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**“WELLBEING AND CARING IN CHANGING TIMES”**

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# **BOOK OF ABSTRACTS**

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**Concurrent 3.5. speakers moved to 2.5 and 3.1 due to cancellations**

**Poster Presentation (5 minutes and 10 minutes for questions)**

**Moderator: Mette Spliid Ludvigsen**

Significant others' experience of hospitalized patients' transfer to home: A systematic review and metasynthesis	Lisbeth Uhrenfeldt et al.,	POSTER
Reaching out for patient's wellbeing in changing times- a senior lecturers experience	Rikke Brændgaard Sørensen & Lisbeth Uhrenfeldt	POSTER
Sustainability from a Caring Science Perspective	Linda Nyholm & Camilla Koskinen	POSTER

# Keynotes

## Abstracts

### Compassion for self and others as key aspects of wellbeing in changing times

Professor Lena Wiklund Gustin, UiT, The Arctic University of Norway,

In an era where times are changing, and so also the health-care system, it is not only important to adjust to new demands. Care-givers also need to bear basic values in mind. This presentation put forth compassion for self and others as resources for well-being. By linking self-compassion to bio-psychological theories as well as to Ricoeur's notion of narrative identity and caring theories, the presentation put forth an integrative perspective on health and suffering that could guide care-giving, promote care-givers understanding of the suffering human being, and support self-care.

### Ethnographic potentials for studying the dynamics of wellbeing in changing times

Senior researcher Mette Terp Høybye, The research Unit, Silkeborg Regional Hospital, Denmark

The study of human life and wellbeing in the context of our health care system in changing times benefits from taking a dynamic approach that acknowledges this fundamental mode of change. In this lecture I will present a number of examples of how and why ethnographic methods are particularly useful in such research.

Grounded in methods of observation, exploration and learning with the field in everyday life, ethnography draws on a tradition for studying intrinsic and complex organizations of the social. This makes it valuable in moving beyond normative assumptions of care relations towards an open investigation of relational dynamics in care in an ever more complex health care system.

Building on the case examples of ethnographic research in particular health care settings, I shall argue for a higher degree of methodological plurality as we move forward to do justice to the experience of the lives we study.

### Promoting wellbeing and caring during challenging times – can we do it?

Professor Marit Kirkevold, Department of Nursing Science, Institute of Health and Society, University of Oslo.

We are currently witnessing a number of significant changes within the health care field. There are many reasons for these changes, including demographic and social changes and changes in the nature and distribution of diseases and illnesses. In addition, organizational and structural changes within the health care system and issues related to recruitment and retention of qualified health care personnel impact significantly on our opportunity and ability to promote wellbeing through caring. Changes in the

relationships between patients, family carers and professional caregivers also challenge us to reconsider what caring entails and how to promote wellbeing. In my presentation I will draw on research that provides insights into how some of these changes create challenges in terms of promoting wellbeing and discuss implications for caring. In particular, I will reflect on studies that have sought to address the issue of promoting wellbeing and caring in the challenging times we are now living through.

### Observations of caring and uncaring acts for elderly in a nursing home during meals: implications for changes in the future

Author: Elisabeth Bergdahl - PhD RN. Faculty of Professional Studies, Nord University, Bodø, Norway

**Background:** The municipality had concerns regarding the situation during meals at a nursing home. It led a nurse manager to reach out to a research unit to get help, to identify the problem.

**The aim** was to investigate the situation during lunch times, on all the departments in one nursing home

**Method:** Observations were made at 10 departments. The researcher made field notes. The analysis was done with qualitative content analysis.

**The result** showed that there were three departments at the nursing home that had knowledge of how people with dementia should be treated during the meals. But only one of these proved to be excellent in the way they treated and met the needs of the older people. At this department, the meals and the atmosphere were colored by caring acts and a caring attitude. Seven departments showed poor knowledge about caring for persons with dementia during meals. Some assistant nurses, were uncaring in their acts and did not ask the elderly what food they wanted. Elderly that were cognitively intact received better care. The elderly that were cognitively weak and had dementia were more exposed to loneliness, they could be left, doing nothing, in the dining room and they were ignored when they complained about pain.

**Conclusion:** A caring approach needs to be developed in seven departments in the nursing home and an intervention plan is made to change the situation for the elderly's wellbeing.

**Implications:** Staffs caring abilities during meals needs to be strengthened in order to support elderly's wellbeing and nurses needs to be more involved to supervise assistant nurses.

## Nourished towards well-being through mealtimes: A phenomenological-hermeneutic study of patients experiences of a mealtime intervention in the neurological ward.

Authors: *Beck, M.*, Ph.D. Student. *Birkelund, R.*, Professor. *Poulsen, I.*, Associate Professor. *Woythal, B.M.*, Associate Professor.

**Background:** Mealtimes are busy events in hospitals, and patients are often interrupted with higher-prioritized tasks (e.g., taking blood samples) while eating. Protected Mealtimes is a British concept that changes the organizational structure of mealtimes and provides a focus on the mealtime by ceasing all non-acute activities when patients are eating.

**Aim:** To explore the experiences of patients afflicted by a neurological disease during intervention inspired by Protected Mealtimes.

**Design:** Inspired by Protected Mealtimes and based on the British Medical Research Council (MRC) guidelines, a clinical intervention called Quiet Please was developed, modified and was implemented in a department of neurology.

**Methods:** 13 semi-structured interviews were conducted with patients afflicted by a neurological disease. The interviews were recorded and transcribed. The data were thoroughly analyzed and interpreted with inspiration from the French philosopher, Paul Ricouer.

**Findings:** Three themes emerged from the analysis and interpretation: 1) being powered by the bell, 2) being embraced by calmness and aesthetics 3) being in a trust-bearing agreement.

**Conclusions:** Patients experienced mealtimes as meaningful events that had the potential to nourish them towards wellbeing in an existential manner. Hence, the calming and aesthetic environment made the patients feel embraced and allowed them to dwell on the day for a while. Changing the mealtime environment was perceived positively, since the changes made the patients feel recognized as humans and established positive mealtime experiences that were considered professional and trust bearing.

**Implication for practice:** Practising calm and aesthetic mealtimes is a trust-bearing task, which requires professional attention and accurate observations of the patient's mealtimes needs and wishes.

## Promoting social innovation within institution-based elderly care - a research and practice based education approach

Authors: Gunilla Kulla PhD, Associate professor, Faculty of Nursing and Health Science, Nord University; Kjell Rølli, lecturer Faculty of Nursing and Health Science, Nord University; Ragnhild Johnson PhD, Nordland Research Institute, Christian Lo PhD, Nordland Research Institute; Jannike Vedeler PhD, Nordland Research Institute; Eva Robertson PhD, Associate professor, Faculty of Nursing and Health Science, Nord University.

**Background:** The main objective of the overall project is to develop knowledge about how collaboration between practice, education and research can promote social innovation within institution-based elderly care. The project (2016-2019) with three work packages, is developed through a collaboration between five research institutions: Nordland Research Institute (project owner), Nord University, University of Agder, University of Stavanger and University of Aalborg, and five elderly care institutions. In this presentation, the second package with the Norwegian part will be in focus. It concerns how students in practice can make use of scientific knowledge with developing a holistic approach in encounters with the elderly. It is a collaboration with an elderly care institution, to develop and increase the students' capability of social innovation.

**Aim:** what kind of knowledge and skills stimulate and increase health care-students' ability to become promoters for innovation within the institution based elderly health care?

**Method:** Interviews, observations, group reflections, log books, reflection notes forthcoming 2017. Analyze based on applying an analytical term boundary- encounter.

**Results:** to develop a model of how collaboration between practice, education and research can promote social innovation within institution-based elderly care that is characterized by competence in development and learning. Such an education prepares students to transform theoretical knowledge and practical skills into innovative practice. Based on this perspective, boundary-encounter serve as an analytical term to capture learning practice within and across educational and workplace settings. The term also indicates that educators and managers can create boundary-encounters for students and staff to explore new innovative ways of working and collaborating beyond organizational, professional and habitual boundaries.

**Conclusion:** The project gives possibility to increase health care-students' competence in caring and their ability to become promoters for innovation within the institution based elderly health care service.

### Older peoples' lived experiences after hip fracture: Knowledge-transfer of changes in wellbeing

**Authors:** Birgit Rasmussen. PhD. student, PT & Lisbeth Uhrenfeldt. Professor, PhD, RN

**Background:** Older people's hip fracture (HF) may occur due to osteoporosis, impaired balance or other health problems. For the individual, the experience of changes in wellbeing and/or changes in a recent active everyday-life; new health problems such as dependency, pain and a fear of falling may add to the load of wellbeing-challenges after HF. Evidence-based knowledge in order to address the wellbeing of older people and the challenges they meet in changing times after HF is needed for professional s.

**Aim:** To explore the support older people with HF may need to optimize their wellbeing during changes in their daily life.

**Method:** A PhD study is initiated conducting a systematic review; establishing a steering-group with hospital and community representatives in order to clarify organizational needs in a homecare setting; developing a phenomenological-hermeneutic study design guided by the philosophies of Heidegger and Gadamer to explore older people's lived experiences through repeated interviews; and applying an existential framework of wellbeing where meaning and health can be understood as a balancing of mobility and dwelling.

