EWS tool do not always accommodate the intention of the tool. Focused ethnographic methodology can be used to elicit the nurses´ use of the EWS tool in clinical practice. The methodology provides knowledge on how, when and why nurses´ use the EWS tool, which may facilitate development of interventions to support nurses´ systematic use of the EWS tool to increase early recognition of patient deterioration.

**Aim:** To identify how focused ethnography can be used to explore nurses´ use of the EWS tool in a clinical nursing context in a hospital setting.

**Methods:** The methods used were participant observation and ethnographic interviews. Six nurses employed at a surgical ward and five nurses employed at an acute ward were observed and interviewed. Four physicians were interviewed as the observations revealed that physicians´ attitudes and actions on EWS influenced the nurses´ use of the EWS tool. The analysis was conducted using LeCompte and Schensul´s ethnographic analysis.

**Conclusion/clinical relevance:**Nurses´ use of the EWS tool and consequently the impact on nurses´ clinical decision-making has been elaborated and explored in a hospital setting. The methodological approach has facilitated exploration of how, when and why nurses use the EWS tool. Method triangulation has elicited a nuanced interpretation based on the complex nursing context. The methodology and the method triangulation have accommodated the discrepancy that can exist between what is said and what is actually done. This approach has ensured a dialectic approach between observations and interviews. The knowledge guides development of activities to support nurses´ systematic use of the EWS tool in a hospital setting to increase early recognition of clinical deterioration.

**P61**

## Experiences of specially trained personnel of group education for patients with type 2 diabetes - A lifeworld approach

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**Background:** By 2017, it was estimated that 8.8% (58 million) of Europe's population aged 20–79 would have diabetes including 22 million undiagnosed cases, which makes caring for patients with Diabetes a great burden.
In Sweden, Primary care gives people with diabetes counselling, support, treatment and patient education to increase self-management. Individual counselling is the most common form of education in diabetes care, although group education is highly recommended. Supporting patients' learning processes increases the patient degree of self-management and involvement in their own care. The model used in this study,(Table 1) is based on the patient's understanding and challenges it on both a cognitive and an existential level.
**Table 1. To take charge in life with long-term illness**

**Objective:** To describe how the group education process for people with type 2 diabetes is experienced by diabetes nurses and dietitians who support the patients' learning, in a primary care setting.

**Method:** The project took place at two primary care settings in the south of Sweden. Data collected from focus-group interviews and reflection notes were subjected to phenomenological analysis

**Result:** The specially trained personnel experienced that group education made it possible for the patients to learn through reflection concerning their own and others' experiences. Group education entailed increased knowledge for the trained personnel.
**Conclusion:** When the patients were challenged to make changes in their lives with the illness, the personnel experienced that both patients and personnel supported each other. The study concludes that the trained personnel person-centred approach, with help of the didactic model, get tools to support patients learning.

**P64**

## Can we afford to employ a postdoc nurse?

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**Background:** The healthcare system demand evidence-based nursing-care and calls for academic nurses at PhD level, (Postdocs) to be employed close to clinical-practice. In Denmark, this is a new way of thinking, not many hospitals have allocated postdocs being a part of the nursing organizations. The aim was to describe a nursing organisation containing a postdoc to contribute to the development of clinical practice.

**Methods:** A head nurse from a Danish orthopedic department employed a postdoc in 2014. Only 2 nurses at master level was employed. For a common foundation, the leaders and the academic nurses created a strategy for nursing care. This was a framework for various nursing activities as journal club, nursing meetings, daily 15 minutes nursing discussion, and learning labs for students. A Nursing Forum including all academic nurses (8 in 2016) was established. The Nursing Forum contributed to ensure that projects would be realized. Nurses were working in partnership with the academic nurses during all processes from writing the protocol to convey the results through publication, posters or oral presentations.

**Results:** In the efforts to make clinical practice evidence-based, the postdoc was a priceless professional sparring for the head nurse. She used the postdoc strategically to raise the profile of the department internally and externally. Together they were role models showing the career opportunities within the profession. After the postdoc was employed more nurses continued education. There was an increased capacity and ability to produce and carry out research. Nurse managers and nurses gained renewed professional pride, sharpened focus on nursing and new inspiration and tool for specific nursing interventions. This gave the department a more clearly professional profile.

**Conclusion:** We cannot afford - not to employ a postdoc nurse. Postdoc nurses contribute to bridging research and practice. Departments need nursing leaderships who employ postdocs.

## P66

## Living in limbo: Patients existential experiences six months after a kidney transplantation with a living donor

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**Background:** The prevalence of end-stage renal patients in Denmark is increasing. Simultaneously, kidney transplantations with a living donor increase. Kidney transplantation offers longer life expectancy, and is the most effective form of renal replacement therapy. Furthermore, kidney transplantation offers higher quality of life, less need of medication and fewer restrictions in everyday life than compared to dialysis. However, kidney transplant recipients must adhere to various changes in everyday life when being transplanted.

**Aim:** The aim of this study is to investigate the existential experiences of patients six months after a kidney transplantation with a living donor.

**Method:** The study has a qualitative approach inspired by Ricoeur. Eleven interviews with patients are conducted six months after a kidney transplantation with a living donor. Analysis and interpretation are based on Ricoeur's theory of interpretation.

**Results:** Patients experience that people around them articulate that they must be happy in their new life, suggesting that the patients have an entire new life to embrace. Nevertheless, patients experience that life after kidney transplantation not only is a bed of roses. The donors' possible complications after surgery inflict patients' feelings of guilt and patients must adapt to a new existence including a new identity. However, the gratitude of the newfound freedom, which the kidney transplantation entail, overshadows this feeling of living in limbo.

**Conclusions:** Patients experience various existential challenges in their everyday life after a kidney transplantation. The patients are living in limbo as they experience their existence as uncertain and their identity as unknown. They are questioning the idea of, that they have a new life while appreciating their newfound freedom. There is a need of developing a new rehabilitation programme that encompasses the existential challenges faced by the individual patient.

## P69

## Observations and interviews describing first-line manager's work at hospitals where the staff rates high access to empowering structures

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**Background:** In times where hospitals are struggling with recruitment as well as keeping their current workers healthy and willing to stay on, it is important to identify factors that can help work organizations in their work of providing conditions for a good work environment and for a leadership that promotes health and development.

**Objective:** The aim was to study how first-line managers act at units where the staff has rated their access to empowering structures as high and to describe this together with the first-line managers' and their staff's descriptions regarding the staff's access to empowering structures by using Kanter's theory of structural empowerment as a framework.

**Method:** A descriptive design with a qualitative approach collecting data using both observations and interviews. The study sample consisted of five first-line managers (FLM) and 13 staff members, at hospital units in different parts of Sweden, where the staff had rated their access to empowering structures as high using the Conditions of Work Effectiveness Questionnaire – II (CWEQ II) in a previous data collection.
Both the first and last author conducted 80 hours of observations, following each FLM during two workdays, and 15 hours of interviewing both the FLMs and staff members. Fieldnotes of what the FLMs were doing were taken during the observations. On the third day at the unit, interviews were conducted with the FLM and two or three out of their staff. The interviews were semi-structured with questions related to the observations and questions inspired by Kanter's theory. Data from both MP3 files and notebooks were transferred into a Word document and directed content analysis informed by Kanter's theory was performed on the material as a whole.

**Results:** Preliminary results from the ongoing analysis indicate that findings in both the observations and interviews often confirm and support each other.

## P70

### Reflexivity - the development and participation in a journal club based on clinical practice reflection

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*Reflexivity* – the development and participation in a journal club based on clinical practice reflection.

**Background:** Many nurses lack confidence in applying relevant research evidence to clinical practice. Journal club participation has shown to increase evidence-based practice knowledge and skills while facilitating positive attitudes among participants. However, it is crucial to investigate how they can support that the best research evidence will be readily available and applicable to clinical practice.

**Objective:** The objectives of this study were to develop a journal club based on a curriculum derived from the nursing practice narratives and to describe how nurses experience participation in this.

**Method:** Inspired by narrative pedagogy and critical reflection through problem-based learning, a journal club named *Reflexivity* was developed. It was three 2-hourly workshops over eight weeks, and 19 nurses across three clinical departments participated in the pilot study. The study employed a phenomenological hermeneutical approach, and qualitative data from six focus groups were interpreted in a three-step process.

**Results:** *Reflexivity* seemed to be feasible as a journal club based on nurses' narratives in a clinical setting. It allowed nurses to reflect on their questions from clinical practice in light of research-based knowledge. The study showed that the tone of discussions changed from casual to professional. By reformulating nurses' reflections into professional language, opportunities to search for and apply research- and evidence-based knowledge increased.

**Conclusion:** *Reflexivity* has the potential to integrate evidence-based knowledge and increase professional consciousness by reflection on clinical questions in an evidence-based context. Fundamental issues of nursing care were raised, and feelings of essential pride in nursing were facilitated. Thus, barriers and attitudes to evidence-based nursing practice can be overcome through a journal club based on the participant's narratives.

## P77

### Identification of patients' Sense of Coherence using a technological platform

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**Background:** Research shows that patients' "Sense of Coherence" (SOC) influence their ability to cope with stressful situations. Therefore, the SOC can be considered an important factor for health care professionals to include in their assessment of patients and planning of care and treatment. The technological platform "My Hospital" provides an opportunity to identify patients' SOC prior to admission to the hospital. "My Hospital" is a smartphone app for patients connected to the hospitals in The Region of Southern Denmark, currently used by 20.000 patients.

**Objective:** The objective of this study was to investigate if the technological platform "My Hospital" is a useful health technology tool to identify patients' SOC prior to admission.

**Method:** The Danish version of the 13-item SOC questionnaire was implemented in the "My Hospital" platform. Orthopedic patients undergoing knee and hip replacement at Odense University Hospital were included consecutively. Data was transferred from the "My Hospital" platform to a secure database for statistical analysis.

**Results:** In the period March to October 2019 a total of 820 patients were offered a connection to the app. 538 patients (65.5%) did not consent to use of the app. Of the 282 patients that consented to using the app, 156 patients (55.4%) did not fill out the questionnaire. Of the 126 responders that filled out the questionnaire, 49 patients did not accept the consent to research which is required for extraction of questionnaire data from "My Hospital".These preliminary results reveals that identification of patients' SOC is limited to 15% of the total population.

**Conclusion:** When collecting patient reported data using a technological platform it is important to expect a substantial dropout. Consequently, this research method will require dropout analysis. Therefore, perspectives on how to improve the platform "My Hospital" and increase the number of respondents is vital.

**P78**

## Translation and psychometric evaluation of the Swedish versions of Nuss Questionnaire modified for Adults (NQ-mA) and Single Step Questionnaire (SSQ)

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**Background:** Pectus excavatum (PE) is the most common thoracic deformity. The incidence in the general population is 0.1 %, occuring more frequently in males than females (ratio 4:1). Although most patients do not report physical symptoms, the psychological impact can be significant with decreased self-esteem and confidence. Minimal invasive repair surgery (Nuss procedure) of PE has previously been reported to improve health-related quality of life.

**Objective:** The objectives of this study was to translate and evaluate the psychometric properties of the Swedish versions of two disease specific health-related quality of life instruments – Nuss Questionnaire modified for Adults (NQ-mA) and Single Step Questionnaire (SSQ).

**Method:** The study was conducted in two phases: (1) translation and adaptation of NQ-mA and SSQ into Swedish, and (2) psychometric evaluation of the translated Swedish versions of the instruments. Statistical analyses to evaluate internal consistency, construct validity, sensitivity and factor structure were conducted in SPSS and SAS.

**Results:** All patients (n=420) who had undergone the Nuss procedure at three Swedish cardiothoracic surgery departments between the years 2000-2019, were invited to participate. Data was collected from 236 patients (response rate 56 %), age 15-81 years (mean = 26.1, SD = 7.92) with 82.2 % males. Preliminary results show that the internal consistency reliability coefficient (Cronbach's alpha) for SSQ was 0.79. Alpha for NQ-mA was 0.91 for the total score, 0.93 for the psychosocial subscale and 0.76 for the physical subscale. The proportion of missing items ranged between 0.8-2.5 % for SSQ and 1.3-3.4 % for NQ-mA, with only one item missing >2.5 %. The psychometric evaluation process is to be completed in early 2020.

**Conclusion:** The preliminary results indicates satisfactory reliability for the Swedish versions of NQ-mA and SSQ, suggesting valid use of NQ-mA for individual assessment, whereas SSQ is valid on group level.

### P79

## The impact of a personalized action plan delivered at discharge to patients with COPD on hospital readmissions. A pilot study

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**Background:** COPD is associated with a substantial illness- and symptom burden, increased risk of acute exacerbations of COPD (AECOPD) and hospital admissions. Self-management interventions in COPD, including action plans (AP), has the potential to reduce AECOPD hospitalizations. However, knowledge is sparse on effectiveness of a personalized tailored AP introduced under admission.

**Objective:** To test if a personalized, written AP supported with a short verbal instruction provided at or post discharge after an AECOPD admission as addition to usual care, reduces readmissions and symptom burden, including anxiety and depression levels at 3 months follow-up.

**Method:** The pilot study was performed in a pragmatic RCT design, in order to judge the feasibility whether or not such an intervention delivered under admission was relevant and sustainable.
100 participants were recruited during an AECOPD admission and randomized into two groups (50:50). The study was a prospective, un-blinded, clinical, complex intervention study with a retrospective assessment of number of admissions in the 3 months preceding and following the index admission.
At baseline all participants completed the Hospital and Anxiety Depression Scale (HADS) and COPD Assessment Test (CAT). Relevant data were either patient-reported or extracted from electronic medical records.
The intervention group received, in addition to usual care, a personalized tailored stepwise AP on paper, supplied by a person-centered dialogue including self-management instruction and possibility for subsequent support. At 3 months follow-up, all participants repeated completion of CAT and HADS.

**Results:** The intervention group experienced significantly lower number of readmissions and lower CAT and HADS depression scores at follow-up, but no change in HADS anxiety.

**Conclusion:** Through the pilot study, we found it feasible to introduce a person-centered AP at or post an AECOPD admission and thereby achieve both decreasing readmissions, symptom burden and depression after a 3- month period.

## P80

## Involvement of older patients in nursing mediated by narratives

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**Background**: An increasing number of elderly people causes a need for nurses in elderly care. Therefore, there is a need for encouraging nursing students´ interest in elderly care. National and international research studies found both positive and negative attitudes towards elderly care. Though, the interest for gerontological nursing seems not solely determined by attitudes. A study found students´ reluctance to join gerontological nursing was due to a lack of knowledge, skills and negative experiences in clinical placements. The challenge is to discover how to guide the students into gerontological nursing.

**Aim**: To investigate whether listening to narratives of older patients can facilitate nursing students´ competencies and interest in elderly care.

**Method:** A phenomenological-hermeneutic approach was used to investigate whether an intervention, where nursing students carry out narrative interviews with older patients in clinical placements, could advance the students´ interest in elderly care and promote their competencies to involve older patients in their own care. Subsequently, the students used knowledge from the interview in a clinical activity about clinical decision making and clinical leadership. New knowledge was generated through interpretation of transcribed narrative interviews with the students before and after the intervention.

**Findings:** Three themes emerged: Significance of the narrative for the patient-nurse relation, for involving patients in clinical decision making, and for patient-centred nursing.

**Conclusion:** The intervention made clear to the students the significance of listening to the elderly. They experienced and found the narrative interviews of great value to mediate a better patient-nurse relation, it was easier to involve elderly patients in clinical decisions and to adapt the care for individuals. They expressed that they would use the narrative method further in their nursing practice.
This research address gerontological and geriatric care, as it provides experience of using narratives to facilitate studentslearning about elderly care.

## P83

## Flipping the perspective - Using positive deviance in a study of nurse turnover

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**Backgrund:** High nurse turnover in hospitals is a global problem and its negative consequences have been widely studied. Positive deviance is a bottom-up approach, that challenges the deficit-based approach that focuses on failures and harm, aiming to explore and recognize practices that are positive, despite comparable challenges. In the Defining Nursing Capacity project (NUCAP) a positive deviance approach was used to identify and study departments with low turnover of nurses.

**Aim:** The aim of the study is to investigate how positive deviance as a collaborative approach, is received by clinical nurses and leaders in departments with low turnover compared to similar departments.

**Method:** The positive deviance model used to approach and select the hospital departments was developed by Zanetti and Taylor. We used the first three steps in our project:
1. Defining a positive deviant hospital department. In NUCAP the hospital departments were defined as being a medical, surgical, acute and psychiatric department in the Region of Zealand with the lowest turnover of nurses.
2. Determining the positive deviant departments. The four departments were selected using HR-data in the year 2017.
3. Discovering the characteristics of the positive deviant departments. Researcher-triangulation was included in the interviews and focused field observations and during data analysis.

**Results:** Despite the project was conducted at a very busy time, including reduction of staff and increasing production demands, the clinical nurses and their nurse managers welcomed the NUCAP researchers with positive minds/attitudes. The notion of being approached for positive reasons made the difference for the nurse who experienced only being involved and approached when troubles were ahead.

**Conclusion:** Positive deviance can be recommended as a way to approach and gain access to practice in applied research projects in hospital settings.

### P85

## Using Ricoeur's theory of narrative and interpretation to explore patients' and clinicians' experiences of a low back pain clinical pathway

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**Background:** In Denmark, 13.7% (647,000 people) of the population older than 16 years reported low back pain (LBP) symptoms. LBP has a major socioeconomic burden and it is estimated to cost about 16.8 billion DKK per year in direct and indirect revenue for the Danish population. Clinical Pathways also called patient or care pathways for LBP have proliferated globally over the last decade, despite little evidence of their effectiveness and a need for further evaluation. A clinical/care pathway has been defined as ”a complex intervention for the mutual decision-making and organisation of care processes for a well-defined group of patients during a well-defined period”. For patients with LBP in the Region of Zealand, Denmark, a clinical pathway was developed in 2016 to ensure a common standard of prevention, treatment, rehabilitation, and follow-up for citizens in the region.

**Study aim:** to explore the experiences of patients, GPs and Physiotherapists using the Zealand LBP clinical pathway.

**Method:** A qualitative, explorative design was adopted as the study focus was individuals’ experiences of the LBP pathway. Specifically, a phenomenological-hermeneutic approach inspired by the French philosopher Paul Ricoeur’s theory of narrative and interpretation was chosen. In-depth qualitative interviews were conducted with 6 patients with LBP, 4 GPs and 4 PTs, who treated patients with low back pain. The interview guides evolved, as new topics presented during previous interviews, were added. Data analysis and interpretation were inspired by Paul Ricoeur’s interpretation theory, on three levels: naïve reading, structural analysis, and critical interpretation and discussion.

**Preliminary findings:** Collaboration and communication between clinicians who treated the patients with LBP was sometimes functional and sometimes not. GPs lacked treatment options for further referral. Patients’ employers influenced the patient’s pathway significantly. Out of pocket payments for physiotherapy were a challenge for some patients.

### P86

## Adapting evaluation research to fit a frail patient group with uncertain illness trajectory - challenges of multiple case study design

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**Background:** For persons with progressive neurological disease and impaired coughing capacity, the technical device cough-assist is a relatively common treatment. However, reviews have shown insufficient evidence for the use, but we have also recognized that due to the variation of symptoms and illness trajectory in the patient group, randomized controlled trials are inappropriate. There is a need for other research designs including qualitative methods.

**Objective:** To share our challenges of multiple case study research on a frail patient group.

**Method:** The project was designed as a multiple case study with the aim to describe the treatment with cough assist from different perspectives. We planned to follow the participants during ten weeks using both qualitative and quantitative methods: three interviews, two observations, two questionnaires and a diary. In addition, lung function, cough capacity and breathing muscle strength were measured. We planned that the participants would stop using the machine for two weeks during two separate periods, i.e., an ABAB-design, enabling us to investigate treatments effects.

**Results:** At the conference, we will describe how we have adapted the design and datacollection to the frail participants. We also want to share how our focus changed from evaluating outcomes of the cough assist treatment to a holistic evaluation of the whole process and what the treatment means for the participants in a deeper sense.

**Conclusion**: Will be discussed at the conference.

**P87**

### Barriers in specialist wound clinics, for discussing palliative care needs with patients in risk of amputation - a study protocol

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There is a growing awareness that not only patients with cancer but all patients with life-threatening diseases need palliative care, with the goal to relieve the patient's suffering. In wound care, however, it is known that patients with chronic wounds have extensive needs that are not systematically identified and met by their healthcare providers. Although mortality is high among patients in risk of amputation due to chronic leg wounds, palliative care is an entirely new approach in the specialist wound clinics and little is known of what it takes to implement a palliative approach in these settings.

**Aim:** To explore barriers among nurses and physicians in specialist wound clinics, for discussing prognosis, treatment options and other palliative care needs with patients in risk of amputation due to chronic leg wounds

**Methods:** An explorative qualitative design will be adopted, based on a combination of non-participant observations of existing practice and interviews with physicians and nurses from four specialist wound clinics (hospital) in Denmark. Focus for observations will be consultations where potential palliative needs are discussed. A semi-structured interview guide will be developed to expand the observed practice, based on literature on needs among patients with chronic wounds, palliative care and theories of behavioral change. A conventional qualitative content analysis procedure will be used to identify barriers and facilitators to discuss palliative needs with patients as perceived by nurses and physicians.

