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Parallel presentations

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**Sister Elisabeth Fedde: Strong, free and called”**.  
**Historical perspectives on today’s nursing**

**Background.** The study is a master thesis with focus on the cultural history of nursing. The title is strong, free and called; an investigation of the calling in light of Sister Elisabeth Fedde's work as a deaconess-nurse 1881–1896. Elisabeth Fedde’s deaconess work has been understood in the light of the Danish philosopher Knud E. Logstrup’s ontological views on ethics. The concept of calling is placed into an ascetic context. The doings of Elisabeth Fedde have been interpreted due to values of the deaconess tradition.

**Aim.** The aim has been to look into how a historical account of calling can appeal today. History itself may go beyond a personal level, and tell something in general, for the past as well as the present. The study questions the understanding of calling in today’s nursing, pointing at the importance of values and meaningfulness in life and work, the importance of attention to patients’ vulnerability and nurse’s responsibility to advocate caring and human attitudes in health care.

**Method.** Historical research method is used; interpretation and inner and outer criticism of sources inspired by the German philosopher Hans-Georg Gadamer and the Norwegian historian Knut Kjeldstadli. The sources consist of diary, autobiographies, letters, official documents, oral source, photos, and pictures of items. Second-line literature has been used.

**Findings.** The study points at a complex understanding of calling, based on personal beliefs and obedience, but also gave an opportunity for women to perform. The core of the calling was receptiveness to others, charity and mercy. The liberating force in religion and its meaning for women’s social contribution during the 19th century has also been given attention. This depended on how the women looked upon themselves, how they experienced the main issue of calling and the influence of the historic spirit of the age.

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**Design and analysis of mixed methods**

**Background.** Mixed methods in research designs have attracted increasing attention and popularity in recent years, as they provide an innovative and flexible approach to complex research issues such as emotional intelligence and mental health problems associated with childbirth. The use of both qualitative and quantitative methods makes it possible to describe the research area from different perspectives and provides different types of complementary knowledge.

**Aims.** To describe the strengths and weaknesses of using a mixed methods approach by reflecting on previous research on emotional intelligence with a public health perspective.

**Methods.** The study has a mixed method and addresses the research questions by means of a systematic review, a survey and qualitative interviews, reflecting parity between the qualitative and quantitative approaches. Data were analysed by means of qualitative synthesis, descriptive and inferential statistics and content analysis.

**Preliminary qualitative findings.** The preliminary results revealed that the preference for the epistemological tradition natural science tradition meant that few articles related to human sciences or philosophical perspectives were found. In addition, emotional intelligence may be an important component in relation to stress management and mental health from a health promotion perspective.

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**Using focus group interviews—limitations and possibilities in contributing to awareness about multicultural issues in social work**

**Background.** In a collaborative research project, we are among other factors mapping what frontline social workers express as challenges and want for competences in their work with ethnic minorities. The project is included in a more comprehensive research work, which explores different sides of social work in cooperation between researchers, practitioners and service users.

**Aim.** One intention is to contribute to a process of increasing awareness about multicultural issues, including ethnocentrism. In general, more culture sensitive approaches are desired in public services.

**Method.** The main approach so far has been focus group interviews with social workers. Focus groups are said to be useful for gaining information on participants’ views and attitudes on a topic. They may further be helpful to examine shared understanding of different issues and to explore even controversial issues and complex topics. The method brings up themes termed as dominant voices, collective voices and normative discourses. The role of the researcher is also discussed: the balance between nearness and distance, between participating and confronting. This may especially be made topical in a project that intends to have an action research profile.
Results. It turns out to be a challenge how to deal with more subtle controversial and difficult subjects that occur in the conversations, for instance possible prejudices and discriminatory practices: How to formulate and bring back such topics in a way that can contribute to the aims stated? The paper will discuss and particular attach weight to the role of the researcher in these issues.