**Results:** The systematic review reveals older peoples' worries when striving for wellbeing in an active daily life after HF; steering-group meetings clarify clinical questions regarding functional ability after HF. This knowledge is the basis for developing the interview guide used when interviewing 13 at-home-living older people with limited functional ability prior to the fracture; and for planning the data-analysis through 5-steps of meaning condensation.

#### Conclusion

Older people's lived experiences of being active after HF are being explored and results are transferred to professionals aiming at evidence utilization to develop interventions that empathically and respectfully support older peoples' wellbeing in activity in changing times after HF.

## How do nurse managers care for elderly persons having fall events in their units?

Authors: Rita Solbakken; Ph.D- student, MNsc, ICN, RN, Nord University

Terese Bondas; Professor, PhD, LicHSc, MHSc, PHN, RN, Deputy Dean Research, Nord University

**Background and purpose:** International studies show that fall-events represent the most frequently occurring adverse event among elderly receiving home care services. Nurse Managers have an important role in the development of patient care and systematic prevention of adverse events. The aim is to therefore to explore how nurse managers cares for and understand their professional responsibility according to fall events, in their own units. The theoretical perspective is caritative leadership.

**Method:** Case study design and qualitative content analysis were chosen. The amount and the circumstances of fall events were studied in a Norwegian municipality, and these findings form the background for focus a group interview with five nurse managers in community nursing for elder patients; a strategic selection of all nurse managers in the same municipality.

**Findings:** The main finding is the diminished involvement of nursing leadership in the development of the nursing care. The overarching theme is based on the following themes: «Nurse managers expect their nursing staff to take responsibility for the professional development of nursing care», «a dilemma between demands for developing the nursing care and safeguarding the staff», «prevention and monitoring of adverse events have not been prioritized» and «they became leaders by chance».

**Conclusion:** The findings indicate that nurse managers prioritize economy, management and administration rather than leading nursing care, caring for patient safety and wellbeing by prevention of fall events. First line managers' ability to develop and lead the discipline of nursing seems to be marginalized. The education and recruitment of nursing leaders, and their caring and commitment seem to be closely connected to the development of nursing care, such as prevention of fall events. Recruiting nurse managers with a conscious choice to become managers and competence in nursing science could increase quality of care.



## A systematic review and metasynthesis of parent experiences of chronic ill adolescents and young adult's transfer from paediatric to adult care

Authors: Mette Spliid Ludvigsen, RN, MScN, PhD (1,2) , Elisabeth O.C .Hall, RN, MScN, PhD (3), Lisbeth Uhrenfeldt, RN, MScN, PhD (4, 5), Thomas Westergren, RN, MScN (6), Hanne Aagaard, RN, MScN, PhD (7), Liv Fegran, RN, MScN, PhD(6)

1Clinical Research Unit, Randers Regional Hospital, Randers, Denmark, 2 Department of Clinical Medicine, Aarhus University, Denmark, 3Section of Nursing, Department of Public Health, Health, Aarhus University, Aarhus, Denmark, 4 Danish Center of Systematic Reviews: a Joanna Briggs Institute Centre of Excellence, the Center of Clinical Guidelines-Clearing House, Aalborg University, Aalborg , Denmark, 5Department of Nursing and Health, Nord University, Bodø, Norway,6Faculty of Health and Sport Sciences, University of Agder, Kristiansand, Norway, 7Department of Paediatrics, Aarhus University Hospital, Aarhus, Denmark

**Background:** Parents' physical and emotional support plays an important role in the process of transition to adulthood for adolescent and young adults (AYA) living with a chronic condition. While nurse scholars agree that the adolescent-to-adult transition is worthy of continued attention, studies of transition are largely focused on healthcare professionals' (HCP) recommendations, and research on parents' experiences of their child's transition is sparse.

**Aim:** The aim is to present findings from a systematic review of parents' experiences of transition during their adolescents ' and young adults' healthcare transfer from paediatric to adult care.

**Method:** We reviewed qualitative literature from 1999 to April 2016 following the systematic review methods set out by the Joanna Briggs Institute. The review was accomplished in three steps: 1) identifying the question and relevant literature; 2) selecting the literature; and 3) appraising, extracting and summarising the information. Inspired by Sandelowski and Barroso, and guided by phenomenological hermeneutic analysis of extracted text, we created themes and developed a metasynthesis.

**Results:** 'Being under cross-pressure ' was the metasynthesis created to explain the parents' experience of their confusion and conflicting feelings on the one side, and on the other side their obligation to meet own, AYAs' and HCPs' expectations of support from them during their AYAs transition to become independent individuals. Five themes elaborated the parents' experiences: 'Navigating between shifting parental roles', 'Being uncertain and making the decision of appropriate time for transfer', 'Crossing over contrasting contexts', 'Gaining trust that the child can take care of oneself' and ' integrating new knowledge in daily life'.

**Conclusion:** The findings suggest that caring for parents during AYA 's transfer should address a broad range of aspects .In particular, attention should be paid to accept parents' experiences of being under cross-pressure and to appreciate this and support them in their caring for the child.

### Creative methodologies and pedagogies for humanisation

Authors: Maggie Hutchings & Anne Quinney

**Background:** Photo-elicitation offers an innovative qualitative research methodology and rich pedagogic approach for providing creative and connected insights in the caring sciences. It provides an effective tool for facilitating reflective learning on human situations from learning to care with compassion to exploring experiences of marginalised or disadvantaged groups.

**Aims:** The presenters will share experiences of using photo-elicitation as a powerful trigger for learning and as an enriching research methodology.

**Method:** Photo-elicitation is derived from anthropology and sociology. Participants use photographs provided by the educator or researcher, or take their own photographs, to explore and illuminate complex ideas and themes. This method promotes critical dialogue and reflection, and elicits ways of knowing, distinct yet frequently hidden, in the humanising connectivity unwrapped and gifted.

**Results:** Photo-elicitation is used in various programmes at Bournemouth University to explore humanisation concepts including 'what it means to be human' and how to represent 'dignity' in care, informed by the humanising theoretical framework [1]. The presenters have used photo-elicitation in research seminars with academics and practitioners from different disciplines, using visual and narrative approaches for exploring evidence to guide professional practice, contributing to transformative education, and enriching research data and findings. It has also been used in public engagement events to understand people's connections with the seaside, its purpose and place in their lives as a source of health and well-being.

**Conclusions:** Photo-elicitation can create immediate and deep immersion in the tenets of humanisation, often difficult to express in words, illuminating the importance of events, artefacts, and places embodied as experiences, to enable stronger connections with people's lives. Photo-elicitation strategies can be readily integrated into creative pedagogic practice, qualitative research, and improving professional practice by sensitising us to our humanity.

#### References

1. Galvin, K. and Todres, T. (2013) *Caring and well-being: a lifeworld approach*. Routledge.

## Towards McDonaldization of nursing practice? - A discussion of the need for reviving nursing theory in today's evidence practice

Authors: Annelise Norlyk<sup>1</sup>, Associate professor, PhD, MScN, RN (presenting author), Pia Dreyer<sup>2</sup>, Clinical Nurse Specialist, Associate professor, PhD, MScN, RN, Anita Haahr<sup>3</sup>, senior lecturer, PhD, MScN, RN, Bente Martinsen<sup>4</sup>, Associate professor, PhD, MScN, RN,

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Drawing on our previous empirical research, we provide an exemplary narrative to illustrate how patients have experienced hospital care organized according to evidence-based fast-track programmes. The aim of this paper is to analyse and discuss if and how it is possible to include patients' individual perspectives in an evidence-based practice as seen from the point of view of nursing theory.

The paper highlights two conflicting courses of development. One is a course of standardisation founded on evidence-based recommendations, which specify a set of rules that the patient must follow rigorously. The other is a course of democratization based on patients' involvement in care. Referring to the analysis of the narrative we argue that, in the current implementation of evidence-based practice, the proposed involvement of patients resembles empty rhetoric. We argue that the principles and values from evidence-based medicine are being lost in the transformation into the current evidence-based hospital culture which potentially leads to a McDonaldization of nursing practice reflected as 'one best way'. We argue for reviving ethics of care perspectives in today's evidence practice as the fundamental values of nursing may potentially bridge conflicts between evidence-based practice and the ideals of patient participation thus preventing a practice of 'McNursing'.

## Learning to care in changing times

Presenter : Hanna Holst; Co-authors: Ulrica Hörberg RPN, PhD Associate Professor, David Brunt RN, PhD, Professor, Lise-Lotte Ozolins RN, PhD, Senior Lecturer

A Developing and Learning Care Unit is a learning environment in clinical practice designed to integrate theory and practice by using lifeworld didactics in order to support pairs of students in their professional development. Lifeworld didactics is based on a lifeworld led learning approach, which focuses on each student's experiences and knowledge and supports each individual student and the students as a pair. The aim of this study is to explain and create an understanding of the phenomenon "learning space" that occurs in the interaction between patient, pairs of students and supervisors, during clinical practice. This hermeneutic study is based on a Reflective Lifeworld Research approach. The analysis is based on observations and interviews with patients, pairs of student nurses and supervisors at Developing and Learning Care Units. The result shows that the patient, pairs of students and supervisors are placed in the learning space, and are therefore related to each other. The relationships that arise in the learning space are enhanced through responsibility and the respect shown to each other. A relationship that appears to be supportive is characterized by: thoughtfulness, understanding of each other and enabling to ask questions. This creates an interplay of dynamic movements that are directed toward a common goal and thus provide opportunities to give and receive support. A balance between the patient, pairs of students and supervisor should thus be recognized to facilitate a favorable learning environment.

