It is with great pleasure that we host The Nordic Conference in Nursing Research – Methods and Networks for the future, to be held in Odense 10-12 June 2014.

The congress theme Methods and Networks for the future points to challenge questions that arise from theory and empirical studies about different research methods and how they are applied in nursing research. Furthermore the congress points to challenges questions about how to build networks targeting research.

The scientific committee has arranged a wide and varied programme, which would be of interest to all nurses engaged in several aspects of research and networking and all sessions are in English. This provides the opportunity to exchange knowledge and ideas with participants from outside the Nordic countries.

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

Odense is the third-largest city in Denmark and boasts some of the greatest cultural attractions on the island of Fyn. Odense is perhaps best known as the city where Hans Christian Andersen was born and grew up. He certainly made his mark on his home town, as Odense is still devoted to creative experiences with a difference - to play is to live.

We warmly welcome you in Odense.

On behalf of the organizing committee

Birte Østergaard
Conference President
The Nordic Conference in Nursing Research is organized by a team from Danish Nursing Research Society, Norwegian Nursing Research Society and Swedish Society of Nursing

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Birte Østergaard (Denmark)
Hanne Konradsen (Denmark)
Elisabeth Strandberg (Sweden)
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Editors of web page

Jens Peter Hansen (Denmark)
Hanne Aagaard (Denmark)
Pre-conference seminar

The pre-conference seminar on 10 June offers you the opportunity to participate in one of four different seminars. The seminars will allow you to learn and discuss issues related to research methods.

10. June, Pre-seminar

14.00 – 17.00
Session I, room 1: Action Research
Lis Wagner, Professor emerita in nursing, University of Southern Denmark, Associate professor Jane Clemensen and PhD-student Dorthe Boe Danbjørg

The purpose of this short course is to give participants the prerequisites for undertaking action research within the range of methodological approaches used in health science fields. It focuses on action research design and the range of data collection methods that can be used within the cyclical and reflexive principles of action research. The program contains a combination of lectures and discussions. It will explore concepts such as praxis, reflexivity and ethical engagement in the context of doing action research and being an action researcher. In addition, the facilitators will provide examples of their own action research for illustration, critique and debate.

Session II, room B: Questionnaire investigations in Nursing Research
Tiny Jaarsma, Professor in caring sciences at Linköping University

Measuring outcomes in nursing care is important but often challenging. Sometimes there are no suitable, translated versions of measurement instruments available or changes in existing instruments are needed. In this seminar practical issues around developing, translating, adapting and revising instruments will be discussed.

Session III, room 5: Focus groups – opportunities and limitations
Bente Halkier, Professor in Communication at Roskilde University, Denmark

The pre-seminar on focus groups will consist in a presentation by Bente Halkier and workshop discussions involving the participants. The presentation will cover the standing debates about strengths and weaknesses of focus groups, and link these debates to broader qualitative methods issues about validity and generalizability. The workshop discussions will cover the validity of using focus groups, based on the experiences of the participants.

Session IV, room C: Writing academic papers
Gunilla Borglin, Senior Lecture, School of Health Sciences, Blekinge Institute of Technology

Writing academic papers is one of the major challenges during PhD-studies! Sometimes this challenge feels like it can make or break you. In this workshop we will go through and discuss theoretically and practically the building blocks of an academic paper i.e. sentences, paragraphs, language and flow that hopefully will equip you with some tricks and skills that will help you to find your own personal writing style.

18.45 – 19.45
Welcome ceremony by the City of Odense at Odense Town Hall
The conference will feature several well-renowned speakers. The preliminary program is available on www.sygeplejekonference.dk

11. June, Conference

8.00 – 10.00
Registration

9.00 – 9.30
Conference Opening Ceremony
Birte Østergaard, Chair of organizing committee, Associate Professor,
Research Unit of Nursing, University of Southern Denmark, Odense.
President of Danish Nursing Research Society.

Ole Skatt, Dean, professor Dr.med.Sc.,
Faculty of Health Science, University of Southern Denmark, Odense.

9.30 – 10.30
Achievements and Challenges in Nursing Research
Dr. Denise Polit, Ph.D. FAAN Humanalysis,
Saratoga Springs, NY, USA. Centre for Health Practices Innovation,
Brisbane, Griffith University, Queensland, Australia.

10.30 – 11.00
Poster Exhibitions and Coffee Break

11.00 – 12.00
Oral Sessions

12.00 – 13.00
Lunch

13.00 – 14.00
Oral Sessions

14.00 – 14.30
Poster Exhibitions and Coffee Break

15.00 – 16.00
Complex Interventions and Nursing: Looking Through a New Lens of Nursing Research
David Richards, Professor, PhD, BSc, RN.
President European Academy of Nursing. Science University of Exeter Medical School, UK.

18.00 – 22.00
Conference dinner

12. June, Conference

9.00 – 9.15
Opening Day Two
Ania Willman RN; BEd, PhD, Professor and Head of Department,
Department of Care Science, Faculty of Health and Society, Malmö University, Sweden.

9.15 – 10.15
Research for Practice. How do we Implement Research into Practice?
Professor Sølvi Helseth,
Oslo and Akershus University College of Applied Sciences,

10.15 – 10.45
Poster Exhibitions and Coffee Break

10.45 – 11.45
Oral Sessions

11.45 – 12.45
Future International Networking in Nursing Research
Tiny Jaarsma, Professor, Ph.D.
Department of Social and Welfare Studies, Linköping University, Sweden.

12.45 – 13.00
Closing Ceremony and Prize for the Best Poster
Edith Gjevjon Member of Scientific Board. PhD (cand). Researcher at Department of Nursing Science,
University of Oslo. President of Norwegian Nursing Research Society.

13.00 – 14.00
Lunch
## Oral sessions

### 11. juni 2014 klokken 11.00 – 12.00

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Oral sessions

June 11th, 2014: 11.00 - 12.00

Focused ethnography in nursing research: Interaction between elective patients and nurse anaesthetists in the pre-anaesthetic phase

Aagaard K.1, Rasmussen B.S., Sørensen E.E.
1. Department of Anaesthesiology, Aalborg University Hospital, Denmark

Objectives: A very important task for nurse anaesthetists is to create a zone of comfort and safety in the short-term contact with the patient before induction with anaesthesia. In this contact, the interaction between patient-centered care and technology takes place. By talking and connecting to patients, nurse anaesthetists may be able to assess patients' vulnerability and discomfort before induction with anaesthesia.

Research questions: How are surgical patients' experience of interaction with nurse anaesthetists in the pre-anaesthetic phase? In what way do nurse anaesthetists' interact with patients in the pre-anaesthetic phase and how do nurse anaesthetists' reflect on this interaction?

Methods: When investigating a specific practice in a health care process, ethnography is considered focused. Focused ethnography is concerned with action, interactions and social situations and still relies on observation, but is supported by audiovisual methods. The focus on the social culture in anaesthesia nursing is framed within a specific context where participants have a specific knowledge about interaction with health-professionals in the pre-anaesthetic phase.

Results: Preliminary evaluation of applying focused ethnography in a problem focused and specific context such as the pre-anaesthetic phase in anaesthesia nursing, and analysis of collected data will be available for the conference in June 2014.

Conclusion: This new knowledge may lead to future development of focused ethnography in applied disciplines such as nursing, where the goal is to enhance and understand practice by studying a distinct phenomenon within professional cultures or a specific group of clients.

The Living Kidney Donor - A qualitative study investigating experiences and considerations of being a kidney donor

Agerskov H.1, Bistrup C.2,
Ludvigsen M.S.3, Pedersen B.D.1
1. Research Unit of Nursing, Institute of Clinical Research, University of Southern Denmark
2. Department of Nephrology, Odense University Hospital, Denmark
3. Department of Renal Medicine, Aarhus University Hospital, Denmark

Background: Kidney transplantation from living donors has previously been performed between people with tissue compatibility and blood groups AB0. Technological developments in immunology have made it possible to perform kidney transplants between donors and recipients without tissue compatibility. This allows for a wider range of relationships between recipient and donor. There is a need for more specific knowledge about the experiences and reflections that may underlie kidney donation in Denmark. It is of particular interest that social, socio-cultural and local practices may influence the decision about living kidney donation.

Purpose: The objective is to investigate reflections, experiences and considerations on becoming and during the process of being a living kidney donor.

Methods and materials: The study is conducted within a phenomenological-hermeneutical theoretical framework.

With focus on experiences and considerations data will be generated through participant observation of consultation between doctors, nurses, donors and recipients, and interviews with donors. The findings will be interpreted and discussed according to the text interpretation theory of Paul Ricoeur. This consists of three levels: naive reading, structural analysis and critical interpretation and discussion.

Preliminary findings: The donation is a complicated process. Not only medical but also psychological, interpersonal, family aspects are influencing the decision making.

Perspectives: The project is expected to contribute with new knowledge in order to develop nursing care and treatment in relation to donors and recipients in national and international clinical practice. Furthermore, the findings might provide knowledge for devising a questionnaire in the Danish context for recruitment of living kidney donors.

The Delphi method: cutting edge or only common denominator?

Bing-Jonsson P.C.1, Bjork I.T., Hofoss D., Kirkevold M., Foss C.
1. University of Oslo, Department of Nursing Science, Norway

Objective. The objective of this presentation is to give a methodological evaluation of the Delphi technique as a means of establishing consensus in a field of nursing. The Delphi method has its name from the ancient Greek oracle in the town Delphi. The oracle could give heavenly advice and foresee the future. Today the Delphi technique is a method for obtaining expert opinion on a specific matter in a systematic manner. The technique has four characteristics that distinguish it from other group decision-making processes: expert input, interaction with feedback, statistical group responses and anonymity.

Method. We used the Delphi technique to find the most relevant nursing staff competence required in community elderly care today. We included 42 experts with long experience from community elderly care for three consecutive investigations (round 1: interview, round 2 and 3: electronic questionnaires).

Results. We found a clear consensus view amongst the 42 experts about the competence required of community care staff in order to meet older patients' needs in community care today. Methodological challenges were, however, what to accept as the level of consensus and how to interpret why clearly relevant issues were omitted from the final consensus.

Conclusion. We will conclude with how a Delphi study, when properly employed, can create an environment in which experts give the best available information, and allow the experts' solutions to problems to be more justifiable, valid, and credible than otherwise.
Swedish teenagers and over-the-counter analgesics – responsible, casual or careless use

Holmström I.K.1, Bastholm-Rahmner P., Bernsten C., Röing M., Björkman I.
1. Mälardalen University, School of Health, Care and Social Welfare, Västerås, Sweden

Background: Teenagers in Sweden were given greater access as consumers of over-the-counter (OTC) drugs in 2009 after the deregulation of the pharmacy market, which allowed for the establishment of private pharmacies and sale of specific OTC drugs in stores and gas stations. Increased access to OTC drugs could provide new opportunities for self-care but attenuates the opportunity for the traditional expert surveillance of pharmacists and health care professionals, thus increasing the possibility of inappropriate OTC drug use.

Objective: The aim of the present study was to explore and describe the views of 16–19 year old Swedish teenagers on OTC drugs, with special regard to analgesic drugs.

Method: A qualitative approach with a descriptive design was chosen. Data were collected in 2011 with 10 focus group discussions with high school students aged 16–19 years from different parts of Sweden. A total of 77 teenagers participated, 33 males and 44 females. A manifest qualitative content analysis was performed.

Findings: While most teenagers appeared to have responsible attitudes toward OTC drugs and their use, some teenagers had attitudes that ranged from casual to careless. The focus group discussions also revealed knowledge gaps among teenagers regarding OTC drugs, and the significant influence of parents and peers on their OTC drug use.

Conclusions: This study provides insight into how vulnerable some teenagers could be as new consumers of OTC drugs and suggested that educational efforts could be geared toward parents as well as teenagers. School nurses could play an important role in such educational efforts, and in detecting OTC drug abuse.