**Expected outcomes:** This study is part of the research project ”What is there to hope for if the wound doesn´t heal? Rehabilitation and Palliative care for people at risk of having a leg amputated due to chronic leg wounds”. Knowledge of perceived barriers and facilitators for discussing palliative care needs will be used to inform a plan for implementing a palliative approach in specialist wound clinics.

**P91**

### Identification of delirium in acute elderly patients - using the Confusion Assessment Method (CAM)

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**Background:** Delirium is common in elderly patients and has been identified as an independent marker for increased mortality and hospital-acquired complications, yet it is poorly recognized by health care providers.
The aim of this study was to investigate whether systematic use of the validated screening tool Confusion Assessment Method (CAM) would result in a higher recognizing of delirium in patients ≥ 65 years old admitted at Odense Emergency Department (ED).

**Methods:** All nurses in the ED received 2 hours of education in delirium and how to use the CAM score. They were asked systematically to perform CAM score in all patients ≥ 65 years at arrival to the ED and every 8 hours.
During 2 periods of 5 days - one before the education (pre-CAM) and one 4 weeks after CAM scoring had started (during-CAM). A research team interviewed all ≥ 65 year old patients and their nurses at the first and second day of admission. In relation to the interviews all patients underwent a cognitive assessment using the CAM by a trained investigator. After discharge patient files were screened with the aim to identify any delirium registered.

**Results:** Out of 276 screened patients 192 where included in the project. 100 patients were included in the pre-CAM group and 92 patients in the during-CAM group.
24 of 100 (24% 95%CI 16%-34%) patients experience delirium in the pre-CAM group and 18 of 92 (20% 95%CI 12%-29%) in the during-CAM group.
Prevalence of the diagnoses delirium registered in the patient file increased from 1 of 24 to 9 of 18.

**Conclusion:** One out of four elderly acute patients had delirium symptoms during the first 2 days at hospital. Systematic CAM scoring did not change the prevalence but it increased the awareness significantly. The high prevalence underlines the clinical importance of the problem.

**P92**

### How to use participatory design exploring early discharge from the emergency department

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**Background:** There is an increase in patients being discharged after short stays in the emergency department (ED), but limited knowledge is found of their preferences on treatment and care.

**Objective:** This study aims to explore and understand the needs and preferences of patients and family members discharged from the emergency department within 24 hours of admission.

**Method**: The overall design is participatory design (PD). PD is an evolving practice of *telling*, *making and enacting*. The iterative flow of events between these activities is essential. Present study represent phase I ”*Telling*” which aims to identify needs. This was done by investigating patient's and family needs by field observational studies along with individual and joint interviews of patients and family members. Next phase is ”*Making*” aiming to develop an intervention. Three workshops are facilitated gathering patient, family, healthcare professionals and collaborators to develop an intervention on behalf of findings from current study. Finally, phase III ”*Enacting*” aims to test the intervention. The study was conducted in two EDs in the Region of Southern Denmark. Adults aged ≥18-years who had been discharged from the ED within 24 hours were purposeful sampled to achieve maximum variation.

**Results**: Field observational studies (n=50 hours), individual interviews with patients (N=19) and family members (N=3), and joint interviews with patients and family members (N=4) were carried out. Four themes were derived from the material: 1) being in a vulnerable place—emotional concerns; 2) person-centered information; 3) the atmosphere in the emergency department; and 4) implications of family presence.

**Conclusion:** This study demonstrates a gap between patients' and family members' needs and what current emergency departments deliver. The findings highlight the importance of family and person-centered care. Tailored communication and information with genuine involvement of family members is found to be essential for enabling an understanding of the vulnerability

**P93**

### Parents, parenting and healthy behaviors - what support can school nurses provide?

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**Background:** Early prevention through healthy parenting practices is key to a healthy growth development in children. When enrolled in Swedish primary school, all children visit the school nurse together with their parents during well-established health visits. This is a great opportunity to reach all families with health promoting guidance and support, regardless of socio-economic position. However, no practical guidelines are available for how to approach parents in conversations about health in order to promote healthy behaviours in school aged children.

**Objective:** The aim was to explore how parents talk about their children's food and physical activity behaviours that opens up for school nurses to support parents in promoting children's healthy behaviors during regular health visits.

**Methods:** During the routine health visit, school nurses (N=7) used Motivational Interviewing to support parents (N=111) to explore their children's (5–7 y) lifestyle behaviours. All health visits were audio recorded. A purposeful sample (n=30) was drawn in the group of children with normal BMI-sds (n=62) with maximum variation regarding; *sex of child and participating parent, parent education* and *parent chosen target behaviour*. The recordings were transcribed verbatim and analysed by using inductive content analysis as described by Elo & Kyngäs (2004).

**Results:** Analysis is ongoing. Preliminary results indicate four main categories: 1) The child as an individual; 2) Reflections about the child's lifestyle behaviours; 3) Parents beliefs and parenting behaviours; 4) Contextual perquisites.

**Conclusion:** Findings are intended to provide guidance for school nurses on how to adapt their clinical practice to best support parents in promoting healthy behaviours to their children. Furthermore, the results can advise policy makers on how to adapt interventions in the school context to meet parents needs for promoting young children's healthy lifestyles.

## P96

## Complexity leadership as a method for academic-healthcare collaboration in nursing research

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**Background:** Knowledge development that takes place in formalized collaboration between academia and nursing practice is pivotal for the profession to meet its obligations to society. Such integrated partnership is established to merge interests of practice, education, and research in a tandem. To accomplish this, the academic-health care collaboration should be framed by solid organizational structure on each site and led in an effective way. For that purpose, complexity leadership is appealing, because it centers on meaningful and dynamic involvement that transpires in bidirectional relations among the leader and collaborators as well as clinical situations, contexts and challenges.

**Objective:** At the Faculty of Nursing, University of Iceland and Landspitali, the National University Hospital of Iceland, formalized collaboration in nursing has been in place since 2001 when a mutual contract was signed. Since, collaboration in nursing practice development, education and practice has blossomed. A key component for this success was the establishment of joint positions of the nursing faculty as academic chairs. Academic chairs have multiple responsibilities, e.g., facilitating establishment of research groups, supporting nurses in conducting research and spearheading research projects. In this presentation the work of the academic chairs of nursing care for chronically ill adults and neurology and neurorehabilitation will be described by illustrating projects where complexity leadership is used as a deliberate method to develop research, practice, and education, with particular emphasis on knowledge development.

**Conclusion:** Complexity leadership is a useful approach to facilitate academic-health care collaboration. Under favorable circumstances it may lead to meaningful activities and outcomes that benefit everyone involved; patients as well as nurses, the involved organizations and the larger research community.

## P98

## Single-bed rooms reduce the incidence of hospital-acquired urinary tract infections in geriatric patients

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**Background:** Previous literature suggest that patients hospitalized in single-bed rooms have a reduced risk of hospital-acquired infections (HAIs) compared to patients in multi-bed rooms. No studies have examined the effect solely in geriatric patients.

**Objective:** We aimed to examine the risk of HAIs in geriatric patients in single-bed rooms compared to multi-bed rooms.

**Method:** A post-hoc analysis of a recent prospective cohort study on the risk of delirium in patients aged 65 or older hospitalized in single-bed versus multi-bed rooms was conducted. All patients were consecutively included from September 15 to December 19, 2016 when admitted to a geriatric ward with multi-bed rooms, and in the same months in 2017 in a geriatric ward with single-bed rooms. Verified HAIs with onset between 48 hours after admission and until 48 hours after discharge were registered. The HAIs were categorized as urinary tract infections (UTI), pneumonia, sepsis, clostridium difficile, and other infections.
**Results:** In total, 226 single-bed patients and 220 multi-bed patients were included. The patient groups were comparable except from the patients in the multi-bed rooms were older and more were men. In a Cox regression model, Hazard Ratio (HR) was adjusted for age and gender. The HR was 0.13 (95% confidence interval: 0.04-0.50), p-value=0.003. Single-room patients had 12.7% of the HAIs and the multi-bed patients 20.0%. UTI was crucial to this difference. The UTI-incidences of the HAIs was 42.8% in the single-bed patients and 50.0% in the multi-bed patients.

**Conclusion:**Single-bed rooms seem to decrease the incidence of hospital-acquired urinary tract infections when compared to multi-bed rooms in geriatric patients.

## P103

### Experiences of striving to maintain daily life among women with osteoporosis: Reflective lifeworld research

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**Background:** Osteoporosis is considered to be a public health concern in Western countries, and more common among women. When being diagnosed, women tend to feel credible, but with a feeling of uncertainty for the future.

**The objective:** To describe the essence of striving to maintain daily life among women with osteoporosis.

**Method:** Using reflective lifeworld research (RLR) made it possible to describe and understand the essence of the phenomenon under study. The lifeworld theory is an epistemological and methodological tool to understand how women with osteoporosis strive to maintain their daily lives. Individual interviews with a RLR approach were conducted. Significant in analysing meanings of phenomenon is the tripartite structure, which means a movement between the whole to the parts and then back to the whole. The text were clustered into groups of meanings, and meanings were abstracted in order to reach the essence formation. During the analysis, we had a scrutinizing stance in relation to the studied phenomenon, and adopted a reflective stance in the search for meaning. Our ambition was to reflect on what is commonly taken for granted to understand the strive in maintaining daily life among women with osteoporosis.

**Findings:** The essences of meanings was understood to encompass an altered life situation with need for support, and at the same time to express oneself and one's own capacities and strengths. Four constituents emerged: Resisting the illness by not letting it dominate one's life, Sheltering one's independence while needing support, Striving towards feeling well and Reconciling with the circumstance of life.

**Conclusion:** Essence is understood related to horizons, that was the approach we had when analysing and attempting to understand the phenomenon. Important was to strive for a bridled approach related to the figure and background of maintaining daily life when living with osteoporosis.

## P107

### Mod!Kræft - a Danish action research project focusing on quality development of young cancer patients`trajectories

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**Background:** As a consequence to the Governmental goals to meet young cancer patients needs through customized initiatives, we designed and initiated Mod!Kræft in 2017; a combined development- and research project at Department of Haematology, Zealand University Hospital

**Aim:** To develop the quality in young cancer patients` trajectories using a person centred and participatory approach.

**Method:** Project design: A qualitative action research project with a person-centred approach. The research design and approach was chosen based on the assumption, that it would ensure that the project and the initiatives and actions taken would be experienced relevant and meaningful for the participants, and give them an important voice from start to end of the project.
From start-up a youth panel was established so the young cancer patients throughout the project had a decisive influence on what actions to be taken to develop the quality in their trajectories.
Process methods: The key methods used during the whole project-period were scheduled meetings and informal/ad hoc dialogues between all participants (young cancer-patients, nurses and doctors), and logs from the participants.
The project was conducted from Jan. 2018-Jan 2019, and participants were young people diagnosed with cancer in the age 19-39, nurses and doctors at the Department.

**Results:** The methodology and methods have resulted in multi-faceted knowledge on young cancer patients` trajectories, and in individual and organizational learning.
30 different actions on both a patient-oriented, health professional and organizational level were initiated and implemented, and thus the quality in the patients` trajectories were developed.

**Conclusion:** All the participants found the methodology and methods relevant og meaningful according to practice development, and the approach is the prevailing approach in the Departments` Unit for Nursing Research and Development.

**P109**

## Surveying nursing personnel in Norwegian nursing homes: do response rates and ratings vary between personnel groups?

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**Background:** This study is part of a larger project involving a survey to measure the practice environment and care quality in Norwegian nursing homes. The questionnaire was adapted to suit all nursing personnel and the wording to be easily understood regardless of respondents' mother tongue.

**Objectives:** explore response rates by groups
compare group scores on selected variables

**Method:** A local liaison person collected background information about the sample ($N$=2568) to explore response rates: age (over-/under 40 years), occupation (nurse assistant-NA/ practical nurse-PN/ registered nurse-RN) and mother tongue (Nordic language/ other).
Response rates did not vary by age; hence we used mother tongue and occupation to construct groups for comparing response rates and ratings. Group differences on general items (Job satisfaction and Care quality) and summated rating scales were explored using OLS regression, controlling for self-reported age, gender, part-time working, and further education.

**Results:** The total response rate was 37.1%. The group NAs/non-Nordic had the lowest response rate (12,2%) followed by NAs/Nordic (22%), PNs/non-Nordic (27%), RNs/non-Nordic (35%), PNs/Nordic (36.7%). RNs/Nordic had the highest response rate (48.6%).
The ratings varied statistically significantly by group. Using PNs/Nordic as reference value, the ratings from NAs/non-Nordic were better on the items Job satisfaction, Care quality and the scales Professional development and Multidisciplinary collaboration. NAs/ Nordic had better ratings on the items Job satisfaction and Care quality, and the scale Professional development. Both PNs/non-Nordic and RNs/non-Nordic reported less unfinished care. RNs/Nordic reported poorer Multidisciplinary collaboration, compared to PNs/Nordic. There were no group-wise differences on the scale Safety climate.

**Conclusion:** In this study, there were large differences in survey participation by group, which affected the overall results. Such differences need consideration when designing a survey. Data collection procedures and motivation strategies that are customized to all subgroups should be implemented to obtain high response rates and representative samples.

## P110

## Telling your story through photographs - a way to engage men in qualitative interviews

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Telling your story through photographs – A way to engage men in qualitative interviews

**Introduction**: Women tend to participate more frequently than men in qualitative studies and it is associated with difficulties for researchers to explore the lived experiences of men through interviews. This could pose the risk that future evidence in parental qualitative studies lack insights into the lived experiences of fathers.

**Objectives:** In a recent study that explored parenting a child with type 1 diabetes, existing literature mainly describes the mother’s perspective. To gain further insight into the lived experiences of fathers, we found it challenging to find methods for engaging fathers in qualitative interviews.

**Methods:** The design of the study was based on a narrative approach inspired by Ricoeur. To elicit the voice of fathers of a child with type 1 diabetes and explore their lived experiences, data was collected through face-to-face photo-interviews. The fathers had taken five to ten photos in advance, depicting situations and artefacts from everyday life caring for a child with type 1 diabetes. Inspired by Tinkler, the interviews were conducted as a dialogue, listening to the fathers talk about their photos.

**Results:** The fathers used the photos as starting-points and stepping stones for telling their stories and sharing their lived experiences. They described the interview as positive and that the use of photos provided them with a sense of ”being in charge”, enabling them to share experiences and emotions they had never talked about before.

**Conclusion:** The use of photos in qualitative interviews may provide men with an opportunity to share their lived experiences and contribute to parental qualitative research.
Furthermore, photo interviews seem to improve the balance of power and reciprocity between interviewer and interviewee during qualitative interviews.

## P111

## Lets talk nursing! Facilitation of evidencebased discussions in clinical practice

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**Background:** Evidence based practice (EBP) is a way for the nursing discipline to minimize the gap between theory and practice. EBP is based on decision-making and is used to optimize patient outcomes, improve clinical practice, and ensure accountability in nursing. Nurses in the Emergency Department sought-after more nursing-care-related discussions on daily basis. We investigated if 10 minutes of professional nursing related discussions using EBP as guideline could accommodate what the nurses´ requested.

**Objective:** This study aims to investigate if facilitation of ”10 professional minutes” could contribute to nurses’ use of EBP as a tool to nursing-related-discussions on daily basis?

**Method:** Every day the clinical nurse specialist used a flip-over to illustrate the nursing related topics in a EBP model. The EBP model was handed to the nurses. One participant decided a topic and the discussion was facilitated by a clinical nurse specialist and a staff nurse. Variables were collected in a database: number of sessions, participants, subject and need for follow up.
After 4 1/2 month a questionnaire was distributed to all nurses at the department (n=116). The questionnaire contained 11 questions focusing on nurses’ perceptions of ”10 professional minutes” using EBP as a way to facilitate nurses-related discussions.
The survey is followed by two focus group interview to gain in-dept insight in nurses’ experience and thoughts on ”10 professional minutes”.

**Results:** 72% of the nurses replied the questionnaire. 63 % of the nurses said that ”10 professional minutes” had influenced their nursing practice. 56 % had an increased focus on guidelines and searching for evidence. 56 % of the nurses found EBP model contributes to a better understanding of working evidence based.

**Conclusion:** ”10 professional minutes” facilitate a better understanding of evidence based work, by use of EBP guidelines along with creating room for nursing-related discussions in clinical practice.

## P112

## Cognitive training for prevention of cognitive impairment in adult intensive care unit patients - How to do a systematic Cochrane review?

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**Background:** Cognitive impairment (CI) during and after ICU treatment is frequent and may have devastating consequences for the patient, family and society. CI may persist for up to 1-5 years post-ICU. The risk of CI may differ across sub-groups of ICU patients. For instance, survivors after acute respiratory distress syndrome have a 70-100% risk of CI, whereas sepsis survivors appear to have a risk of CI of 13- 50%. Interventions to counter CI in ICU patients aim to stimulate different cognitive domains by, e.g., reorientation activities, Sudoku, and virtual reality cognitive training.

**Objective:** To evaluate the evidence for cognitive training to prevent CI in adult ICU patients.

**Method:** We will conduct a systematic review using the Cochrane Collaboration's methodology. A systematic search of the literature will identify published and ongoing studies. We will include randomized controlled trials (RCT) focusing on: Global cognitive function, independent living, executive functioning, serious adverse events, health-related quality of life (HRQoL), mortality from any cause and cost-effectiveness/cost-utility as relevant outcomes.
The GRADE approach will be used to assess the certainty of the evidence for all comparisons, taking into account the following aspects: within study risk of bias (methodologic quality); the directness of the evidence; heterogeneity of the data; precision of effect estimates; and risk of publication bias.

**Results:** Preliminary results will be available in autumn 2021.

**Conclusion:** We expect our findings will inform practice of the possibilities to address cognitive impairment after ICU stay and point at interventions to improve the condition.

## P114

## How does patients experience the human related conversation in a health care context af Filadelfia?

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As a part of my PhD thesis I explore the impact of a *human related dialogue* in a hospital setting (Filadelfia, Denmark). The purpose is to explore how patients experience this angle imbedded in the nursing approach. Methodologically the project consisted of an initial training of clinical nurses in the *diaconal existential understanding* in order to complement the nursing focus. Hereafter the nurses went for a sociological tour (Exposure) around the hospital in order to fully grasp what it is like to sense your own humanity. After this introduction, the nurses performed human related conversations with 12 epilepsy patients around the topic of living with epilepsy. These conversations were all videoed. Hereafter I carried out 8 interviews (4 patients drop out) with the patient in their own home, and with a phenomenological approach. During this process as a part of the interpretation, they saw the video together with me, and they pointed out to me, where during the tape, they were met as human beings and not in a patient role. This was decribed, and the text was coded and categorized.
The four following categories arose:
Conversations on ”human related issues”
Having a human related relation to a nurse.
To open up as a human being
To meet understanding of the conditions of being a human being.
One patient described very clearly how she felt she was being met professionally in the context of her disease, yet were also met as a human being. That was an unique combination. That seems to highlight the general essence of the findings as this impact of addressing existential subjects with interest and questions, seems to have profound value. Particular it is of big value that there is autentic interest from the nurses related to the patients concrete everyday life.

## P115

### Understandings and experiences with the concept evidence-based practice in practice among nurses in an orthopaedic setting: a social constructivist approach

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**Background:** The gap between theory and practice is well-known. Evidence-Based Practice (EBP) is a way of closing this gap. The primary purpose of EBP is high-quality patient outcomes.
EBP derives from evidence-based medicine (EBM). To include a broader health care perspective, the term was expanded and named evidence-based practice. Definitions differ but *expertise, patient, evidence* and *context* are widely accepted as the central elements in constructing an environment with EBP. Implementing EBP is complex, and barriers are well-described. Nonetheless, there is a lack of knowledge relating to the nurses' construction of the concept in a practice-based context.

**Aim:** To explore how do nurses in an orthopaedic setting understand and experience evidence-based practice in practice.

**Method:** Ten semi-structured interviews, six focus groups and four individual interviews were conducted in June 2019. 26 nurses both in specialized and basic functions were included. The study is based on social constructivism, and the data were analysed with an emic and inductive approach.

**Results:** While the literature describes EBP moving away from the evidence-based medicine and towards a nursing-based understanding, the nurses in this study describe an understanding of EBP founded in the hierarchy of evidence. The opposing position is *'doing as usual'* and is considered working non-evidenced. Through their understanding of EBP, the concept became unapproachable and difficult to translate into practice. Thus, there seems to be a disconnect between the theoretical term and practice. Even though the nurses did not necessarily *use* the term EBP, they *did* EBP, which is described through outcomes from nursing-based projects and discussions and reflections during weekly meetings.

**Conclusion:** This study indicates a complexity relating to the construction of EBP among nurses working in practice. There is a basis for working according to EBP but talking *of* EBP and working *with* EBP requires a common understanding.

## P117

### Effectiveness of two bed baths methods in removing microorganisms from hospitalized patients - a prospective randomized cross-over study

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**Background:** Traditionally, the use of water and soap has been the primary choice for personal hygiene of bedridden patients, but in recent years,disposable prepacked wet wipes are increasingly being used instead.

**Objective:** The objective of this study was to compare the effectiveness of the two washing methods in removing microorganisms from the groin and perineum of hospitalized bedridden patients, thereby potentially reducing the risk of hospital-acquired urinary tract infection.