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Qualitative methods for identifying barriers to change in a tailored intervention: Facilitating informed decision making at the maternity and child health care centre

Background. Access to information and the right to participate in health decisions is seen as necessary to protect the users of healthcare services’ interests. However, informed decision-making is also dependent on the users’ understanding of health research, the collaboration with the health professional, and by the users own resources, values and external factors. However, studies show that both users and nurses’ ability to critical appraise research is limited.

Aim. By establishing reasons behind certain behaviours, qualitative research may help in identifying barriers and facilitators to change. The success of an intervention will be more likely if the intervention is tailored to address these barriers and facilitators to change. In some cases, several barriers and facilitators are found, and since it is usually not possible to target all of these, a selection is made based on two criteria; “importance” and “change-ability”.

Methods. In this project, focus groups and a semi-structured questionnaire will be used to identify and prioritise the changeable barriers and facilitators to the use and understanding of research. This will guide the content, framing and presentation of the information of a web-portal intended as a quality-improvement intervention. The portal will contribute in two aspects; to facilitate and empower users and public health nurses (and other health professionals) in critical appraisal of research, and as a tool for professional continuing education and quality improvement activities. Finally, the portal will be evaluated through qualitative user testing and in a controlled trial.

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Supervising nursing students in practical training—between “the rock and the hard place”?

Background. Since 1991, University of Stavanger has cooperated with Stavanger University Hospital in creating teaching units with special responsibility for the practical training of nursing students. The results from a qualitative study from one of the units documented that to participate in a socially safe and professionally stimulating work community, made a significant impact on their practical learning. In 2004, a new student unit was ordered to establish in the medical field.

Aim. The aim of this study was to develop a teaching program for the nursing mentors in order to support their role as supervisors. It was important that the mentors were conscious of their contribution to a learning environment and the choice of counselling methods, which encouraged the students’ sense of having been given and taken responsibility, belonging and appreciation. In this presentation, we focus on how the nursing mentors experienced their competence as supervisors and their challenges in creating a positive learning environment. The methods consist of a focus group interview and questionnaires. The qualitative data were analysed according to the methodology of Kvale (1997).

Important findings. The nursing mentors experienced that positive feedback from the students, supervising from the University and discussions with other mentors were important for their professional safety. They experienced to be short of time, had guilty conscience of not giving the students good enough supervising as well as different expectations among the staff. They expressed frustrations and felt being between “a rock and a hard place”.

Some of the findings are already implemented in this and other student units.

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The organisation a Hindrance or a possibility for good care—a study of the encounter between care and organization

Background. This study highlights ‘the disagreement’ between nursing organization and nursing practice. In nursing practice, focus is on good caring for the individual and in nursing organization, the focus is management. Maben et al. (2006, p. 470) means that nurses are in front of “organizational sabotage” i.e. structural and organizational constraints such as lack of time, to be constraint in the professional role as a nurse, shortage of staff and high workload. Berggren (2005), Carlstrom (2005), Bégat (2006) showed that nurses have difficulties to uphold their professional role due to demands from the organization. Ofstad (1961) points to this “disagreement” in his theory of decision-making. Among many factors in his theory, three are useable in this study, “the use of attention”, “efforts to decide” and “environment”. The two first are related to nurses’ desire to support the patient and create a relationship.’ Environment’ is related to the organizational level.

Aim. To identify dividing lines between the daily work demands from the organization as well as from the nursing practice and their influences on nurses’ decision-making process.
Method. Individual interviews with nurses (n = 4) and administrators (n = 4) in hospitals and in community health care are conducted in October 2007. The data will be interpreted hermeneutical in order to reach a deeper understanding.

Results. The expected findings will provide knowledge for the future collaboration between the two actors involved in order to give the best care for the individual patient.

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Patients’ beliefs about the cause of their rheumatoid arthritis

Background. Patients’ own beliefs about causes and consequences of their illness can conflict with the healthcare professionals’ more general focus on the disease in a more general basis. This discrepancy can lead to misunderstanding, difficulties in management, and a poorer outcome.

Aim. The aim was to describe the variation in how patients perceive the cause of their rheumatoid arthritis (RA).