“My sex life is ok” – online focus group discussions about sexuality and sexual activities among childhood cancer survivors

Jervaeus A.1, Nilsson J.1, Widmark C.2,3, Eriksson L.E.1, Wettergren L.1
1. Department of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Stockholm, Sweden
2. Department of Quality and Patient Safety, Karolinska University Hospital, Stockholm, Sweden
3. Department of Medical Management Center, Learning, Informatics, Management and Ethics (MMC, LIME), Karolinska Institutet, Stockholm, Sweden

Objective: To investigate childhood cancer survivors’ thoughts and reasoning about sexuality and sexual activities.

Methods: Data was collected through online focus group discussions (OFGDs). Survivors after childhood cancer (n=400), diagnosed with CNS and solid tumours, were identified through the Swedish Childhood Cancer Registry. Among 372 eligible participants, 133 (36%; aged 16–25) participated in 39 OFGDs using an existing chat platform. The OFGDs were analysed with inductive qualitative content analysis.

Results: The analysis resulted in one main category; Sex as a fundamental part of life with the generic categories; My sex life is ok; Falling behind and feeling insecure; Values influencing sexlife and Physical concerns. Overall, positive feelings around sexuality and sexual activities were described, mostly not described as being influenced by diagnosis and/or treatment. However, thoughts and worries regarding sexual matters where expressed including falling behind peers, being shy and feeling insecure. Values, such as when and how to have sex were brought up as well as physical concerns including vaginal dryness, erection- and ejaculation difficulties and influence from treatment.

Conclusion: Survivors of childhood cancer appear to be as interested in sexual activities as peers but do have worries, probably not very different from young persons in general, and physical concerns, more or less related to their cancer experience. Therefore, the follow-up care are recommended to give focused attention on matters related to sexuality and sexual functioning since they are important aspects for young cancer survivors, potentially influencing psychological well-being, romantic relations and overall quality of life.

Fulfilment of patients’ knowledge expectations in connection with hip or knee replacement – a Nordic perspective

Johansson Stark Å.1, Ingadottir B.1,2, Sigurdardottir A.3, Valkeapää K.4, Bachrach-Lindström M.3,4, Unoosson M.1
1. Department of Social and Welfare Studies, Faculty of Health Sciences, Linköping University, Sweden
2. Landskftal University Hospital, Iceland
3. School of Health Sciences, University of Akureyri, Iceland
4. University of Turku, Department of nursing Studies, Turku, Finland

Objective: To describe and compare the differences between received and expected knowledge in patients undergoing elective hip or knee replacement in three Nordic countries, and to analyse if these differences are related to patients’ characteristics.

Method: A descriptive, prospective and comparative survey of patients with osteoarthritis treated at two Finnish, three Icelandic and two Swedish hospitals (n=612). Patients answered questionnaires about their knowledge expectations (KEhp) before surgery and about received knowledge (RKhp) at discharge.

These two parallel instruments include: bio-physiological, functional, experiential, ethical, social and financial dimensions of knowledge.

Results: Among the 29% Finnish, 34% Icelandic and 37% Swedish patients (hip: 53%, knee: 47%) were 54% females and the mean age was 65 years. Patients’ knowledge expectations were higher, mean: 3.6 (±SD 0.5), than their perception of received knowledge 3.0 (0.7).

The difference between expected and received knowledge was larger in Sweden -0.9(0.8) compared with Finland -0.4(0.8) and Iceland -0.5(0.7) (p<0.001) but not statistically different between patients having hip or knee replacement.

Patients perceived having received most bio-physiological -0.3(0.6) and functional -0.3(0.6) knowledge but least financial -1.2(1.2) knowledge. The relationship was found between the difference of expected and received knowledge and whether the hospital stay was as expected. For patients undergoing hip replacement this difference was also related to the level of education, for knee replacement patients if they had their first arthroplasty and employment in social or health care.

Conclusions: Patients expect multidimensional knowledge during hospital stay which was inadequately met. Assessing patients’ knowledge needs could improve patient education.
Development of a questionnaire specifically for women with newly diagnosed breast cancer

Jørgensen L.¹, Garne J.P.¹,
Søgaard M.², Schantz Laursen B.³

1. Department of Breast Surgery, Aalborg University Hospital, Denmark
2. Department of Clinical Epidemiology, Aarhus University Hospital, Denmark
3. Clinical Nursing Research Unit, Clinical Institute, Aalborg University Hospital, Denmark

Objective: Women with breast cancer often experience significant distress. Currently, there are no questionnaires identifying indicators of distress in women receiving surgical care for breast cancer. Therefore, the aim was to develop a questionnaire determining risk factors for distress specific to women with newly diagnosed breast cancer receiving surgical care.

Methods: The development was based on a systematic search in PubMed, CINAHL and PsycINFO to retrieve information on previously described risk factors. A focus group interview with specialised breast care nurses was conducted to further clarify women’s distress from a nursing perspective. Health professionals from 6 departments of breast surgery assessed and commented on items. After development, the questionnaire was tested on 18 women consecutively scheduled for breast cancer surgery. They were debriefed about applicability and time consumption. Cronbach’s alpha was calculated to assess internal consistency.

Results: Three questionnaires were developed specific to different time points in surgical care. The questionnaires share a core of statements divided into seven sub-scales: emotional and physical situation, social condition, sexuality, body image, religion and organisational factors. Besides the core of statements, each questionnaire has different statements depending on the point of surgical care when it was to be responded to. Cronbach’s alpha was above 0.74 for each subscale and indicated high reliability.

Conclusion: The questionnaires are reliable tools for identifying risk factors for distress in women with newly diagnosed breast cancer at different time points of surgical care. They indicate risk factors distressing the individual women with newly diagnosed breast cancer.

The ‘Hole’ in Holistic Nursing: Contradictions in the Application of Holistic Nursing in Home Nursing Care

Kirchoff J.W.¹, Andersen K.L.

1. Østfold University College, Norway

Objective: The concept of holistic nursing has a strong position in nursing education and practice, and contributes as a transcendent value to nurses’ ideology. Furthermore, there is a common understanding that a holistic approach encompasses a multi-dimensional perspective including physical, social and spiritual needs to patients. The aim of this paper is to explore how holistic nursing is utilized and applied in home care nursing.

Method: Findings are based on an ethnographic study of home care nursing in two municipalities in Norway, including participant observation and focus-group interviews of eleven registered nurses (RN). Data are analysed with a content analysis approach.

Result: All RNs shared a multi-dimensional understanding of ‘holism’ while assessing patients’ need for health care services. Nevertheless, among RNs radically different comprehensions of whether a holistic approach is suitable while accomplishing health care services to patients was revealed. Differences became foremost evident in a dissimilar understanding of home care nurses responsibility to indulge patients’ social needs. In addition, differences on how to apply the concept of ‘holism’ resulted in dissimilar health care services across municipalities and gave basis for conflict between RNs within the same municipality.

Conclusion: There is a common understanding of holistic nursing as multi-dimensional perspective among RNs. However, there are differences on whether holistic nursing should result in health care services that are ‘holistic’, i.e. accomplish all patients’ needs. These differences should be explored further since they gave basis for dissimilar health care services across municipalities and conflict among colleagues in home care nursing.

Theoretical sampling when aiming for formal grounded theory

Konradsen H.¹

1. Gentofte University Hospital, Denmark

Objective: Only very few formal grounded theories have been developed and one reason for this might be unclear methodological recommendations.

Methods: A discussion of both purposive and theoretical sampling, including the search for negative cases will be undertaken. The research results from different research programs, which have developed substantial grounded theories, are discussed. Lessons from their analytic journey are elucidated and suggestions for how to further develop these research results into formal grounded theories will be presented.

Results: Three different sampling strategies are suggested when going from substantial to formal grounded theory. These include: Sequentially in same substantive area, Simultaneously in same substantive area and Going to other substantive area.

Support-group for bullied school children

Kværne L.G., Aabo L.S., Sæteren B.

Objective: The aim of this study was to explore how bullied schoolchildren experience solution-focused approach support groups and to investigate how the support group members experience their participation in the group.

Methods: An explorative qualitative design was chosen, with individual and focus-group interviews. Data was collected in 2011 and 2012. The sample consisted of 19 school children, aged 12–13 years. Six individual interviews with the bullied children and three focus-group interviews were conducted with the support groups. The data were analysed according to Kvale’s three contexts of interpretation within a phenomenological and hermeneutic framework.

Results: The bullied children reported that the bullying stopped after they received help from the support group. This situation was sustained for three months. Their daily lives at school changed and they felt safer and happier and made friends. Four main themes were identified in the analysis of the individual interviews. The themes were: from frightening to safe, from isolation to friendship, from a low to a high level of quality of life, and from being invisible to being visible. Members of the support groups reported that they were doing a meaningful job in helping the victims, even when it was conflict in some groups.

Conclusion: The participants reported that the support groups contributed to the cessation of bullying and the situation remained good, even after three months. Close follow-up of the bullied children by the school nurse and teachers, in collaboration with the parents, is important to prevent further bullying.
2012 CARDPAIN- study: Prevalence, localization and intensity of postoperative pain after open cardiac surgery

Leegaard M., Bjørnnes A.K.

Objective: To describe prevalence, localization and intensity of postoperative pain and analgesic intake across 4 days after open cardiac surgery.

Methods: The study reported here is part of the 2012 CARDPAIN-study, an educational prospective, longitudinal randomized controlled trial (RCT). Data were collected at Oslo University Hospital from 2012 to 2013. 536 eligible patients scheduled to elective, uncomplicated CABG surgery and/or valve surgeries were invited to participate in the study. Results: Mean age of 416 consenting participants was 66.5 (SD 10.5; range 32-88 years) and 23 % were female. 36% reported pre-operative pain, mean worst pain: female 3.5 (SD 2.4) and men 2.7 (SD 2). Postoperative pain remains in the moderate to severe range for the majority of patient across all four days after surgery: day one (85%) to day four (67%). Mean worst pain day one: 6(SD 2.3), day two: 5.4(SD 2.2), day three: 4.7(SD 2.2) and day four: 4.5(SD 2.4). Mean daily oral morphine intake was 18 mg/24h (day 1:27 mg/24h, day 4: 10 mg/24h). (Recommended starting dose for morphine is 90-120 mg /24h, adults ≥50kg)

Conclusions: Our results underlines that control of acute postoperative pain for patients after open cardiac surgery continues to be a major challenge. This is worrying as uncontrolled acute postoperative pain is predictive of persistent pain, which is associated with significant personal and financial costs for the patients.

Qualifying the Process of Developing an Interview Guide for Individual Interviews by the use of Focus Groups

Pedersen B.1, Delmar C.2, Falkmer U.1, Groenkaer M.3
1. Department of Oncology, Aalborg University Hospital, Aalborg, Denmark
2. Aarhus University Hospital and Aarhus University, Aarhus, Denmark
3. Clinical Nursing Research Unit, Aalborg University Hospital, Aalborg, Denmark

Objective: The aim of the study is to describe how conducting and analysing a focus group interview with five women experienced in weight changes during and after antineoplastic treatment for breast cancer can contribute to the development of an interview guide to be used in subsequent individual semi-structured interviews.

Methods: To get a sense of the women’s experiences, feelings, knowledge and opinions concerning weight changes, the focus group data was analyzed via the use of content and conversation analysis to focus on the meaning of what is said as well as how it is said.

Results: Four main categories were identified: 1) Experiencing the body with weight changes - a transition from female to male figure and mistrust in own body; 2) Keeping or losing control - a question about life and death and a changed self-perception; 3) Being afraid of relapse - a threat to autonomy and not having a fair choice; 4) Helping the nature by compensating and covering up the changed body with make-up and new clothes.