**Methods:** In a cross-over, block-randomized trial skin swabs from patients' groin and perineum were obtained before and after washing with either soap and water or disposable wet wipes. To identify species of microorganisms and analyze microbial diversity and load, Columbia agar plates, CHROMager Orientation Medium and Matrix-Assisted Desorption/-Ionization-Time of Flight Mass-spectrometry procedures were used. The difference in microbial diversity and load before and after washing was compared between the two washing methods using non-parametric statistical tests.

**Results:** 58 paired skin swaps were obtained. Both washing methods resulted in a statistically significant reduction in the amount of all microorganisms including microorganisms that potentially can cause urinary tract infections. The found reductions were not statistically different between the two methods. Contamination with new species of microorganisms was observed after both washing methods.

**Conclusion:** The two washing methods appear to be equally effective in removing microorganisms including microorganisms, which potentially can cause hospital-acquired urinary tract infections.

**P118**

### Tests of scaling assumptions and reference data for the Swedish RAND-36: the Mid-Swed Health Survey

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**Background**: This study aims to evaluate data quality, scaling properties and reliability for the Swedish RAND-36 in a general population sample and to present reference data for the general population in a central region of Sweden.

**Methods**: Testing of data quality, scaling assumptions and reliability followed methods recommended for the International Quality of Life Assessment Project, previously used for psychometric testing of SF-36 and RAND-36.

**Results**: The response rate was 42% and the sample comprised 3432 persons (45% men, 55% women) with a median age of 56.9 years. The internal consistency reliability was satisfactory with Cronbach's alphas >0.80 for all eight scales. The percentage of missing items were low, ranging between 1.3-3.2%. No floor effects (≥15%), while substantial ceiling effects were observed for physical functioning, role-physical, bodily pain, role-emotional and social functioning. Item-scale correlations indicated satisfactory convergent validity (r≥0.40). Correlations among the physical health scales were moderate to strong and ranged between 0.58-0.68. correlations among the mental health scales were moderate to strong, ranging between 0.58-0.73. Comparisons among age groups showed no significant differences between those 20-29, 30-39 and 40-49 years, while significant decreases in physical health were observed with increasing age (50 years and older). Significant differences among age groups were noted also for the mental health scales; however, higher scores were seen in the older age groups, except for the oldest (80+). No significant gender differences were found for the physical health scales, women scored slightly lower on the mental health scales. University educated reported significantly higher scores on all scales compared to those with mandatory education.

**Conclusions**: The study suggests that the Swedish version of RAND-36 is an acceptable, valid and reliable instrument for measuring HRQoL in the general population. The study provides reference data that can be used for norm-based comparisons.

**P119**

### A mobile app for the care of family caregivers of persons with dementia (CAFCA)

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**Background:** Family members account for challenges when they provide care to their beloved ones who suffer from dementia. They may experience negative health outcomes such as depression and low quality of life. Mobile app is the most common technology being used in the society and it has high potential to offer supports to these family caregivers.

**Objective:** This study aims to develop an interactive mobile app for family caregivers of persons with dementia, and to assess its feasibility.

**Methods:** Qualitative interviews were conducted to collects views and suggestions from dementia nurses and family caregivers before the development of the app. The app will be used by approximately 40 family caregivers in different municipalities in Sweden for 8 weeks. Pragmatic intervention design with assessments before and after the intervention will be used. Through thematic discussion using chat function over 8 weeks, moderators will support the caregivers for the usage of this app. In-depth interviews will be conducted after 8 weeks to capture the users' experiences regarding the ease of use and acceptability of the app.

**Results:** The mobile app is a platform for family caregivers to communicate with peers and the designated moderator. In this app, family caregivers can exchange information on how to handle behavioral problems and gradual cognitive decline, where to get support, share the experience of stressful events and get access to mindfulness exercises. The next step is to allow caregivers to use the app for 8 weeks.

**Discussion:** This tailor-made mobile app has good potential to be a practical platform for supporting family caregivers.

### P120

## Development of guidelines for supportive dialogues between family caregivers and healthcare professionals through mobile app

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**Background:** Family caregivers (FC) are significant stakeholders in the care of persons with dementia (PWD) living at home. The caregiver role is complex as it features new responsibilities and shifts in their previous roles, from partner or child to be the caregiver and it can result in experiences of stress and anxiety. An interactive mobile application (app) was developed to alleviate the stress of FCs of PWD. A feature of this app is therefore to conduct supportive dialogues with FCs through a chat function moderated by healthcare professionals (HCP).

**Objective**: The aim of this study is to describe the development of moderator guidelines for supportive dialogues through an app by healthcare professionals to family caregivers of persons with dementia to reduce caregivers' stress.

**Method**: The guidelines are based on (a) interviews with FCs and nurses specialized in dementia care in Stockholm; (b) literature on dementia care; (c) evidence-based practice of care of PWD in institutions and encounters with relatives; (d) expert group discussions.

**Results:** Eight themes were identified for discussions in supportive dialogues between FCs and HCPs during an 8-weeks long intervention to alleviate caregivers' stress. These include: Personality changes in dementia, progression of disease, pain in dementia, maintaining functions and activities of PWD and FCs, complexity of emotions of PWD and FCs in dementia, financial and legal matters related to dementia care, Nutrition and oral health in dementia and the future ahead. The HCPs will use Gibbs model after each session to systematically reflect on the discussions.

**Discussion:** Two main principles were considered in the development of the guidelines: person-centered care and self-care of the FC. Caring for a PWD is complex as each individual is to be treated in the context specific to the person including the family.

**P121**

## Development of clinical nurses and nurse leaders` competences towards a person-centred practice, by using action research

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**Background:** It is well-known and well-described that healthcare in western countries are characterized by a new public management approach, where focus is on economy, production, standardized services more than on human relations and individualized care. With a predominant focus on production rather than individuals nurses may experience compassion fatigue or burnout and patients experiences may be compromised.
At some hospitals there seems to be a growing interest and movement towards a more person-centred approach as person-centred healthcare puts persons first in healthcare and bridges humanism and the sciences, including research. Therefore, two departments at a Danish University hospital are now working together with the purpose to build up and develop a person-centred practice.

**Aim**: The aim is that nurses and nurse leaders working within hematology, oncology and palliative care gain competencies to work person-centred and that it may lead to improved patient experiences and job satisfaction among nurses.
We expect that the methodology and methods will result in multi-faceted knowledge on how nurses experience working with a person-centred focus and how they develop their competences according to a person-centred practice.

**Method:** A qualitative action research project with a person-centred approach.
Methods used will be questionnaires at start and end of the project-period to examine nurses' burnout.
Key process methods will be scheduled meetings and ad hoc meetings and dialogues with and between all participants, and logs from the participants throughout the project period, that is January 2020 - December 2022.

**Results:** The project will start January 2020, and we expect to present results from the first 6 months, being results from the questionnaire ”Copenhagen Burnout Inventory” and nurses' experiences on working with a person-centred focus gathered from the meetings that have been held so far.

**Conclusion:** As the project will be initiated January 2020, we can`t present any conclusions yet.

**P123**

# Individual interviews with children, siblings and parents; Everyday life experiences in families with a child with kidney disease

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**Background:** Chronic kidney disease in children is a complex medical and psychosocial disease with factors that differ from the adult disease in significant ways. Among parents, there is uncertainty about disease progression and lack of confidence in caring for the child. The disease has an impact on the emotional and social well-being of the whole family, however in research, the perspectives of the sick child and siblings have been overlooked.

**Objective:** To investigate everyday life experiences from the perspectives of members of a family that includes a child with kidney disease.

**Method:** The study took a phenomenological-hermeneutical approach. In order to explore everyday life experiences, interactions and dynamics in families, semi-structured individual interviews were conducted with seven fathers, seven mothers, five children with kidney disease and five siblings. Questions to the parents were asked to make descriptions and reflections possible. Questions to the children were modified and made compatible with their individual and cognitive stage of development. The data were analysed using Ricoeur’s theory of narrative and interpretation, on three levels: naïve reading, structural analysis, critical interpretation and discussion.

**Results:** It was significant that everyday life and caring for the child were structured around parents’ energy reserves. The disease left its mark and changes to daily life caused anxiety, especially for siblings. The search for normalcy was significant and, although the families coped with conditions around the disease, it could be a challenge.

**Conclusion:** Conducting individual interviews among family members provide nuanced and rich perspectives on how family members feel vulnerable and concerned and need attention, support and care. The method furthermore provided insight in limitations in everyday life and how the well-being of one family member has an impact on the well-being of the family as a whole.

**P128**

## Meeting own needs and supporting ability to care: Family caregivers' and health care professionals' perspectives of professional support provided through a potential mobile application

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**Background**: A majority of persons with dementia in Sweden live in their own homes and are often cared for by family members. Caring for a family member may be positive but also negative as symptoms like disturbing behavior and delusions may be difficult to encounter. The burden of being a family caregiver has been shown to affect the caregivers' quality of life.

**Objective:** To explore stakeholders' expectations of functions and contents of a potential mobile application through which family caregivers could be supported by healthcare professionals in caring for a person with dementia living at home.

**Method:** Eight individual interviews with family caregivers and a focus group with eight healthcare professionals specialized in dementia care were analysed using content analysis.

**Results**: The category Meeting own needs reflected desirable structure of daily life, receiving information in own pace and strategies for self-care. The category Supporting ability to care contained the need for supportive dialogues with peers and health care professionals, and how to make contact with relevant services.

**Discussion:** The findings suggest that a mobile application can support family caregivers to meet their own needs in terms of finding structure in everyday life, how to get information and support in their own pace and how to care for themselves. The findings also suggest the necessity of accessing relevant contact networks to be supported in the ability to care for a family member with dementia.

**Conclusion:** Healthcare and social services mediated support using mHealth has the potential to support family caregivers both in taking care of a person with dementia and caring for themselves. Moreover, the information provided to family caregivers needs to be person-centered according to individual needs of the family caregivers and the stage at which the person with dementia is in the disease progression.

**P130**

### The patient's everyday life with a tracheostomy tube- a qualitative study presenting preliminary findings

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**Background:** There is very little evidence of how patients with a permanent tracheostomy tube (PTT) cope with their everyday life and how it affects quality of life. Reviewing existing literature found no studies published in the Nordic countries. A few older studies (before 2013) only included patients with a temporary tracheal tube. The overall objective of this study is to acquire new knowledge on how to support self-management in patients with PTT and thereby contribute to improve the care given to patients with PTT

**Aim:** The purpose of this – ongoing – study is to acquire insight and a deeper understanding of everyday life with PTT from the patient’s perspective.

**Method:** The study design is qualitative and based on the method of systematic text condensation as described by Kirsti Malterud. The data is collected through semi-structured interviews with patients with a PTT. Patients are included until data-saturation is reached, estimated at 15- 20 patients. The interviews are conducted by the first authors All interviews are recorded digitally and transcribed verbatim. The data collection and analysis will be conducted in an interactive process.
**Results / Conclusion:** The study is ongoing and currently in the data collecting / analysis phase. The first author will present the first preliminary findings and reflections about the method at the conference and thereby invite peers to a professional discussion about strengths, weaknesses and limits with the chosen design/ method.

**P137**

### Immunosuppressive patients experience of having warts - a qualitative study

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**Background:** Immunosuppressive patients have an increased risk of developing verrucae vulgaris. This group of patients often suffers from dissemination of numerous warts, complicated by low treatment response and long-term treatment. How patients experience these challenges is not well characterized.

**Objective:** To explore the experiences and perspectives of immunosuppressive patients with warts, and to gain knowledge about patients expectations of the care and treatment provided in a hospital out-patient clinic.

**Methods:** This is a qualitative study with a phenomenological-hermeneutic approach. Data are collected through semi-structured interviews of 10 patients receiving immunosuppressive medicine and long-term treatment of warts. Data are analyzed using a thematic analysis (TA) as described by Braun and Clark. The analysis consists of six phases: familiarizing with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes and finally producing the report.

**Results:** Using TA offered a rich and compelling insight into the experiences and perspectives of patients. The analysis revealed that even though warts are perceived as at minor thing they have a great impact on patients’ everyday lives. The experiences of having pain and feelings of shame resulted in withdrawal from leisure activities and concealing the condition. Home treatment was experienced as a burden due to the need of more specific information and knowledge on how to treat the warts, and not taking patients individual resources into account. Patients perceived a lack of experienced continuity of care resulting in insecurity about treatment effect.

**Conclusion:** Patients request a person-centered approach in order to build the relationship between patient and health care professionals. Establishing continuity in care might reduce insecurity among patients.

## P138

### How can we support you today?

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**Background**: Nurses in the intensive care unit (ICU) is not only caring for critically ill patients but also their relatives. The nurses' way to include the relatives is guided by traditions, the individual nurse's practical experiences and immediate perception of the relatives' needs. To a lower extent by knowledge from research or a general politic for relatives. If the goal is to include the relatives more in patient care, we must provide them with the possibility to elaborate on their perception of the whole situation, their experiences, and their needs.

**Objectively**: In the study, we aim to ask the relatives ”What do you think is important for you, while your relative is admitted to the ICU”? Additionally, ”how can we support you in the best possible way”?

**Method:** An action-based study conducted at the ICU at Zealand University Hospital Køge in the period 1 January 2019-1 October 2019. Data was collected by using logbooks and reflective team-meetings. Relatives gave their oral and written informed consent to participate. The Danish Data Protection Agency (REG-017-2019) accepted the study.

**Results:** Fourteen relatives were included. Two themes emerged. *Information***,** in terms of frequency, what the nurses do around the patient and what it means, the options the possibilities for relatives at the ICU (e.g. staying the night). *The surroundings***,** the relatives wanted the patient´s circadian plans written down, pictures of the patient´s caregivers, and a larger room for relatives with refreshments. The relatives also stated that they did not want to be a burden and that they feared if criticizing anything it could affect the patient.

**Conclusion:** In terms of including relatives, we need to ask them directly what their needs are. In the future, changes will be implemented, in the ICU, such as posters with circadian plans and pictures of the nurses.

## P141

### Rehabilitation after Total Shoulder Arthroplasty - a follow-up patient diary

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**Background:** Total Shoulder Arthroplasty (TSA) is associated with moderate to severe pain postoperatively, delaying patients´ rehabilitation, increasing the use of opioids causing related side-effects such as nausea, vomiting and sleep disturbances. Due to the fast-track concept patients are discharged quickly after surgery. We possess very little knowledge about how well patients manage to rehabilitate at home.

**Objectively:** To investigate how TSA patients manage to rehabilitate from one to seven days after surgery, using a patient diary.

**Methods:** This descriptive follow-up study was performed in the period 01.02.2018 — 01.02.2019 at Zealand University Hospital, Koege, Denmark. TSA patients were consecutively enrolled.
The patient diary was handed out to the TSA patients 24hr postoperatively and collected two weeks after discharge in the outpatient clinic. The diary was developed specifically for the study and contained the following themes; pain, analgesics, side-effects, exercise level, and quality of sleep. The study was accepted by The Danish Data Protection Agency REG-089-2019.

**Results:** In total 31 out of 40 patients participated, 11 males and 20 females, 9 did not return the diary. The first postoperative days (POD) a large number of patients endured, in average, moderate to severe pain, respectively, POD1 77%, POD2 63%, POD3 48%. Most patients followed the prescribed plan for analgesics and rehabilitation. Through the week more than half of the patients reported a lowered sleep quality (poor or interrupted), mainly caused by pain.

**Conclusions:** In general, patients follow their plans for rehabilitation and prescribed pain treatment after TSA. Despite this, they suffered from moderate to severe pain during the first days probably resulting in a lowered sleep quality. We have to consider, in the future, how to optimize patients´ pain treatment, at home, for the first postoperative days.

## P142

### Do organizational changes affect opioid consumption, pain and quality of life in non-malignant chronic pain patients? A systematic review

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**Background:** In Denmark, approximately 170.000 people with long-term pain are in treatment with morphine related medications (opioids). There are many indications that long-term opioid treatment does more harm than good, and that the damage increases over time. The way pain management is organized may seem to have an impact on *whether* and *how* there are follow-up procedures according to opioid treatment.

**Objective:** The purpose of this review is to examine the evidence presented in the literature regarding how to organize pain treatment when the aim is r a reduction in the extent of opioid consumption, in adults, with long-term non-malignant pain.

**Method:** A systematic literature search was conducted. Seven databases were used searching for terms as *pain, opioid, and follow-up*. Studies from 2010 and earlier were excluded. The studies were quality evaluated based on a quality assessment form, that was adapted to the diversity of the studies.
PICO (Population/Problem, Intervention, Comparator and Outcome) was used for data extraction. The search was followed by a categorization and quantification of elements emerged, related to organization. The findings were then analyzed based on DT Wades process-model for rehabilitation, seen in an organizational perspective.

**Results:** The search took place from February to April 2019. In total, 1450 articles were found. Twelve original studies with different kinds of study design were included due to the inclusions- ad exclusion criteria.

**Conclusion:** The findings indicate that there are commonalities that rise above sensations. For example, must the organization of pain treatment be based on national clinical guidelines, adapted to a local context. It is also important to focus on the staff-involvement and the development of staff skills. The organization ought to ensure a follow-up, and an interdisciplinary cooperation, with a focus on patient functional level. A data-driven evaluation is crucial, using both qualitative and quantitative data**.**

## P146

### A mixed method study - Abuse and violence against children in Vietnam

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**Background:** The prevalence of child violence and abuse is a concern in Vietnam. The Vietnamese government are addressing this and exploring ways to stop the abuse in order for children´s to be protected. The national child protection system includes nationally and internationally organizations that work together in Vietnam to protect children.
This project is a cooperation between Denmark and Vietnam in order to exchange educational knowhow and insight in children’s rights and health. Education of primary teachers as well as guiding the teachers in preventing abuse and violence and promoting a healthy life for children in Vietnam.

**Aim:** This research aims to identify the experience of abuse and violence towards children amongst primary school teachers in Vietnam and possible ways to address this.

**Methods:** The research is based on a mixed methodology. Questionnaires and Participatory Design method was used. The questionnaires were filled in by the participants. The data are tabulated and analysed using the Wilcoxon signed rank test in STATA Statistical Software (Stata Corp., College Station, TX, USA). A qualitative approach inspired by participatory Design are used and data collected through participant observation, qualitative interviews with the participants. A thematic analysis was used.

**Results:** Preliminary results indicate that abuse and violence of children is deeply rooted in the Vietnamese culture and belief. However, the final results will be presented for the first time at the conference in Copenhagen June 2020.
The project is funded from The Erasmus Programme EU and University College Absalon, Denmark
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### P147

## A Network for the Future - the Danish Cancer Nursing Research Network

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**Background:** Research in cancer nursing is pivotal for patients, families and for the nursing profession. Cancer nurses have to deliver good quality care during the trajectory from pre-diagnosis to treatment, rehabilitation and palliation. However, the numbers of Danish nursing researchers within the cancer discipline are small and fragmented with the risk of isolation. The researchers would benefit from a network and to collaborate across the country.

**Methods:** In October 2016 the Danish Cancer Nursing Research Network was established during a snowball effect and from mouth to mouth. Members invited are nurses with a PhD or PhD students from all over Denmark, researching within different areas of the cancer discipline.
The network is organized with a steering committee of three members representing three of the five Danish regions.

**Results:** At the moment 29 Danish nurses with a PhD and 12 PhD students are affiliated to the network, and the network is consolidated. The aim of the network is to:
Draw national and international attention to nursing research to the benefit of cancer patients and their families
To facilitate collaboration in cancer research among members
To exert influence on a political level to promote developments in healthcare and to raise attention to the importance of nursing research
The network has arranged six successful meetings including a Master class for PhD students. A close collaboration is established with the Danish Nursing Society in Cancer with a regular column in their journal, and regular presence at the annual Danish Cancer Nursing Conference. In the future, the network aims to connect and collaborate with nurse researchers across sectors and with international nurse researchers in the European Oncology Nurses Society.

**Conclusions:** The Danish Cancer Nursing Research Network is a relatively new but already strong and expanding organization which will influence Danish cancer nursing on different levels.

**P151**

## High skills, yet missed opportunities, for valuable collaboration. Intra- and inter-professional interaction during calls for the Danish Rapid Response Team

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**Background:** For more than ten years, Danish Rapid Response Teams have worked to enhance patient safety by stabilizing deteriorating general ward patients in collaboration with nurses and physicians, and supporting clinical skills. However, research based exploration of intra- and inter-professional collaboration during calls for the Rapid Response Team is lacking, yet important to develop the Rapid Response Team to benefit patients' safety and team members' job satisfaction**.**

**Objective:** This study aimed to explore intra- and inter-professional collaboration during calls for the Rapid Response Team.

**Method:** A qualitative approach drawing on focused ethnography was applied. Throughout the first five months of 2018 and across acute care settings in three Danish regions, 19 field observations were conducted. Observation notes were analysed using deductive content analysis based on a categorization matrix comprising four elements of collaboration identified in theories on collaboration.

**Results:** The theme: ”High skills yet missed opportunities for valuable collaboration” was identified. Together with the four categories, embedded in the matrix, the theme was underpinned by 17 sub-categories: ”Direct or indirect speech”, ”Clear messages”, ”Expectations in between the lines”, ”Thinking aloud”, ”Unclear receiver of communication”, ”Supervising clinical actions”, ”Planning tasks together”, ”Acting independently”, ”Coaching”, ”Creating a calm atmosphere”, ”Welcoming”, ”Mutual acknowledgement”, ”Involving each other”, ”Navigating”, ”Lacking clarity on roles and competence”, ”Taking control”, ”Making oneself available”.