**Keywords:** Clinical practice, hermeneutic, learning space, lifeworld didactics, patient perspective, perspective of pairs of students, supervisor perspective.

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### Adolescents living in lodgings, mental health and wellbeing

Author: PhD student Wenche Wannebo, supervised by Professor Lisbeth Uhrenfeldt. The project presented is a Ph.D study performed at Nord University, Norway.

**Background:** Studies have shown that high school students living in lodgings are vulnerable to stress and mental health problems. Moving out from home to live in lodgings at the age of 15 to 18 is a transition in life that might affect adolescents' wellbeing, with possible consequences as dropping out of school and/or longer lasting mental health problems.

The **aim** of this study is to contribute to health promotion among adolescents living in lodgings to increase their wellbeing and prevent mental health problems during this changing time in their lives.

The **methods** used are both quantitative and qualitative. Two Norwegian surveys from 1997 and 2000 with 8113 participants were analysed regarding high school students living in lodgings and mental health. In 2008 and 2016, 11 and 10 qualitative interviews was performed, respectively, among adolescents at the age of 15 to 18 living in lodgings. The interviews has both a narrative and a semi-structured part, adolescents telling about their experiences with different aspects of living in lodgings. These data will be analysed during the next month's using phenomenological hermeneutical method.

**Results:** Students living in lodgings had higher scores on internalizing problems than students living at home, significant only for females. Adolescents of both genders living in lodgings had significantly higher scores on problem behavior than adolescents living at home.

**Conclusion:** Adolescents living in lodgings are vulnerable regarding mental health. Their stories and experience will give a valuable insight in their lives and what is important for their wellbeing.

**Implications** will be discussed regarding health promotion to increase and support the wellbeing of adolescents living in lodgings during changing times in their lives.

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## Do you understand me? How music and singing can create a meaningful space of importance to express and understand wellbeing and suffering

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Wellbeing has many forms and can be expressed in many different ways. Earlier research has shown that using films in nursing education can support the learning of caring science, and bring a touching context for the students that can be related to nursing practice. This presentation focus on how wellbeing and suffering are expressed in the film *Once* by John Camey and how this can be understood in relation to caring and the support of health processes. In addition, it is of importance to educate both sensible and sensitive nurses, and we suggest that different kinds of learning strategies such as using films that touch upon existential aspects. By relating the film to the students' experiences, caring science concepts and philosophy, the understanding of human existence can be expanded and deepened. In this particular presentation we use the philosophy of Merleau-Ponty to clarify how intersubjectivity points both to the individuality and individual expression, and at the same time to the in-between and co-existence through music and singing together. Vignettes from the film are analysed in order to provide a deepened understanding of how music and singing can contribute to wellbeing and health processes.

**Keywords:** Caring, education, film, Merleau-Ponty, suffering, wellbeing

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## Ensuring Wellbeing of Chronically Ill People in Lithuania: Pilot Integrated Home Care Projects

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**Background:** Increasing number of elderly and people with chronically illnesses requires complex services. Home care services were undeveloped in Lithuania, and family members mainly took care of long-term patients at home. In 2011 the Ministry of Social Security and Labour began a process to develop integrated home care (IHC) using new collaborative processes. 21 municipalities in Lithuania (out of 60) showed initiative to start pilot IHC projects.

**Aim:** The aim of this presentation is to describe pilot (IHC) projects in Lithuania as the new service for improving wellbeing of chronically ill people.

**Methods:** The qualitative research case study design was applied to reveal the experiences and perceptions of the individuals involved in IHC processes. 12 focus groups were conducted with IHC providers from 19 municipalities of Lithuania. In-depth interviews with IHC receivers - patients (n=20) and family caregivers (n=14) focused on the stories about informants' situation before and with IHC.

**Results:** The existing social care services were supplemented with newly created teams of nurses, their assistants, and physiotherapists. In reality teamwork was a challenge and a new experience for municipalities and practitioners. Municipalities differed according their perceptions of teamwork and the ways they organized teams. Interview results revealed variety of patterns of team interaction and collaboration. Despite the differences team members expressed togetherness in doing „one important job“. Counselling services improved self-management skills of the patients and their family caregivers. The family caregivers got a possibility to combine work and family commitments.

**Conclusions:** Integrated team-based home care ensured the provision of complex everyday care for patients with long-term care needs and support for family caregivers. Togetherness in doing „one important job“ was emphasized by health and social services practitioners.

**Implications for practice:** The experience of pilot IHC projects will help to improve development of IHC services on government and municipality levels.

**Keywords:** chronically ill patients; integrated home care; pilot projects, teamwork

### **Ecological Caring - revisiting the original ideas of caring science**

Authors: Helena Dahlberg (PhD Phil), Albertine Ranheim (Med Dr) and Karin Dahlberg (PhD Professor)

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The aim of this philosophical paper is to explore the notion of holistic care with the intention to expand it into a notion of ecological care. We use lifeworld theory and especially Merleau-Ponty's philosophy as our theoretical base. The philosophical analysis is also rooted in contemporary clinical care. We have used interview data from patients in an investigation at an anthroposophical clinic in Sweden, which is not explicitly described as "ecological", but forms part of an ecological community and e.g. ecological agriculture.

Starting from the fact that illness can be defined as a loss of homelikeness in the body and in the familiar world, our findings illustrate how ecological care helps the patient to once again find one's place in a world that is characterized by interconnectedness. The task of ecological care is thus not only to see the patient within a world of relationships, but to help the patient find her/ his place again, to understand her/himself and the world anew. Rather than only fighting an illness, ecological care thus recognizes a patient from inside a world that s/he is affected by and affects that s/he is understood and understands from. Such care tries to restore this connection by making possible the rhythmical movement as well as the space in-between activity and rest, between being cared for and actively involving oneself in one's recovery, between closing oneself off from the world and once again going out into it.



## To embrace vulnerability in everyday life and health care.

Author: Eva Robertson, Associate professor, Nord University, Bodø, Norway ([eva.robertson@nord.no](mailto:eva.robertson@nord.no))

In modern society and health encounters, vulnerability seems not to be regarded and understood as an openness to life. In opposite it is mainly approached as disturbance, something to control, hide, avoid or numb. The biomedical perspective seems to base its practice on fragmented, mechanistic, objective approaches, focused on risks and measurements to better understand and derive disease and illness. An understanding of a rational human mind takes away space for vulnerability. It undermines all other human capacities related to feelings, emotions, movement and biological rhythms. An example is the medicalization of childbirth, seen as a risky passage until it is over. How does it affect the women in this emotional and sensitive stage in life when giving birth to her child?

In this presentation, I will apply a phenomenological approach on the context of childbirth to deepen the understanding of how women experience vulnerability in childbirth with pain as the concrete expression. Interviews with women in Sweden and Mexico about their experiences of their health encounters in childbearing will be used and discussed.

The women talked about feeling numb and tense, when experiencing distrust, without feeling support, which increased the pain. It made them ignore what their whole person/body expressed. When being taken seriously, listened to, and supported, it enabled them to boost their sense of self. It made them embrace their vulnerability and the pain as they trusted their bodies, 'like getting in tune with myself' one woman expressed.

Experiences of being vulnerable belongs to be a human being in everyday life and it includes daring to relate and be open to other humans. To be a sensuous living human is to experience vulnerability, it belongs to be alive and need to be embraced and recognized. Denial of vulnerability could be in conflict with ethics-of-care and health promotion.

Keywords: vulnerability, pain, childbirth, phenomenology, health promotion

## Sensory Garden – Bringing in Nature in Nursing Home Care – An Action Research

Authors: Inger-Lise Magnussen, PhD-candidate, RN; Terese Bondas, Professor, Research Dean, PhD, LicHSc, MHSc, RN, PHN; Johanne Alteren, Associate Professor, PhD, MNSc, RN, Nord university

**Background:** The Sensory Garden (SG) is in this study defined as a carefully planned, fenced and cultivated outdoor space used in caring for persons suffering from dementia and is a national health policy priority in Norway. The goal is to reduce the symptoms, provide the opportunity to cope, and to obtain contact with nature in a safe environment. There is scarce knowledge on the development and meaning of SG in nursing home care.

**The aim** of the study was to collect and illuminate nurses', assistant nurses' and managers' experiences and wishes about nature and sensory gardens, in order to increase understanding of nature's possibilities and meaning and importance to be of use in nursing home care.