Conclusion: Advantages and disadvantages in using focus group were discussed and revealed that the influences of common opinions seemed to be prominent in the women’s descriptions as well as some sensitive topic were not expressed in the group. Giving voice to the women, the findings and the awareness that some issues were not fully explored in the focus group enabled us to create the final interview guide moving from a thematic dimension into a dynamic dimension in an everyday language.

Qualitative approaches to coping strategies in chronic disease

Sandholm Larsen N., Mathar H.

The objective is to identify patterns of coping strategies in everyday life of COPD patients in a qualitative perspective.

The methods are field observations and in depth interviews. Respondents are 12 COPD patients (FVC1 25% – 30%) recently discharged from hospital. The focus of observation and interviewing is patient experiences coping with the variety of problems related to COPD. Preliminary findings show that coping strategies address at least four areas of everyday life: everyday routines, environment, social relations, physical and emotional functioning. The findings suggest that the patients in late stages of chronic diseases have accumulated a stock of varied capacities to act, and that the actions of the patients follow different patterns and directions depending on the problem, the patients biography, and social and physical factors. Variations in strategies are assumed to have impact on the self-care of the patients, quality of life and demand for health care services. The strategies reported are activated in different spheres and contexts, and they are applied in various frequencies and combinations. Understanding differences in strategies and understanding how the strategies are interrelated raises a number of methodological and analytical challenges.

The presentation will focus on the main results, discussing methodological implications for nursing research within a qualitative tradition.

Person-centred care in dementia care units

Sjögren K., Lindkvist M., Sandman P-O., Zingmark K., Edvardsson D.

Background: Although there is a consensus of the philosophical and ethical value of person-centred care in dementia care units, there is a need for research that use validated measures to investigate the benefits of person-centredness for residents and staff.

Aim: The aim of this project was to explore the relationship between person-centred care, resident well-being, staff perception of work satisfaction and stress of conscience in dementia care units in Sweden.

Method: The study had a cross sectional quantitative design. Staff (n=1213) and residents with cognitive impairment (n=1261) in 151 residential care units throughout Sweden participated. Resident data was collected by proxy, using validated measurement scales on ADL-abilities, quality of life, pain, depressive symptoms and agitated behaviours. The staff survey included validated measurement scales for assessing unit based person-centred care, work satisfaction and stress of conscience. Statistical analyses were conducted.

Result: Residents were rated as having slightly higher quality of life and better ability to perform activities of daily living in units described as being more person-centred. Higher levels of person-centredness in the care units was related to staff perception of higher work satisfaction and lower levels of stress of conscience. Statistical analyses were conducted.

Conclusion: A strive towards developing person-centredness further within dementia care units is desirable, as the results indicate that care units described as more person-centred were positively related to wellbeing and satisfaction in residents and staff. The measurement scale of unit based person-centred care could be used in practice development.
Metaphors as means to synthesize and communicate research findings

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Objective: During the last two decades research has put forth recovery as an important focus for mental health nursing. These studies describe different aspects of recovery, and without doubt they have contributed to the recovery movement in mental health care. The present study aims at synthesizing research findings in order to promote understanding of recovery as a phenomenon.

Methods: Qualitative research focusing recovery provided data for the synthesis. The synthesis is based on Noblit & Hare’s description of meta ethnography, and focus is put on synthesising findings from different qualitative methods. The focus of the presentation will be put on the method and how metaphors can be used as means to synthesize and communicate research findings.

Results: Findings in the form of metaphors describing the process of recovery, and how recovery is experienced, will be used in order to illuminate the method.

Conclusion: Recovery could metaphorically be described as a process towards reclaiming life, a journey from experiences of being list to feeling at home with oneself. Metaphors is concluded a fruitful tool to describe and communicate this process.
Stimulated recall interview technique as a method in nursing science

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Objective: This presentation aims to discuss the experiences of using a stimulated recall interview (SRI) including a case based on findings from a previous study. A further aim is to discuss the pros and cons with this method in nursing science.

Methods: SRI is widely used to collect data in the fields of education and medicine. The central idea behind SRI is to use a stimulus to recall an original – specific situation. SRI is believed to awake and bring up thoughts, perceptions, meanings and subjective reactions associated with the phenomena in focus i.e. portrayed by the stimulus. Thus, SRI intends to support the informant to present a richer and deeper description than what an interview question would result in. Our initial literature review implied that SRI is not yet commonly used among nurse researchers. Studies located mainly used the ‘standard’ stimulus i.e. video- or tape-recorded authentic sequences, only a few presented a stimulus in the form of written cases.

Result: In this presentation we will elaborate on our experiences of the method while offering some hand fast advices on how this method can be useful.

Conclusion: Depending on the research question as well as on the study design, we will put forward that the SRI technique utilizing cases is a worthwhile methodological approach. SRI is of particular interest in a mixed method design. But also in cases where a further in-depth exploration of an earlier investigated phenomenon are warranted.

The cultural adaptation and validation of a Swedish version of the Satisfaction With Appearance Scale (SWAP-Swe)

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Objectives: Body image dissatisfaction is a source of stress after burns and it is important to attempt to objectively measure this aspect. Unfortunately, there are no Swedish questionnaires to assess satisfaction of appearance after burns. The aim of this study was to culturally adapt and validate the Satisfaction With Appearance Scale (SWAP) into Swedish from American English to be to be used in the context of burn care.

Methods: The SWAP was translated and cross-cultural adapted inspired by the guidelines by Guillemin. Pre-testing with 13 burn patients was conducted and 90 patients tested the questionnaire in order to determine its psychometric properties. Mixed methods were used and the choice to adopt these methods was made due to the fact that the questionnaire (SWAP) was new in the context of burn care in Sweden, which was why a qualitative exploration was needed before it could be used for clinical applications.

Results: The Alpha coefficient was 0.89 indicating a high level of internal consistency of Swedish SWAP. Test for construct validity showed that length of hospital stay, severity index together with TBSA and female gender generated significantly higher scores in SWAP-Swe. The principal-components analysis found similar subscales according to the original SWAP that together accounted for 68% of the total variance.

Conclusions: SWAP-Swe seems to be a reliable and valid instrument for use in a Swedish speaking population. The questionnaire was perceived to be relevant for usage in the context of burn care and is well understood by the patients.

Dealing with troubled conscience by using participatory action research in residential care of older people in Sweden

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Objective: To illuminate an intervention process to assist care providers in municipal care of older people to constructively deal with their troubled conscience generated from their perceived shortcomings about not providing sufficient activities for residents.

Method: The study design was grounded in participatory action research (PAR). Twelve care providers and their manager participated in 12 PAR-sessions, guided with inspiration from the three basic phases, look, think and act.

Result: Participants wanted to learn more about a difficult care situation that generated troubled conscience; perceptions of not providing sufficient activities for residents.

Conclusion: PAR contributed, through reflection and learning, with increased understanding of the necessity to listen to one’s conscience and to use conscience as a driving force to improve quality of care.
Productive power? Nurses perspective on how they use power in community mental health care

Femdal I.

Introduction: All kind of human interaction involves power (Foucault 1995; Juritzen and Heggen 2009). Power-inequality between professionals and users has been ingrained in mental health care historically and remains a central issue (Borg, Karlsson and Kim 2009). Greater knowledge and continued evaluation regarding how nurses in the mental health community care, manage and practice their power in helping people with mental illness is needed.

Aim of the study: The aim of this paper is to explore relevant discourses of how mental health workers manage and practice the power they hold.

Methods: This paper reports on a study that used qualitative interviews with 10 service recipients (diagnosed with psychoses, bipolar disorder or moderate to severe depression) and 15 mental health workers (12 nurses and 3 social educators) in mental community care in South East Norway. Critical discourse analysis was used to analyze the interviews.

Results: Some discourses show how nurses try to avoid power in mental health care relationships, associating power with force. In other discourses nurses reflect upon how they use power in productive ways. It is used to empower service recipients, helping them to deal with everyday life’s challenges. Sometimes nurses use their power do things against the person’s will, in order to help him or her. The power in the relationships is not a constant factor as power distribution can change within a relationship.

Discussion including conclusion: Though power is essential in mental health community care, the concept often has negative connotations. The nurses still have power, even if they deny it. Using their power wisely, nurses can help people to manage everyday life situations and work on things they find difficult. Awareness of the power nurses and service recipients have, reflection and user participation seems to be crucial in productive ways of using power.

Reflections concerning use of time in Home Based Care in Tanzania and in Norway: a multicultural collaboration project

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4. Home Based Care, St. Hanshaugen bydel, Municipality of Oslo, Norway

Background: Home Based Care (HBC) is an ever more important field of nursing both in Europe and in Africa. Clinical and cultural competence is vital to the quality of the patient care and represent a challenge to the clinical field and the educational institution alike.

Objective: This was a collaboration-project that involved nurses and nurse-students working in Home Based Care in Tanzania and Norway. The objective was to increase the participant’s clinical and cultural competence concerning use of time through a collaborative learning-project.

Methods: Participatory Action Research with a combination of quantitative and qualitative methods through questionnaires, field notes and focus group interviews. The main interventions were exchange of staff and students and mutual reflection groups. The reflection groups functioned as multi-staged focus-group interviews. Development and evaluation was a mutual and reflective process.

Results: The nurses and the students gained new awareness of their own practice and new perspectives on use of time in HBC through participating in a multicultural reflection group. They acquired an increased understanding of cultural differences and of nursing in different contexts, as well as insights in solving difficult clinical situa-

tions. Although health issues and resources are dissimilar in the two countries, there were shared nursing care issues and mutual learning benefits.

Conclusions: The participants were given a unique opportunity to develop cultural competence through the multicultural collaboration and co-reflecting. A cross-cultural project is a challenging undertaking, and meetings and continuous dialogue was imperative to succeed.

Spouses` experiences of losses related to their fellowship with a partner with dementia living in institutional care

Forsund L.H.

Aim: The aim of this study was to explore and describe spouses’ experiences of fellowship with their partner with dementia living in institutional care.

Background: Despite the losses and experiences of discontinuity related to the consequences of cognitive decline caused by the dementia disease, the feeling of belonging and reciprocity in close relationships are still crucial to many couples. However, how this is experienced by spouses of partners living in institutional care is not well documented.

Design: This is a Constructivist Grounded Theory study where integrating the hallmarks of Grounded Theory meaning; The Sensitizing Concepts, Theoretical Sampling, Memo-writing and Constant Comparative Analyses was emphasized.

Methods: Conversational interviews were conducted with spouses to persons with dementia living in institutional care. Data was analyzed using the constant comparative method by utilizing three phases: initial coding, axial coding and selective coding.

Results: The spouses’ experiences of loss of fellowship were primarily connected to the separation from the partner and the sense of being alone. It was also related to experiences of loss connected to their mutual past and future. However, these experiences didn’t seemed constant; short glimpses of connectedness, reciprocity and interdependence contributed to a feeling of fellowship, though this was only momentary

Conclusion: The spouses’ experiences of loss of fellowship are dynamic, being related to the whole life course of the couple. The spouses seem wavering between the senses of loss and belonging to the fellowship situational reliant on the conditions characterizing the very moment in which the spouses takes part.

Critical periods of weight development in childhood: A population-based longitudinal study

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3. Division of Epidemiology, Norwegian Institute of Public Health, Oslo, Norway

Objective: The purpose of the study was to explore early growth characteristics in children who become overweight or obese at 8 years in order to identify important ages for onset of overweight and obesity.

Methods: Data from the Norwegian Child Growth Study in 2010 (N=3172) were linked with repeated measurements from health records from birth. Weight and height were used to derive body mass index (BMI) as kg/m2. The BMI standard deviation score (SDS) for each participant was estimated at specific target ages using a piecewise linear mixed effect model.