**Conclusion:** Intra- and inter-professional collaboration is influenced positively by Rapid Response Team nurses' engagement in clinical and teaching activities to support feelings of shared responsibility and mutual respect among all staff members. Mostly, general ward nurses and physicians engage collaboratively and pay an interest in learning. Opportunities to manage clinical activities faster and more appropriately and to teach and learn are missed due to unclear communication, unclarity about roles and competences, and hesitation to address each other directly when interacting.

## P153

### Using infographics based on interview data as an opening incentive in Focus Groups: a reflective report

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**Background:** In a multi-stage health services research project, different perspectives on safety in home mechanical ventilation (HMV) should relate to each other in order to enable a multi-dimensional exploration of a topic. Firstly, qualitative interviews were conducted used to capture patients and relatives' views and experiences. Subsequently, these results were discussed with experienced professionals in several Focus Groups (FGs). This instrument is used widely in qualitative nursing research. The method produces specific data using participant interaction resulting from the discussion about a topic, usually stimulated by an incentive.

**Objective:** To present and discuss a creative approach of using results from an interview study as an incentive in FGs and reflecting on the methodological challenges that go along with it.

**Method:** The results of the interview study were presented to an experienced graphic artist. After intensive discussions with the research team, the artist transformed the results into an infographic which was given to the participants of the FGs in conjunction with a short explanation as a discussion incentive and as a "visual memory".

**Results:** It was possible to condense the complex results of the interview study into an informative infographic which facilitated the initial discussion and confronted the professional providers with the views and experiences of the patients and their relatives. The participants of the FG became aware of and acknowledged the importance of the users' views but highlighted their perspective on safety and the challenges in the field of HMV.

**Conclusion:** Using graphic illustrations based on interview data as an opening incentive is a playful way to stimulate FGs. However, more reflected experiences are needed to understand how they could be used as a stimulator for lively and productive discussions and how the moderators and participants of FGs can make the best use of this approach.

## P155

### Dialogue cafés with older adults as method for user participation in prioritization of technological solutions

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**The aim** is to describe the dialogue café method involving Care+ residents (65-92) as means of investigating challenges in everyday life and prioritizing technological solutions before trying the solution in own homes.
Access to technologies is one important strategy for meeting the challenge of the ageing society. The objectives with assistive technologies are to provide older people the opportunity to preserve quality of life and live independently as long as they want. The Assisted Living Project engages different stakeholders through user participation and an user centered iterative technology solution process. The dialogue café is one method for user participation.
The study took place at a CARE+ seniors' home, and 14-19 residents participated in four dialogue cafes. The cafés were organized as group discussion around specific topics introduced by different triggers like scenarios illustrated by cartoons or by proto-types of products and solutions. In addition to learn about the residents' needs and opinions, the dialogue café also stimulated to mutual peer-exchange.
During the first dialogue café we learnt about user needs and how to live a safe and good life.The second dialogue café introduced scenarios with proposals for technological solutions connected to their expressed needs. The third dialogue café presented mock-up solutions and asked the residents' opinions on these solutions and invited them to take part in a trial, evaluating these technologies at home. The fourth dialogue café introduced a depth sensor, which we aimed to develop to include artificial intelligence, in order to predict and possibly prevent falls.
Dialogue cafes, which were highly appreciated by the residents, demonstrate a creative way for engaging older adults, presenting ideas and thoughts, stimulate peer learning and exchange, and for understanding and discussing both technological challenges and solutions in order to support their safety, activity and participation, as well as quality of life.

**P158**

## Relationship between unfinished nursing care and professional practice environment - preliminary results of Czech multicentre study

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**Background:** Unfinished nursing care significantly compromises patient safety and the quality of nursing/health care. It also negatively affects nurses as providers of nursing care. Nurse practice environment is one of the factors that influences nursing practice and can contribute to unfinished nursing care.

**Objectives:** The aim of the study was to find out the level of unfinished nursing care in selected hospitals in the Czech Republic. The other aim was to find out association between unfinished nursing care and professional practice environment of nurses.

Design and Methods: A descriptive cross sectional multicenter study. Study was conducted in 14 acute care hospitals (105 wards) in the Czech Republic. In total, 805 nurses engaged in direct patient care participated in this study. Perception of nurse practice environment was measured by Practice Environment Scale of the Nursing Work Index (PES-NWI). Perception of **unfinished** nursing care by nurses was measured using the questionnaire Perceived Implicit Rationing of Nursing Care (PIRNCA). Data were collected from September 2019 till November 2019. The descriptive and inductive statistics (Mann-Whitney test and Spearman correlation coefficient) was carried out by the STATA program at a 5% significance level.

**Results:** The most omitted elements of nursing care reported by nurses were activities that were not planned and recorded in the documentation. An insufficient number of the nursing staff was reported as the most common reason for the rationing of care. Nurse practice environment was evaluated as favourable - mean score of four subscales of PES-NWI was higher than 2.5. Significant differences in perception of unfinished nursing care according nurse practice environment were found in four subscales and in total score of PES-NWI. The worst-rated were characteristics of staffing and adequacy of resources, which most strongly negatively correlated with total score of PIRNKA (-0.398). The worse nurses rated this subscale, the more often they stated unfinished care. Nurses who rated subscales of working environment as favourable also stated significantly less unfinished nursing care (<0.001).

**Conclusions:** Relationships between nurses' professional working environment and unfinished ursing care were confirmed - lower level of working environment associated was associated with more frequent neglected nursing care.

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## P159

## Patient-preferred treatment outcomes in early rheumatoid arthritis - A longitudinal qualitative study in Sweden

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**Background:** Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory joint disease. Rheumatology care strives to identify and meet the needs of the patients. A better understanding of disease and treatment impact from the patients' perspective is needed to enable a person-centered approach in clinical practice.

**Objective:** To explore patients' preferred treatment outcomes during the first two years with RA.

**Method:** A qualitative, explorative, longitudinal, multicenter study during the first two years from initiation of antirheumatic drug treatment. At the first time point (3-7 months after treatment initiation), individual interviews were conducted with 31 patients. At time point two (12-20 months after treatment initiation), seven focus group interviews and five individual interviews were conducted with 22 patients. The interviews were analyzed using the constant comparison method, Qualitative Analysis Guide of Leuven (QUAGOL). For the longitudinal analysis, Saldaña´s guiding questions were adopted. The data analysis was made in collaboration with a patient research partner.

**Results:** The patient-preferred treatment outcomes during the first two years of RA were described in the core category ”mastering a new life situation” and the four related concepts; 1) to experience control of the disease; 2) to experience autonomy; 3) to regain identity and 4) to experience joy in everyday life. Mastering a new life situation changed over time from a preference to return to a life lived prior the disease, to experience quality of life, despite RA.

**Conclusion:**Patients' preferred treatment outcomes during the first years of RA were to master the new life situation. This study increases the understanding of patients' preferred treatment outcomes in the early disease course and can be a foundation to tailor interventions that may lead to improved shared decision-making, enable adherence to treatment, increased patient independence and prevent unmet needs in the future.

## P162

## Understanding humanized intensive care using the scoping review methodology (HumanIC)

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**Background:** The last 30 years have seen major scientific and technological advancements in critical care. However, the severity of illness and the invasiveness of intensive care medicine can make the intensive care unit (ICU) a brutal place for patients who may experience that existence itself is at stake. In the ICU, patients can experience discomfort along with panic or fear, loss of control, transformations of perception, and surreal experiences. Furthermore, human dimensions of care can be obscured by the sometimes necessarily technological and specialized focus. Clinicians and researchers have therefore proposed different strategies to humanize intensive care including control of pain and thirst, information given to patients and relatives, flexible visiting hours and support for clinicians to prevent burnout. This illustrates that while much attention is given towards ways of making the ICU a more humane place there is less clarity of what characterizes the phenomenon humanizing intensive care.

**Aim:** To explore and map how humanizing intensive care is described in the research literature.

**Method:** We will undertake a scoping review as described by Arksey and O'Malley (2003). In collaboration with a research librarian, the literature search will be developed as insight into the subject is gained. English and Nordic research papers with abstracts describing humanizing care in ICUs will be included in the review. Charting data and collating results will be an iterative process; however we aim to give a contextualized, narrative account of the literature. To ensure a culturally comprehensive review, we will undertake a consultation exercise, inviting experts from research communities in Spain and Germany to comment on our findings.

**Perspectives:** This review will describe how humanizing intensive care is described in the research literature, identify research gaps and thus provide a solid foundation for future research into how nurses can provide humanizing intensive care.

**P168**

# A systematic review of direct observation tools for assessing competency in person-centred care

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**Background:** Person-centred care is widely acknowledged as an essential element of high quality care and patient safety. To obtain insight in the process of person-centred care, direct observation tools are required. Furthermore, the assessment tools could be used in education and training of healthcare professionals, it would give valuable feedback throughout the training, and trainees can improve their level of person-centeredness after feedback. Therefore, a systematic a review on direct observation tools is needed.

**Objective:** To review and evaluate direct observation-based tools developed to assess health professionals' competency in delivering person-centred care.

**Method:** PubMed, CINAHL and Scopus were used for conducted articles, published until March 2017, describing the development and testing of direct observation tolls for assessing person-centred care. EndNote X7 software was used. The search yielded 2371 records, 91 abstract were read and 42 articles in full-text. 13 full-texts met inclusion criteria and six additional articles were identified by snowballing. Three authors independently assessed the eligibility, documented in a PRISMA flow chart. The selection of the articles started with examining titles, then relevant abstract and last the articles with potential to be included were read in full text. A data extraction form was developed, covered the description of the direct observation tools. A standard framework of the person-centred care dimensions were examined against all of the tools.

**Results:** In total, 19 papers describing 16 different direct observation tools for assessing person-centred care. Coverage of endorsed person-centred care domains varied between tools. Inter-rater reliability, construct and content validity was reported in most of the studies.

**Conclusion:** Patients were not involved in the development of any tool, which seems intrinsically paradoxical given the aims of person-centred care. The tools may be useful for providing trainee feedback; however, rigorously tested and patient-derived tools are needed for high-stakes use.

**P171**

## A cross-institutional partnership and research program around Fundamentals of Care: strategy, focus and methods

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**Background:** Studies demonstrate that insufficient quality in nursing care occurs. Inadequate nursing care can lead to unintended events, prolonged disease and treatment, reduced quality of life and dehumanization. Patients' needs may be overlooked and there is a call for a more explicit valuing and embedding of fundamental care in clinical practice (somatic, psychiatric and municipal contexts), nursing education, and research. It is essential that clinicians, leaders, policy makers, researchers and educators collaborate in addressing the challenges around fundamental nursing care. In the North Denmark Region, a cross-institutional partnership has been established comprising a research program around Fundamentals of Care.

**Objectives:** The objective of the cross-institutional partnership and research program around Fundamentals of Care is to establish a shared platform to plan and mobilize methods to conduct research within Fundamentals of Care. Results will be integrated in clinical and educational practice and ultimately, establish a mutual language and understanding of what nursing is and requires.

**Methods:** Six healthcare and educational institutions in North Denmark Region established a cross-institutional partnership in 2016 comprising a steering committee, program management group, patient panel, advisory board and six institutional working groups. As part of the partnership, leaders and researchers from all six institutions have collaborated on the description and establishment of a joint cross-institutional research program around Fundamentals of Care.

**Conclusion:**The research program encompasses three research areas: *Reflective nursing in education and clinical practice; Continuity in nursing; Evidence-based nursing practice*. These areas appeal to all institutions and call for collaboration aimed at research into Fundamentals of Care. The program was launched in 2019 at a kick-off meeting with all the participating partners who committed themselves to research collaboration for the upcoming five years. This was followed by a workshop where the institutional working groups met and piloted ideas for research and research collaboration.

P175

# Intervention supporting patients with COPD and relatives in optimizing physical and nutritional status - Complex intervention in fundamentals of care

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**Background:** Patients with COPD frequently experience sarcopenia and malnutrition, which both contribute to functional limitations, leading to increased hospitalisation and high mortality. During the admission, the nurse establishes a relation to the patient and the relatives, which in turn provides the nurse with an opportunity to introduce prevention strategies and provide continuous support and feedback in order to optimize the nutritional status and physical function of the patient. The hypothesis is that an evidence-based nurse-led intervention, supporting patients with COPD and their relatives, will significantly reduce the deterioration of a patient's physical capacity and increase quality of life, by optimizing the patient's nutritional status and physical function.

**Objective:** The aim is to develop and test a nurse-led intervention that supports patients with COPD and their relatives in optimizing a patient's nutritional status and physical function.

**Method:** The Ph.D. project is embedded within the research program ”Fundamental of nutritional care” and will be based on the relational dimension in the conceptual framework ”Fundamental of Care”. The guidance for Complex intervention in health, including the development- and feasibility process, will be used as an overall methodological frame. Nurses, patients and relatives will be recruited from the Department of Pulmonology at two university hospitals.

**Perspective:** The Ph.D. project will contribute to filling a gap in our knowledge on how patients can achieve a nutritional status and physical function, that may reduce deterioration, and thus increase quality of life. The methods chosen allows for a systematic development and evaluation of the intervention, allowing for emerging evidence to be integrated. The feasibility and the piloting test of the intervention will be base of a powered randomized clinical trial to confirm or reject the effect of the intervention.

**P176**

## The effectiveness of pre- and postoperative dietary interventions to prevent weight loss after orthognathic surgery - a randomized controlled trail

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**Background:** Patients who undergo orthognathic surgery are mostly young people. International studies indicate that patients lose weight from three to teen kilograms after surgery. The largest weight loss appears within the first three weeks after surgery and impact functional level and wellbeing.

**Objective:** To test the effect of systematic pre- and postoperative dietary interventions in preventing weight loss, function and wellbeing the first eight weeks after surgery.

**Method:** A three arms Randomized controlled trial with two intervention groups and one control group consecutive including 50 patients in each arm. Intervention arm one: preoperatively agreed meal and protein drink the night before surgery. Maltodextrin two hours before surgery. Tube feeding during hospitalization. Soft diet for six to eight weeks supplemented with protein drinks in the first teen days postoperatively. Intervention arm two: preoperatively agreed meal and protein drink the night before surgery. Maltodextrin two hours before surgery. Protein drinks equaling the amount of tube feeding in group one during hospitalization. Soft diet six to eight weeks supplemented with protein drinks in the first teen days postoperatively. Control group: Soft diet six to eight weeks. Control arm receive usual dietary information. Information through electronic questionnaires during the first eight postoperative weeks. Patients assess Pain; Nausea; Swelling; Activity level; State of mind; Coping with daily activity, Energy to be social; Well-being from Visual Analogue Scale. Patients are analyzed with the Tanita Body Composition Analyzer twice before surgery and one- three- and eight weeks postoperatively,

**Results:** The study is under process. Fifty-six of 150 patients are included. Intervention arm one: 19/50 patients included. Intervention arm two: 19/50 patients included. Control arm: 18/50 patients included. Introduction of tentative results will be presented.

**Conclusion:** The study contributes with knowledge about nutritional interventions for orthognathic surgery patients that might prevent weight loss and increase well-being after surgery.

P177

## My father is old, not demented. Undiagnosed dementia in residents at Danish nursing homes

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**Background:** Dementia causes cognitive and functional disability leading to dependency of caregivers. Disclosure of a dementia diagnosis is essential in the care for people with dementia and their relatives, but the disease is highly underdiagnosed. In Denmark it is estimated that 85.000 people are living with dementia, but only 36.000 of them are diagnosed. It is expected that 80 % of nursing home residents have symptoms of dementia, but the prevalence is unknown. That may hinder sufficient treatment and care.

**Objective:** To estimate the prevalence of dementia symptoms and dementia diagnoses at Danish nursing homes in residents, who have no registered dementia diagnosis.

**Method:** A cross-sectional study with consecutive sampling included nursing home residents who were not diagnosed with dementia before enrollment. Dementia symptoms were evaluated with the BrainCheck questionnaire which included both patient- and relative-directed questions. Nursing home residents and their relatives contributed in designing the method according to assessment of dementia diagnoses. Therefore residents who presented symptoms of dementia were offered assessment of dementia diagnosis at the nursing home. Data were analyzed with descriptive statistics.

**Results:** The study included 414 residents. Of these 186 completed the BrainCheck questionnaire, and 121 (65 %) presented symptoms of dementia. Due to the adjusted procedures 85 % of residents who were offered assessment of dementia diagnoses accepted further participation. Further results will be presented at the conference.

**Conclusion:** The study confirms that there is a high prevalence of dementia symptoms and undiagnosed dementia among nursing home residents. Further the study showed that standard procedures for assessment of dementia diagnoses may be ineffective. In order to secure sufficient treatment and care for people with dementia, it is necessary to gain further knowledge on how to reach this population.

## P182

# The kidney transplantation process - a participatory design study to explore patient involvement and how telehealth can support kidney recipients

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**Background:** Transplantation is the treatment of choice for most patients with end-stage kidney disease. It implies survival benefits, higher quality of life and fewer restrictions, compared with dialysis treatment. However, transplantation involves new challenges, requiring patients taking an active role in managing health condition and reacting to symptoms.

**Aim:** To develop new ways of involving patients in the kidney transplantation process, supported by telehealth.

**Design:** A participatory Design study in three phases was conducted with a phenomenological-hermeneutic approach inspired by Ricoeur's philosophy. Various methods were used to explore the process, from acceptance until four months post-transplantation, for patients over the age of 18.

**Methods and results:** Phase 1: Identification of needs
Patient experiences were explored using participant observations and interviews with a total of 18 patients. Further a focus group with eight HCPs was conducted. The process was found to be challenging, and the collaboration between patient and healthcare professional involved opposing experiences. There was a need for increased involvement of the patients' everyday life in treatment and care.
Phase 2: Design and development
Based on the findings from the first phase a telehealth solution was developed through workshops and laboratory tests. The solution consisted of an app and a workflow for follow-up.
Phase 3: Test and evaluation
A test of the solution was conducted. In total, 16 patients participated until four months post-transplantation. The evaluation was done with patients and healthcare professionals by way of interviews and a focus group. The app was considered easy to use, and the workflow showed promising prospects regarding patient reflection, collaboration, and patient involvement.

**Conclusion:** The study provided nuanced knowledge of the patients' experiences during transplantation, which was transposed and operationalised as a telehealth solution. The test and evaluation proved that the solution was usable, with promising potential to improve treatment and care.

### P191

## Exploring Danish Critical Care Nurses' knowledge on delirium through a survey during a conference

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**Introduction:** Due to changes in sedations practices over the last decades delirium has become more apparent in intensive care settings, challenging nurses and doctors. Despite this, regular delirium assessment with a validated screening tool and recognition of delirium in the Intensive Care Unit (ICU) still seems to be inadequate although current guidelines recommend it. Therefore, the aim of this study was to explore Danish critical care nurses' knowledge about delirium, current practices in relation to delirium assessment, explore possible barriers in relation to delirium assessment, and then use the results later on during the conference in an oral presentation.

**Methods:** A questionnaire was conducted in May 2019 during a conference for critical care nurses in Denmark. The questionnaire was developed based on previous research then validated by experts within the area of delirium in ICU, and pilot- tested at two Danish ICUs. The questionnaire contained questions exploring knowledge of delirium, implication and barriers toward delirium assessment.

**Results:** One-hundred and eleven nurses (92%) answered the questionnaire with a mean working experience in the ICU of 13 years. Obtaining knowledge concerning nurses' practice during the conference was used in the oral presentation given the participants a directly feedback of the results of the questionnaire.

**Conclusions:** Doing a survey and using the result for an oral presentation during the same conference seem suitable providing the participants with a more interactive oral presentation and at the same time give the researchers a chance to explore nurses' knowledge concerning a relevant topic.

### P194

## Doing fieldwork in your own practice - too close for comfort?

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**Background:** Doing research in an organization the researcher knows well as an insider, may lead to scientific challenges because the researcher and the informants to some extent have a common language and is situated in the same cultural understanding.

**Objective:** Strategies to challenge insiderness during ethnographic fieldwork

**Method:** The presentation is based on experience from a PhD-project doing ethnographic fieldwork in an Intensive Care Unit exploring actions and interactions between nurses and awake, non-sedated, critically ill patients during ventilator treatment. The advantages and limitations of self, as a researcher, being educated as a critical care nurse, working in a research department linked to the specific clinical practice, where the fieldwork was performed, will be outlined. Discussing the use of different strategies in generating data as zooming in and zooming out, contrasting, looking for the unexpected and irrational as well as breaking the bond of friendship, encourage a dialectic movement between nearness and distance and empathize how it may enhance the reflective insight into the field and promote trustworthiness of the findings through authenticity, rigor and transparency.

**Conclusion:** Seeing fieldwork as situated, positioned and partial, ethnographic data can be seen as representations that enable multiple interpretations. Here, some aspects will be seen, articulated and described while other sides continuous will be silenced and undiscovered. This way, the insider position is neither privileged nor marginalized, but simply articulates a certain perspective.