Methods. An open question, analysed with a phenomenographic approach, was used to describe patients’ perceptions of their illness. Statements from 38 informants (20–69 years of age, 26 women and 12 men) were selected from the national EIRA (Epidemiological Investigation of RA) project in Sweden.

Results. Three descriptive categories comprising seven conceptions emerged; consequences beyond personal control comprised being exposed to climate change, being genetically exposed and unexpected events; overloaded situations involved work-related strain and family-related strain; while not having a clue was experienced as being uncertain of the reason behind and being hit by sudden illness.

Conclusions. Patients’ own perspectives on the cause of their RA are highly important for a full understanding of the disease. These perspectives include aspects that differ from current pathogenetic models and they should be taken into account in the management of the disease as well as in further studies of care aspects of the rheumatology diseases.

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The motherly demands: Experiences of being mother and living with mental illness

Aim. The purpose of this article is to contribute a more comprehensive understanding of the meanings of being a mother affected by serious mental illness.

Method. Narrative interviews were conducted with five mothers. The interviews were analysed and interpreted by using a phenomenological hermeneutic method, inspired by Paul Ricoeur. The results were discussed in the light of Logstrup’s phenomenological ethics.

Findings. The mother’s narratives were interpreted as a striving to enable their children a good life. Being a mother with mental illness also means to stand in a vortex of contradictions of ethical dilemmas to enable a vulnerable and good life for their children.

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The experience and meaning of time among individuals with long-term health problems

Background. In the western world, many aspects of everyday life are organized around the clock. However, at the individual level time may be seen as passing through rhythmic cycles, as in life cycles of birth, life, death and seasonal cycles, as well as daily cycles.

Aim. The aim of this study was to explore how individuals with long-term health problems experience ‘time’ in their daily lives.

Methods. Secondary data analysis of in-depth interviews was used to study the experience and meaning of time for four women and five men with long-term mental health or somatic illnesses. Data were content analyzed for themes.

Results. Three major themes were identified, “periods of time”; “experiences of good times”; and “taking control over time”. Periods of time refers to the time before the health problems occurred, the period when they really were struggling in their daily lives and finally when they had learned to deal with/manage their everyday life situations with health problems. Living an ordinary and meaningful life, being citizens that contributed in various ways, having pleasures and interests at hand and spending time with family and friends were of great concern. The informants revealed creative coping strategies they used to overcome barriers and succeed in what they wanted and needed to do.

Conclusions. Findings highlight the potential importance and impact of how time is experienced daily by individuals with a long-term health problem, a dimension not previously identified in the literature. Increased awareness of this dimension could enhance understanding and development of more genuine, helpful and enriching client-provider relationships, and formation of the ideal, but often illusive, partnership.

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Paradigm Skirmishes: Locating a qualitative project in the quantitative world of English (children’s) safeguarding services

Background. In England and Wales, the Labour administration has attempted to shore up standards and accountability in social work practice as part of a now familiar
challenges of locating a supervisor, reports on the practical and methodological
ment. This paper, co-presented by a Ph.D. student and her
but not necessarily meaningful) report to central govern-
ment funded, statutory children’s safeguarding agency in
this context.

Aim. The aim of the project is to provide qualitative
insights into the processes of decision-making in an initial
response children’s safeguarding service, in relation to
questions about “accuracy”, “safety” and “risk”. The
initial response team is required to identify priority safe-
guarding cases, from the large volume of daily referrals that
come from the perspectives of the person with dementia and their
carers

Background. Numbers of qualitative projects relating to
health increase yearly, yet appear to have little impact on
practice or people who use services. Traditionally the main
method for disseminating research findings is through
articles in academic journals. Largely written for other
researchers in a language that uses dense research-ese and
statistical jargon (Funk et al., 1995, p. 401) they reach and
are understood only by a limited audience serving as a
barrier to their utilization. Sandelowski (1997) proposes
that more effort be directed to developing methods to
utilize existing research, and make findings “accessible” to
a wider audience.