Results: At 8 years of age, 20.4% of the children were overweight. Already at birth, these children had a significantly higher mean BMI SDS than normal weight 8-year-olds (p<0.001). Rapid growth during
the first year was identified as critical for being overweight at 8 years.
Overweight at 8 years was associated with BMI SDS scores at birth
(OR=1.8, 95% confidence interval (CI) 1.6-2.0 per 1 unit increase in
SDS), and so was obesity (OR=1.8, 95% CI 1.4-2.3 per 1 unit increase
in SDS). The association with BMI SDS increased rapidly from age 2
onward.

Conclusions: The results points to high birth weight and rapid growth
during the first year of life and high BMI at 2 and 4 years as impor-
tant periods for the onset of overweight at 8 years. Interventions to
prevent childhood overweight should not only start at a very early age
but also include pregnancy.

Sensory impairments in community health care
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Objectives: Describe the hearing and vision of elderly aged >80 years
within the home-care setting. Sensory impairment increases with age
and is a common risk factor for functional decline and isolation.

Methods: A descriptive study that screened hearing and vision of 93
older adults. Instruments used were: a Mini 3000 otoscope for ex-
amining the eardrum and presence of earwax, a Sennheiser portable
pure-tone audiometer for measuring the pure-tone average (PTAV),
LogMAR chart for measuring visual acuity (VA), and 16 questions
selected from the KAS-screen interview guide.

Results: Severely impaired hearing (mean PTAV for the better ear =
42.8 dB) was found in 61.2% and 40.2% had impaired vision (mean
VA = 0.42 for the better eye). Correlation analysis between ADL and
communication and reading indices revealed that hearing and vision
impairments have significant negative impacts on daily life (P = 0.004
and 0.001, respectively). The participant’s self-assessment correlated
only weakly with PTAV and VA (Spearman’s 0.334 and 0.223, respec-
tively). The men had significantly poorer vision than their female
counterparts (P = 0.036).

Conclusion: Many of the 80+ are living with serious sensory impair-
ments that have significant negative impacts on their daily lives
with respect to both communication and reading. Since there was
only a weak correlation between the measured PTAV and VA and the
person’s own assessment, the diagnostic sensitivity of simply asking
the 80+ about their hearing and visual functions is low. The men had
significantly poorer vision than the women.

Male cancer survivors’ barriers towards participation in cancer rehabilitation - a qualitative study
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Aim: To describe male cancer survivors’ perspectives on their lack
of participation in cancer rehabilitation and to establish a specific
research-based strategy for male cancer survivors in rehabilitation.

Background: Men develop and die sooner from cancer than women.
Men have rehabilitation needs, but are underrepresented in cancer
rehabilitation. Cancer survivors experience unmet needs for rehabili-
tation. Lack of cancer rehabilitation can result in long-term sequelae and
consequences.

Methodology: The study was designed as a qualitative field study.
The theoretical framework is Symbolic Interactionism and the me-
thodology Interpretive Description.

Data were generated in three oncology departments and three
municipalities in Denmark and include participant observation, semi-
structured and ad hoc interviews and documents. The informants are
43 male cancer survivors with an average age of 64 and representing
nine varieties of cancer.

Results: The analysis revealed 2 overarching categories and 6 relating
categorical themes.

Developing clinical practice: When nursing leadership, research and development act, react and interact in clinical practice
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Background and aim: Nursing leaders are responsible for developing
and securing quality in nursing practice. Participatory Action Research
(PAR) (1) and Action Learning (AL) (2) as design has proven to be
useful in healthcare systems according to quality development and to
attain lasting implementation changes in practice.

On that background the head nurse in a hematologic department at
a Danish hospital employed a nurse specialist post.doc with action
research skills and leadership skills to initiate and implement ac-
tion research and -learning processes in clinical practice and a nurse
specialist with development skills to transform and secure the actions
in practice.

The overall aim is to secure quality in hematologic patients’ care and
treatment.

Methods: • PAR and AL • Dialogue conferences, action learning ses-
sions, ad hoc meetings, field studies, logs • Participants: Primarily
Nursing staff in the department

Results: The action design has provided individually and collective
reflection in and over clinical practice and awareness of one’s profes-
sional identity and responsibility according to nursing.

On this basis there is initiated and implemented various actions both
mono- and interdisciplinary according to quality development in he-
matologic patients’ trajectories.

Conclusion: PAR and AL are valuable tools for creating development
and dynamics in clinical practice, but it is a continuous managerial
challenge to secure PAR – and AL processes in daily clinical nursing
practice.

Developing and evaluating an interactive ICT-application - a methodological challenge
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Objectives: It is known that underdiagnosed symptoms influence
patients’ quality of life and recovery. This project aims to evaluate
the effects of an interactive information and communication technol-
ogy (ICT)-application for mobile phone or tablets for assessment of
symptom burden, se If-care advice and instant access to clinicians in
real time.

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Objective: A recent project to develop Health and Social Care Plannings in Collaboration (HSCPC) resulted in a new model for care plannings in older persons’ homes. After having used the model for about six months, the management and participating professionals asked researchers for support to evaluate the model. In particular they wanted to know how the older persons experienced the HSCPC and how the model could be improved.

Methodology: We used a Participatory Action Research approach and invited older persons, their relatives and professionals who had participated in HSCPC. The older persons and their relatives were interviewed individually two weeks after the HSCPC and the professionals from the same care planning took part in focus groups. The professionals and the management were also invited to participate in feedback sessions.

Results: Older persons, relatives and professionals expressed an overall positive attitude to HSCPC. In particular they appreciated that the meeting was held in the older persons’ homes and that the older persons were able to express their own experiences and wishes. Preparation of the meeting, communications skills during the meeting and follow up’s were areas that should be improved. During the feedback sessions, professionals and management came up with ideas of how to handle improvement needs.

Conclusion: The initial development project became an established part of everyday practice characterized by an endeavor to make continuous improvements. Thus, it could be viewed as a triple-helix project.

Capacity building - a challenge for nurse researchers

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2. Vasa Central Hospital, Finland

Background: Research-based nursing practice is necessary for the provision of safe patient-focused care, a nursing research strategy and high ethical standards in hospitals. There is limited clinical based nursing research at hospitals in the Nordic Countries due to nurses’ lack of knowledge and skills in terms of conducting and using research.

Aim: To facilitate capacity building in clinical nursing research at hospitals in the Nordic Countries in order to develop and disseminate research that are vital to promote safe patient-focused care.

Method: Exploratory with a collaborative network design.

Results: Based on this work, a tentative model for a network of nursing researchers at Nordic Hospitals is presented. The network is established in 2013 at a Nordic and thereafter at a national level. The Nordic level comprises a working group including one delegate from each of the following Nordic countries: Norway, Sweden, Finland, Denmark and Iceland. The national level is still under construction, though nursing researchers from university hospitals in Norway, Sweden, Finland and Denmark already are represented in the network. The working group, at the Nordic level, will act as a catalyst by initiating task forces in which nursing researchers from the national groups can collaborate with colleagues in the other Nordic Countries.


Family Nursing in the Oncological Department Vejle Hospital - Conversta-tions with Families

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When illness occurs in a family, the relations between family members become more visible than they are in everyday life. When one member of the family becomes ill, dies or steps in to take care of another family member, it affects the remaining members of the family and the family will try to redefine itself as a family. Most research regarding conversations with families is build on Wright and Leahey’s works (2005) inspired by system and communication theories. Within a Nordic context Benzein and Savemann (2008) described a framework for health promoting and rehabilitating conversations with families from a system perspective. When conversations with patients and their families are based on narratives of family members and reflecting questions are asked, everybody learns from each other and find a new meaning with life and illness.

Aims: To test and develop conversations with families in nursing, target the ability of people to care for themselves and others.

Method: An intervention study. Families are included consecutively based on the following criteria: families of patients diagnosed with cancer and undergoing treatment; Danish-speaking; all participants are over 18 and wish to take part. Nine families are offered a series of three conversations over nine weeks. Conversations with families are conducted by a nurse specially trained to carry out these conversations. Each conversation is planned to last about 60 minutes aiming at promoting the families’ health and wellbeing as well as give the family a space to talk about the problems experienced. Conversations are evaluated by qualitative interviews with selected members of the families.

Further perspectives: The project will end with development of a programme for family conversations on Oncological department.
Oral sessions

June 12th, 2014: 10.45 - 11.45

Next-of-kin of heart failure patients, their experiences and needs for information and co-operation with health care workers

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Objective. Studies of heart failure (HF) patients have reported that appropriate medication and behavioural management can improve life expectancy, quality of life and reduce re-hospitalisation rates. Next-of-kin of HF patients have an important role in this regard and need to have appropriate information about the illness, treatment and consequences in daily life. The aim of this study was to gain knowledge about next-of-kin experiences, their needs of information to deal with their situation and with regard to co-operation with healthcare workers.

Methods. This interview study has a qualitative exploratory design. Nineteen next-of-kin were recruited. Interviews were taped and fully transcribed. The analyses were done in the interpretative tradition and involved thematic cross-case analyses performed by three researchers.

Results. Two main themes were revealed “lack of information” and “not clarified responsibility”. The first one refers to the need for knowledge to make it possible to understand present exacerbations and the relation between illness, symptoms and treatment. The second refers to poor collaboration in the healthcare system between several actors: general physician, heart failure outpatient, clinic, home care service, and hospital wards. The nurse at the HF outpatient clinic was seen as an important resource for the next-of-kin.

Conclusion. Next-of-kin of HF patients’ needs relevant knowledge and support from a well-co-ordinated health care system where nurses appear to be key resources.

Altering life goals: a qualitative longitudinal study exploring experiences of fertility and parenthood after cancer

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2. Karolinska Institutet, Department of Clinical Science, Intervention and Technology, Sweden

Objective. To investigate how men and women experience life with regard to fertility and parenthood during the first two years after a cancer diagnosis.

Methods: Seven men and nine women (age 25-43) with selected cancer diagnoses were interviewed at two time points; during initial cancer treatment and two years later. The interviews focused on thoughts and feelings about fertility and parenthood following cancer. Data were analyzed using qualitative content analysis.

Results: Our results indicate three preliminary main themes. In the theme ‘Continue on chosen path’ thoughts and feelings about fertility and parenthood remained unchanged over time and mostly concerned an unaltered decision about not having (additional) children or a persisting desire to have children sometime in the future. The theme ‘Devalued desire for children’ describes how experiences of worries regarding fertility and parenthood essentially had reduced the desire to have children. In the theme ‘Struggle towards life goal’ wanting children was described as a central part of life, and planning and struggling to have children had become a major project. Those who were unable to have children described great efforts to come to terms with infertility and to find possible solutions.

Conclusions: Our preliminary results indicate that cancer in reproductive age influences thoughts and feelings about fertility and parenthood. Among patients with an initial desire for children, the experience of cancer and cancer treatment triggers worries and may lead to a devaluation of the desire to have (more) children or a struggle to obtain a central life goal.

Patient participating in a “Team-based Nursing Model”

Devantie T.

Purpose: Presenting a nursing model “The Team-based Nursing Model” of high quality and function. This research will demonstrate the outcome on patient - nurse perceptions of empowerment and partnership.

Results: This development project shows, that “The Team-based Nursing Model”:
• Strengthen the health efforts of patient with chronic diseases.
• Secures patient`s experience of coherence and involvement.
• Secures proactive professionals in health service with innovative skills.

Background: The Team-based Nursing Model is characterised by partnership due to the impact on patient involvement and nursing qualifications in a haemodialysis unit in Fredericia – a part of Lillebaelt Hospital in Denmark. “The Team-based Nursing Model” is a baseline from primary nursing, where every patient is allocated 3 contact nurses instead of one contact person. This means that all members of a contact team are active co-players in a proactive innovative process.

Design: The Team-based Nursing Model is based on an empirical qualitative research that focuses on the patient perspective and the professional nursing perspective.