P196

## Symptom clusters and influencing factors among patients with brain tumor undergoing proton beam therapy

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**Background:** Clinical experiences and studies have shown that patients with primary brain tumor often experience multiple concurrent symptoms during their disease trajectories that may give a number of different performance outcomes. Proton beam therapy (PBT) is a radiotherapy modality in which proton particles penetrate deep into the target and stop at a certain depth depending on their energy. The clinical benefit of PBT has therefore a lower risk of normal tissue toxicity due to the lower delivered dose outside the target tissue compared conventional radiotherapy. Symptom clusters have not previously been investigated in this group of patients who receiving PBT.

**Aim:** This study aimed to explore symptom clusters during PBT in patients with primary brain tumor, and investigate influencing factors between symptom clusters and demographic variables and comorbidity in this patient population.

**Method:** Data were collected from adult patients with primary brain tumors (N=187) during their treatment period (35 days) in the Skandion Clinic, located in Uppsala, Sweden. Symptoms were assessed with the Radiotherapy-related Symptoms Assessment Scale, and comorbidity was evaluated with the Self-Administered Comorbidity Questionnaire. Exploratory factor analysis was used, to identify the underlying structure of symptom clusters.

**Result:** Three clusters were identified: Mood, Reduced appetite, and Reduced energy. The Mood cluster had the highest factor loadings (0.71–0.86). In addition, demographic variables and comorbidity were associated with symptom clusters in this group of patients.

**Conclusion:** The burden of symptom clusters among patients with primary brain tumors is substantial and may be impacted by comorbidities. Identification of concrete symptom clusters in patients with primary brain tumors will help investigators and clinicians to better understand the symptomatology.

**Implication for nursing:** Building knowledge about how these symptoms interact and are clustered together will support health professionals to more efficiently relieve symptom clusters during PBT treatment.

## P199

### Post-operative pain management in patients with primary knee replacement - A scoping review on nurse interventions

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**Background:** Knee replacement is a frequently performed orthopedic procedure followed by moderate to severe postoperative pain. Patients' unmanaged pain is often the main reason for prolonged hospitalization after surgery. A study published in 2011, indicates that 58% of patients after knee replacement suffer from moderate to severe pain on POD1. Identifying more effective therapies and nurse interventions for postoperative pain management is important to improve postoperative pain management for patients after knee replacement surgery.

**Objective:** To identify published research and key concepts on nurse interventions for postoperative pain management after knee replacement.

**Method:** A Scoping review was preformed according to JBI's scoping review framework: 1) identifying the research question, 2) identifying relevant studies, 3) study selection based on inclusion criteria, 4) charting the data 5) collating, summarizing and reporting results. The systematic literature search was preformed, using a PCC question (Population, Context, Concept). Search terms and MeSH terms used were: total knee replacement, nurse interventions, postoperative pain management. The literature search was conducted in PubMed, CINAHL and Embase.

**Results:** Of 1,448 publications identified, 420 publications where included. The scoping review showed a broad range of interventions, which were divided into two main groups; pharmacological interventions (86%) and non-pharmacological interventions (14%). The key concepts in the non-pharmacological interventions where further identified through a qualitative thematic analysis. Eight themes emerged: 1) pre-operative education, 2) risk factors, 3) trust and the experience of pain, 4) alternative treatment, 5) acupuncture, 6) cryotherapy, 7) nerve stimulation, 8) miscellaneous.

**Conclusion:** In conclusion the scoping review found a lack of research on non-pharmacological interventions for postoperative pain management for knee replacement patients. The three non-pharmacological interventions most related to nursing interventions are 'pre-operative education', 'risk factors', 'trust and the experience of pain'.

## P200

### Did my wife talk about my laziness?

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**Background:** drawing on a research project in which we used dyadic interviews in combination with individual interviews, we address methodological advantages and disadvantages in this combination. We focus on the different roles of the interviewer and ethical implications of specific orders of the dyadic and individual interviews.

**Objective:** we followed eighth couples (50-75 years old) in a prostate cancer program (prostatectomy) through a year. The author performed 24 interviews in the home of the couples: dyadic interviews 2-4 months post op (1- 5 hours) and individual interviews with spouse and patient 6-12 months post op (1 hour each). All interviews focused on everyday life and late side effects after prostatectomy. Dyadic interviews were selected to provide a space for reflection where the couple could reinforce and/or challenge each other's accounts. During the shared story-telling the author observed the intra-couple dynamic and interactions such as: eye contact, touching the partner, interrupting of speech and silence. Individual interviews were selected to cover the individual perspective of the stories.

**Method:** discussion of the use of semi-structured, qualitative, dyadic interviews followed by individual interviews.

**Results:** The dyadic interviews created a common reflective space where the couples talked freely and challenged their partner's perspectives. Some couples protected each other from pain, anxiety and discomfort by constructing mutual stories without these elements, but later they unfolded them in the individual stories. The role of the interviewer included being a: researcher, broker, nurse, guest, confidential listener, but also a potential double agent.

**Conclusion:** the combination of dyadic and individual interviews produced rich and valid data with mutual and individual stories that both supported and conflicted each other. Interviewers should prepare for conflicting situation and focus on potential ethical implications when choosing the order of the spouse and partner in interviews.

**P202**

### Translation and cultural adaption of screening instruments for a Danish setting - methodological considerations.

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**Background:** **C**linical nursing practice as well as nursing research depends on the availability of reliable and valid instrument for assessing patients' health status. Often instruments have been developed and validated in another language, therefore translation and adaption to cultural context is necessary prior to implementation. Previously, we have translated and adapted two instruments for use in Danish intensive care units; the Yale Swallow Protocol for bedside dysphagia assessment and the Confusion Assessment Method for the Intensive Care Unit – 7 (CAM-ICU-7) for delirium assessment.

**Objective:** To describe and discuss the methodological challenges of translating and adapting instruments to a Danish cultural context.

**Methods:** Translation and adaption of the Yale Swallow Protocol and the CAM-ICU-7 followed WHO's recommendations. A final back translation of each instrument was approved by the original authors. Face validity of the Danish versions was evaluated in group interviews. All interviewees gave informed consent.

**Results:** To achieve a culturally sensitive translation, the choice of wording should be carefully considered. This implied choosing every day phrases over literal translations with unacceptable secondary meanings. Moreover, new terms had to be developed in collaboration with local experts to adequately cover the content of the original instruments.
Group interviews showed that negations should be avoided. Moreover, mathematical symbols were deselected in favor of a range of numbers. Finally, the implementation of new instruments should be followed by local descriptions of new procedures, documentation practice and comprehensive training of nurses.

**Conclusion:** The translated versions of the Yale Swallow Protocol and the CAM-ICU-7 proved conceptually and culturally sound and acceptable to the nurses. However, implementation of new instruments in clinical practice should be followed by theoretical and practical training to build a nursing vocabulary, in this case relating to dysphagia and delirium, and strengthen nurses' sensitivity to clinical manifestations consistent with these health problems.

**P203**

### Reducing mechanical restraint in forensic mental health

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**Background:** This research project "Reducing mechanical restraint in forensic mental health" addresses the national and international call and on-going need for a reduction in the use of coercive measures in forensic mental health settings (FMHS) (Hui et al., 2016, Ministry of Health 2013, Steinert 2016). Despite the fact that research-based interventions, such as "Safewards" (Bowers et al., 2015), has been implemented, the use of coercive measures remains a significant clinical problem in Denmark (Danish Health Authority 2020).

**Objective:** To develop, validate, and evaluate a targeted interventions catalogue developed from previous research in order to reduce the use and duration of mechanical restraint episodes in FMHS.

**Design and method:** An overall research approach rooted in the methodology of American pragmatism (Blumer 1986) is utilized in the following methods: 1: Qualitative analysis of existing data regarding perceptions of conflict situations and mechanical restraint episodes in FMHS from a patient, relative and staff perspective (Tingleff et al. 2019a, Tingleff et al. 2019b Gildberg et al. 2021). 2. Systematic literature review of evidence-based interventions to reduce coercive measures in mental health settings. 3. Single interviews and focus group interview with patients, relatives and staff in FMHS.

**Expected outcome:** Having developed an intervention catalogue, the results will be implemented in FMHS with the expected outcome to prevent use of and reduce the duration of mechanical restraint episodes. Thereby, the results has potential to contribute to a safer environment for patients and staff in FMHS, and increase both patient and relatives' satisfaction with forensic services.

## P205

### How to handle it all: systematic scoping review as a possibility to get an overview when the scope is broad

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**Background:** A broad range of research has been conducted on peer support for people living with HIV. Peer support has been implemented through multiple forms of interaction, and implementations have been carried out in diverse settings and groups. In all its forms, peer support is flexible and responsive to the needs of the people being supported. However, there is a lack of knowledge about the benefits of peer support to people living with HIV.

**Purpose:** The objective was to give an overview of existing research and describe the characteristics of studies investigating peer support for people living with HIV and summarize key findings from each identified study category to identify knowledge gaps and offer suggestions for further research.

**Method:** The systematic scoping review was conducted following international methods guidelines. We performed searches of eight databases until May 2020. Peer support had to be face-to-face interaction, and we excluded studies that were about children or youth, primary prevention or mother-to-child transmission. Two reviewers independently screened studies based on the inclusion criteria. We sorted included studies into analytic categories and conducted descriptive analyses.

**Results and discussion:** We included 81 studies. The studies were published between 2000-2020, had a range of study designs and heterogeneous target groups, and included a total of 16,857 participants from 18 countries. We found that the most common key functions of peer support were linkage to clinical care and community resources and assistance in daily management, none directly related to chronic care. Our framework helped us be consistent in the approach, and the data analyses made it possible to identify and maintain consistency for overall categories. This review gives a comprehensive overview of the research field on peer support for people living with HIV.

## P207

### The role of manikins in nursing students' learning: A systematic review and thematic metasynthesis

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**Background:** Research on simulated learning activities in nursing education tends to prioritise advanced manikins used in high-fidelity scenarios. Commonly, this research is designed as effect studies to measure whether an intervention gives the intended outcome. Consequently, understanding of what it means to use manikins and of how students learn from using manikins, is scarce.

**Objective:** To extract and synthesise qualitative research findings of nursing students' experiences from using manikins to gain a deeper understanding of the role manikins play in students' learning.

**Method:** A systematic review and thematic metasynthesis guided by Sandelowski and Barroso's framework. A comprehensive search to identify qualitative research studies of nursing students' experiences with manikins was conducted January 2019, updated April 2020.
Cinahl+, Ovid Medline, ERIC and Embase were systematically searched. Study selection was guided by six screening questions derived from the following inclusion criteria: qualitative primary studies, published from 2008, English or Scandinavian, presenting findings of baccalaureate nursing students' experiences with manikins of all fidelity levels. Findings were coded inductively and grouped into categories. Sandelowski and Barroso's reading guide formed the basis of the quality appraisal. Thomas and Harden's method for thematic synthesis was followed. The study was considered through the ENTREQ statement.

**Results:** Twenty-eight articles of twenty-seven studies were included. Three analytic themes were synthesised*: Seeing the manikin as a doll or a patient, experiencing yourself as a nurse caring for a patient, and being a team member.*

**Conclusion:** Sandelowski and Barroso's framework provides an integrated and reinterpreted understanding of existing qualitative studies. If approached as patients, manikins may give nursing students realistic experiences of what it means to behave like nurses. Manikins may contribute to development of a professional identity. Future research should investigate manikins' implications on social learning environment and the learning potential in students' interaction with manikins.

**P208**

## Exploring the health visiting practice within a framework of clinical leadership

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**Background:** In Denmark there is an increasing interest in health promoting services for pregnancy, the ante-natal period and the period 0-6 years. Drawing on a review of the literature, there is an increasing debate of both public nature as well as academically on safeguarding the period where the family as well as the babies are vulnerable. This in order to improve and contribute to health improvement and reduce health inequalities. The concept of health visiting is an old and imbedded part of health promotion in Denmark. However, the health visiting profession is being challenged and there is a demand for further exploration within the values, skills and attitudes in order to deliver health visiting services through salutogenesis (health creation), person-centeredness (human valuing) and viewing the person in situation (human ecology) to map the clinical leadership of the health visiting profession.

**Aim and objectives:** To explore how health visitors experience the clinical management of their work in the families

**Design:** A qualitative study

**Methods:** Individual interviews including of approximately 16 health visitors working in a municipality in Denmark. The snow-balling sampling is used through social media: Facebook interest groups and the webpage of the Danish Health Visiting Association is used. The inclusion criteria are health visitors who have at least 5 years' experience in home visiting and hold an authorization. A thematic content analysis is used.

**Results:** The data is being generated and preliminary results will be available at the conference with a first-time presentation.

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**P213**

## Development and evaluation of a complex intervention for informal caregivers of individuals with head and neck cancer - Carer-eSupport

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**Background:** Individuals treated for head and neck cancer may experience physical and psychological distress such as eating problems, pain, and depressive symptoms. Informal caregivers (ICs) may play a vital role in the direct care and support of the diseased individual. This direct care and support may involve complex tasks that the ICs may not be prepared for. A lack of preparedness may lead to a high caregiver burden and a deteriorated health. There is a lack of interventions for ICs that may increase preparedness and reduce the caregiver burden.

**Objective:** The aim is to develop and evaluate an internet based support, Carer-eSupport, for ICs of individuals with head and neck cancer

**Method:** Carer-eSupport is a multicentre complex intervention study. The intervention is designed according to the Medical Research Council Framework including development, testing, and evaluation phases. Phase I; A development phase in which the content of the intervention will be iteratively developed and evaluated in consultation with informal caregivers (N=24) and health care professionals (N=24) Phase II; A feasibility and piloting study with a pre-test post-test design, in which the intervention will be tested to establish feasibility and acceptability by ICs (N=30) and health care professionals (N=15). Phase III; a RCT (N=110) will be performed to evaluate the effect of Carer-eSupport on preparedness, caregiver´s burden, quality of life, anxiety and depression, and fatigue.

**Conclusion – Significance:** Carer-eSupport is targeted to a group of ICs with a well-known high caregiver burden. ICs are commonly reporting unmet needs concerning their preparedness to support patient's physical and emotional needs. The study may increase the knowledge about the relevance and the effects of internet-based interventions for IC to patients with cancer, which are increasing but still not properly evaluated.

P214

## Physical activity in patients with a long-term stoma - a cross sectional study of patients from the Danish Stoma Database

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**Purpose:** Physical activity is recommended to cancer survivors by the World Health Organisation (WHO) and is associated with improved survival after colorectal cancer (CRC). It remains unclear whether having a stoma is a barrier for an active lifestyle. We examined the level of physical activity and explored factors impacting physical activity in survivors with a stoma.

**Methods:** Analytical cross-sectional study on patients registered in the Danish Stoma Database. Data from the database ensured characteristics of non-responders. To minimise bias, cognitive interviewing, pilot test, double data entry and validated questionnaires were included. A total of 1265 (65%) patients, hereof 591 with CRC, completed a multidimensional survey comprising validated questions on physical activity of moderate- and vigorous-intensity. Based on WHO guidelines, physical activity was categorised into ‘Meeting’ or ‘Not Meeting’ recommendations. Multivariate regression analysis, adjusting for potential confounders, provided odds ratio (OR) and 95% confidence intervals (CI) for factors’ association with ‘Not Meeting’ guideline recommendations.

**Results:** In total, 571 patients with CRC reported on physical activity at a median of 4.3 years (interquartile range 3.1-5.8) after stoma surgery. Two hundred ninety-three patients (51%) were ‘Meeting recommendations’ and 63% of them were ‘Highly active’. Two hundred seventy-eight were ‘Not meeting’ recommendations (49%). Of the factors analysed, patients without support garment were 72% more likely (OR 1.72 [95% CI 1.16; 2.54] not to meet guideline recommendations. Postal and electronic mail, reminders, stamped envelopes and pre-notifications contributed to the high response rate crucial for the study validity and generalizability.

**Conclusion:** In this large sample of cancer survivors with a stoma half of patients met or exceeded guideline recommendations. Of patients not meeting recommendations some could potentially meet the recommendations by modest increases in physical activity.

**Perspectives:** Study designs that include objective activity trackers are needed as e.g., social desirability bias may have influenced patient reporting.

**P215**

### Evidence of Person-Centered Care and Comprehensiveness in the Nursing Documentation for Residents in Long-term Dementia Care: A Retrospective Chart Review

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**Background:** Insight and understanding of how and if person centered care (PCC) is recorded in the nursing documentation of residents living with dementia is important to secure continuity and quality care planning and documentation in long term facilities. The resident's history needs, and preferences should inform the nursing documentation to enable healthcare professionals in obtaining a more complete picture of the resident and adjust care delivery accordingly.

**Aim:** This study aimed to describe the PCC content in nursing documentation of residents living with dementia in nursing homes and the comprehensiveness of this information.

**Methods:** A retrospective chart review of resident records were conducted using a purposive sampling method. Retrospective data from 3 months prior were extracted from the residents' record. A purpose-built extraction tool was created to determine the presence and expression of PCC content in relation to identity, comfort, inclusion, attachment, and occupation. The five-point Comprehensiveness in Nursing Documentation (CIND) scale was used to assess the comprehensiveness. Three reviewers independently reviewed several records for training purposes and validation using inter rater agreement. All scores were transferred to SPSS version 25 and analyzed using descriptive statistics. Examples of PCC-content was identified.

**Results:** One hundred and twenty-one residents from a total of 21 special care units in 7 public nursing homes agreed to participate in this study, allowing their records to be audited for research purposes (N=121). The present study found that PCC was recorded in the reviewed records, however the categories inclusion and occupation had the least comprehensive PCC-information. Residents' experiences were rarely documented, and the life history of the residents was lacking in the records.

**P216**

### Costs of Bed Baths: A Scoping Review

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**Background:** Information about the costs of bed baths support decision-making processes related to the most cost-effective bed bath methods. Cost analysis involves identification of relevant resource items, measuring the use of these resources in the care process, and assigning a value to each resource item. Evaluative research on bed baths often includes cost analyses, but these analyses are often intransparent and lack transparency.

**Objective:** To conduct a scoping review that focuses on the methodological conduct in published scientific articles that have identified the resource use and costs of providing bed baths and to identify good practice in analysis and reporting the resource use and cost of bed baths.

**Methods:** The scoping review was conducted in accordance with the PRISMA-ScR guidelines, which includes five stages: identifying the research questions, identifying relevant studies, selecting relevant studies without quality assessment, charting data from the studies, and finally summarizing and reporting the results.

**Results:** Nine studies were identified, which included resource variables of bed bath methods such as running and capital costs, consequences for the patients and demographic characteristic. None of the studies included running or capital costs related to the use of basins or microwave ovens, the use of buildings and the cost of extra building space related to storage of washing equipment. Additionally, none of the studies included costs related to the environmental impact.

**Conclusion:** There are many challenges in estimating costs of different bed bath methods, and there are great variations in costing methodologies and cost estimates of bed baths. Future development of generic cost models should, as a minimum, include both running and capital costs.

## P218

## The experience of elderly patients and their close family members after major emergency abdominal surgery

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**Background:** Major emergency abdominal surgery (MEAS) is a necessity to a heterogeneous group of patients with underlying pathology. MEAS is associated with a high frequency of mortality and postoperative complications, especially in elderly patients. Their physical functional level often decreases during hospitalization, which can make them dependent on family or homecare services. Critical illness and caregiving for a close relative can be a stressful experience for families, which are at risk of developing stress-related symptoms. However, little is known about how elderly patients and their close family members experience the course of illness.

**Objective:** To explore how elderly patients and their close family members experienced the during the course of illness following MEAS at the hospital and the first month at home after discharge.

**Method:** A descriptive phenomenological study founded on Giorgi's four steps of data analysis provided a systematic approach to explore the lived experiences of 15 patients and 20 of their close family members in 15 family interviews. The consolidated criteria for reporting qualitative research (COREQ) was used.

**Findings:** Three themes emerged from the interviews and comprised the essence of the phenomenon: 1) Being emotionally overwhelmed, 2) Wanting to be cared for, and 3) Finding a way back to life.

**Conclusion:** Patients and their close family members experienced illness as a sudden life-threatening incidence where it was crucial to be met with empathy from healthcare professionals. The patients' experience of fatigue and a decreased physical functional level hampered their ability to manage the same tasks as before falling ill. It still affected their and their close family members' lives one month after discharge.

## P219

## Diabetes and symptoms in dementia - a register-based study

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**Background:** Research has shown that diabetes is a risk factor for dementia and cognitive impairment. It has even been proposed that Alzheimer´s disease is a third form of diabetes; diabetes mellitus type 3 and diabetes also seems to be related to the clinical symptoms of dementia.
Beside cognitive impairment, most patients with dementia suffer from some form of behavioral and psychological symptoms of dementia (BPSD), such as delusions, hallucinations, aggression, depression, anxiety, euphoria, apathy, disinhibition, lability, aberrant motor behavior, sleep disturbance and eating disorders. The pathophysiology of BPSD is most likely influenced by several factors but seems primarily to be a result of an ongoing neurodegeneration. There may be different explanations for different symptoms, but the contribution of diabetes in BPSD is still unclear.

**Objective:** To describe BPSD in patients with dementia, with and without diabetes.

**Method:** We preformed a register-based cohort study with data from the Swedish BPSD register. All first-time registrations between 2010 and 2021 was included. Patients with registered high blood glucose and/or antidiabetic medications were categorized as patients with diabetes. BPSD was assessed with the neuropsychiatric inventory for nursing homes (NPI-NH). Associations were analyzed with linear regression for diabetes and total score on NPI-NH and logistic regression for diabetes and the 12 symptom domains within NPI-NH, adjusted for sex, age, type of dementia and medications.