**Method:** Action research, inspired by appreciative inquiry with participants; ten nurses and three managers. The study is based on previous collaboration with a nursing home, where a "sensory garden" (SG) was established. The sensory garden is connected to the nursing unit, where six patient with moderate to severe dementia lives. The management and health care staff' wished to develop the sensory garden and its use, as well as improve the care of people with dementia. Participation, volunteerism and democratic processes contribute to improvement and development of knowledge from a bottom-up perspective. Data is collected through interviews, observation and reflection, and analyzed using qualitative content analysis.

**Findings:** Four main themes emerged: 1) Close relationships with nature and gardens, 2) Sensory Garden - a significant space/room for nursing/caring, 3) Commitment and common engagement to developing of the sensory garden in nursing and 4) Tranquility and flow. Caregivers' awareness of their personal relationship with nature can be a source of knowledge for nursing care, The findings will form the basis for a nursing care intervention inspired by health geography, developing the use of the sensory garden.

**Keywords:** Action research, dementia, nursing care, older people, sensory garden

### Meaning of therapeutic relationship in a Spinal Cord Injuries Unit: a phenomenological study

Authors: Conti Alessio (RN, MSN, PhD student), Clari Marco (RN, MSN, PhD student), Sperlinga Riccardo (RN, MSN), Marietta Daisy (RN), Mozzone Silvia (RN), Garrino Lorenza (RN, MSN), Frigerio Simona (RN, MSN, PhD)

**Background:** Spinal cord injuries (SCI) are one of the most complex and disabling disorders, implying severe consequences on aspects of life of affected people and their caregivers. Communication is considered as an essential component of nursing care, which becomes prominent during the rehabilitation process.

**Aim:** Understand of the meaning given by people with SCI to the therapeutic relationship established with nurses during their rehabilitation.

**Methods:** Seven people with SCI were interviewed during their hospitalization at the Spinal Cord Injuries Unit of Turin, Italy. The semi-structured interviews were analysed using a qualitative phenomenological approach, as described by Giorgi.

**Results:** Four main themes emerged from the patients' experience, which comprise the time of the relationship, the way to communicate the professionalism, the care of the body and the education towards the everyday life. It stands out the personal characteristics of nurses, both positive and negative, about the experience and expertise of them to use communication to drive people with SCI through their rehabilitation.

**Conclusions:** Therapeutic relationship is a poorly studied phenomena. Caring realized through communication skills has a deep meaning in the experiences of people with SCI. Despite of its known relevance tied to the therapeutic education, there are some potential barriers to an effective therapeutic relationship, constituted by professional burnout and the reduced time that nurses devotes to it in favour of technical acts. Future studies should be directed to the conception of body care of people with SCI.

**Implications for change:** This study is the first of its kind in studying the therapeutic communication linked to the SCI. Realizing of the impact of an effective relationship on educational components' transmission, combined with understanding of how patients experience this process, it can make more aware nurses of its use to express a real caring process and promote a better quality of life of people with SCI.

## Understanding the experiences of people living with Coronary Vascular Disease

Author: Ms Jacqueline Hutchison, Adult Nurse Faculty of Health and Social Care, University of Hull, England.

This study utilised a participatory, phenomenological approach which focused on the “lifeworld” of people with Cardiovascular Disease (CVD). The aim of this study was to identify the discourses evident in the narratives of people who live with heart disease. The study design fell into two phases. The first phase involved participants keeping a diary and taking photographs. The second stage of the study involved a 30-45 minute “go along” / “hang out” interview; an approach to interviewing drawn from ethnographic field studies (Kusenbach 2003). The Stories told reveal how illness disrupts the body and the experience of self. Participants felt fundamentally changed by their experiences. Narratives included biomedical descriptions and explanations about the body, however, they were mediated through discussions about the participant’s lifeworld, and so were at the same time, both physical and social. These multifaceted stories consisted of very personal and unique experiences of change, vulnerability, suffering and resilience but they also drew from public discourses saturated with moral discourse about risks to health and responsibilities for healthy living. The stories reflected a natural desire for ‘normality’ and concerns for how to live well in the present. In recounting stories participants provided embodied explanations to make sense of the physical and social disorder created by illness. Storytelling not only made accounts personal but enabled people to draw on moral convictions about illness causation to reconstruct strategies for wellbeing. In an increasing individualized, risk adverse, and technologically sophisticated health care environment, individual experiences of pain and suffering are not always at the forefront of clinical decision making. Medical discourses can alienate, objectify, fragment and make impersonal the experiences of people with CVD. Narrative competence enables care givers to provide person-centered care which is cognizant of patient experiences and must inform the direction of service delivery in a changing world. (300 words)

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## Nurses' experiences with patients' physical changes in palliative phase - a perspective of wellbeing

Author: Vibeke Bruun Lorentsen (Assistant Professor, Phd-student); Dagfinn Nåden (Professor); Berit Sæteren (Associate Professor)

Patients with progressive cancer experience that the body changes as a result of disease and/or treatment. Bodily changes caused by cancer and treatment include emaciation, scars, hair loss, fatigue, ulcers, loss of limb(s), but also invisible changes in bowel, urinary and sexual function.

The aim of this study was to illuminate the significance of bodily changes of patients in palliative care based on nurses' perspective, and to explore how nurses might help patients' reconciliation with their changing body in relation to wellbeing. The study has a hermeneutic approach. Eight nurses at hospices in Norway were interviewed. The patients feel they are being trapped in an "alien body". Their bodily suffering is described in terms of disgust, as shame and loathing, and as the decay of body reminding patients of the seriousness of death. The nurses are concerned about supporting patients to experience coherence, meaning, freedom and wellbeing by stimulating the patients' senses, thoughts and feelings. To do this they describe the importance of conversations, individual care, use of touch/massage in care and highlighting the beauty in and around the patient. By struggling to uncover the alien in the patient's body and trying to re-establish relationship to what is broken down by cancer disease, the nurses might help the patient to experience freedom and wellbeing despite the severity of cancer. The study reveals that nurses have insufficient knowledge of the body's importance and what the body might represent and mean for patients with progressive cancer in the palliative phase.

**Keywords:** Body, nursing, psychosocial aspects of illness, wellbeing

**The overall life-situation hinge on the balance between clarification and threats patients' experiences 1 year after hospital rehabilitation due to severe fall or traffic accident**

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Getting on with life following trauma due to severe fall or traffic accidents is a challenging process. Some patients manage well, and some do not. What supports the rehabilitation process? We explored spinal cord injured patients' experiences in order to identify characteristics of positive and negative overall life-situations 1 year after hospital-rehabilitation Interviews study with seven patients at Vstdansk Rygmarvsskade Center, Denmark. Inductive content analysis was used.

Patients' experiences are characterized by four scenarios with respect to "clarification in relation to overall life situation" and "threat to core competences". Clarification in combination with threat to core competences may explain patients' overall life situation 1 year post-discharge. High degree of clarification combined with low degree of threat to core competences was indicative of very positive rehabilitation outcomes. On the other hand, poor clarification led to a stressful life situation. When core competences can be transformed into new skills, threats were manageable. "Worst-case" scenario was characterized by low degree of clarification combined with a high degree of threat to patients' competences.

The present study's findings enhance the importance for rehabilitation-team to support clarification and balance threats in order for patients to achieve positive overall life situations following severe trauma.

## Challenges during the changing times in palliative end-of-life cancer care? Does it influence the wellbeing of the patient?

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**Background:** When a patient's health status changes from curative illness to life-limiting illness the patients' experience life events where they have little control over critical points in the changes in their life, leading to a feeling of chaos. These changes are complex and the process of self-organization that normally leads to new knowledge on how to cope during chaos is missing. Due to these complex changes the patient may experience psychosocial and existential suffering. Unmet existential and psychosocial needs are associated with poorer quality of life and hence affect patients' wellbeing. Nurses outside specialized wards or hospices are not trained in providing palliative end-of-life care. Patients with life-limiting cancer illness, often admitted to teaching hospitals, are being cared for by non-specialized nurses that may lack adequate competences in palliative end-of-life cancer care.

**Aim:** Does being cared for by a non-specialist nurse affect the wellbeing of patients during the changing times of a life-limiting cancer illness

**Method:** A comprehensive systematic review of the literature was conducted by two independent reviewers based on the Joanna Briggs Institute Qualitative Assessment and Review Instrument (QARI) .

**Results:** Patients with a life-limiting cancer illness are cared for by non-specialist nurses, outside specialized wards and hospices, who are aware of their own lack of competencies in existential and psychosocial care, and hence non-specialist nurses worry about patients' wellbeing, due to this fact.

**Conclusion:** it is paramount that non-specialized nurses providing palliative end-of life cancer care need competence s and skills to identify and act on existential and psychosocial suffering in patients during the changing times of a life-limiting cancer illness.

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## Lonely and rejected immigrant women on long-term sick leave.

Author: Line Nortvedt, PhD-student/assistant professor, Oslo and Akershus University College of Applied Sciences, Institute of Nursing, Faculty of Health Science, Oslo, Norway.

**Background:** Research has shown that rehabilitation of immigrant women with chronic pain might be challenging due to immigrant women's lack of language skills, sufficient trust in their employers and due to the lack of cultural competency among health personnel.

**Aim:** To explore how immigrant women in Norway, on long-term sick leave due to chronic pain, experience their illness and their everyday lives at home and at their workplaces during their course of rehabilitation.