Method: Qualitative methodologies are used, and the results are based on 7 individual patient interview, and one focus group interview with 6 nurses. The data material is analyzed due to Kvale and Brinkmann condensation of interview: self-understanding, critical common sense, theoretical understanding.

Conclusion: This study shows that The Team-based Nursing Model is in line with the patients wished, and is fulfilling the standards of health service regarding to contact persons in a hospital unit. The Team-based Nursing Model is not only a model by name, but it is “walking the talk”.

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A three-dimensional hermeneutical method of interpretation and understanding in nursing research

Fagerström L.1
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The aim of the presentation is to describe a three-dimensional hermeneutical method of interpretation and understanding in hermeneutic studies. This method has been modified for hermeneutic research in nursing science. According to Ricoeur, understanding is the reason underlying human beings’ “being-in-the-world.” In order to orient life more consciously, individuals undertake interpretations by selecting one aspect of interpretation so that they can understand the meaning of what they are interpreting. Ricoeur believes humans use this explanatory interpretation as a means to reach understanding, and they interpret a phenomenon by exposing it and assigning meaning to it. One connects explanation and understanding dialectically when his or her understanding precedes, accompanies, and includes an explanation and when one uses explanations to understand meaning, that is, when he or she reaches meaning. The three-dimensional hermeneutical method can be described by three stages or phases: rational understanding, contextual interpretation, and existential interpretation. Ödman’s (1992) method has been used and modified by clearly describing how the same phenomenon can be interpreted and understood on three different levels.

The presentation will include one example of nursing research based on empirical data, and an example of theory construction from the caring research tradition.

Experiences of undergoing Gastric Bypass surgery

Forsberg A.1, Engström Å.
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Objective: The aim of this presentation is to describe people’s experiences during the decision making period prior to Gastric Bypass surgery. This is a part of our larger study, which describes people’s experiences from their decision making period prior to a Gastric Bypass until two month after, including the care given at the hospital.

Methods: A qualitative approach including personal interviews with ten participants was used. The participants were told to describe their experiences of being obese and undergo a Gastric Bypass. The interviews were subjected to qualitative content analysis and resulted in one theme and five categories.

Results: The theme constructed from the analysis was; ‘From reaching the end of the road to a new lighter life’. Participants described prior to surgery senses of inferiority and not being able to handle their obesity. Fear of suffering comorbidities or death was common and some participants noted that their children felt ashamed of them due to their obesity. They expressed that having surgery was the last resort to be normal and regain their health. An oscillation between a will to start a new life and hesitating were described during waiting.

Conclusions: This result indicates the importance to further strengthen the newfound motivation to a healthier life prior to a Gastric Bypass surgery.

Being treated with respect, receiving extensive and concise information about risks and benefits and a supporting contact with the nurse in the surgical clinic facilitates the decision making and waiting prior to surgery.

Bayesian Belief Networks approach in nursing research

Frilund M., Fagerström L.

Objective: The aim of the paper is to explain changes in clusters of ethical values when conditions for the nods within the cluster are changed.

Methods: Data were collected with a questionnaire containing five categories. Total 110 questionnaires were handled out to caregivers within elderly care and 105 questionnaires were returned (98%). Totally 6090 observations were analysed. HUGIN was used as tool for Bayesian network generation based on data. The level of significance was selected to 0.05. The Bayesian network was re-computed when the distribution functions for the nodes where changed. This enables a number of interesting what-if analyses.

Findings: A dynamical shift in the distribution functions could be found within all clusters, when conditionalities for respective node were changed. It is apparent that shapes of clusters are affected when the underlying conditions were changed and thereby the ethical manners provided by the caregivers were changed. This might happen when new personnel enter into the unit either for particular individuals or by individuals leaving the unit or new patients entering. The changes affect nursing intensity as whole with effects on the ethical manners provided by caregivers in their work. Further, organizational and administrative aspects and/or changes have effect on ethical manner and the possibilities for the older person to get ethically good care.

Conclusions: The study was unique in its kind. A significantly BBN approach has not been used in nursing research, nor are there any studies that examine the ethical possibilities with focus on the probable effects upon changing conditions.

Drawing as method in health care: experiences, reflections and recommendations

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1. University of Faroe Islands

Aim: The aim of this presentation is to reflect on drawing as method, its meaning and consequences, possibilities and pitfalls. One background is own experiences with using interview and drawing in combination.

Background: Drawing as method is one of several art-based techniques also called visual methodologies that has surged parallel to increased amount and broader acceptance of qualitative research. Drawing helps elicit new understanding that can be difficult to access using existing approaches; it is a supplement to interviewing and fieldwork.

Method: Our study was a phenomenological study of hope among women newly diagnosed with gynecological cancer. We used interview in combination with drawing as data collection tools and we analyzed the data using phenomenology as described by Betensky and Van Manen. In this study we reflect on our experiences from this study, what we did, what lessons we learnt, and what we can recommend others to do to further the quality of drawing a research method.

The breath of life - Women’s experiences of breathing adapted radiation therapy

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Objective: To describe and analyze how women with breast cancer experience breathing adapted radiation therapy (BART) and to explore how women manage daily radiation therapy.

The presentation will include one example of nursing research based on empirical data, and an example of theory construction from the caring research tradition.
Method: Individual interviews were conducted with 20 women treated with BART for breast cancer concerning their perception of radiation therapy. The transcribed interviews were analyzed using qualitative content analysis.

Results: ‘The breath of life’ was the overall theme, as the women experienced the breathing as a way in which to influence their treatment and thus their survival. ‘Participating in one’s treatment, for good or ill’, was the main category with four subcategories, ‘Knowing one has done something good’, ‘Getting an extra bonus - healthwise’, ‘The experience of being in control’ and ‘Being in a high-technology environment’. The breathing technique became the strategy by which they could manage their treatment and gave them a sense of participation which led to a feeling of being in control. The women also felt that breathing benefited their health both mentally and physically. The high-technology environment was experienced as both hopeful and frightening.

Conclusion: Survival or increasing the chances of survival, are of ultimate importance for a woman with breast cancer. BART requires commitment from the women, which was perceived as offering them an opportunity to participate in their own treatment, for their survival. Increasing the women’s possibilities to participate in their treatment benefits their health and welfare during an otherwise turbulent time and allow the rehabilitation process to start during treatment.

An intraoperative caring model - the ‘awake’ patient’s need for a genuine caring encounter

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Objective: Nurses are expected to provide care based on the latest research findings, because use of research in practice is said to optimize patient outcomes and nursing care quality. However, there are hindrances to incorporating research findings in clinical practice such as lack of time, problems in interpreting and using research products when viewed as too complex and academic. Researchers need to consider whether research findings can be translated into practice and into the nurses’ immediate context in which the findings will be used. This presentation aims to present an intraoperative caring model from the patient’s perspective that will facilitate nurses’ practice to enhance and support the awake patient’s intraoperative well-being during surgery under regional anesthesia.

Methods: Interviews with awake patients, a philosophical reflection using Merleau-Ponty’s philosophy, and video recordings comprise the data underpinning the model. Synthesizing the data was inspired by Gadamer’s thoughts on hermeneutic understanding and the hermeneutic circle.

Results: The results offered insight into the complexity of challenges and personal development over time being a woman with ovarian cancer during her perioperative period. Despite being in a most vulnerable situation, the women demonstrated the presence of substantial inner resources in terms of hope, will, and courage to face their lives; resources that were created, not only in the interplay between body and mind, but also between patients and their caregivers.

Conclusions: Being newly diagnosed and starting treatment for a serious cancer disease, the lived experiences of women undergoing ovarian cancer surgery were explored.

Method: The study took place in a Danish University Hospital at a regional centre for the surgical treatment of gynaecological cancer diseases. The study period ran from the first visit in the outpatient clinic till eight weeks later, when the participants had either begun chemotherapy or completed their recovery. A number of nineteen qualitative research interviews were conducted, before and after the surgery. By applying a phenomenological-hermeneutic text interpretation methodology, the findings were systematically identified, put into meaning-structures, interpreted, and critically dis-cussed.

Results: The results offered insight into the complexity of challenges and personal development over time being a woman with ovarian cancer during her perioperative period. Despite being in a most vulnerable situation, the women demonstrated the presence of substantial inner resources in terms of hope, will, and courage to face their lives; resources that were created, not only in the interplay between body and mind, but also between patients and their caregivers.

Conclusions: Being newly diagnosed and starting treatment for a serious cancer disease represents a period of time where hope - and despair - is present at the same time. The experience of physical wellbeing can reinforce hope. Existential meaning making can assist the women in creating new narratives, and new orientations in their lives.

A discursive look at the obesity debate. Discourse analysis in nursing and health sciences.

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Objective: The objective is to discuss discourse analysis as a methodological approach in nursing research. The presentation draws on examples from the contemporary debate on obesity and discusses discourse and constructions in this field to bring the methodology and its theoretical foundation up to date.

Methods: Discourse is understood in line with Foucault’s perceptions of how our statements function in constituting social realities, pointing to the close relation between language, power and knowledge. To illuminate different approaches and perspectives of discourse analysis in the field of obesity the presentation focuses upon three distinctive texts; a WHO abstract, a heading from “Sykepleien”, and a quote from an interview with a person taking part in a treatment programme for obese.

Results: The analysis illuminates how obesity is understood within a medical discourse, drawing on a terminology characterised by a certain level of threat and strict definitions of normality. Such discourses reflect upon how phenomena are talked about, understood and approached, also among obese subjects, their self-image, their body and their situation. Methodologically, discourse analysis has potential to challenge taken for granted truths and it leans on social constructionism and the fact that things could be understood differently. Discourse analysis might be seen as unfamiliar in nursing research, but it has potential to challenge implicit social and cultural truths, and might therefore improve reflexivity among health professionals.

Conclusions: Discourse analysis has a potential to encourage alternative understandings and perspectives which may enrich nursing and health sciences, as well as health care.
Nurse led telephone follow-up after total knee arthroplasty – a randomized clinical trial

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Objective: Due to shorter hospitalization, patients have to take responsibility for their rehabilitation at a very early stage. The objective of this trial is to study the effects of two treatment modalities after total knee arthroplasty (TKA): conventional treatment and early follow-up by telephone in addition to conventional treatment after discharge. The ultimate aim is to increase the effectiveness of the treatment by improving patients’ health status, promote self-efficacy, and reduce the number of acute visits to the orthopaedic outpatient clinic during the rehabilitation period.

Method: A randomized un-blinded parallel group clinical trial is conducted at the Department of Orthopaedic Surgery, Gentofte University Hospital. Patients have been allocated to 2 groups: an intervention group following usual treatment supplemented by a nurse managed structured follow-up consultation by telephone 4 and 14 days after discharge and a control group following treatment as usual. The effect is measured 1, 3, 6 and 12 months after surgery. The primary outcome is self-reported physical function measured on The Western Ontario and McMaster Universities Arthritis Index. Secondary outcomes are self-reported health-related quality of life, general self-efficacy and the number of acute visits to the orthopaedic outpatient clinic. Furthermore, a process analysis based on data from the performed follow-up consultations and from qualitative patient interviews will be conducted to assess the intervention.

Result: All patients are included and the interventions are performed. The process analysis is initiated.

Conclusion: The results are expected to provide new knowledge to support the development of targeted and effective follow-up after TKA.

Behavioral support to cancer patients before anesthesia

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Objectives: To investigate the effect of different pre-operative support interventions on pre-operative nervousness in gynaecologic cancer patients admitted for surgery, compared to a minimal model of care.

Design: A randomized controlled trial involving four treatment arms which were implemented in the period between admission and until the patient was anaesthetized: a) Only support from an anaesthetic nurse on the surgery ward (the minimal model), b) The anaesthetic nurse + a surgical nurse on the surgery ward, c) The anaesthetic nurse + a known nurse from the ward follow the patient, d) The anaesthetic nurse + an optional relative followed the patient.