**Results:** In process

**Clinical relevance:**Register-based studies gives great possibilities to analyze data from large cohorts with wide geographical spread, at a relative low cost. BPSD is common in dementia and a heavy burden both for the individual and society, socially and economically. Treatment for BPSD is usually a combination between social, nursing, and pharmacological interventions. This study can guide next-of-kin and caregivers what to be more observant of in care and treatment for patients with dementia and diabetes.

**P221**

## Educational needs among patients with inflammatory arthritis

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**Objectives:** Patient education is essential in the treatment and care for patients with inflammatory arthritis (IA). The aim of this study is to investigate whether patients' educational needs change over time, and if male and female patients have different educational needs.

**Methods:** A longitudinal cohort study of 101 patients with IA that had participated in an RCT on nurse-led patient education was conducted. Patients' educational needs were measured using the Norwegian version of the Educational Needs Assessment Tool 2 (ENAT-2), comprising seven domains: managing pain, movement, feelings, arthritis process, treatments, self-help and support systems. The scoring range from 0 (no needs) to 3 (highest need) for each domain, and from 0-21 for total educational needs. According to the instructions for ENAT-2, the non-parametric test Mann-Whitney was used to investigate differences between male and female patients at two times, T1 (2008-2009) and T2 (seven years later, 2015-2016), and if patients' educational needs had changed over this seven years period. The level of statistical significance was set at $p < 0.05$.

**Results:** The sample consisted of 29 men and 72 women, their mean age was 58.7 years, 33.7% had a university level or education (or more), and 83% used DMARDS. The analyses showed statistically significant differences between male and female patients in ENAT total, the domains movement, arthritis process and support systems at T1. There were also statistically significant differences between male and female patients at T2, but only in ENAT-2 total and the domain movement. There were no changes in educational needs among male patients from T1- T2, but female patients had a statistically significant decrease in educational needs in the domain support systems.

**Conclusion:** This study shows that patients with IA have a continual need for patient education, but that female and male patients have different educational needs.

## P222

## Sleep in patients awaiting acute or planned abdominal surgery - a mixed method study

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**Background:** Sleep is known to have impact on the rehabilitation ability of newly operated patients. Surgical stress is inevitable in these patients and consequently, is may affect the sleep. One may speculate whether the habitual sleep quality before surgery may affect the outcome and furthermore whether the surgery has impact on future sleep quality.
The aim of this study is to clarify the incidence and severity of habitual sleep disturbances in patients undergoing surgery and if the surgery has impact on future sleep quality.

**Objective:** Patients ≥18 years old and admitted for planned or acute abdominal surgery were included in the study.

**Method:** Mixed method seemed relevant to examine the aim of this study, why empire was obtained in a cohort of patients awaiting abdominal surgery by follow-up survey and by two focus group interview. The Insomnia Severity Index (ISI) score, Sleepiness Scale (ESS) and Pittsburgh Sleep Quality Index (PSQI) scores were used as measurements.

**Results:** In total 119 patients were included in the survey. After six-month 57 patients answered the questionnaires. The results from the baseline survey showed moderate or severe clinical insomnia in two out of ten in ISI. The ESS demonstrated two out of ten patients reported symptoms of daytime sleepiness. Finally, a PSQI global cut-off score placed six out of ten in the insomnia group. Highlights from the focus group interviews showed that sleep is a well-known challenge and the participants had tried several different ways to achieve the best sleep quality before as well as after the operation.

**Conclusion:** Mixed method is relevant to obtain broad and informative knowledge about sleep in patients undergoing surgery. Awareness of the prevalence of sleep problems, and patients' experience should be considered for optimizing sleep in order to improve rehabilitation and reduce stress associated with surgery.

## P224

## The students' understanding of nursing knowledge

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**Background:** To our experience's knowledge concerning how nursing students understand and construct the different subjects in the bachelor programme is limited. Studies show how students find it difficult to understand and use the theoretical knowledge in their clinical practice. Is it a gap between theory and practice or is it a myth that has been worshiped through generations of both actors in different learnings arena.

**Objective:** The overall aim of this study is to explore students' and nurses' perspectives and understanding of nursing knowledge. To achieve the aim, we will interview the same participants as students in the third-year bachelor programme, and one year and three years after ended nurse education. The research themes are:
The students or newly graduated nurses' experiences related to their understanding of nursing knowledge manifests in practical actions.
The students or newly graduated nurses' experiences of the relationship between theoretical and practical knowledge.
The newly graduated nurses' experiences of the transition from students to nurse related to their perceptions of nursing knowledge.

**Method**: In order to explore the students' and, later the newly educated nurses, we have temporary applied a qualitative design with individual interviews with nine students in third year in the bachelor programme. The study is based on a phenomenological and hermeneutic approach. We used the Canvas Management Learning System to requite the participants and both researchers interviewed the participants using video conference (zoom).

**Results**: The prelaminar results from the interview with the students show that: The students' perspectives on nursing knowledge seems to be blur and difficult to express. The students felt stressed according to the ideal presented in the theoretical lectures and their experience in clinical practice.

## P226

### Does the number of steps a nurse takes per shift matter?

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The view of nurses as being busy, running from task to task and having little time to relax is often displayed publicly and among nurses themselves. Only limited knowledge exists on the number of steps a nurse takes during work. Baseline data is necessary to test different strategies to eventually reduce the number of steps, whether these strategies are changes in the organization of care, changes in the physical surrounding, educational interventions related to the nurses' competencies in organizing their tasks and more.
A few non-systematic studies have estimated between 800 and 1000 steps per hour, for nurses working at a hospital ward. It has been suggested that the numbers of steps increase if the healthcare professional is inexperienced, if the number of patients on the ward is high and during dayshifts.
The aim of this study was to explore the relationship between the number of the steps and underlying variables.
During a 4-months period, 25 nurses and nurse assistances working at a department of gastroenterology, measured the number of steps taken during a shift
Data consists of the numbers of steps taken during a shift, type of shift and the wards occupancy rate, participants education and years of experience, age and gender.
Data will be analyzed using descriptive statistics (numbers, per cent, mean and standard deviation). Associations between the number of steps and all other variables using regression analysis.

## P227

### Analysis of data from a prospective longitudinal study of immune activated persons at risk of developing Rheumatoid Arthritis

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**Background:** Immune activated ACPA (Anti-citrullinated protein antibodies) positive individuals, 1-2 percent in the Swedish population with musculoskeletal symptoms have increased risk for development of arthritis.

**Aim:** The study aimed to investigate fatigue and other symptoms, frequency, to what extent and impact on daily life in immune activated ACPA positive individuals and if fatigue is associated with arthritis development.

**Method:** Individuals with immune activation and positive ACPA-test, lacking arthritis in hands, feet and any other symptomatic joints by clinical and ultrasound examination, were recruited into a research program. At inclusion individuals answered a questionnaire.
The data of the questionnaire was transferred to an electronic database and was quality reviewed. The data was linked to another database with other characteristics and analysed statistically by Microsoft Excel, Graph Pad Prism and SAS 9.2, T-test, Wilcoxon-test and Chi-square test.

**Results:** Information from 89 research individuals was evaluated. The result shows that almost 40 percent of the individuals experienced frequent fatigue, stiffness and jointpain the last month. Fiftyfive to 58 percent experienced moderate to severe burden of jointpain and fatigue, 43 percent experienced moderate to severe burden of stiffness. Forty to 43 percent experienced that these symptoms had high impact on life.
The amount of individuals that got diagnosis was 22 percent after 4 months follow up and was higher in the group with freqvent fatigue (33 percent) compared to the group with non freqvent fatigue (16 percent, p.0.07).

**Conclusion:** The result shows that fatigue, joint pain and stiffness was the mayor symptoms with charateristics as freqvent, severe and high impact on life. There are reasons to develop nursing measures according to fatigue in early disease course. One way to support is a structured dialog about symptoms.

## P229

### Sadness among adolescents: An embodied emotion?

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There is growing concern that adolescents’ mental health is deteriorating. Additionally, concepts of embodiment have gained increasing importance in research in recent decades. Theories of embodied emotions can be seen as a critique of the dualistic body-mind discourse that separates the body from the mind or physical symptoms from emotions. Since emotions are expressed in the body, it can be challenging to understand what adolescents’ health complaints stand for and how they can be responded to. Sadness is a common emotion that repeatedly occurs during life, but sadness is also one of the main symptoms of depression. A large body of previous research has examined depression among adolescents, but little is known about nonpathological sadness and the relationship between sadness and other health complaints. Therefore, our study aimed to investigate sadness and other health complaints among adolescents. Swedish adolescents completed a survey with a cross-sectional design ($n$ = 1489, 15–17 years old), and a logistic regression analysis was used to analyze the relationship between sadness and other health complaints. We found that sadness was related to health complaints [headache (OR: 1.58), sleeping difficulties (OR: 2.00), reduced appetite (OR: 1.43), tension (OR: 2.44), and concentration difficulties (OR: 2.75)]. A possible interpretation of the relationship between sadness and other health complaints may be an embodiment of emotions. Different understandings of how emotions arise and are expressed lead to different treatments and care. By not considering embodied emotions, there is a risk of medicating a normal emotional state. Therefore, it is important to reflect on what adolescents’ health complaints are an expression of and take into account the body as physical and psychological intertwined. This might entail person-centered support that hopefully leads to an improvement in adolescents’ well-being.

Sadness and Other Health Complaints among Swedish Adolescents: A Cross-Sectional Study. *Int.J. Environ.Res.Public Health 2021,18,3999.*https://doi.org/10.3390/ijerph18083999

## P231

### 'New families' - Innovation and Development of the Child Health Services in Oslo

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**Background**: The Child Health Services (CHS) in Norway is part of the Primary Health Care (PHC) for families and children 0-5 years. It is utilized by 98% of the eligible population and established by law as part of the PHC at a municipal level. The New families (NF) is an early universal intervention program based on home visits by Public Health Nurses (PHN) during pregnancy and the first two years after birth. NF is developed by the City of Oslo and is an offer in addition to the traditional CHS program. NF is based on a salutogenic perspective, with focus on resource mobilization and parental support.

**Objective**: The New Family research project will seek to answer the following research questions: Does NF impact maternal parental self-efficacy, reduce the risk of; postpartum depression and parental stress among first-time mothers and fathers, increase social support, improve; maternal attachment, improve parents’ quality of life, improve; partner relationship and child development, compared with usual CHS care? What is parents’ experience with the PHN intervention? What is PHNs experience with the program and program implementation?

**Method**: The primary research question regarding the effect of the PHNs intervention (NF) compared to usual care are evaluated through a prospective non-randomized controlled study with parallel group design. Whereby first-time parents in three districts receive the intervention, and first-time parents in two districts receive usual care. Participants (parents) was recruited in week 28 during pregnancy and was followed for one year. Quantitative data was collected via self-report questionnaires five times during the period.
The secondary objectives, covering parent’s experience with the PHN intervention and PHNs experience with the program, was explored by qualitative methods - in depth interviews and focus group interviews, observation and reflection notes from PHNs.

**Conclusion**: No conclusions can be presented at this stage.

## P232

### Successful Rethinking of the Lumbar Puncture Procedure in a Neurological Clinical Setting - A 5-Year Retrospective Descriptive Study

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**Background:** A shortage of neurologists prompted rethinking of lumbar puncture procedures to release medical resources resulting in an outpatient clinic for lumbar punctures. The invasive procedure is used to diagnose neurological disorders and commonly associated with post lumbar complications of back pain and headache.

**Objective:** The study aimed to examine completion rate and development of patient complications during a 5-year timespan when elective lumbar puncture procedures were transferred from neurologists to nurses.

**Methods:** In a cross-sectional design, data on outpatients who underwent a lumbar puncture were obtained from electronic medical records codes from February 2016 to February 2021 and transferred to REDCap™ for analysis using descriptive statistics and regression analyses for main outcome parameters. The lumbar punctures were performed by neurologists and specialist neurology nurses specifically trained for completing the procedure. The training programme was comprised by theoretical learning goals about aseptic and procedural techniques, indications, contra indications and complications during and after lumbar puncture procedures as well as practical exercises that were taught, instructed, and supervised by neurologists.

**Results:** In total, 1084 lumbar puncture procedures were performed during February 2016 - February 2021 and included in the study. No negative effect on waiting list, referral pattern, complication, or assistant use of other health professionals was encountered.

**Conclusion:** The transition of an invasive procedure from one professional group to another was successfully conducted. The transition was made without unexpected compromise of safety. The present intervention calls for further rethinking regarding systematic change in workflows in case of shortage of professional resources across medical specialities in a hospital setting.

## P234

### Merging existing practices with new ones: The adjustment of organizational routines to using cancer patient pathways in primary healthcare

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**Background:** Organizational changes can have unintended consequences on routines. Cancer patient pathways (CPP) were introduced in Sweden in 2015 to shorten time to diagnosis and treatment, where most CPPs starts in primary healthcare centers (PHC). Our study aimed to understand how organizational routines were adjusted when adopting CPPs in PHCs. This paper explores the unintended consequences for these routines.

**Method:** Constructivist Grounded Theory method was used to collect and analyze data. Six urban and rural PHCs with a variation in size were included. Data was collected through focus groups with nurses and physicians at each PHCs, in nine interviews with 41 participants. Following constant comparative method, coding and memos were used iteratively to develop emerging categories. When categories appeared to be saturated, we theorized how these categories and their relationships represented what was going on.

**Results:** Our analysis captured how PHCs had adjusted three organizational routines to utilizing CPPs by fusing existing practices of detecting suspected cancer with new ones. The first routine was handling the diverse needs of the population while simultaneously making use of CPPs to ease the patient flow. The second was drawing upon internal competence to utilizing CPPs even when their know-how was not taken into account by decision-makers. The third routine was dealing with being in an unequal position to secondary care while utilizing CPP failed to change this position between care-levels.

**Conclusion:** Using Grounded Theory method allowed us to capture how the PHCs in our study were both carriers of know-how to detect possible cancer and poised to integrate new ways of working. It further revealed their lack of crucial information and opportunities to influence decisions. Our study illustrates the importance of local organizational factors making room for know-how in PHC and the role of unintended consequences when adopting new tools such as CPPs.

## P235

### The body care practices among elderly in different institutionalized contexts- An ethnographic study of enacting forces

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Body care is a central part of the care of elderly people due to frailty, vulnerability, and sickness and a decline in function resulting in dependence on care. Within nursing and overall, in healthcare and society body care is underestimated, gendered, marginalized, stigmatized, and regarded as low status. The closer to the body and its excretions, the more dirty and low status is this aspect of care. Body care is often a delegated nursing act performed by assistant nurses, home-helpers, or non-professional groups. Moreover, it is considered as a hidden, and dirty work, because it deals with the elderly body, which is a socially marginalized body linked to decay, lack of bodily control, impurity, dysfunction, decline and death. Within nursing it can be argued that body care and the need for cleanliness is an essential part of delivering respectful and dignified person-centered care. However, research demonstrates challenges in the health care profession in delivering adequate person-centered care. The aim of the current PhD. project is to explore how the body care practices are enacted in different institutionalized contexts and how the elderly come into being as subjects in the body care practices under influence from a multiplicity of discursive, subjective, technological/material and institutional forces. The project draws from science and technology studies and post-structuralist analysis to understand and be sensitive to the complexities of the body care practices. The project is a reflexive ethnographic study consisting of field observations of body care situations in a residential care setting, in private homes and in a hospital setting, formal and informal interviews with the elderly and the health professionals (nurses, assistant nurses, home-helpers, and care workers with no formal education) and documentation material from the documentations systems to gain an in-depth and varied perspective of the body care practices.

## P236

### Effect and Cost effectiveness of a complex Family Systems Nursing intervention at the nephrology ward

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**Background:** Qualitative studies indicate that Family Systems Nursing (FSN) has proved useful in several cases. The approach offers specific tools for collaboration with families, based on an appreciative paradigm, with focus on a narrative and systemic approach. Quantitative effect studies are inconclusive, and cost-effectiveness studies are scarce. Implementing a FSN approach acknowledge that living with a kidney disease means suffering with reduced quality of life, not only for the patient but also for the entire family. Kidney patients and their relatives express a desire for more involvement in the illness trajectory. Studies indicate that health care professionals could improve their abilities to work with families.

**Purpose:** The purpose is to investigate whether the intervention FSN has an effect on perceived support from health professionals and family functioning for patients suffering from kidney disease and their families when admitted to the nephrology ward and whether it is cost effective.

**Method:** Controlled study between intervention ward (nephrology) and comparable ward (neurology) from the perspective of patients and relatives.
Pre/post-test of 55 patients and 55 relatives from each ward in connection with the implementation of FSN using validated questionnaires: Iceland-Family Perceived Support Questionnaire and Iceland-Expressive Family Functioning Questionnaire applying descriptive statistics.
Cost-effectiveness studies of the intervention measured on specific outcomes such as hospitalization time, family functioning, caregiver stress and quality of life.

**Results:** The results could provide an indication of whether family involvement has changed and made a difference for the participants after the FSN implementation, and whether it is financially worthwhile to spend resources on implementing FSN at ward level.

**P238**

# Effects and experiences of a 2-year transition program for competence development of newly graduate nurses - a mixed method study

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**Background:** Newly graduated nurses' intention to leave their profession is a global problem for healthcare organizations. One in four new graduates expects to leave the nursing profession causing shortage and a high turnover. There is a correlation between high turnover and patient safety. New graduates are concerned about their first job and their intention to leave increases during the first years of employment, among other things because they do not feel prepared for clinical practice. Transition programs for graduates may be efficient in retaining nurses in the healthcare organization. It has not yet been investigated in a Danish hospital.

**Objective:** A 2-year nurse transition program has been developed for introduction and training in a medical department. The aims of this study are 1) to investigate how the program affects turnover, 2) to determine the program's effect on patient outcomes, and 3) to explore the newly graduated nurses' experiences with different parts of the transition program.

**Method**: This study is prospective and uses a mixed method design. Data on staff retention will be collected from the intervention department and compared to a similar department not using the program. Likewise, patient outcomes will be compared in patients hospitalized within the 2- year period. Participants will be interviewed during their two years in the program to explore their experiences of job satisfaction and whether/how the program supports them in their job.

**Results:** Pending

**Perspectives:** We expect that the healthcare organizations can use the result of this study, as they consider implementing a transition program. The study may display which factors are important in a transition program to support graduates towards higher job satisfaction and hopefully enhance the intention to stay in the nursing profession.

**P239**

## Nurses perspectives on fundamental of care needs in patients admitted with covid-19, a qualitative study based on Interpretive Description

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**Background:** The disease trajectory of Covid-19 is diverse and often characterized by accelerated progression and high risk of adverse events such as intensive care admission, invasive ventilation and death. The virus is highly contagious, and patients admitted are isolated. The patients are often multimorbid with a multidimensional, intensive symptomatology making nursing-observation and intervention complex.
Fundamentals of Care is described as a Point-of-Care Nursing Theory, by using it we hope to learn what to pay special attention to when delivering care to patients with Covid-19.

**Aim:** The aim of this study was to describe points of attention in fundamental care in relation to patients with Covid-19.

**Design**: A qualitative study inspired by the methodology of interpretive description. Data were collected through one focus group and individual interviews with fifteen nurses experienced in caring for patients hospitalized with covid-19. Results are reported according to the COREQ-guidelines

**Results**: In this study, we identified nine themes and nine subthemes. The themes were ”impact of leadership”, ”environment and facilities”, ”lack of knowledge and experience”, ”the dangerous patient”, ”oxygen saving nursing”, ”technology as a condition of nursing”, ”from expert nurse to novice”, ”communication” and ”family and relatives”.

**Conclusions:** Covid-19 impacted all aspects of Fundamentals of Care. Patients’ fundamental care needs were at risk of being overlooked due to a respiratory focus in Covid-19 nursing. ”Oxygen-saving nurse interventions” as an attentive adjustment to the Covid-19-related phenomenon ”silent hypoxemia” was the most crucial point of attention, followed by communication skills, creativity in care, present leaders and a need for nurse supervision.

**Relevance to clinical practice.** Nurses as well as nurse leaders needs to communicate and reflect with respect to relational, psychosocial and physical nursing care. Nurse leaders have a special responsibility to support front nurses emotionally by offering e.g. supervision sessions.

### P241

## Nursing students participation in research regarding their family nursing practice skills at the time of COVID-19 pandemic

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**Background:** The involvement of families in nursing care has long been advocated when promoting health and caring for family members with chronic/acute illnesses. Nursing students attitudes towards families, influence the way they involve and partner with families in the planning and delivery of care. Therefore, in nursing education, a core focus needs to be on how and in what way nursing students are tought to involve families in their care. Nevertheless, little is known about how nursing students evaluate their family nursing practice skills at the time of COVID-19, along with what data collection strategies work the best. The aim of this study was to evaluate nursing students attitutes and clinical nursing practice skills, towards involving families in their care, at the time of the COVID-19 pandemic.

**Method:** A cross-sectional study design was conducted from 109 nursing students at the University of Iceland. Data collection took place in April 2020. Online survey was used to collect data. The survey was open for 3 weeks and reminders were sent once a week. In March-April all Universities in Iceland closed their campus facilities and transitioned to only online teaching and clinical replacement were arranged when needed for clinical teaching.