**Method:** During a period of 12 months, from May 2010-April 2011, I conducted a field study, doing participant observations in an outpatient clinic with fourteen immigrant women during two rehabilitation courses. Eleven of them were interviewed once or twice after the rehabilitation courses.

**Results:** The interpretation revealed that the informants experienced being lonesome, both at home and at the workplace. Furthermore, they felt rejected and humiliated by family members, colleagues and employers. At the same time, they maintained their capabilities through a sense of their own value, integrity, religious faith and hope for the future. Despite the immigrant women experiencing humiliation both from society and from personal relations, they demonstrated to be resilient, in that they partly came back to work and were coping with their lives as homemakers and mothers.

**Conclusion and address implications:** There is a need to assess loneliness, emotional distress and discrimination for this population at an early stage during the rehabilitation process, to enhance well-being. Furthermore, there is a need for training and in-service education at the workplaces within health care, concerning cultural competency.



## Concurrent 2.3 Wellbeing in maternal and birth contexts

### Maternal stress levels in neonatal intensive care unit

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**Background:** The birth of premature baby is one of the family losses which influence different aspects of family functioning. The first months are especially difficult for parents because of the critical health condition of a newborn and unclear future prognosis. The situation appeared to be completely different from that parents expected to be and were prepared for. Diversity of parents problems and needs require interprofessional support and collaboration.

**Methods and results:** The purpose of this research - to determine the maternal stress level in Neonatal Intensive Care Unit at University Hospital Kauno klinikos. Quantitative research method, using Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU) was applied for measuring maternal stress level focusing on the following areas: 1) physical environment of NICU (sights and sounds); 2) newborn's look and behaviour; 3) parental role and relationship with the newborn. 44 mothers out of 55 invited agreed to participate in the research and filled PSS: NICU questionnaires within the three month period staying at hospital after delivery. Maternal stress was quantified using Likert scale as low (1-2.9), medium (3-3.9) and high (4-5). The stress level related to parental role and relationship with the newborn was the highest (4.05) comparing with the newborn look I behaviour and physical environment (2.9 and 2.57 respectively). The feeling of helplessness, inability to take care of the child, to protect him/her from painful procedures, to be separated from the newborn and unable to keep baby whenever mother wants were noted as the most stressful aspects for mothers. Implications for practice. Since the most stressful aspects for mothers are those related with "being a mother" and having a direct contact with a newborn the interprofessional team should focus on supporting, informing and educating parents. Professionals should ensure possibility for mothers to be a part of a newborn's care. Suitable conditions for both parents to stay with the newborn at hospital would help them to support each other and fulfill their parenting role.

**Keywords:** Premature newborn; Maternal stress; Neonatal Intensive Care Unit (NICU).

## Wellbeing and skin-to-skin care for preterm newborns and their parents.

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**Background:** The attachment tie as facilitated through human physical contact is a powerful contributor to health and wellbeing in future families, and the true power of touch remains an elusive concept (Duhn, 2010). A work that intended to disclose what is significant for nurses in a Newborn Intensive Care Unit (NICU) in initiating Skin-to skin care (SSC) demonstrated a need to acknowledge the practitioners perception of SSC as a powerful mutual experience which is existentially crucial while simultaneously laying the ground for a range of other developmental advantages (Kymre, 2013).

**Aim:** To influence attitudes and to acknowledge the tacitly understanding of mutuality in skin-to skin care as vital to the wellness experience in very small human beings.

**Method:** An excursive reflection on three articles with a Reflective Lifeworld Research (RLR) approach in a PhD work. Excursive reflections from this work are further understood in the light of Galvin and Todres conceptual framework of Wellbeing,

**Results:** Considerations of physiology, vitality and existential mutuality converge in the contact that is SSC. This perception on the part of NICU nurses was illuminated by insights drawn from the phenomenology of embodiment. As such, the practice is seen as a vital form of communication but also as crucial to the wellbeing and health of parent and child.

Two kinds of well-being illuminates the understanding of wellness from this work; temporal dwelling, such as present centeredness within limited time for closeness, and embodied dwelling-mobility, such as grounded vibrancy and experienced comfort.

A Conclusion and implication for change in the caring practice is that SSC must be made possible with an acknowledgement of the tacitly understanding of well-being through SSC as crucial to promote health in preterm newborns and their families.

## Reduction as a method - an empirical example regarding multiple-birth families' lifeworld

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**Aim** The aim is to describe reduction as a method using van Manen's hermeneutic phenomenological research approach and give also an empirical example regarding families with twins.

**Method:** The research describes reduction as a method in research process. The material consisted of open interviews of the parents, public health nurses and family care workers, written outputs, and notes. The concept of a lifeworld with modalities has been used.

**Results:** Reduction as a method gives a good opportunity to do deeply understand research process. This means several levels of reduction, which distinguished for their methodological usefulness like heuristic, ontological, concreteness, eidetic, hermeneutic, and methodological. In the research process reduction helps to consecrate to keep research stages separate, but also as a whole. The phenomena of the lifeworld of multiple birth families consist of three over-essential themes: "a state of constant vigilance", "ensuring that they can continue to cope" and "opportunities to share with other people".

**Conclusions:** The social- and health professional have to better hear parents' voice to get deeply understanding their situation, need further tools and training to be able to empower parents of twins. The education could help professionals plan and organize programs for such parents; such training is needed at different phases of twin development. Preparation for such parenting should include; education, health promotion and risk modification strategies, infant care and feeding, child development, and advice on securing help and support. The concept of lifeworld and modalities help to describe sensitive areas and understand human lives in depth.

**Implications:** It is important for professionals to broaden their understanding and to have concrete contact with the lived experience in order to see things just as parents experience them. This much-needed training would empower these professionals to function more effectively with multiple-birth families.

Evidence based family care nursing is needed working as a professional with such families in different kind of context. Developing a model and an indicator for family care nursing in multiple-birth families will be a challenge for future research.

## Concurrent 2.4 Approaches to Changing Practice for Wellbeing and Care

### Doing improvement work with the help from a learning network for health care leaders

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**Background:** Guidelines for systematic efforts to improve health care point out that the improvement work often is multidimensional and complex. The escalating complexity in the field of nursing is a challenge both when planning and developing care. Health care leaders express a need for learning improvement work. Learning takes place in different dimensions; cognitive, psychodynamic and societal. The cognitive dimension deals with knowledge, skills and understanding, the psychodynamic dimension is about reacting emotionally, being nuanced and reflective, and the societal dimension deals with the learner's efforts to achieve a sense of belonging with the contexts with which the person identify themselves. We assume that when leaders learn improvement work, there will be an impact on patient care.

**Aim:** The purpose of this study is to explore how a group of health care leaders experience knowledge development when they are part of a health care improvement network. The study will focus on how this knowledge contributes to improvement work beyond the individual professional knowledge, and how the participation in the network affects providing optimal care in their own department. Complexity theories facilitate the understanding of how the participants in the network handle their own issues of improvement work.

**Method:** The method of this study is qualitative content analysis with an interpretative approach to the interview data collected through three focus group interviews, each including 5-8 participants. The participants represent first line management in three different health care organizations. The process of analysis will follow Graneheim and Lundman's recommendations for qualitative content analysis of an interviewed text.

**Results:** The findings indicate that participation in a learning network pave the way for a more systematic improvement work in their own organization. Presentation at the conference will include preliminary results.

## Tailoring reablement: a grounded theory study of public sector change

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Reablement is an interprofessional, home-based rehabilitation service that aims to enable senior residents to cope with everyday life and to prevent functional impairments. Systematic accounts of what practitioners actually do when establishing reablement are lacking. This study aims to generate a grounded theory of the practitioners' patterns of actions when establishing reablement. Grounded theory is the methodological approach. Data were collected through participant observation, focus group interviews, individual interviews and document reviews. The grounded theory, 'tailoring reablement', builds on the core category and includes three subcategories: replicating, adapting and establishing. The study seeks to bridge the gap between research and practice and contributes to the knowledge base of public sector change. Implementation in the public sector is complex and the policy makers, administration and health practitioners need to be aware that it takes time. The theory can also fit other public sector fields. Reablement is relatively new in the Nordic countries and there is a lack of research-based knowledge about the establishing process. Therefore, the insights of this study have implications for practice development.

## Consolation or confrontation when co-authoring a diary in the ICU

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**Background:** A nursing intervention of introducing relatives to writing a diary for the critically ill patient can be a rewarding experience for the relative as it provides the relative with new insights. Diary writing facilitates the expression of feelings and coping and thereby promotes wellbeing. However, co-authoring a diary has not been explored.

**Aim:** Exploring relatives' experience of interaction with other relatives when writing a diary for the critically ill patient.

**Method:** Seven adult relatives, who had written a diary when their close relative was admitted to a 6 bed intensive care unit at a regional hospital in Denmark, were interviewed after the patients discharge. Qualitative interviews each lasting ½-1 hour using open-ended questions explored the informants' experience. Data were analysed using a phenomenological-hermeneutical approach drawing on the theory of interpretation by Ricoeur.