Methods: 350 patients gave VAS-score on nervousness at baseline and immediately before being anaesthetized (on average after 1½ days). The change in VAS were analysed by multiple linear regression with the randomization group as a factor and adjusted for baseline VAS-score. Our secondary outcome: patient satisfaction at discharge was compared as a total score across randomization groups using the Kruskall-Wallis test.

Results: Compared to the minimal care model, all types of extra support statistical significant lowered the increase in pre-operative nervousness and the patient satisfaction at discharge was similarly increased. The most effective intervention was when patients were followed by a nurse from the ward, where the nervousness only rose by 0.54(95%CI[0.013238 to1.066762]).

Conclusions: Pre-operative nervousness rises from admission to just pre-operative, and several interventions are effective with respect to counteracting this rise. Offering patients any of the involved additional support exhibits a higher level of satisfaction at discharge.
Victim or perpetrator? An interview study among psychiatric patients

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Background: The number of violent forensic psychiatric patients in Denmark is dramatically increasing. Often these patients are victims as well as perpetrators. What factors do they perceive as significant in explaining violent victimisation?

Aims: The overall aim of this study was to examine violent victimisation in a forensic psychiatric sample. More specifically the aim was to identify risk factors as well as factors perceived as significant in explaining violent victimisation by the forensic psychiatric patients themselves.

Method: A qualitative interview survey including six forensic psychiatric patients was carried out. Patients were included in accordance with four criteria. A) Forensic psychiatric patients convicted of a violent crime, B) Not psychotic, C) History of violent victimisation, and D) Able to understand and speak Danish.

Results: Several factors throughout the patient's lives were identified as potential risk factors for violent victimisation. The patients themselves did not recognize specific risk factors and did not perceive themselves as victims. However, they did perceive themselves to be insulted and victimised by the psychiatric mental healthcare system.

Conclusion: It could prove valuable in the future to establish in-depth studies to determine causalities in order to initiate early intervention and prevention. This may be an essential task in the challenge to decrease the number of forensic psychiatric patients.

How to transform a theory into a valid and reliable scale

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Objective: To develop a scale from a theory of thriving in long-term care and to explore the reliability and construct validity of the Thriving of Older people Assessment Scale (TOPAS).

Methods: The theory of thriving involved seven dimensions: two core and five additional dimensions, developed from a qualitative study and literature reviews. Thirty-eight items were developed from the theory, and these were formulated as statements that could be rated from three perspectives (resident, family and staff). The TOPAS was completed by a sample of 259 residents, 146 family members and 52 staff from 13 long-term care facilities in Norway and Sweden. Reliability was assessed by weighted kappa, Cronbach’s alpha and item-total correlations. Construct validity was assessed by principal component analysis (PCA).

Results: Inter-rater reliability was satisfactory in 32 of 38 items, and thus 6 items were excluded. In the resulting 32-item TOPAS, Cronbach’s alpha was satisfactory (0.95) indicating that items measured the same construct. Homogeneity of the scale was satisfactory as shown by item-total correlations between 0.48 and 0.70. PCA resulted in a stable factor structure that corresponded logically to the thriving theory.

Conclusion: The 32-item TOPAS contributes significantly to the methods literature by including the person-environment interaction when exploring well-being in long-term care environments. The scale can be regarded as construct valid and reliable for resident self report as well as for proxy assessments by family and staff, something which is important in long-term care facilities with a large proportion of persons with dementia diseases.

A way to establish Nordic collaboration related to a nurse-initiated Ph.D. project. A call and inspiration to nurses

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Objective: The purpose is to establish collaboration among nurses across the Nordic countries related to research projects. Until now, no tradition exists among nurses to collaborate on research projects, but a more globalized world combined with more advanced communication technology enhanced the possibility to expand collaborations. The objective addresses both quantitative and qualitative areas in research. Researchers are in general fond of being contacted about their research. A Nordic collaboration among nurses benefits the area of research as a project improves by being validated by other researchers. By collaborating and sharing your research, a broader perspective will be achieved and a network can be established for the rest of your research career.

Methods: A roadmap to achieve the objective could be: i) you are open minded about your research area ii) you are attending relevant conferences and courses iii) you are specifically looking for Nordic researchers/authors in the literature iv) you are making contact with potential researchers, especially at conferences v) you have formulated a clear purpose for your collaboration vi) you are ahead of time vii) you need to find the right match.

Results: In this case a collaboration agreement was prepared ahead of a meeting. All details about the purpose of collaboration, agreement about authorship, economic, length of stay and mutual obligations were described. A written agreement was made. It was neither hard nor complicated: just have the courage to make the move.

Conclusion: The Nordic collaboration turned out successful in this bot-tling and it may be expanded over time.
DIACOL - Dialogue aimed for Anxiety reduction in patients with severe Chronic Obstructive Lung disease - a cross-scientific PhD project

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Objective: Severe Chronic Obstructive Pulmonary Disease (COPD) is characterized by increasing respiratory distress, often accompanied by anxiety. Anxiety is highlighted as main cause for poor quality of life and is associated with increased hospitalization.

Non-pharmacological interventions aimed at reducing anxiety are resource-intensive and therefore difficult to implement in clinical practice.

The purpose of this project is to develop and test a brief nurse-initiated palliative intervention aimed at reducing anxiety in patients with severe COPD and their informal caregivers.

The project is carried out from July 2013-June 2016.

Methods: The project includes three studies with each own methods and design:

1. A qualitative study with the aim to explore the experience of informal caregivers including how health professionals can support the caregivers in caring for patients with severe COPD (N=22).
2. A randomized controlled trial with the aim of testing the potential anxiety-reducing effect of a palliative intervention in the form of a nurse-initiated dialogue incl. one telephone session to patients with severe COPD (N=66).
3. A qualitative study with the aim of illuminating the experience of patients with severe COPD in relation to the nurse-initiated dialogue with particular focus on the impact of the intervention in relation to anxiety and quality of life (N=15).

Results: Preliminary results describing the caregiver perspective (study 1) will be part of the presentation.

Conclusion: The project has a pragmatic approach. If the intervention has a positive effect on anxiety, application to clinical practice will be neither organizational complicated nor costly.

How do nurses perceive factors influencing professional development at work?

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Background: Nursing is based on common ethical and professional guidelines, and nurses must recognize how their clinical skills, attitudes and knowledge accomplish aims, values and responsibilities in nursing. Meaningful relationships with patients and next of kin as a predominate focus of nursing work are also linked together with medical and technical aspects, illustrating the complex dimensions of the nursing role.

Although efforts by the individual nurse are imperative to professional development, success in their endeavour also rests on factors in clinical practice.

Drawing on data from a study this presentation will shed light on the following research question: What motivational and supportive factors impact on nurses’ professional development at work?

Methods: Data presented derives from eight semi-structured in-depth interviews with nurses who had been working for approximately two years.

The interviews were conducted during autumn 2012, and lasted for one hour.

The Privacy Ombudsman for Research has been consulted, and informed consent obtained from the participants.

A hermeneutic approach was used where the research questions served as the basis for a reflective interpretation.

Results and discussion: The following findings will be discussed in detail at the conference:

Motivational and supportive forces:
- Perceptions of personal beliefs and core values that guide their work
- The way they define the meaning of their work
- Striving for doing good work
- Supportive colleagues and leaders
- Learning opportunities at work

“You get a few pounds off your shoulders…” A grounded theory study on children of divorced parents in peer groups.

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Objective: Children of divorce are as a group vulnerable, we know this from recent research. In general they have more health problems and in particular they have more psychological health-problems than other children; they are more anxious, are more often depressed and have a lower self-esteem with lower school results than have children without this experience. In Norway discussion groups is implemented in many schools for these pupils, led by health visitors. This study aimed to identify and increase understanding of the positive consequences of participating in peer groups for children of divorced parents. What is it about the groups that help and how does it help?

Method: Twenty-eight pupils, 14-16 years of age, from three various communities in Norway participated in seven focus group discussions. Grounded Theory was applied in the analysis.

Results: Peer groups create a sense of community that provides health promotive effects for children experiencing divorce. They are not alone in their thoughts and feelings. Group members who share similar experiences gain a feeling of identification, openness and support, providing increased confidence and self-confidence as well as better influence and control over their own lives. Peer groups also increase understanding of divorce, parents/step-parents, and ability to see the positive aspects of divorce.

Conclusion: This study shows that peer groups for children of divorced parents may provide an important public health measure.

Issues about collaboration and ethical considerations when health care users take part in the development of an e-health support tool

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Objective: Although there is a trend towards developing health care in a user-centred direction, e-health support initiatives are often
planned by professionals and researchers. Even when e-health systems are designed to empower health care users in their everyday life and self-care, the systems might be based more or less exclusively upon the professionals’ views about healthy life styles rather than on persons’ own experiences of challenges in daily life. This presentation presents an account of an on-going participatory action research (PAR) project that intends to lay the foundation for a future development of an e-health support tool for persons with diabetes type 2. Diabetes type 2 was chosen as it is a common chronic illness where self-care is central.

Aim: The aim of this presentation is to describe the application of PAR methods used in the project with special attention to issues about collaboration and ethical considerations in different phases.

Methods: Participatory action research was chosen as framework as it is a research strategy particularly intended for involvement and empowerment. Focus groups and future workshops were used to gather data.

Results: The project was preceded by ethical considerations and a research ethical application was approved. In spite of this, unexpected issues about involvement, exclusion and power occurred and had to be handled during different phases of the project.

Conclusions: Real-life questions about collaboration and ethics are difficult to predict and need to be considered continuously when involving users in designing e-health support.

Nurse attitudes towards pain assessment and registration. A questionnaire study at a tertiary university hospital in Denmark.

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Objective: A large amount of patients continue to experience insufficient pain relief following surgery. Sufficient pain relief is prerequisite for optimal postoperative rehabilitation and pain assessment is needed for proper treatment. This needs to be a cornerstone in nursing practice. The aim of this study was to evaluate nurse attitudes and practices in pain assessment.

Method: One-hundred and one questionnaires were handed out to 5 randomly picked nurses from each medical and surgical department at Rigshospitalet, Denmark, November and December 2012. Ninety-six questionnaires were returned anonymously.

Results: Most (96%) participants believed that pain evaluation and documentation are needed for optimal pain treatment. Forty-one percent of the nurses had not received any formal education in pain evaluation and in pain management (43%). Most nurses preferred to either ask the patient directly about their pain (74%) or to use a clinical evaluation (70%). Less than half of the participants used either VAS (48%) or NRS (39%). Busyness (53%) and lack of patient compliance (55%) were the most frequent reasons stated for not using formal validated pain rating tools. Regarding improvement potential, 67% were of the opinion that more education was needed, and 50% believed that pain should be directed on a daily basis at the interdisciplinary ward rounds.

Conclusions: This questionnaire study confirms that nurses agree on the importance of pain assessment. Formal evaluation tools are though under prioritized and formal education in pain assessment and treatment are low. Increased interdisciplinary focus on pain at the daily ward rounds is needed.

A Comparison of the Well Child Clinic Services in Norway and the Nurse-Family Partnership Program in the United States

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Objective: This paper presents a comparison and a discussion of the Well Child Clinic model in Norway and the Nurse-Family Partnership® model in the United States.

Method: Authors reviewed literature on the Norwegian WCCs and the NFP program in the United States and interviewed PHN experts on evidence-based home visiting programs in Minnesota.

Results: The similarities between goals and content of the NFP program in the United States and the WCC services in Norway are emphasized on: 1) intensive services, 2) a focus on behavior, 3) the inclusion of both parents and children, and 4) program fidelity. The major difference in the programs is the focus on a targeted population for the NFP program versus the universal offer of WCCs in Norway. Limited research and differences in the municipalities makes it difficult to assess the effect of the universal WCC model in Norway, while the NFP program is well-researched and evidence-based.