**Results:** Strategies that were used to establish rigor and ensure trustworthiness of the research will be presented. The main findings indicated that there was a significant difference in illness beliefs and in family nursing practice skills among graduate students compaired to undergraduate students; indicating graduate nursing students reported them to be more confident in working with families and perceived them selfs to have better family nursing practice skills than undergraduate students.

**Concolusion:** Challenges regarding involving nursing students in research at a time of a World pandemic will be discussed. Undergraduate nursing students need further support regarding implementing family nursing skills into clinical practice.

**P242**

## Menopause in the nursing workplace: an international collaborative project

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**Background**: By 2025, there will be more than 1 billion women, experiencing menopause. Of those employed 75-80% of women are of menopausal age and may experience symptoms that impact working life. A significant number of women are working in female dominated professions such as nursing.

**Objectives**: The aim of this study is to explore menopause and discuss the suitability of digital health interventions as strategies to facilitate coping and alleviate discomfort in menopausal women.

**Methods**: A qualitative exploratory study using focus groups was employed to explore nurses' experiences.
Nurses were recruited from different healthcare workplaces around the world: Denmark (n=6), UK (n=11), Finland (n=6), Australia (n=10), New Zealand (n=10), USA (n=10).
Focus groups provide a natural environment for participants with a shared culture, just as they would in the clinical or workplace setting. The focus groups were structured to allow participants to share their perceptions of menopause and support needs and large enough to obtain a range of experiences. All focus groups were audio recorded and transcribed verbatim using the Framework Method of data analysis.

**Results:** Preliminary findings suggest three overarching themes emerging from the data analysis: managing multiple menopause symptoms, recognition of a changed attitude in the workplace, menopause interventions.

**Conclusions:** A range of physical and emotional symptoms of menopause dominated and did influence working and home life. There were some variations in understanding and recognising menopause in the workplace attributed to the different countries. Rather than being a taboo subject, nurses welcomed the opportunity to discuss this topic with their colleagues, about how they felt, coping mechanisms, and discussed various options in term of interventions seeking a layered approach to support in the workplace from digital interventions like apps, easily accessible information and space to chat and talk through menopause.

## P243

### A longitudinal qualitative exploration of current infant feeding experiences for women living with HIV in western Kenya

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Exclusive breastfeeding for the first 6-months and continued breastfeeding for 24-months postpartum or longer is recommended for all mothers world-wide. For women living with HIV, adherence to recommended infant feeding practices is of even greater consequence as exclusive breastfeeding has been shown to reduce mother to child transmission of HIV and the benefits of longer durations of breastfeeding are now thought to outweigh risks in the context of more widely accessible antiretroviral therapy. Given evidence of suboptimal infant feeding and the need to understand context specific barriers, we sought to understand the experiences of perinatal women, engaged in HIV care, in Kisumu, Kenya.

We conducted a longitudinal qualitative study (March 2019- March 2021) with 30 women participating in 4 in-depth interviews each from 28-38 weeks pregnancy through 14-18 months postpartum. Data analysis using cross-sectional profiling led to a narrative description of the experience of infant feeding across time for the entire group highlighting both exemplar and variant cases.

We found, in accordance with provider recommendations, the majority of women breastfed exclusively for the first 6-months and stopped breastfeeding by 18-months postpartum. Women described severe food insecurity as a central challenge to optimal infant feeding, culpable for insufficient breastmilk and difficulties accessing food for infants during weaning. Women described feeling worry and uncertainty across the perinatal period about when and how to breastfeed or stop breastfeeding with a myriad of competing priorities/pressures influencing their infant feeding behaviors. Finally, we reveal a missed opportunity to promote and support breastfeeding beyond 18-months postpartum as recommended by the WHO's 2016 evidence-based guidelines. Financial and food support for perinatal women living with HIV and increased support for breastfeeding beyond 18-months have the potential to reduce women's stress and uncertainty associated with infant feeding as well as to optimize infant health and nutrition in this setting.

## P244

### Those who fight alongside -Experiences of the relatives of patients in forensic and general psychiatry

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**Background:** In Denmark there is a political objective to involve relatives in the treatment of mentally ill patients to improve the likelihood of more rapid and durable improvement. However, research shows that especially in forensic psychiatry, relatives experience increased burden caused by; the double stigma of patient's criminal offences and the ways in which the healthcare professionals involve the relatives in the care and treatment. In general psychiatry, healthcare professionals tend to not collaborate with relatives due to organizational challenges whereas in a forensic setting, they tend to not collaborate with the relatives, mainly because of negative perceptions as regards the involvement of the relatives.

Only sparse research literature seems to exist on how relatives perceive being a relative of a patient in psychiatry, how healthcare professionals engage the relatives and what roles the relatives play in the care and treatment of the mentally ill patient.

**Objective:** The aim of this Ph.D.-study is to generate knowledge about the experiences of the relatives of patients in forensic and general psychiatry. In support of this, the aim is also to identify facilitating and hindering factors in providing support and involvement of the relatives in the care and treatment from both the relatives' and the staff's perspectives.

**Methods:** This Ph.D.-study is epistemologically and methodologically informed by the assumptions of Symbolic Interactionism, and comprises different methods to generating knowledge: (1) a qualitative systematic review, (2) explorative qualitative interviews with relatives in forensic and general psychiatry, and (3) focus group interviews with healthcare professionals in forensic and general psychiatry.

**Results:** This Ph.D.-study will generate an empirical tested foundation, upon which future development and testing of interventions to improve staff-relative collaboration, support and involvement of relatives in the care and treatment of the forensic and general mental health patient, can evolve.

**Conclusion:** Not applicable.

**P245**

# Evaluating the Guided Self-Determination intervention among adolescents with co-existing ADHD and medical disorder - A mixed methods study

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**Background:** This research focuses on adolescents with ADHD and a co-existing medial disorder. Living with co-existing disorders is a complex dual task that cannot be managed by dealing separately with the two. However, the adolescents believe that their difficulties would resolve if they were without the medical disorder. There is a need for interventions empowering adolescents in managing co-existing ADHD and medical disorder.
We evaluated Guided Self-Determination (GSD), a patient centered intervention promoting empowerment. GSD consists of reflection sheets and communication with a nurse, which helps the patient and the nurse to develop a mutual understanding of the patients' difficulties in living with disease and this serves as a basis for further problem-solving.

**Objective:** To evaluate the impact of GSD on clinical and implementation outcomes in adolescents with co-existing ADHD and medical disorder.
Clinical outcomes were: Support from nurses, support from parents and self-management. Implementation outcomes were: Feasibility and acceptability of GSD.

**Method:** A mixed methods evaluation design was used to evaluate the impact of GSD. Quantitative and qualitative data was collected from the same participants and analyzed separately before being integrated.
Ten adolescents between 13-17 years with co-existing ADHD and medical disorder participated in the study. Six worked with GSD at an ADHD outpatient clinic and four at a pediatric outpatient clinic.

**Results:** GSD has potential to help adolescents becoming aware of the dual task of living with co-existing disorders, to be involved in managing co-existing disorders during outpatient visits and to increase adolescents' awareness of parents' need of support. Additionally, sessions and reflection sheets focusing on everyday life were more acceptable and feasible to the adolescents than those focusing on problem-solving.

**Conclusion:** GSD may improve adolescents' management of co-existing ADHD and medical disorder and therefore warrant further research especially regarding the content and layout of the reflection sheets.

**P246**

## Quality of care from the patients' perspective - a phenomenographic approach within the oncology out-patient setting

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**Background:** Quality of care is a multidimensional concept which lacks a clear, accepted definition regarding oncological care. The tradition within health care has been that professionals dictate what quality of care is, but studies have shown that health care staff and patients don’t share the same view upon what is important in health care.

**Objective:** To explore how oncology patients experience quality of care in the oncology out-patient setting.

**Method:** Using a phenomenographic research approach and a purpose sampling method, 20 semi-structured interviews were conducted with adult patients receiving oncological treatment in out-patient settings. Due to pandemic restrictions, a majority of the planned physical interviews were conducted over the phone or by video call (8 physical, 7 telephone, 5 video call). The same interview guide, consisting of 6 questions, was used irrespective of interview form. Verbatim transcripts were analysed using Martons’ Phenomenographic approach in seven steps.

**Results:** Twenty adult patients, age 25-84, from four different hospitals participated in the study. As analysis is still ongoing, results are preliminary but indicate an outcome space with four descriptive categories; *Atmosphere, Structure, Autonomy* and *Professionalism.*

**Conclusion:** Overall, oncology patients are pleased with and grateful for the care received. The gratefulness reported sometimes align closely with a possibility of being denied further treatment. There is a risk that the gratefulness keeps the patient from freely speaking up about possible demands. The four categories highlighted in the result gives oncologists and oncology nurses an insight in how their patients experience quality of care in the oncology out-patient setting and what key features to try to maintain.

**P248**

## Healthcare professionals' experiences during the initial stage of the COVID-19 pandemic in the ICU, a qualitative study

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**Introduction**: The COVID-19 pandemic called for rapidly huge changes in the Danish healthcare system, hence an emergency preparedness was activated, with all resources taking into consideration, trying to avoid a collapse of the healthcare system. This meant an increase in the critical care surge capacity in the intensive care units (ICU) by more than 150 % within a short period. Healthcare professionals (HPs), who particularly were nurses and doctors from different work specialties, were quickly trained to support and work within the ICU. Therefore, this study aimed to explore the healthcare professionals’ experiences attending the frontline during the initial stage of the COVID-19 pandemic in the ICU.

**Methods**: This qualitative study was conducted by interviewing frontline staff working in the ICU from a University Hospital in Denmark. HPs from different departments were recruited by purposive sampling. The interviews were transcribed verbatim and analyzed using content analysis.

**Results**: Sixteen nurses and four physicians participated. The analysis revealed three main themes and 8 sub-themes. The main themes were (1) Professionalism in work-life (adaption, the patient´s welfare, insecurity, and security) (2) Community Spirit (responsibility and contribution), and (3) Institutional organization (the role of management, loss of freedom, and information)

**Conclusion**: All participants experienced that working in the frontline during the early stage of COVID-19 contained many uncertainties. Despite undefined work tasks and lack of information, everybody reported a sense of community spirit, but future attention is required to ensure the mental health and resilience of frontline HPs. Therefore, more research is needed on which consequences the COVID-19 have had on the HPs mentally health.
RecommendationsComprehensive support should be provided to ensure resilience, mental health, and well-being for the HPs. Guidelines and training are necessary to promote preparedness and reduce psychological stress.

P249

## Experiences from using co-creation as a methodological approach for development of an eHealth post-hospital service

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**Background:** Co-creation is a form of collaborative innovation where ideas are shared and improved together. These processes are constructed to engage the users in a supportive and respectful manner in the developmental phase of creating eHealth services and to acknowledge their insights and knowledge. However, challenges may occur in the co-creation process.

**Objectives:** To present the co-creation process and lessons learned from collaboration with users in the development of a Nurse Assisted eHealth Service to patients with heart failure (HF) and patients surgically treated for colorectal cancer (CRC).

**Methods:** Participants were HF and CRC patient representatives, health professionals, scientific experts, IT developers, and researchers. The co-creation process comprised three main steps: a) developing initial content in eHealth service based on research and available best practice evidence, qualitative interviews with stakeholders, meetings with a user expert panel, and seeking advice from developers and users of digital eHealth platforms, b) user involvement through development of workshops with Nurse Navigators and feedback from engaged user representatives, and c) consulting content with patient representatives and adapt content based on feedback and review of updated material by stakeholders and scientific experts.

**Results:** The results showed that being flexible and adaptive, creating and maintaining a sincere dialogue, being open to external comments, radiating accessibility, and generating trust were important issues in the co-creation process. It was a challenge to find the balance between freedom and control, balancing input with structure and create a collaborative culture with a feeling of connectedness and mutual effort.

**Conclusions:** Together, these findings indicate a challenge of balancing between being flexible and keep the progress in co-creation. The results can be valuable for future intervention designers who aim to include end-users and stakeholders in the development of an eHealth service.

### P250

## A Nurse-driven post-discharge Intervention and Formative Evaluation for Patients with liver Cirrhosis

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**Background:** Patients with decompensated liver cirrhosis are on average hospitalized 3 times a year and 20-37% of the patients are readmitted less than 30 days after hospitalization. Repeated admissions have great clinical, personal and societal consequences.
Research in nursing care of patients with liver cirrhosis is limited compared to other chronic diseases. Recently, nursing guidelines for liver cirrhosis have been published but clinical studies regarding effect of nursing interventions are scarce.

**Objectives:** To investigate how a randomized post-discharge nurse-driven intervention affects; readmissions; quality of life and self-perceived health for patients with decompensated liver cirrhosis from all causes.
As part of the development and implementation of a Nursing Track for patients with liver cirrhosis at the Gastro Unit, Copenhagen University Hospital, Hvidovre, Denmark, we will perform a formative evaluation investigating the acceptability and appropriateness of the intervention, by exploring potential barriers and facilitators the participants and their families experience during the intervention.

**Method: Intervention**
A randomized controlled intervention study with 110 participants.
The intervention is based on concepts from Family Systems Nursing. After an admission due to decompensated liver cirrhosis the included participants in the intervention group and their possible family receive:
*Pamphlet:* Pamphlet with brief information regarding preventive measures.
*Home-visits:* Three monthly home visits by a project nurse comprising: Therapeutic conversations; Evidence-based information; Information about municipal offers.
*Follow-up telephone calls:* Three monthly telephone calls.

**Formative evaluation**
After completion of all home-visits, selected participants and family members will be asked to attend a semi-structured qualitative interview. We expect to include 10-15 participants and family members.
The Theoretical Domains Framework will be applied in the development of the study. Data will be analyzed using Qualitative Content Analysis.

**Status:**
Included participants: 94
Inclusion is expected to be completed October 2021.
The qualitative interviews will be initiated September 2021.

## P251

### Stimulated Recall Interviews - an autoethnographic reflection on the researcher´s role

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**Background:** Stimulated recall Interviews (SRI) is a methodology that explores behaviours and reflections on own actions. Nine final year nursing students' performance of physical assessments in patient encounters were observed and audio-recorded twice during two different clinical rotations. After each observation an SRI was performed, where audio-recordings and observation notes were used as a basis. My researcher role was threefold; an evaluator of clinical performance in the patient encounter; the interviewer leading the SRI, and author of a scientific paper.

**Objective:** To reflect on the challenges I as researcher encounters being both a skilled educator in nursing as well as a researcher trying to combine subjective perception, critical reflections and the objective and trustworthy reporting in a scientific publication.

**Method:** Autoethnography can be method where the researcher uses personal reflections on the subject of interest related to theory and/or best practice. In this presentation I will reflect upon 1) my contribution in evaluating the student´s performance, 2) the questions I initiated during SRI and, 3) my role as researcher in interpretations of the SRI.

**Results:** With the goal of seeking students' reflections upon own performance during SRI's, it became inevitable to remain objective as a researcher. My competence of physical assessment guided the questions I initiated in the dialogue with the students supplementing their own reflections on own performance in the SRI. To provide a trustworthy interpretation of findings and understand the different perspectives of the content of the interviews and the structure of the dialogues the support of co-researcher not involved in the interviews were important.

**Conclusion:** With a reflexivity to own role, SRI is as a promising method in nursing education research to gain deep understanding of students' learning strategies and needs. The researcher´s role activates nursing students' higher order thinking through in-depth reflection in and on action.

## P253

### Patient involvement in the transition of care in an Emergency Department in Denmark: An explorative study

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**Background:** The decision on which care course the patient can be transferred to after being admitted to the emergency department (ED) is not simple. More than half of the patients do not feel being involved in decisions about their future treatment and care, even though they want to be involved. Feeling involved is related to better recovery and well-being.

**Purpose:** To explore how patients experience being involved and how patients are involved in decisions, when they are departing the ED.

**Methods:** The study will undertake a convergent mix-method design. The questionnaire CollaboRATE will be used to explore how patients experience being involved. All patients over 18 years and who can give an informed content will be included, when they are on the point of departure from the ED. Sociodemographic variables will be collected from the patient records. Field observations and interviews with patients and health professionals will be conducted using theoretical sampling and actor-network theory.

**Findings:** The inclusion of participants and data collection is expected to be completed by the end of September. Preliminary findings will be presented at the Conference.

**Conclusion:** Findings are expected to provide an insight into patient involvement in the ED. The next phase will be to develop a dialog-tool to facilitate and increase patient involvement in the ED.

## P255

### An approach to validate data and coverage of the Swedish Registry of Cardiopulmonary Resuscitation

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**Objective:** The validity of data and coverage of the Swedish Registry of Cardiopulmonary Resuscitation (SRCR) are unclear. That makes the incidence of in-hospital cardiac arrest (IHCA) and patient outcome uncertain. The objective is to describe an approach to validate data and coverage of an in-hospital cardiac arrest registry.

**Method and analysis:** The study will have an observational cross-sectional design. Patient records and hospital administrative systems at 10 hospitals will be searched using ICD-codes to find all patients treated for an IHCA during the time period of 20180101 to 20191231. All found patients will be cross-checked against reported patients in the SRCR. Any differences in patient characteristics or regarding situation factors between reported and non-reported patients will be evaluated. Non-reported patients will be retrospectively reported to the registry. An incidence of IHCA will be calculated using the number of patients treated for IHCA divided by number of hospital admissions during the specific time period. Selected variables will be evaluated regarding compliance to report and regarding concordance with patient records. All missing data will be described and evaluated. Local reporting procedures at each hospital will be described and evaluated regarding compliance to report and regarding missing data.

**Ethics and dissemination:** The SRCR is a national quality registry were all living patients give consent to participation and they can get information of whom have used their information and can terminate participation. An ethical approval is needed for retrieval of sensitive personal data. To minimize the risk of violation of integrity the data will be retrieved and handled confidential and coded using a code key. The data will be presented at group level to eliminate the risk of identification. Future results will be presented in a scientific peer-review journal. The benefit of a registry with high coverage and validity is crucial for future research.

## P256

### Telephone interview as a data collection method when developing an eHealth service to support patients transitioning from hospital to home.

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**Background:** Telephone interviews, all though traditionally viewed as inferior to face-to-face interviews, may be an effective methodological approach for qualitative data collection when face-to-face interviews is not recommended, such as during a pandemic.

**Objective:** To discuss the application of telephone interviews as a valid method in qualitative research.

**Methods:** Telephone interviews were chosen as data collection method in the design and development phase of an eHealth post follow-up service to support patients with heart failure (HF) and patients surgically treated for colorectal cancer (CRC). Qualitative semi-structured telephone interviews were conducted with 10 HF patients, 10 CRC patients and 13 general practitioners. By use of a semi-structured interview guide the participants experience with HF or CRC illness, treatment and care, as well their perspective on design, content and components of the eHealth service were explored. Data were analyzed using a thematic analysis approach.

**Results:** The use of telephone interviews was an overall positive research experience and also a time-effective research method. The choice of method also led to the possibility of continuing data collection despite the pandemic. The researcher established rapport through a pre-interview conversation or e-mail beforehand, and during the interviews the dialogue proceeded naturally and effortless. The telephone interviews were of various length, lasting from 15-55 minutes, and provided the researcher with rich and explicit data which later could be integrated into the development of the eHealth service. Challenges connected to telephone interviews were the lack of access to non-verbal communication and visual cues.

**Conclusion:** This study suggests that telephone interviews is a feasible and valid method for obtaining qualitative data, especially when the research process does not require specific contextual data, and face-to-face meetings is not possible.

## P257

### Dealing with cognitive dissonance - nurse preceptors' strategies to reduce nursing students' dissonance towards learning how to provide fundamental care

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**Background:** International evidence indicates that nursing students perceive fundamental care as not part of the nurses' duties and hence not prioritising the knowledge needed to improve their skills in this area. In addition, clinically immature students perceive an incongruence between academic ideals and clinical reality.
**Objective:** To explore nurse preceptors' strategies to reduce nursing students' dissonance towards learning how to provide fundamental care in a simulated learning environment.

**Method:** A qualitative secondary analysis of the data that have been collected for a former study conducted in August 2017 was employed. Participant observation and focus group interviews conducted with undergraduate nursing students and nurse preceptors were the data collection methods. The data are re-examined keeping in mind the objective of this study; hence, presenting interpretations, conclusions and additionally information, and that are different from those presented in the original study.

**Results (Preliminary findings):** An inductive qualitative content analysis was employed to re-examine the data. Three main categories interpreted as nurse preceptors' strategies to reduce the dissonance nursing students may feel when learning how to provide fundamental care: (i) change the new cognition to make it consistent with the pre-existent cognition, (ii) add new cognitions to bridge the gap between academic and clinical knowledge, and (iii) change her own behaviour during the instructions about how to provide fundamental care.

**Conclusion:** The acquisition of the necessary nursing practical skills related to fundamental care is important for the development of the students' critical thinking and clinical judgement. Therefore, it is necessary to develop and implement models of preceptorship with clear guidelines and different learning activities that help students maintain academic ideals while accepting clinical realities.

## P258

### Initiatives to facilitate end-of-life care

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**Background:** End-of-life care conversations are difficult and complex for Healthcare Professionals (HPs). It is even more difficult to fulfil patients and relatives wishes, especially across sector boundaries. Among patients preferring end-of-life care at home (55%), only 18% had their wishes fulfilled. Thereupon, the three cluster municipalities; Viborg, Silkeborg and Skive, The Region Hospital Central Jutland and General practitioners (GPs), launched a two-year project in September 2018. This abstract focuses on the results from the evaluation of initiatives at department level and intersectoral end-of-life care.