**Results:** Co-creation of a diary for the critically ill patient by fragile and emotional relatives increased their wellbeing allowing them to share emotions and bond. However, difficult relationships could keep relatives from sharing feelings and understandings and thus cause suffering among relatives and co-creation of the diary to fail. The relationship between relatives determined authorship and content of the diary. Authoring the diary could be both a powerful position to shape the story unfolding in the diary or a burdensome responsibility.

**Conclusion:** Administering a diary intervention among several relatives could increase wellbeing in critical situations, although precautions should be taken in families with troublesome relationships. Authoring the diary provided relatives with the power to influence the narrative in the diary and co-authoring the diary allowed the relatives to incorporate the illness experience into a personal narrative, thereby influencing the formation of a family narrative. The patients' perception of a diary written by relatives needs further exploration.

## Concurrent 2. 5 Enhancing Health and Sustainability

### Reducing health inequalities through public health practice in the UK and Sweden – the role of the lifeworld and listening in policy development and practice vs. the construction of ‘otherness’

Authors: Liz Norton, PhD, Senior Lecturer; Ann Hemingway, PhD, Professor of Public Health & Wellbeing; Clara Aarts, PhD, Associate Professor

Historically, public health policy has been guided by socio-demographic risk factors identified through epidemiological investigation (Rigg et al 2014). A problem with the creation of such a bio-medical, risk – based agenda is that people can become stigmatised and labelled if they do not comply with risk-reducing interventions, or indeed live in areas of perceived high need. In this paper we explore how the politics of representation (or how people are portrayed) can lead to the creation of ‘otherness’ and dehumanising practice in public health in the UK and Sweden. We propose that people can become ‘locked’ into a circle of disadvantage and inequality because ‘poverty knowledge’ and the politics of representation have an impact on practice through objectification and ‘othering’. We suggest the lifeworld approach as a constructive alternative to generating knowledge to underpin policy and practice; a type of knowledge based on uniqueness rather than homogenisation because through knowing about people’s senses of themselves and their experiences we can learn about the specific barriers preventing them from escaping their cycles of circumstance. By using a lifeworld approach to underpin policy and practice we are advocating learning through ‘not knowing’ in the first instance and listening then acting instead.

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## The patient's story of health: A meta-ethnography of how nurse-patient relationships can enhance patients' health

Authors: Maria Strandås PhD- student & Terese Bondas, Professor , Nord University, Bodø, Norway.

**Background:** High quality nursing is dependent on good nurse-patient relationships, and this relationship is the very foundation of nursing. While primary research showing health benefits of the nurse-patient relationship in primary care settings has been reported, studies that synthesize this knowledge has not been found.

**Aim:** To synthesize qualitative evidence and knowledge from published research to contribute to theory-development and improve our understanding of how the nurse-patient relationship can enhance patient's health.

**Method:** Meta-ethnographic approach using Noblit and Hare's seven-phase reciprocal translational analysis.

**Results:** Ten primary studies met the review aim, inclusion criteria and were appraised as high quality. The six core concepts refers to different ways in which the nurse-patient relationship can enhance the patient's health: "Entering the patients world", "Trusting and telling", "Identifying different needs and uncovering change", "Patients becoming masters of their own health", "Experiencing health within illness" and "Going the distance". The results show the relational essence of nursing and health enhancement. The concepts were synthesized into the metaphor "The nurse- patient relationship as a story of health enhancement" which illustrates the meaning of the "common story" the patient and the nurse build together.

**Conclusion:** This meta-ethnography shows how the nurse-patient relationship is a factor that supports and enhances the patient's health and wellbeing. By demonstrating the experiences and perspectives of patients and nurses, the various meanings of nurse-patient relationships in relation to the patient's story of health emerges. Thus, we attain new knowledge to develop these relationships.

**Implications:** In a healthcare system that largely focuses on efficient treatment and cure this study may help shift the focus to the therapeutic value of nurse-patient relationships.



**Framing dementia care-practices. The politics of early diagnosis in the making of care.**

Author: Gøril Ursin, PhD-student and assistant professor, Faculty of Nursing and Health Science, Nord University, Norway.

Dementia diagnosis is complex, and it is a hot topic. It is a hot topic not only for people living with dementia, it is a public health priority. International and national policy documents highlights the need for early diagnosis and for the good for both individuals and society. This is regarded as “the policy of early diagnosis” and is established as a matter of fact. In this presentation, this matter of fact is unfolded by ethnographic approach exploring how families to younger people with dementia live their everyday living with a dementia diagnosis. Care is analyzes as knowledge practices using a STS (Science, Technology and Society) approach. The analysis shows different care-practices enacting diagnosis differently. Three different practices are elaborated, the “knowing” ordering, the “governing” ordering and the “connecting” ordering. The two initial orderings individualizes and isolated the care for people with dementia, meanwhile the third care-practice enacts diagnosis by paying attention to how people with dementia connects to other people, things and places. The latter care-practice offers some possibilities for action, normality and subjectivity. In everyday life, diagnosis is performed multiple. Meanwhile, in policy documents the diagnosis is enacted singular and frames dementia within a biomedical understanding of dementia, which shapes a distinct care-practice. This presentation contributes to a wider understanding of how diagnosis shapes some possible way to live with and care for younger people with dementia and at the same time closes others. Data draws on an ethnographic approach, analyzing political document, participatory observation at a work-shop on national political strategic plan and interviews with 15 families to younger people with dementia and their formal carers.

## Dignity in older women caring for a home-dwelling spouse with dementia

Authors: Oscar Tranvåg, PhD and Dagfinn Nåden, Professor

**Background:** Approximately two-thirds of all primary caregivers are women, and most of them are spouses. Older female spouses living in the same household with the person cared for have reported higher caregiver burden than other non-professional caregivers – affecting their wellbeing and health. Loneliness, bad conscience, depression, anxiety and self-criticism are common lived-experiences among wives caring for a spouse with dementia. Less likely to report caregiver burden of this nature are caregivers with positive perceptions of their role, part of their foundation for maintaining spousal love, compassion, attentiveness to the partner's dignity and sense of self. Knowledge concerning the foundation for dignity experience and dignity preservation among older women caring for a home-dwelling spouse with dementia is however limited.

**Aim:** To explore and describe crucial aspects constituting dignity experience in older women caring for a home-dwelling spouse with dementia.

**Method:** This study has an explorative and descriptive design employing hermeneutic methodology, utilizing qualitative interviews as a tool for data-collection.

**Results, conclusion and implications:** Data analysis and interpretation has now been initiated and will be completed med January 2017. Study results, conclusion and implications will be presented at the conference.

## Body and movement

Author: Trude Jægtvik

**Background:** Academic communities both nationally and internationally calls for new approaches and methods in relation to obesity (Helsedirektoratet 2011, Roberto m fl 2015, Kleinertog Horton 2015). There is a need to develop new approaches that can help to get more knowledge, insight and understanding in the work with obesity. To learn more about overweight, the peoples own experiences can expand our knowledge about the body, obesity and movement. Komesaroff (2011) writes an essay with experiences and reflections from conversations with patients who are obese. He points out that in academic context it's needed to bring out the voices of those living with the overweight, the obese themselves.

**Aim:** The purpose of this pilot study was to focus on the women's experiences of being in motion, and find how they experienced their own body in this process. The research questions were: *How do overweight women experience to be moving with belly dancing? What does the body tell through such a process?*

**Method:** A five-month course in belly dancing for overweight women was arranged and interviews with participants in connection with the course. The study was qualitative, with individual interviews and participant observation as a method. 10 women attended. The material was analyzed according to the phenomenological-hermeneutic method, inspired by Lindseth & Norberg (2004), "the three step analysis".

**Results and conclusion:** The voices from the obese themselves is a source of knowledge. The discussion and reflections is based on what the participants tells, and their experiences of moving the body in belly dance, with attention to the body.

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## Being a large body in activity - an existential perspective in practice

**Authors:** Bente Skovsby Toft<sup>1</sup>, PhD student, PT & Lisbeth Uhrenfeldt<sup>2, 3</sup>, Professor, PhD, MScN, BA, RN  
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**Background:** Severe obesity is a challenge to the healthcare system and is often treated with lifestyle interventions promoting physical activity (PA). Practice aimed at increasing PA in a hospital setting requests evidence to be implemented. A change in focus from the evaluation of weight outcomes towards a process-oriented approach may draw on qualitative research to gain insights into severely obese patients' experiences of suffering and wellbeing during PA.

**Aim:** To explore and describe severely obese adults' lived experiences of PA.

**Method:** A peer-reviewed protocol<sup>1</sup> was developed on the basis of which we performed a comprehensive systematic review based on the JBI methodology<sup>2</sup>. Meta-summary and a Meta synthesis were conducted. A PhD study was designed based on the review and the theoretical framework of different kinds of wellbeing<sup>3</sup>. Empirical interview data were collected and qualitative data analysis inspired by a phenomenological-hermeneutic approach was performed<sup>4</sup> <sup>5</sup>.  
**Results:** The systematic review of literature indicated that facilitators and barriers relate to the person's identity and sense of self. The preliminary results indicate that being severely obese may entail living involuntarily in a large body, not feeling at home in the present situation and wanting change. Lifestyle interventions may be instrumental to achieving such change, relieving suffering and improving wellbeing. The findings of this study will enhance our current understanding of how to address PA in the everyday life of people living with severe obesity and may inform future intervention.