Conclusion: A combination of primary, secondary and tertiary interventions is needed to achieve a meaningful degree of prevention and protection, and support to new families should be considered as important to prevent future health and social problems. A model similar to NFP could be developed in Norway as an addition to the existing universal services, as an offer to the high risk families.

Health care personnel’s views about videoconsultation prior to implementation in primary health care

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Objective: The aim of this study was to describe health care personnel’s views on video consultation before implementing the technology in their work.

Method: Five focus group discussions were performed with healthcare staff from five primary health care centres in the northern part of Sweden. The transcribed focus group discussions were analysed with qualitative content analysis.

Result: Patient-centered video consultation was important as the method was considered as technical, and the staff saw a risk that information could get lost. The health care staff emphasized the importance of evaluating costs and recourses when implementing new working methods. Further, the staff noted that the investment of equipment was considered as a small cost related to travel costs, exhausting journeys for the patient, and the environmental impact. There was an aversion towards new technology in daily work as it often did not work properly and the staff did not consider it to be their responsibility to get it works. Technology was considered bringing new possibilities in future health care.

Conclusion: This study demonstrates that health care staff identified advantages of using video consultation if it functions well. The staff emphasized the importance of training and technical support before the implementation of video consultation. Further, health care staff stressed that before an implementation an evaluation with regard to economic aspects, concerning both materials and personal resources should be performed. The video consultation had to be patient-centered; otherwise, the staff believed that the patient may resist participation in specialist consultation.
Masculinity and nursing care: A narrative analysis of male nursing students stories about care

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Narrative Methods

Objective: The objective of this presentation is to illuminate how narrative methods represent a powerful toolkit in qualitative research in Nursing Education exemplified by a presentation of the paper: "Masculinity and nursing care: A narrative analysis of male nursing students stories about care"

Methods: A narrative method is used to analyse and elicit different layers of meaning in male students' stories about care as these stories took shape in interviews held in the first year of their training. The research questions that are illuminated are: What and how do male nursing students tell us about care, and how can their storytelling be understood in the light of the profession's feminine perception of care and challenge this perception?

Results: The stories' content and the masculine meaning-making processes in the actual storytelling are analysed with reference to nursing's female discourse on care. The men's stories, perceived as "masculinity at work", can thus contribute to highlighting and directing focus towards how men experience, learn and perform nursing.

Nursing informatics, ethics and decisions: implications for translational research

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Objective: To introduce, in the multi-disciplinary contexts of clinical decision making and policy formation, a theory-based decision-analytic framework for the transparent forward translation of research into practice which can simultaneously identify and communicate the needs for backward translation from practice to research.

Methods: Web-based decision analytic software is used to demonstrate how the weights for multiple person/patient-important criteria can be combined in an expected value-calculation with evidence-based rat-
ings for option performance on those criteria to produce a preference-

Telephone Nursing. Stakeholder views and understandings from a paediatric and a gender perspective

Kaminsky E.

Objective: To describe Telephone Nursing from telenurse, parent caller and operation manager viewpoints.

Methods: Four empirical data collections, whereof three qualitative interview studies. Data where analysed with phenomenographic approach, content analysis and statistical analyses.

Results: Telenursing work can by telenurses be understood in a variety of ways. Authentic paediatric calls between parents and telenurses revealed 73% mother callers concerning newborn to teenage children. Ear-, skin problems, and fever were common complaints and call median 4.4 minutes. Call outcome for referral/self-care was 48/52%, with a likelihood of receiving a referral almost twice as high for fathers compared with mothers. Parents' degree of worry and trust influenced whether to contact SHD or not. Calls were carefully prepared and the caller often depended upon family routine. Most parents followed recommendations, some to such extent that they, despite a continuously strong worry, reported not to seek healthcare without a telenurse recommendation. Operation managers mainly reported organizational goals as goals of telenursing work. Equitable healthcare was regarded important, while health promotion was not.

Conclusions: The studied viewpoints of telephone nursing calls for clarification regarding goals of telephone nursing work and the goals relation to healthcare obligations. The studied viewpoints can all contribute to a telenurse work description. Lack of time as a barrier to health promotion should be looked upon critically since it might be counterproductive to the goal of saving healthcare resources elsewhere. Telenurses need to be aware of their valuable role and increase parents' consciousness of holding the ultimate responsibility for their child's condition.

Intertwined Care: On the relationship between Formal and Informal Care.

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Objective: Many elderly who are in need of care get help from family, neighbours or friends in addition to the municipal services they receive. Previous studies disagree on whether there is a relationship between formal and informal care, or if so how these distinctive types of care influence each other. The aim of this paper is to explore the amount and content of informal care given by relatives and friends, and to what degree formal and informal care influence each other.

Methods: A cross-sectional survey among home care nursing patients in a Norwegian municipality, and where 127 (76.5%) out of 166 distributed questionnaires were answered.

Result: In addition to other municipal services than home care nursing received almost 90 percent of all patients' informal care from relatives. Buy groceries and take care of financial matters were predominant tasks, while nursing was less common. Furthermore, more than 40 of all patients' percent received informal from friends/relatives, whereof cleaning and maintaining patients' residence was predominant. Although there was no correlation between the scale of formal and informal care, revealed analyses a significant correlation between the content of home nursing care formal and informal care from relatives. No correlation was found between informal care from relatives and friends/relatives.

Conclusion: Relatives and friends/neighbours provide significant
support through informal care to home nursing care patients. The importance of informal care increase when patients’ are in need of comprehensive care. In consequence, informal care should be part of and employed in nursing plans.

The psychosomatic child's perspective in the nursing documentation

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Inadequate focus on the patient perspective in nursing documentation may have negative consequences for the nursing care. Particularly children with psychosomatic symptoms present the need for the child's own perspective.

The aim of this study was to investigate the 11-15 year old psychosomatic child's perspective in the nursing documentation, focusing on four psychosocial categories and socio-demographic factors. The study was conducted in one paediatric ward, and data consisted of audits of 30 nursing journals.

The results showed that the child's perspective appears in less than half of the psychosocial documentations. Sleep, school and relational aspects were documented with great differences. Sleep concerned the child's perspective in 70.4%, while school predominantly concerned the parents' perspective. Relational aspects were documented in less than 10%.

Children with psychosomatic symptoms are vulnerable and need special attention by nurses and other professionals. Guidelines for psychosocial documentation are needed to strengthen the quality of the nursing documentation and care.

Losing independence - the lived experience of being long-term sick-listed

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Objective: Sickness absence is a multi-faceted problem. Much is known about risk factors for being long-term sick-listed but little is still known about the aftermaths and the lived experiences of the same.

Aim: To describe long-term sickness absent peoples’ experiences of being sick-listed.

Method: The design was descriptive with a phenomenological approach. Sixteen long-term sickness absent persons were purposively sampled from three municipalities in Sweden in 2011. Data was collected by semi-structured, individual interviews. The interview questions were about how the participants experienced being sick-listed and how the sick-listing affected their life. Transcribed interviews were analyzed with Giorgi’s phenomenological method.

Findings: The meaning of being long-term sick-listed was to lose independence in the process when the participants stepped out of the working society, were forced to follow the steps in the rehabilitation chain and had numerous encounters with professionals. The participants described that their life-worlds were radically changed when they got sick-listed. The experiences were considerably negative but there were also a few positive experiences.

Conclusion: The negative experiences described by the participants in this study were linked to consequences of stopping to work, consequences of social insurance rules and to negative encounters with professionals. Nurses do not generally take an active part in this process but could most likely give support to these patients. The interviews provided rich data with many descriptions which formed a good foundation for the analysis. Giorgi’s phenomenological method was found suitable for finding out the meaning structure of the complex phenomenon of being sick-listed.

Young cancer survivors' reasoning about having biological children - online focus group chats

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Objective: To investigate how adolescent and young adult childhood cancer survivors reason about having biological children.

Method: Young persons (16-24 years old) diagnosed with childhood cancer more than five years earlier, who had undergone cancer treatment with a potentially negative effect on future reproductive ability, were identified from the Swedish Childhood Cancer Registry. A total of 39 chats with 133 survivors (male n=66) were performed. Data transcripts were analysed with qualitative content analysis.

Results: The analysis resulted in three main categories describing how participants’ lives were affected by the risk of fertility impairment: Myself, Having children and Partner relationships. Participants expressed a desire for having children in the future. Some described the risk of fertility impairment to trigger worries and intrusive thoughts. To hope for the best and consider alternative options for parenthood were expressed as ways to handle worries about impaired fertility. Finding out about own fertility status was expressed as a relief by some, while others wanted to postpone investigation of their fertility. Some hesitated about having biological children due to the risk of relapse or heredity. With regard to partner relationships, the most common topic discussed was disclosure of potential fertility impairment.

Conclusion: Adolescent and young adult survivors of childhood cancer consider having children as a fundamental part in life. Desire for biological children is however, associated with concerns including partner relationships and health risks of the offspring. A variety of strategies to handle possible infertility are used.

The bright side of life
Support in municipal elderly home care

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Registered nurses in municipal elderly home care have in some occasions difficulties in identifying the patients’ needs and prioritize intervention in accordance with the patients’ preferences. The overall aim was to explore and describe which supportive intervention registered nurses use in municipal elderly home care settings and if it is in agreement with the patient's preferences.

Methods: One retrospective descriptive study (I) were conducted and followed up by three qualitative studies using Grounded Theory as a method (II-IV). Grounded Theory allow to explore actions/interactions and processes that occur between complex social phenomena. A process is seen as a continuous action in relation to a determinant purpose to reach a goal with a problem or a situation and actors can choose actions to influence the course of events.

Results: Combined, the four studies show in a substantive theory that supportive interventions were based on patients preferences and guided by their emotions. The aim with the emotional support was that the patient would experience serenity. Serenity is a state
of relief and the moment required for the patient to be able to move forward with dignity. Patients lost or reduced ability to process their emotions makes that they get stuck in a state, which fatigue them with additional experience of disease and illness. To get out of their state the patient uses the registered nurse as a reliever whose mission is to identify their needs and guide them into a state of serenity. The theory also shows the strengths and weaknesses in the process. Emotional support should be developed as a nursing intervention and be integrated as a part of nursing.

The use of Grounded theory in Swedish theses in nursing

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Objective: Grounded theory is commonly used in nursing studies, but lack of attention to the method is described. The aim of the study was therefore to describe the use of grounded theory in Swedish theses in nursing.

Method: Using a systematic literature review, all theses in nursing published in Sweden between January 2000 and June 2012 and using grounded theory were retrieved from the database Libris.

Results: In total, 35 compilation theses met the criteria for inclusion. When describing data collection and data analysis, Glaser and Strauss were referred to in half of the thesis, while one fourth referred to various combinations of the grounded theory theorists and one forth to Strauss and Corbin or Charmaz. Concurrent data collection and constant comparative analysis, theoretical sampling and memos were not always described. The results were described in models, conceptual frameworks or various types of theories, but sparsely with figures. The grounded theory articles that the theses were based on (n=76) were cited in Web of Science from 0 to 22 times, in Scopus from 0 to 36 times and in Google Scholar from 0 to 71 times.

Conclusion: To facilitate the use of results from grounded theory studies in future research and clinical practice, it is of utmost importance that this systematic and rigorous research method is clearly described.

Using Participatory Action Research in the development of a model for Health and Social Care Planning in Collaboration

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Objective: Older persons with multiple illnesses living at home often require care from several occupations belonging to different organizations. A care plan is needed to involve the older person in the care and to allocate responsibility between professionals and organizations. The management in one municipality asked researchers for support to develop a model for health and social care planning in collaboration (HSCPC). The aim of this presentation is to describe the methodology used in the project.