Aim. To identify, appraise and synthesise a number of
studies relating to the life world experience of dementia,
from the perspectives of the person with dementia and their
care partner. To transform the insights, using a commu-
nicative style that will make sense to, and have impact on the
lay public and practitioners allowing them take “own-
ship” of the findings and utilise them in their everyday lives.

Methodology. Definition of a research framework for the
identification, appraisal and synthesis of qualitative studies.

Utilizing qualitative research to improve quality of
life for people with dementia and their carers

Aim. To report on how research has been, and can be,
configured and conducted to influence practice at local,
organisational and policy levels.

Method/approach. Using two qualitative studies as
examples, we discuss and highlight how it has been possible to

1. influence the care of older people;
2. create and sustain an environment in which research
is viewed as core business directly related to practice;
3. combat the notion of qualitative research as necessa-
trily limited and small-scale with respect to effects on
practice;
4. demonstrate that research can make a difference to
older people, their families, those providing care to
them and those formulating policy directing that care.

This presentation will offer methodological considerations
relevant to the synthesis and communication of qualitative
research findings in ways that are useful to members of the
lay public.

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Research in practice and practice in research: Sharing
our experiences

Background. This presentation focuses on strategies to
create and sustain synergies between research and practice
in residential aged care/nursing homes. The literature is
replete with calls for this to happen but relatively silent on
how to do it.

Aim. To report on how research has been, and can be,
configured and conducted to influence practice at local,
organisational and policy levels.

Method/approach. Using two qualitative studies as
examples, we discuss and highlight how it has been possible to

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trily limited and small-scale with respect to effects on
practice;
4. demonstrate that research can make a difference to
older people, their families, those providing care to
them and those formulating policy directing that care.

The studies are from Norway and Australia thereby
providing an international perspective. Their focus is
developing the notion of a teaching nursing home in
Norway, and better understanding care transitions within
and without nursing homes in Australia.

Results. Whilst the studies have results in the traditional
sense, this is not the focus of the presentation. Rather we
report on the results of our analysis of what makes these
studies able to achieve the above outcomes (1–4) and what
this reveals about how we might think about research in
practice and practice in research.

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Discourses within palliative care

**Background.** In palliative care focus is on alleviate suffering and an early identification and prevention of suffering (WHO, 2003). Previous studies show that palliative care is a disciplinary area that is in a flux of emerging professionalisation and acceptance by the mainstream of medical care (McNamara, 2004). Nursing contribution to palliative is shaped in important ways by the professional dominance of medicine (Hibbert et al., 2003).

**Aim.** To describe nursing palliative care before implementing a caring programme for palliative care.

**Methods.** The approach is inspired of ethnographic method which is multiple and complex and make studies of a social reality possible (Deegan, 2002). Discourse analysis provides data to be analysed in a broader system of knowledge (Wilkinson & Kitzinger 2000) and has been used as a theoretical framework for the analyses. Application to ethical committee was implemented. Data was collected by participant field studies, informal deliberations, targeted interviews and different documents.

**Analysis.** The analysis was done by a deconstruction of all texts and five discourses were discerned.

**Results.** Discourses within palliative nursing care was, *discourse of caring:* focus of was on the body and to alleviate suffering from the physical body, or to prevent this kind of suffering. *Discourse of rationality,* above all the content was about medical symptom control and routine nursing care. *Discourse of noncaring,* inadequate symptom treatment that resulted in more suffering for the patients became visible during observations. *Discourse of wholeness,* to have a holistic view of the patient and the care includes aid to relatives and to make an inventory of the patients. *Discourse of power,* the palliative care was carried out by a multi professional team with different professions, all dependent on the work of the physicians and despite their own intentions.

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A stepwise qualitative approach to support a balanced time-use among health care leaders

**Background.** Stress among health care leaders may have impact of quality of care, leaders’ turnover and employee stress. The need for leader support is well recognized, but there are few empirical studies about qualities, implementation and effect.

**Aim.** To develop leadership support, to handle central challenges, defined by leaders themselves. This presentation focus on methodological challenges in the stepwise development and implementing of a support programme.