**Objective:** To design initiatives supporting HPs in providing end-of-life care in accordance with patients' preferences and evaluating the initiatives tested in clinical practice.

**Method:** Initial interviews with 164 patients, relatives, HPs, leaders and priests were completed. Based on findings, four categories of initiatives were developed. Next, we used the Plan-Do-Study-Act method, supported by a worksheet, as it is suitable in pragmatic research. During a 3-month period; 6 hospital units, 5 nursing homes, 2 home care districts and 1 GP clinic, completed an initiative related to the categories. Tested initiatives were evaluated on site specific workshops (n=14). We captured valuable recommendations which were subsequently approved by the participating HPs.

**Results:** Based on findings from the evaluation process, three themes were generated: *Willingness to discuss end-of-life care*, *Involvement as early as possible*, *The same goal, but still, mission impossible*?
The initiatives showed that guidelines to facilitate the dialogue were helpful, and HPs were surprised by the elderlies' gratefulness by raising end-of-life matters. Even though valuable experiences were exchanged between HPs, due to the intersectoral collaboration, they all revealed impediments in the electronic documentation.

**Conclusion:** The initiatives were closely embedded in clinical practice by involvement of patients and clinical stakeholders. This approach facilitated development of user-friendly initiatives which are applicable, meaningful and encourages higher likelihood of adoption.

P259

## Digital Documentation - a solution to Health Care problems?

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**Background:** Worldwide, Public Health Authorities implement new strategies on digital healthcare. Denmark has implemented strategies on digital documentation in municipal health care, intending to solve economic problems and complex needs in the Health Care services. This study is based on the assumption that the solutions presented are not a reaction to a problem but a part of constructing a problem as a particular problem, which makes problems central for investigation.

**Objective:** How are problems represented in ”practical documents,” and how do certain problem representations condition digital documentation practice?

**Method:** We applied a social-constructivistic framework based on the assumption that documents participate in the construction of reality. The analysis was conducted according to Carol Bacchi’s ”What’s the problem represented to be” – approach. Based on this approach, we considered that practical documents, such as policies, strategies, or guidelines, are manufactured, consumed, and function in social practice having the purpose of informing people on how to act.
From 45 ”practical documents,” four were selected for an in-depth analysis. Six steps guide the analysis to reveal how problems are represented in the documents. Each step has an analytical focus, such as deep-seated assumptions, genealogical features, and discursive effects.

**Results:** Our analysis shows three problem representations:
1) Patients experience a lack of coherence in a complex healthcare system
2) There is a lack of assessable data for management and political prioritization
3) The healthcare system is inefficient.
Health care documentation stands uncontested and appears to be the solution to most of the problems in the health care system, with a variety of assumptions and approaches.

**Conclusion:** Health Care documentation has transformed from ”Recordkeeping” into standardized ”Digital documentation.” Thus, health care documentation is an activity expected to have a broader aim, taking an important place in managing the health care system.

## P260

## Exploring patient-experienced acceptability and value of dropwise communication offering the results of lung cancer work-up delivered by telephone or in-person

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**Background:** From the perspective of patients, undergoing the diagnostic work-up and receiving a lung cancer diagnosis is reported as a time of shock and uncertainty. To ease the burden, patients can potentially receive information on likelihood of cancer at several time points, thus, being prepared for the severe diagnosis. Still, it is sparsely explored what it means to patients to receive such information continuously and to be offered the choice to have the results by either telephone or in-person.

**Aim:** To show how a theoretical framework of acceptability of healthcare interventions can be used as a tool to guide a qualitative assessment of the appropriateness and value of an existing intervention offering dropwise information and a choice of how to get the final results of the lung cancer work-up communicated.

**Methods:** Theoretical framework
According to a recent review, acceptability is described as a multi-faceted construct that reflects the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate, based on anticipated or experienced cognitive and emotional responses to the intervention. In this study, the theoretical perspective is used like a can opener to open up for phenomena as they are disclosed in patients' experiences.
Data collection and analysis
The study is conducted at a pulmonary unit in a Danish regional hospital, where patients meet a multidisciplinary team of specialized healthcare professionals. To explore patients' experiences and responses, an ethnographically inspired fieldwork is carried out with participant observations and interviews with about 15 participants. A phenomenological-hermeneutic approach inspired by Ricoeur's theory of narrative and interpretation is applied to guide the analysis.

**Conclusion:** Through a qualitative assessment of acceptability, the study is supposed to contribute to current communication guidelines by providing evidence of an intervention that prepares the patient stepwise to accommodate the diagnosis of lung cancer.

## P262

### Registered nurse mentors' experiences with co-creating an e-learning intervention to enhance mentorship practices in nursing homes, a focus group study

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**Background:** Educational interventions have been recognised as sufficient means to enhance registered nurse mentors' pedagogical competences. To ensure multiple perspective insights, knowledge development and ownership of an educational intervention, it is vital that the stakeholders are involved in the development process. Nevertheless, little attention has been given registered nurse mentors taking an active and co-creative part in developing learning interventions tailored their specific needs within the nursing home context.

**Objective:** To explore registered nurse mentors' experiences of co-creation in enhancing mentorship practices for first-year nursing students in nursing home placements.

**Method:** Data consisted two focus group interviews with in total 17 registered nurse mentors from two Norwegian nursing homes. The registered nurse mentors were all participating in various co-creative workshops (n=3) where they identified mentorship challenges in the nursing home context and discussed content of the e-learning intervention. The second workshop was a joint workshop with nursing students and nurse educators. The focus group interviews were conducted after the second and third workshop and analysed by thematic analysis.

**Results:**The preliminary findings showed that registered nurse mentors' experiences with co-creating an e-learning intervention were characterized by feelings of recognition and community, insight and comprehension of the stakeholders perspectives and increased awareness of the mentor role.

**Conclusion and implication for practice:** Our study emphasises that co-creating an e-learning intervention targeting enhanced mentorship practices in nursing homes is vital to address the needs of the registered nurse mentors in this specific context. Positive effects derived from co-creative workshops formed both personal utility for the nurse mentors and a useful relationship with the e-learning intervention. However, when applying a co-creative approach, issues of power, relationship constructs and creation of comprehensive arenas for co-creative activities must be concidered.

## P263

### Health personnel's perceptions of providing support to family caregivers to people with dementia from minority ethnic backgrounds

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**Background:** Despite an increased focus on barriers to access dementia healthcare service for family caregivers from minority ethnic backgrounds, the lack of knowledge about how these barriers are handled in order to reach and support this group is evident.

**Objective:** To gain a better understanding of how health personnel in community-based dementia teams perceive their role in supporting family caregivers to people living with dementia from minority ethnic backgrounds.

**Method:** The study had a qualitative, explorative design. Based on data from semi-structured interviews (n=9) conducted in two large Norwegian municipalities, a thematic analysis was applied. Inspired by Pierre Bourdieu, the theoretical concepts of field, habitus and capital was used as a reflective lens to guide the analysis of the empirical data.

**Results:** 'The desire for a harmonious interaction' was identified as an overarching theme. Although it was desirable to reach and support family caregivers from minority ethnic backgrounds, the findings revealed that health personnel's efforts vary. The findings suggest that some family caregivers from minority ethnic backgrounds were perceived as more 'suitable' for the dementia team service than others. This raises concerns about the dementia healthcare service as a complex and sometimes rigid system that requires several distinct attributes to navigate.

**Conclusion:** The findings demonstrate that organisational structures in dementia healthcare service can both create and retain barriers that prevent family caregivers from minority ethnic backgrounds from receiving support on their own terms. This call for a deeper reflection on and knowledge about how often invisible power relations influence the practice carried out.

P264

## Designing and implementing Simulation Training in mental health practice- A collaboration project with nursing home nurses

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**Background:** Since 2017, students at Lovisenberg Diaconal University College (LDUC) have attended their compulsory clinical practice in psychiatric care while being placed at nursing home facilities. Although there are patients with a need for complex psychiatric care, students often perceive psychiatric practice placements in nursing homes as less relevant to reach expected learning outcomes regarding mental disorders and care.

Simulation may increase learning outcomes and knowledge for participating students. However, to our knowledge, few studies are conducted to explore co-learning between students and clinical supervisors at site in practical studies.

**Objective:** The aim of the study was to explore students and nurse supervisors' experiences with in-situ simulation training at the nursing homes to enhance focus and competence related to students´ expected learning outcomes in mental disorder and care.

**Methods:** Both students and staff were interviewed in separate focus group interviews following the simulations. Thematic analysis was applied as analytic method.

The project was carried out through two periods of clinical studies with two sessions of simulation in each period. Prior to simulation both staff and students were given an introduction to simulation. Confiding supervisors and students for the simulation situation was emphasized in the introduction.

The scenarios used in the simulation were compiled in collaboration with staff at the nursing home. A professional actor played the role as nursing home resident and faculty at LDUC were facilitating the scenarios. Steinwach's structur were used as approach in the debriefing process.

**Results:** Results will be published and discussed. Focus in this abstract will be on implementation of the project.

**Conclusion:** Several experiences with implementation can be drawn from the project. The experiences revolve around implementation of Inacsl Standards, Steinwach's structure for debriefing, stress-reducing measures among the participants, group dynamics, recruitment of nursing staff and attitudes towards simulation among students and staff.

## P266

### Interprofessional care for the ICU patient's family - a solitary teamwork

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**Background:** Care for the family is an essential part of the ICU team's interprofessional care. The way in which the ICU patient's family are cared for affects their satisfaction and ability to cope in a new and stressful situation when their loved one is critically ill. Previous studies have only to a small extent investigated how physicians and nurses collaborate as a team regarding family care in the ICU.

**Objective:** To explore how ICU teams' interprofessional family care was reflected in their daily work.

**Method:** The study design is a longitudinal explorative grounded theory approach, employing data triangulation using participant observation and interviews. In line with constructivist grounded theory, parallel data collection and analysis were conducted to construct conceptual categories explaining the interprofessional family care in the ICU. Fieldwork and focus groups with ICU nurses and physicians were conducted in addition to dyadic and individual interviews with surgeons and internists from four ICUs in Norway.

**Results:** One core category: solitary teamworking, with three, related subcategories: proximity and distance, silent interprofessional work and connecting link, was constructed, explaining how interprofessional family care in the ICU was solved. Solitary teamworking points to contradiction-filled interprofessional family care, in which nurses and physicians experience unity of purpose and support from their colleagues, whilst, at the same time, having feelings of loneliness and of standing alone.

**Conclusion and implications for practice:** In interprofessional family care, the ICU physicians and nurses alternate between working alone and as a team. The clinicians experienced working with patients' families as engaging and rewarding, but also emotionally challenging, both with the families and with colleagues and management. Family care has to be anchored by the unit managers facilitating a culture supporting and prioritising it, where family members are included as an active part of the ICU team.

## P268

### Nursing students`re-entry from international clinical practice - a qualitative study

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**Background:** International clinical practice in foreign countries is an integrated part of bachelor programs in nursing. With the on-going pandemic, global health challenges reveal the importance of international experience and cultural understanding.
Preparedness for new and unfamiliar learning conditions in Africa is important, but attention needs to be drawn to reintegration to the home culture. Little research has focused on the re-entry phase in terms of nursing students` perceptions; of returning home and integrating experiences into their professional practice.

**Objective:** To gain understanding and knowledge of nursing students` situation and issues upon re-entry from clinical practice in Africa.

**Method:** A qualitative descriptive design was used including ten individual reflective assignments and three focus group interviews over a period of six months upon returning from Africa. Analysis was based on a phenomenological approach with systematic text -and meaning condensation inspired by Malterud. The core of the analysis became visible through the chronological aspect of *time*, related to the participants` developmental process. All data remained confidential, and anonymity was secured. Norwegian centre for research data (NSD) was involved in approval of the study.

**Results:** The analysis revealed three themes: 1) *The feeling of emptiness upon re-entry*. Being alone with the study abroad experience; clinical and ethical hardships, emotional reactions, and absence of the exchange-group unity. 2*) Strengthened professional identity*. Increased self-confidence and integrity in handling new and unknown situations in their professional role. 3) *Strengthened cultural sensitivity*. Students` recognition of affective and cognitive dimensions in cultural diversity.

**Conclusion:** The study discloses the vulnerability of nursing students upon re-entry, but also awareness of implications that international clinical practice has on their professional and cultural understanding. Findings indicate a need for support and guidance to facilitate the re-entry phase. Implementing a structured pedagogical course can contribute to strengthen the international perspective in nursing education.

**P270**

### Experience with designing and implementing an International, virtual classroom

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**Background:**In response to Covid-19, higher education institutions needed to find innovative ways to sustain global learning. In November 2020, Ohio State University (OSU) and Lovisenberg Diaconal University College (LDUC) got resources and coaching from the the American Council of Education and the Norwegian Agency for International Cooperation ans Quality Enhancement in Higher Education (Diku)to mutually develop a syllabus on ”Inner city health” through ”Collaborative Online International Learning” (COIL) In the late fall of 2020 faculty collaborated in developing a teaching strategy for a common course and in the spring of 2021, a virtual pilot project in which 8 American and 8 Norwegian were included was carried out. **Objective:** The objective of the study is to examine students' experiences with learning and cultural outcomes in a virtual international global classroom.

**Methods:** Data will be collected through mixed methods consisting an online survey and a focus group Interview in both countries. The data will be triangulated using both quantitative and qualitative methods. Data collected in the survey will be analyzed using descriptive statistics, and focus group data will be coded and thematically analyzed. Quantitative and qualitative results will be compared to uncover additional themes or nuances. Additionally, qualitative data may be used to help explain quantitative results.

**Results:** Results will be published and discussed when analysis are ready. Thus, the focus will be on faculty's experiences on designing a common international syllabus using COIL.

**Conclusion:** In response to these difficult times Faculty from OSU and LDUC have designed and implemented a virtual collaborative classroom to sustain learning and connections between nursing students in the US and Norway.

Referances: Hans de Wit & Philip G. Altbach (2021) Internationalization in higher education: global trends and recommendations for its future, Policy Reviews in Higher Education, 5:1, 28-46, DOI: https://doi.org/10.1080/23322969.2020.1820898

**P274**

### Sexual Abuse of Elderly living in their homes: Sexual Abuse of Elderly living in their homes: A Scoping Review

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**Background:** In the 1970s the first studies of elder abuse were conducted. Since then, the research field has increased rapidly, and has raised questions concerning theory, methods and definitions. There are different categories of abuse: psychological, physical, sexual, financial, and neglect. Despite an increasing literature related to elder abuse, sexual abuse of older persons in general and of vulnerable adults living in their homes is still sparsely described. World Health Organization concludes that between 4 and 6% of older people experience some form of abuse in their homes, but due to a lack of an international accepted definition the prevalence of sexual abuse is unclear.

**Objective:** The purpose of this study is to assess the state of knowledge on the subject of sexual abuse against older people living in their homes through a Scoping review and to answer the following: What knowledge do we have about sexual abuse of elderly living in their homes? Prevalence and definition?

**Methods: T**his study employ scoping review as method. Scoping review is a well suited method where the purpose of the review is to scope a body of literature, identify knowledge gaps, investigate research conduct or to clarify concepts. We outline a framework for conducting a scoping study based on our recent experiences of reviewing the literature on sexual abuse against the elderly.

**Results:** Results will be published and discussed when analysis are ready.

**Conclusion:** Findings from the scoping review so far show that there is a need for knowledge and further research on the topic of sexual abuse against elderly living in their homes.

## P275

### Implementing interpretive phenomenology in studies exploring experiences of patients with unexplained chest pain and transition through information and physical activity

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**Background:** One of the most common symptoms for patients consulting health services is chest pain. Nurses are usually coordinating the care of the patients. Physical activity is recommended, but at the same time avoided by the patients. There is a lack of knowledge about the transition patients undergo according information needs and experience related to physical activity.

**Objective:** To discuss application of interpretive phenomenology as a secondary analysis aimed at exploring experiences of patients with unexplained chest pain and transition through information and physical activity

**Method:** Interpretive phenomenology was used as a secondary analysis in three studies conducted to explain the transition people with unexplained chest pain undergo according information needs and physical activity. A thematic analysis was performed and themes emerging from the categories of changes in health related to information needs and physical activity. The patterns of the phenomena of meanings were further interpreted within a framework of Meleis et al. s' health transition theory to enable the understanding of the text.

**Conclusion:** In this presentation, I will focus on challenges when choosing and implementing interpretative phenomenology as a secondary analysis in studies with different qualitative research methods. Studying everyday aspects of the world give new access and vision to interpretive human studies. The strategy of using interpretive phenomenology and combining a further interpreting of the results within a framework of Meleis et al. deepened the results. There was a clear focus on nursing theory and established a meaningful criterion across the three qualitative studies selected.

## P277

### The value of using a longitudinal participatory design approach to co-design a suite of mobile learning tools in nursing education

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**Background:** Higher education institutes need to increase the use of student-active teaching methods in nursing education. The students entering nursing education today are more digitally literate than before and many students are active users of digital technology. That calls for new teaching strategies to meet learning preferences involving digital technology for learning. Inspired by the participatory design approach (PDA), we invited a group of nursing students to test out and evaluate a selection of digital resources, as well as to discuss the advantages or disadvantages of the different digital resources for student's learning outcomes.

**Objective:** To co-design with nursing students a new and innovative educational suite of mobile learning tools to support learning of specific educational content.

**Method:** The PDA was used to collaborate with the nursing students' by inviting them to be a part of the co-design processes as the end-users of the mobile learning tool. The co-design processes took place in several iterative workshops (WSs) over a period of 3 months.

**Results (if relevant):** The longitudinal design of the study highlights the value of the iterative WSs that contributed to better co-design processes and the exploration of the key concepts in PDA. The key concepts are collaboration, creativity, and curiosity, as well as the researcher's ability for a reflexive approach toward own role and the key concepts. The co-design processes challenged the key concepts because of the prerequisites of the different student groups related to educational progress. However, the students valued the participation in the co-design processes and to be able to influence how the educational content could be and perhaps should be delivered to support learning.

**Conclusion:** The longitudinal PDA was a rigorous strategy to understand what works, for whom it works for, and where it works, which is essential for a successful implementation of educational innovations.

**P280**

### Coping strategies among Icelandic University students who are dealing with severe stress

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**Background:** Stress is common among university students and more so for females than males. Severe stress has negative effect on students' mental and physical health along with academic achievement. Further, studies indicate that unhelpful coping strategies are associated with higher levels of stress among students and may be detrimental to their health. However, a relatively small proportion of stressed Icelandic university students receive professional mental health services.

**Objective:** The main objective of this study was to assess the prevalence of stress among Icelandic university students and their use of coping strategies.

**Method:** This was an online descriptive cross-sectional study. The questionnaire was sent to 3000 students enrolled at the University of Iceland in 2018. The questionnaire consisted of the Perceived Stress Scale-10 (PSS) and fourteen questions regarding coping strategies designed by a research team and based on literature reviews.

**Results:** The response rate was 53% representing students from all faculties. The mean age was 28 years, and most were undergraduate students (66%). Single students were almost 40% and about one third of students were parents. Seventy percent worked alongside their studies.
The results of the study revealed that participants' mean stress score on the PSS scale was 18.70 and was significantly higher among females than males. Twelve percent of the sample reported severe stress. Students with severe levels of stress more often used unhelpful coping strategies. Further, 45% of the sample felt they needed professional mental health care and those who felt this need had significantly higher levels of stress than did others.

**Conclusion:** The results indicate that stress among university students is an important public health issue, and a challenge to both school and health-care authorities. The study suggests the importance of developing interventions for Icelandic university students targeting coping strategies in dealing with stress.

**P282**

### Guideline evaluation and implementation mechanisms in school health services (GuideMe)

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**Background:** In Norway, a national guideline with best practice recommendations for school health services was launched in 2017. The guideline strongly recommended individual consultations with all 8th graders and cooperation with schools to promote healthy life skills and identify students in need of follow-up.

**Objective:** Our overall objectives are to help the service implement this guideline, reach its goals, and increase knowledge about effective implementation strategies and service use among adolescents.

**Methods:** Together with users and stakeholders we have developed SchoolHealth, a toolbox of three different implementation strategies including a web-based tool. We will evaluate and optimize SchoolHealth by studying the three strategies' effectiveness on guideline fidelity and the extent to which guideline fidelity helps reach the guideline goals. We will use a hybrid evaluation design with a factorial experiment where schools will be matched and randomly assigned to different combinations of the three strategies. Qualitative interviews will complement the quantitative data. Students, school nurses, and school personnel will complete interviews and questionnaires at baseline, after consultation, and 6-months post consultation.
We will compare and complement SchoolHealth with a Danish equivalent and explore service use and user pathways by combining SchoolHealth data with existing health surveys and registers. We will prepare scale-up of promising SchoolHealth strategies by developing solution designs for national e-infrastructure.

**Potential outcomes and impacts:**Identifying successful strategies for implementing the guideline can support adolescents in a life phase vital for future health and wellbeing. If successful, SchoolHealth will facilitate health promotion in schools and more effective youth services, which may increase school completion and social inclusion. The study will yield valuable knowledge about implementation mechanisms and service use, increase evidence-based practice, and promote cooperation between Nordic countries.