Methodology: We used a Participatory Action Research approach and included physicians, nurses, social workers, occupational and physiotherapists from municipality and primary health care. Initially, case summaries from participants everyday practice were used as input for intra-professional discussions. In a second step, inter-professional dialogical focus groups were used for knowledge transfer between the occupations.

During the whole project, reflection was used to discover different views and to reach a joint understanding.

Result: Professionals representing different occupations and organizations discovered a lack of knowledge about each other’s competence. They realized how their actions were ruled by differences in values and regulations. They also realized and decided that the older persons’ own views and wishes needed to be the base and starting point for the HSCPC.

Conclusions: By using a participatory approach the participants became owners of the HSCPC model and they decided to implement it as part of their ordinary work with care plannings at home. They also expressed a will to evaluate how the older persons experienced the HSCPC.

Gaining perspective on own illness - The lived experiences from a patient education for women with treated celiac disease

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Objective: To explore lived experiences in women with treated celiac disease after having attended a patient education program

Methods: A qualitative phenomenological study using qualitative interviews with 14 women suffering from celiac disease.

Results: The essential structure of the lived experience from the patient education was a relocation of self which meant that participants acquired an overview regarding life with celiac disease and thus could find their own location.

This was possible by being a part of a context in the patient education program, and interacting with others with the same disease which created strength. By comparing own lived experiences with others, women could see themselves, with their disease, from a new perspective, and by that re-evaluate their previous approach to the disease.

However, the achieved knowledge that was given by other participants and experts could result in both relief and anxiety.

It was perceived as a relief to get insight that the own lifestyle was good enough, or that symptoms not always necessarily was due to their illness.

Anxiety could be experienced as a result of new directives since it now became difficult to know how to live.

Conclusions and implications: To meet other people with the same disease seems to have a greater influence in persons living with celiac disease than be given new knowledge in the area.

Future educational efforts should take peoples need to find their self in relation to own disease into account.

Transitions in the Swedish school system and their impact on student’s positive self-reported health.

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Objective: School transitions are often difficult times for children and facilitating successful transitions requires attention to be given to the factors impacting children’s self-reported-health (SRH) during these transitions.

This will allow support to be directed towards any positive factors. The Health Dialogue concept (HD) is an approach used by Swedish school nurses to identify health factors with impact on school children’s positive SRH during transitions. This long-term prospective population study aimed to explore student self-reported-health during three school transitions: pre-school to elementary school (6-10 y); elementary school to junior high school (10-13 y), and junior high
school to upper secondary school/high school (13-16 y).
Method: A longitudinal study with data from 6693 HD's conducted in Sweden during 2007-2012 with school children aged between 6-16 years old. Logistic regression, odds ratios and OR were analyzed.
Results: Several significant factors were identified which had a positive impact for SRH among children of 6-16 y; not feeling sad or depressed, not feeling afraid or worried, having a positive school environment, not being bullied, getting good sleep, daily physical activity and having an ability to concentrate.
The relative importance of these factors differed according to gender and age.
Conclusion: Application of the HD concept during school transitions could provide new information on the factors impacting positive self-reported health among school children. Several significant health factors were identified which differed according to age and gender.
Thus providing valuable information for school staff, parents and school children, and raising the possibility of providing targeted support and assistance when required.

A lifeworld phenomenological approach accounts for patients’ perspective in suicide prevention

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Objective: Previous research in suicide prevention has in high degree focused on security issues and risk assessment, and suggests that such a focus might increase suicidal patients’ experiences of powerlessness. There is a need for research that can provide basis for nursing interventions that accounts for suicidal patients’ strengths and resources. This study aims at describing what suicidal patients experience as promoting health.
Methods: A reflective lifeworld approach aims to describe the structure of meanings of phenomena related to human existence. The significance of such a view is that it accounts for individuals lived experiences of being in the world. The approach can contribute with knowledge regarding how suicidal patients understand their situation, and which factors that possibly can facilitate the understanding of life as worth living. Data is collected through meaning-oriented interviews with suicidal patients who were recruited from a psychiatric emergency department. Open questions encourage reflection and support participants’ narrative about their experiences. On the basis of a phenomenological analysis the essence of the phenomenon, and thus what is experienced as health promoting, can be explored.
Results: Data collection and analysis started in summer 2013 and will be completed during spring 2014. The method’s contribution to accounts for vulnerable peoples’ experiences will be discussed and exemplified.
Conclusions: Suicidal patients’ experiences are expected to be a resource for knowledge development regarding suicide prevention, and thus important to take into account in nursing research. The meaning-oriented interviews seem to support participants to narrate their experience of what promotes health.

A one-year follow-up study: nursing intensity and costs based on Nursing Activities Score in four ICUs in Norway

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Background: There has been great interest of costs in health care and especially the cost of nursing staff in the ICUs. Attention has been given to the definition of nursing intensity. Studies of benchmarking have highlighted the costs in the ICUs but without using any nursing scoring systems.
Objective: The aims of this study were to explore Nursing Activities Score in a benchmarking model describing both patient related activity and costs for nursing intensity.
Methods: A model was innovated by using preexisting hospital dataset from daily registrations-uniform reporting templates. Data from four ICUs in Norway was tested for a period of 12 months in 2012: patients’ admission and discharged time, length of stay(days), Nursing Activities Score (%) and labor costs (Euros) for nursing staff.
Results: Preliminary analysis based on nursing intensity was Nursing Activities Score per patient divided by available nursing staff. The activity and costs was associated with actual level of Nursing Activities Score and might explain variability costs for nursing staff.
Conclusions: In this study we could demonstrate that it is possible to construct an automatically scripts of data and the model was derived for retrospective utilization.

Non-attendance in a screening program for cardiovascular diseases and diabetes

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Objective: To explore factors related to non-attendance in a screening program for cardiovascular diseases (CVD) and diabetes (DM) in Danish women aged 60, 65, 70 and 75.
Methods: Exploring non-attendance is a part of a PhD-project of which the overall objective is to estimate the cost-effectiveness of screening for CVD and DM in Danish women aged 60, 65, 70 and 75. Factors related to non-attendance were explored by a qualitative approach. A semi-structured interview guide was developed for the study with references to the literature on non-attendance in CVD and DM screening. Face-to-face interviews with 10 non-participants were conducted in September – October 2013, the interviewed were selected from the four age groups. Analysis and interpretation of the interviews was based on the hermeneutical principles. Codes were inductively identified and factors related to non-attendance were categorized into main themes. NVivo was used during the analysis process.
Initial results: Initial findings suggest three main themes for non-attendance: 1) Insufficient and wrong knowledge about prevention and CVD/DM. 2) Self-rated health. 3) Attitude toward screening and the healthcare system.
Initial conclusion: Findings highlight the importance of addressing the identified themes for non-attendance, since findings do not indicate that non-participation has been made on an informed consent. Negative attitude toward the healthcare system seems associated with preferring alternative treatments rather than consulting general practitioner. Non-participation appears to be related to only seeking medical advice unless the symptoms are interpreted as being severe. In addition, non-participants are likely to neglect their risk for CVD and DM.

Coaching to competence

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Objective: The aim of the study was to further develop health professionals’ competence regarding practicing empowerment principles (redistribution of power, participation and acknowledging the patient’s competence) and to develop knowledge regarding coaching as
a method for competence development in psychiatric practice.

Methods: 8 health professionals were coached during 6 months in order to further develop their competence regarding practicing empowerment principles. In addition, the health professionals met a colleague every 14th day to discuss own development process. 40 reflection notes written after the coaching sessions are analyzed based on qualitative content analysis.

Results: The analysis revealed 3 main themes: Coaching is a process of awareness, motivation and goal setting; Learning in peer fellowship and Changes in practice.

Conclusions: Coaching is a relevant and purposeful method for further competence development. Psychological and structural empowerment are central aspects regarding competence development and have to be taken into consideration in leadership and management.

Do older persons’ experiences with Preventive Home Visits vary regarding to age, gender, self rated health and socioeconomical status?

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Objective: To describe the experiences of Preventive Home Visits among a representa-tive sample of receivers of the service in a Norwegian municipality, and explore if the experiences vary according to groups of the population. Preventive Home Visits aim to promote older persons’ health and well-being and prevent functional decline. This study will add to the scarce knowledge base on how to design effective Preventive Home Visits interventions.

Methods: A descriptive cross-sectional design was applied, and the survey was conducted during spring 2013. The survey instrument was designed for the study, based on results from qualitative interviews with 20 receivers of the service, relevant theory and the stated aims of the service. The instrument included background questions of age, gender, socioeconomical status and perceived health and questions of Likert type covering the receivers experiences regarding how the service was organised and carried out and perceived relevance and benefits from the service. The sample was randomly selected from the municipality’s list of receivers of the service. The list was stratified with regard to age, and 20% of each age cohort were invited to join the study (n=366). The youngest age cohorts (age 76 to 84) received a mailed questionnaire, while the older cohorts was offered a structured interview. A total of 161 questionnaires (44%) were completed. The material is now in process of being analyzed and descriptive statistics, correlation analyses and regression analyses are applied.

Results and Conclusions will be presented at the conference.

Knowledge-use among newly graduated nurses: A Meta-Ethnography

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Objective: The aim of the meta-ethnography is to gain deeper insight into the theoretical perspective of knowledge use among newly graduated nurses and to identify specific aspects of the phenomenon which can either be revised or refuted by further exploration of the field.

Method: Meta-ethnography, as described by Noblit and Hare, was applied to identify and synthesize reports on primary studies on newly-graduated nurses’ use of knowledge in relation to clinical decision-making. Adopting Noblit and Hares seven phases enabled a systematic approach to the synthesis and translation of findings from qualitative primary studies.

Results: Six studies were retrieved from CINAHL and GOOGLEScholar and subsequently critically appraised using CASP as appraisal tool. The included studies were published between 2003 and 2011 and conducted in Australia, Canada, Norway and the United States. Although the main aim of each of the six studies varied, they all illustrated the knowledge the graduated nurses draw on in their clinical decisions. A total number of 57 graduated nurses participated in the six studies. A reciprocal translational analysis was performed on the six studies. Concepts translated across studies were compared and summarized. Two themes (‘One-Self’ and ‘Others’) and six sub-themes emerged.

Conclusion: Themes identified in the translational and analytical process will contribute to theory development and have implications for clinical and educational practice regarding the professional development of clinical decision-making within a frame of evidence-based practice. Furthermore the results will have implications for future research within the field of clinical decision making among newly graduated nurses.

Advantages of using partial least squares regression to describe relationships between stress of conscience and other concepts of importance

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Objective: To describe relationships over time between degrees of stress of consciencestress caused by troubled conscience, perceptions of conscience, burnout scores and assessments of person-centred climate and social support among healthcare personnel working in residential care of older people.

Methods: Partial least squares regression (PLSR) and its projection onto latent structures was used to describe the relationships among the factors under study. Most multivariate regression models, for example multiple linear regression, logestic regression etc., requires rather limited co-variance values among independent variables and other assumptions to be meet in order to generate stable models. As in this study ideal prerequisites is seldom met. Consequently, PLSR was chosen as it does not involve any assumptions about the population, is very robust with regard to several inadequacies such as skewness, multi-collinearity, misspecification of the structural model, small sample sizes and many variables. PLSR should therefore generate a more stable regression model compared to many of the more traditional regression models. The jackknife t-tests of regression coefficients were used to evaluate the importance of the variables.

Results: To deaden one’s conscience in order to keep working in healthcare, perceiving one’s conscience as an asset, i.e. being able to perceive stress of conscience as a challenge, was positively associated with stress of conscience. Burnout and noticing disturbing conflicts between co-workers were positively associated with stress of conscience.

Conclusions: Perceiving one’s conscience as an asset, i.e. being able to follow ones conscience at work, and social support from superiors are important to buffer the effects of stress of conscience.