**Conclusion:** The existential perspective on PA in health care setting may affect the patients' sense of self, and addressing the experiences of suffering and emotional wellbeing may be instrumental in inducing permanent changes in everyday life through lifestyle interventions targeting severely obese patients.

**Implication for change:** Individual, adjusted approach toward the life world may improve wellbeing among persons living with severe obesity and homecoming in mobility.

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## Relatives experiences of encounters with nursing staff in residential homes

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**Background:** Relative's experiences of encounters with nursing staff in residential homes have significance for the relationship with patients as well as for cooperation with the staff. The purpose of this study is to explore the relative's experiences of encounters with nursing staff in residential homes.

**Methods of science:** The selected method is Metasynthesis, which implicate a reinvestigation of published research articles in purpose of bringing analysis to a higher level. Articles were identified in the databases: CINAHL, PubMed, PsykInfo, Proquest were: 11 with a total of 155 family relatives.

**Findings:** Relative's experiences with nursing staff in residential homes can be structured in three phases; entrance, stay and leave. Each phase is experienced with its own challenges. In every phase confidence is reported to be put on stake. The phases that relatives experience are parallel to that of the patients, but not identical.

**Conclusion:** In order to improve the encounters with relatives, nursing staff should add more awareness to how relatives experience the challenges in each phase of this relationship.

### Humanising care: Translating theory into practice to support caring and creativity in a stroke service

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**Background:** Over the last decade acute stroke care has been transformed through technological advances. The pace of service delivery is now very fast. This can challenge caring, and the wellbeing of staff, patients and families. The eight interacting dimensions of the humanisation framework (Todres et al, 2009), which uses a lifeworld perspective, may offer directions for practice to enhance caring and sense of wellbeing.

**Aim:** As part of a larger study, we aimed to explore the meaning and relevance of the humanisation framework alongside service users and providers in a stroke service. Here we focus on the process of translating humanising theory into practice.

**Method:** In this theory-led action research study; six practitioners (nurses, therapists and healthcare assistant) from the stroke service met with five former stroke service users and four researchers over nine monthly one hour sessions in a room near the ward. Using embodied and creative practices, the group shared their experiences of stroke care, engaged with the eight dimensions, and used the framework to guide humanising care projects.

**Results:** All members recognised and could use the humanisation dimensions especially when they were linked to personal stories and explored through embodied arts-based activities. The safe appreciative space allowed exploration of humanising language and experiences, leading to 'seeing anew' and providing energy and inspiration to create new caring possibilities. Outputs included: Humanising Champions, noticing and appreciating small moments of humanising care in the service, a Humanisation tree, a DVD of stories, a toolkit and ongoing enthusiasm by staff to explore the world in a humanised way.

**Conclusion:** This study has shown the potential of the humanisation framework to a) support caring service development projects and b) as a focus for engaging service users and providers through the shared experience of being human.

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## Healthcare middle managers experiences of change in their capacity and capability

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**Background:** Healthcare middle managers (HMM) are as leaders close to clinical practice, with a crucial role translating top-level policies, strategies and means, ending in practical improvement. HMM are traditionally characterized by strategic planning, implementing concrete tasks, in a leadership structure based on hierarchical and linear models. This models has a lacking ability to account for highly complex healthcare organizations. HMM need capacity and capability to handle leadership in this complex context. This implicates a need for change in pedagogical approaches, to facilitate wellbeing and caring both at organizational and clinical level.

**Aim:** The aim of the study is to deepen knowledge and understanding of which pedagogical approaches HMM experience changes their capacity and capability, managing their leader role in a healthcare system characterized by high complexity. The theoretical perspective is critical hermeneutic.

**Method:** This is a qualitative study, based on focus group interviews and qualitative content analysis. Three focus group interviews where performed, each including 5-8 participants from a learning network: HMM` from rural municipalities and the local hospital trust, and a user participant.

**Results:** The main findings are that participation in a learning network gives a chance to evaluate practice from a metaperspective. The participants emphasize guidance, reflection, context related theory, adding new perspectives and process knowledge as pedagogical approaches useful to their needs as leaders. They describe a participatory knowledge sharing process, and accentuates continuity and repetition. They also describe that they have introduced the same pedagogical approaches in practical issues related to patients, relatives and employees.

**Conclusion:** The findings indicate a connection between how you develop as a leader, how you practice as a leader, and how the development as a leader is facilitated. Additional findings will be introduced at the conference, as data analysis is in the final phase.

## Balancing critical incidents for hospital readmission and conditions for health and wellbeing in everyday life: The lived experiences of older male patients.

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**Background:** Despite the frequency of readmissions, affecting health and wellbeing of older persons, there is still a relatively incomplete understanding of the broader array of factors pertaining to hospital readmission in older persons. Only few studies have explored how older persons experience hospital readmission and their perceptions of circumstances pertaining to readmission.

**Aims:** To explore older male patients' experiences of critical incidents related to hospital readmission and the impact on conditions of health and wellbeing in everyday life.

**Methods:** Participants comprised a high-risk population of four older males aged 65-75. A qualitative research design using the Critical Incident Technique (CIT) was employed and data were collected using double qualitative interviews (n=8) with hospitalised male patients.

**Findings:** The analysis revealed four areas of critical incidents: 'Balancing demands and resources in everyday life', 'Back home again – a period of recovery', 'Care interaction', and 'Navigating within and between health care system(s)'. The conditions of health and well-being in everyday life were described as: 'The ambiguity of ageing', 'Living with the burden of illness', 'Realisation of dependency' and 'A growing sense of vulnerability and mortality'.

**Conclusions:** Conditions for health and wellbeing provided the background and pre-conditions of an on-going process seeking to balance life demands and the burden of illness and treatment in everyday life. Critical incidents were tipping points, either increasing or decreasing the health and wellbeing of the older person and thus decisively pertained to hospital readmission.

**Implications for practice:** Being an older male health care user with multiple coexisting morbidities entails sensitivity to a range of critical incidents.

Critical incidents and their impact on the conditions of health and wellbeing in the everyday life of older male patients should receive more attention from healthcare providers.



**Enriching relational knowing in stroke care through appreciative action research.**

Authors: Gordon, C. (Doctoral student Bournemouth University); Ellis-Hill, C. (Bournemouth University); Dewar, B. (University of the West of Scotland); Watkins, C. (University of Central Lancashire).

**Background:** Variations in the quality of care experiences in the UK National Health Service and stroke care are widely reported. At times services can become dehumanised and lacking care. There are theoretical models and some evidence around the delivery of relationship-centred care in acute care settings. There is little evidence on how relationship-centred care can be developed specifically where a significant number of patients have limited communication ability such as after a stroke, and also how the entire multidisciplinary team, beyond nurses alone, can develop relationship-centred care together.

**Aims:** In this ongoing research study, the overall aim is to describe the processes and outcomes of enhancing relationship-centred care on a stroke ward. Here I will a) explore how patients with stroke, their family and health care staff describe their valued relationship-centred care experiences and b) identify what processes can enrich relationship-centred stroke care for all.

**Method:** Using appreciative action research in one stroke ward; data were collected by the researcher through direct care observations, discussion groups and semi structured interviews with 36 stroke unit staff, 10 patients with stroke, and 3 family members from a stroke unit in a District General Hospital in the South West of England. Using this approach data were analysed together with participants to co-construct understandings.

**Results:** In the initial co-participatory analysis, participants have described how the stroke team 'make pauses' to connect with patients or team members. These pauses can range from momentary to longer interactions. Examples include a brief moment of banter with a colleague, using silences or touch within an interaction with a patient. These findings will be developed as the study progresses.

**Conclusion:** Previous research into relationship-centred care has focused on establishing relationships through conversations. This ongoing study has highlighted that staff also connect in an embodied way starting with 'pauses'.

## Patients choice of healthcare providers relate to caring science

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The basic idea behind the system of choice is that healthcare providers would be more responsive to patients' needs and desires. In a way, the definition of quality could be what everyone wants it to be. Earlier research has investigated what the caring needs are and how to alleviate suffering. The basic conditions for understanding patient needs are, like Eriksson describes, in the understanding that the human being is an indivisible unit of body, soul and spirit. Gadamer describes how Platon means that one can't cure the body without knowing the soul, which correspond to the caring view that the human being is an indivisible unit.

The aim of the study was to investigate factors that may affect patients' choice of healthcare providers. The method was a literature review and followed the steps for literature review by Polit and Beck. The literature search was conducted in electronic databases for English and Swedish language articles published over the past ten years, supplemented by a manual search on the Internet. A number of eleven articles were included in the results. The results showed that patients' choice depended on the following three themes: life experience, relations with healthcare staff and perceived service. The conclusion is that the reform, system of choice, which increases the focus on quality of care, also has a strong connection to caring science. It also implies that there is room for improvement in terms of providing quality of care at primary healthcare centres. An important group is older people with increased care needs with a desire for continuity and healthcare staff with unique competence in geriatric care. It even implies that further research is necessary, such as patients' participation and opportunity to influence own healthcare, which is an actual subject.