**Method.** (a) Qualitative in-depth interviews, and focus groups of challenges and needed support, analysed by constructivist grounded theory. A central challenge was their time-use, i.e. working hours and time-allocation between strategic, employeeship and administrative tasks. (b) A model for observation and intervention of time-use and leadership practice was developed: each leader was shadowed for four days including daily interviews and “calendar interview” of self-reported activities. The intervention involved mirroring the leaders’ everyday activities and encouraging reflective communication of their experienced challenges in a group setting. Follow-up of observation after three months.

**Results.** Two leadership strategies were used to meet different logics and demands; (a) leadership by separating the logics and fragmenting them into different spaces of time. Here, leaders strived to define, structure, divide and allocate tasks. (b) Leadership by integrating different logics by current solutions and a proactive leadership style that shaped the basis for participative employeeship. Additionally, compound identities, loyalty commitments and interests shape conditions for increased or maintained influence. Strategies to achieve legitimacy were to either retaining clinical skills and a strong occupational identity or taking a full leadership role.

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Narration between lived experience, poetry and fiction; distanciation in Ricoeur’s theory of interpretation

**Background.** For more than a decade nursing researchers have used an interpretation method inspired by the French philosopher Paul Ricoeur’s theory of interpretation. By using several levels of interpretation, the analyses become a depth analysis, where the analyses method consists of a naïve reading, a structural analysis and a critical analyses and discussion.

**Aim.** To discuss in what way distanciation through poetry and fiction facilitates a critical opportunity for comprehension, not only from that, “the text says” but also from that “the text talks about”.

**Method.** Within a phenomenological-hermeneutical approach, discuss highlights in researcher’s use of an interpretation method inspired by the French philosopher Paul Ricoeur’s theory of interpretation in nursing research. Introduce Ricoeur’s hermeneutical function of distanciation. Discuss this concept of distanciation, with reference to narrations from a study of patient’s life experiences, living with chronic illness and Home Mechanical Ventilation in Denmark.

**Results.** Ricoeur’s way of getting distance in the text-structure though narration is useful when analysing interviews about life experiences. Through poetry and fiction, it is possible to introduce distance of the real from itself and thereby new possibilities of being-in-the-world are opened up within everyday reality.
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Method for exploring the interaction between client and social worker

The interaction between the professional and her or his client is a key issue in health care as well as in different welfare systems. Many other and different studies focus on this. A common characteristic of many of these studies is that the clients are being asked how this interaction was perceived—using a pre-written questionnaire or using an interview guide, as in various client surveys.

In this paper, I will give an account of the method I used when researching for my doctoral thesis: Principles and experience—conversations about, and experiences of, the relationship between mother and child in the context of child protection (Eide, 2007). This study was of a inductive nature and was based on ordinary conversations between the child and their social worker. These conversations were tape recorded, and later typed out in full length. Using this as a foundation, the child and social worker were interviewed afterwards. This approach ensured the proximity to the interaction between social worker and client, and it activated them alike in the interpretation of the study’s primary sources (Schutz, 2002).

The methodological approach to the study is qualitative and can be characterized as an open and active approach (Holstein & Gubrium, 1995). This approach was chosen to get close to the actors and their perceptions, as well as to gather a ground for a phenomenological-ethical analysis of the findings.

The existing material was comprehensive and complex. In this paper, I shall focus on findings related to the children’s participation in the conversations. In brief, and thus somewhat superficially, the study shows that the children were asked and given a say in practical matters, while they were given the answers for fundamental questions, such as what they mothers mean to them.

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The challenge to enable the path from theory to practice on the basis of a lifeworld perspective in nursing education

The learning process in a professional education is characterised by the encounter between the student’s own lifeworld and scientific knowledge in theory and in practice.

This paper presents an innovative research project where the aim was to develop a new didactic method in nursing education that makes it possible for the student to encounter both the theoretical caring science structure and the patient’s lived experiences in his/her learning process.