Keywords: patient, choice, quality, caring science

## Vulnerability in patients and nurses, and the mutual vulnerability in the patient–nurse relationship

**Withdrawn- not participating**

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Patients' vulnerability is a key issue in nursing aiming at protecting the patient towards harm. In the literature, vulnerability is described both from a risk perspective and a subjective perspective. In recent years attention has also been paid to the vulnerability of the nurse. This paper elaborates on and discusses the mutual vulnerability of patients and nurses, anticipating that an enhanced understanding of the phenomenon can reduce their vulnerability. Deduced from central literature on vulnerability a definition captures the complexity of objective versus subjective vulnerability where external judgment may influence internal perception. From the perspective of vulnerability in general, vulnerability in healthcare service unfolds how dependency may increase the patient's vulnerability. Further, how patients may increase nurses' vulnerability despite education, training and supporting settings. A case is presented as a starting point of unfolding the core of vulnerability, and discussed in the light of Martin Heidegger's philosophy of the being human. The paper concludes that the need for and help from the nurse makes the patient open for supporting but also harming encounters. The nurse's vulnerability lies in her engagement in caring for the patient. If failing to provide proper care, the nurse's existence as a good nurse is threatened. This is further extended if the patient turns against the nurse. This discloses that the core of vulnerability in the patient-nurse relationship lies in the possibility to be the person they both want to be, and the person they have not yet become. These existential issues of vulnerability call for a collective action towards strengthening the profession's ability to initiate dialogues based on listening to patients' signals of vulnerability.

## Visual methods as a way of understanding in Caring Science

Author: MSc, MCS Lillemor Östman, Professor, RN Carola Wämå-Furu & PhD, RN Lisbet Nyström

**Background:** Indifferent disciplines, and to some extent in nursing and caring, visual methods have been used for collection of narratives. Pictures deepen the interviews and makes the interviews less tiring. Today's humans are surrounded by pictures and they are used to interpreting pictures as a part of daily life.

**Aim:** The aim of this study is to evaluate a visual method, photo elicitation (PEI) in caring science.

**Methods:** The visual method, PEI, was used with six emerging adults. Before the empirical study begun the researcher selected 123 pictures for the participants to choose from. The pictures were selected based on the results of a previous study exploring young adults value orientations. In the empirical study the emerging adults were shown the pictures and were asked to select pictures that answered the question: What is important to you in life? In a discussion based interview the participants described the pictures and why they had chosen this picture.

**Results:** It became evident that the meaning the participants gave the picture differed from the meaning the picture had to the researcher, the data collection therefore gained unexpected information. This confirms that a picture resembles an open question. The participants also confirmed that using the pictures made the participation "more fun" and not tiring.

**Conclusion:** Visual methods may have potential for data collection with vulnerable groups, as the center of gravity between the researcher and the participants is more equalized and the data collection does not tire the participants further.

Significance to nursing and caring: Visual methods may possess potentials in caring sciences where the participants often consists of vulnerable groups.

**Keywords:** Emerging adults, photo elicitation, visual methods

## Shift Work in changing times- Less job stress with 12-hour shifts?

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### Abstract

Modernization of public services has put nurses in a new situation, with increasing demands and limited resources. In these changing times, we must try to find out how to work smarter, rather than harder. Extended work shifts of 12 hours or more have become a common scheduling strategy for nurses in several countries, though this is not the case in Norway. There, many managers, nurses, and union representatives have expressed concerns about whether nurses can function effectively while working long shifts. This study thus aimed to examine how long shifts influence nursing outcomes such as stress, continuity, and responsibility in Norwegian nursing homes. Data were collected during indepth interviews with 16 nurses employed at four different nursing homes who have worked 12–14-hour shifts. Results suggest that long shifts actually reduce stress and increase both work continuity and accountability, though these positive impacts of long shifts occur primarily when all departmental staff work long shifts. Furthermore, fewer shift changes mean more time spent with patients and better communication. Rethinking shift organization can lead to more wellbeing for both employees and patients.

Keywords: job satisfaction, nursing home, shift length, work performance

### Recent Publications

1. Ingstad, Kari (2016) Turnus som fremmer heltidskultur [Shift Schedules and full-time work]. Oslo: Gyldendal Akademisk.
2. Ingstad, Kari and Kvande, Elin (2016) Karrieremønster. [Career patterns]. In: Ingstad: K. Turnus som fremmer heltidskultur. [Shift Schedules and full-time work] Oslo: Gyldendal Akademisk.
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## POSTER PRESENTATIONS

### Significant others' experience of hospitalized patients' transfer to home: A systematic review and metasynthesis.

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**Background:** Significant others (SO) are individuals representing family members or neighbors, friends, colleagues or members of the same household, who act as relatives or surrogates. Significant others play an important role when patients are transferred or discharged after hospitalization. This event can be experienced as a complicated time for both the SO as well as the patient. SOs can act as caregivers as well, e.g. after discharge from ICU.

**Aim:** to identify, appraise and synthesize the best available evidence exploring significant others' experiences of the discharge/transfer of patients after hospitalization.

**Method:** Qualitative primary studies focusing on the SO(s); persons who are important or influential to the patient's life. The search ended ultimo 2016 and included studies in English, German, Danish, Swedish and Norwegian and unrestricted by time. Eleven electronic databases were searched. The methodological quality was assessed independently by two reviewers using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (QARI).

**Results:** The findings enlighten both positive and burdenfull experiences in the everyday life of caring for a former patient after discharge. 105 findings from twelve studies were aggregated into eight categories. Two synthesized findings: 1) Discharge- a positive transition moving forward; and 2) Discharge with unexpected limitations, burdens and new experiences within families; were generated based on the meta-aggregation of the two groups of categories.

**Conclusions:** The categories from twelve studies provided useful credible findings from caregivers' voices, not previously aggregated nor presented as evidence-based.

#### References:

Uhrenfeldt, L., Ludvigsen, M. S., Fegran, L., Aagaard, H., & Meyer, G. (2014). Significant others' experience of hospitalized patients' transfer to home: a systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*, 12(8), 106-115.

## Reaching out for patient's wellbeing in changing times – a senior lecturers experience.

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**Background:** As part of an experienced teacher's (7 years, bachelor in nursing) development, and based on interest, updating on the clinical nursing practice is appropriate to ensure consistency between the theoretical teaching the undergraduate students receive and the situations nursing staff and the patients share in daily life. Teaching at University College Northern Denmark it is obligatory to engage in developmental work.

**Aim:** To observe fundamental care needs for stroke survivors in a Danish public regional neuro-rehabilitation center; and identify relevant topics for knowledge transfer.

**Method:** First author participated in bedside observation for two days (7-15) wearing full uniform, sharing activities such as e.g. bed-making, cleaning up the living room and emptying catheter bags. The field observation was noted during the days in keywords in a pocket notebook. After each day, at home, keywords were brought into descriptions of observations of actions, what had caught the mind. A naive interpretation spontaneously followed and a deeper interpretation was done together with a supervisor.

**Results:** The interpretation of the observations led to a more focused interest in patient wellbeing and the participation in a 6 month comprehensive systematic review course. Through this course a PICO was formulated: P Any adult stroke survivors who receives long-term care and speaks the same language as the Health care Provider (HCP). Any types of stroke diagnosis and HCPs are included. I (phenomena of Interest) was formulated as: Adult stroke survivor's experience in regard to communication and relationships with HCPs. Co was settled as: Hospitals that treat stroke survivors through long-term care and rehabilitation settings. A plan for a qualitative review or metasynthesis was published.<sup>1</sup>

**Conclusion:** This journey raised the awareness of evidence based knowledge as part of the future job as teacher and awareness of the importance of addressing both patients wellbeing and fundamental of care between faculty and clinicians and between lecturer and student.

### References

Sørensen RB, Uhrenfeldt L. Stroke survivors' experiences of communication with healthcare providers in long-term care settings: a systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports* 2016; 14(9):85-92

## Sustainability from a caring science perspective

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**Background:** Sustainability is defined by the UN as a fundamental concept for long-term development of a lasting environment, which enables good living conditions for human beings. Research reveals, however, that sustainability have not been explored sufficiently in care and caring science research.

**Aim and methods:** The aim is to examine how the concept and phenomenon sustainability is described in care research and to develop the idea of sustainability from a caring science perspective. The study was realized both as a literature review and with an abductive approach.

**Results:** The result comprises assumptions about what constitutes care that is sustaining and enduring, both in the theory, praxis and practice. The result shows that the development and use of evidence-based theory models support sustainable care. Models put our theoretical thinking and our preconceptions in movement and therefore allows transformation and a different understanding. The concept sustainability is also strongly related to ethics, and a way to counteract ethical undermining. The core of the idea of sustainability is thereby to provide room for caregiver's cultivation and to create an internal value hierarchy, which means that theory and praxis becomes one and a view of life and a bearing that one chooses to live up to in practice. A prerequisite for sustainable care is good leadership and dedicated personnel who together strive to create a caring culture.

**Conclusion and implications:** Sustainability in caring science implies research creating conceptual theory models, working with ethical foundations and further developing application research. To create a care that is sustainable in changing times should focus on cultivation of the personnel and creation of caring cultures.