A reflective group supervision model for nursing students during clinical studies was developed and tested for the duration of two years. Each group was led by a teacher and a nurse. The supervision started in patient narratives, which the students collected in their clinical practices and brought to the supervision sessions.

During the project, data has been collected and analyzed phenomenologically in order to develop knowledge of the students’ learning when using the supervision model.

Overall, the result shows that the students, with the help of this didactic method, have developed a better understanding of the patient and that they have had good use of the theoretical caring science in creating this understanding. In order to reach this some prerequisites are required. These can be summarized as the necessity of recognizing the students’ lifeworld in the supervision process. The project has had effects on how the learning support can be developed in nursing and specialist education programmes. Furthermore, this method has importance to support the acquiring of research results for caregivers in all clinical contexts.

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Telenurses experiences of working with computerized decision support

Background. During recent years, centralization of tele-nursing services has occurred in Sweden with a national telephone number for the entire country. In connection with this, the use of computerized decision support has increased.

Aim. To describe telenurses experiences of working with computerized decision support.

Method. Qualitative content analysis according Graneheim and Lundman (2004) were used to analyse interviews.

Results. The analysis resulted in three main categories and two formed a theme: to become strengthen but simultaneously controlled and inhibited. The content of the main categories forming the theme, supporting and inhibiting, were latent giving opportunity to interpret the content into a theme. The content of the third main category was more describing, manifest, not presenting any deeper meaning of the content.

Is it possible to present both latent and manifest analysis in the same result? According to Graneheim and Lundman (2004) a theme is on an interpretative level and answers the question “How”, a thread of underlying meaning through categories. A category on the other hand answers to the question “What” and mainly refers to a descriptive level of the content. Is it possible that some of the content is descriptive, not giving enough material for authors to interpretive, while other parts of the content is richly described allowing the authors to interpretive the content. Is it possible to include all content in a single theme and how do we handle material not fitting into the themes?
Patient participation in emergency care—a phenomenographic analysis of patients’ lived experience

Background. Patient participation is an important goal in health care. Patients who are given the opportunity to participate in care situations are able to influence care in a way that is more beneficial to them. Patients’ participation in caring has been studied in different contexts, but little health care research has been conducted from emergency care. Patients treated in emergency care units sometimes express dissatisfaction with their care situation and, therefore, it would be important to find out how patients cared for in emergency care, experience patient participation.

Aim. The aim of this study was to describe patients’ conceptions of patient participation in an emergency care unit.

Method. A phenomenographic research method based on lifeworld theory was used in the study. Data were collected from nine patients who were cared for in an emergency department. The patients were four women and five men in age between 26 and 76 years.

Result. The patients’ conceptions of patient participation can be formed into three qualitatively different descriptive categories: being acknowledged; struggling to become involved; and having an obvious space. In contrast with other studies, our findings show that patient participation in a well-working relationship between patients and carers does not necessarily require a lot of time. Patient participation means contact with their carers at three different levels, depending on the carers’ attitude, the care surroundings and the organization of the care in emergency care unit.

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Humanising Health Care Practice

The aim of this paper is to articulate why and how qualitative research offers potential for humanizing health care practice. Research into health and health care has achieved substantial advancement in knowledge and improvements in care through its focus on interventions, treatment and cure. This paper will point to the potential for qualitative research to contribute to humanising health care by attending to the following questions:

1. What do we mean when we use the term ‘humanization’?

2. What are the barriers to humanization of health care?

3. Why is there a need for humanization of health care practice at this time?

4. Why has qualitative research not been more effective in humanizing health care practice?

5. How could researchers use qualitative research to humanize health care practice?

6. What is the potential for qualitative research to contribute to the quality of people’s lives?

Qualitative research in particular has illuminated people’s own perspectives and experience and contributed to a particular kind of useful evidence. Until now, however, it has found its location in health care without making the powerful impact of humanizing practice that is its key strength. Our paper will use examples to illustrate an emerging agenda for humanizing health care that moves qualitative research into its next and overdue phase: to enter policymaking, curricula in professional education, and to be meaningfully translated into practice in ways that place people as human entities at the centre of care.

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Factors important for good interaction in physiotherapy treatment of persons who have undergone torture. A qualitative study

Background. Torture can be defined as the deliberate or systematic infliction of physical or mental suffering to force another person to yield information, as a punishment or to destroy a person’s identity. The aim of the physiotherapy treatment for persons who have undergone torture is to relieve or reduce pain, correct musculoskeletal dysfunctions, teach the client to cope with pain and regain body awareness. A good interaction and communication with each refugee is needed to optimize the treatment.

Aim. The aim of this study was to identify factors important for a good interaction between physiotherapist (PT) and the patient among PT’s specializing in refugees who have been tortured.

Method. A qualitative multiple case study was done. Ten physiotherapists who held positions specialising in treating persons who have undergone torture were interviewed. Information was collected by a multiple sorting technique, a critical incident technique and by semi-structured interview questions. The interviews were analysed with content analysis.

Results. The results showed that the factors important for a good interaction could be summarized in five categories; characteristics of PT, capacity to handle negative emotions, professional and therapeutic support services, tailor interaction to meet patients’ needs and shape environment factors. All these factors have to be considered to improve the interaction between PT’s and persons who have undergone torture.
How can we minimize the distress of waiting for a diagnosis? Clinical implications of the grounded theory of “preparative waiting” for patients in the diagnostic phase in hospitals

**Background.** To go through the diagnostic phase is reported to be the most stressful time of the illness experience. There is a growing body of knowledge about women going through diagnostic breast workups, however, little research is done for patients with gastro-intestine symptoms.

**Aim.** The study aimed at gaining better understanding of these patients experience and handling of their situation.

**Method.** Classical grounded theory was chosen. Data came from 18 transcribed in-depth interviews of patients at a gastro-enterological ward. Data were first coded openly and when the participants’ main concern emerged, data were coded selectively. Theoretical coding was conducted around the core category.

**Result.** Participant’ main concern was related to how they could prepare themselves for the concluding interview and their future life, and the core category was named “preparative waiting”. The theoretical code of “balancing between hope and despair” integrated the whole theory and had four patterns, “controlling pain”, “rational awaiting”, “denial”, and “accepting”. These patterns guided how participants worked to prepare themselves for the diagnosis. By understanding these patterns, health care professionals easier can assist patients in their vulnerable process of preparing for getting a diagnosis. The paper will focus on clinical implications of “preparative waiting” and especially on how different patients need different following up due to their balancing patterns.

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**Participatory Action Research as a Framework to Implement Results from Research in Clinical Practice**

**Background.** The base of knowledge is continually developing; however, there is a challenge for health professionals to keep updated as well as implement results from research to clinical practice. Health care for old people calls for professionals with highly updated knowledge and multidisciplinary competence. The complexity of analysing medical conditions as well as home environments demands for both propositional and non-propositional knowledge. Based on the fact that the population of elderly is increasing, it is of great importance to focus on how to prevent functional impairments within this population.

**Aim.** The study aimed to investigate how recent, relevant knowledge about fall prevention in elderly can be implemented as part of the clinical practice for physiotherapists working in primary health care. Knowledge translation, which aims to accelerate the capture of the benefits of research, is a suitable concept for our methodological approach.

**Method.** Inspired by Participatory Action Research, several methods were applied; literature studies, case studies, dialogue seminars and focus groups. A set of interactions among researchers and PT’s were initiated, to identify needs for knowledge development, to collect and analyse information, and finally act upon these findings. Data collection, analyses and evaluation took place as parallel processes.

**Results.** As a primary result, the therapists showed a more homogeneous approach according to results from recent research in their service to old people. A working model for knowledge translation was developed. Secondary, the physiotherapists reported a pride and an increased consciousness about their base of knowledge and role within the multidisciplinary team.

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The ethics of bedside priorities in ICU—methodological challenges

**Background.** Little in depth insight is available about how physicians and nurses (clinicians) reason ethically when setting priorities at the bedside in intensive care. Rationing (Sinuff et al., 2004).

**Aim.** The aim of this paper is to highlight advantages and challenges using a qualitative approach in an empirical study on “The ethics of bedside priorities in intensive care medicine and intensive care nursing”.

**Method.** A qualitative approach contenting 450 h of participant observation and 45 in-depth interviews of ICU physicians (21) and ICU nurses (24) working bedside. Data have been collected from three highly advanced ICU’s (8-11 beds) in Norwegian University Hospitals.

**Analysis.** The analysis is grounded in the hermeneutical tradition of scientific inquiry and based on the three levels of interpretation as worked out by the Norwegian scientist, Steinar Kvale: self-understanding, common sense and theoretical interpretation. Philosopher as John Rawls and Norman Daniels emphasise the possibility of balancing intuitions and more or less well-considered judgements about ethical conflicts, with relevant ethical principals and theories (Daniels, 2008). Using their approach, ethical intuitions observed in the clinical workday were discussed in the light of ethical theories and knowledge relevant for patient priorities.
Conclusion. Our particular goal was to explore how clinicians reason ethically on bedside priorities in ICU. Observations and interviews was a methodological strength and allowed spontaneous and extensive reflections on this very complex matter. The results raised important ethical issues concerning bedside priorities in ICU in general. Research ethics was of particular concern in this study.

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Interprofessional collaboration—implementation of research in intensive care practice by means of a focus group

Background. The provision of safe, error-free care is the number one priority of all health care professionals. There is a discrepancy between available time for weaning from mechanical ventilation and actual time used for that purpose. Improved outcome are often due to the coordinated efforts of a skilled, multidisciplinary team. System thinking is long overdue in many ICUs. In order to ensure good and effective processes, team members have to talk, reflect, plan and act in an interdisciplinary manner.

Aim. To explore intensive care nurses’ (ICNs) and physicians’ perceptions of interprofessional collaboration focusing on factors associated with standardized weaning from mechanical ventilation.

Method. Focus groups with ICNs and physicians and qualitative content analysis.

Preliminary results. Several factors were reported, such as the importance of continuity, which indicates that job rotation hinders weaning activity and collaboration. The lack of organizational structure and lack of focus on interprofessional collaboration were revealed to be major reasons for the failure to use available time for weaning. It was deemed important to implement new structures and allocate time for discussing, reflecting upon, measuring and reporting weaning outcomes. Organizational structure and leadership are crucial. In order to improve patient safety, leaders must support team learning and help create a working environment characterized by frequent sharing of insights and concerns.

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Using a Grounded Theory as a basis for innovations in Practice—Advantages and Challenges

This research-project is based on a Grounded Theory named “The Process Bodyknowledging”, which describes how patients develop personal knowledge of coping and recovery. Two main hypotheses were generated through the research process: (1) The process of Bodyknowledging is important for strengthening the patient’s sense of coherence, well-being and recovery; and (2) The process can be facilitated. The aim of this project is to develop a clinical programme to strengthen coping and recovery in long-term illness.

The overall design is a qualitative process evaluation design. The substantive theory has been converted into a programme and into communication devices. This involves working with the language and the presentation of the theory, and reflecting on methodological approaches. The challenge is to build a bridge between theory and practice, using the content of the original theory and forming a practical programme, while at the same time being open to revisions. Fifty-four patients, representing different diagnoses have been included for testing and evaluating the programme together with the project group of nurses, physiotherapists and activity therapists. A Rehabilitation Unit, an Outpatient Clinic and a Center for Learning and Coping serve as clinical settings. Both quantitative and qualitative data have been collected in order to study how the grounded theory-based innovation functions in practice. The preliminary results show that the programme strengthens the patients’ ability to handle problems caused by the disease and that health promotion strategies are strengthened. Statistical data show that the patients’ quality of life is better.
Emotional narrating among asylum seeking children; a challenge to narrative methodology

The aim of this paper is to discuss methodological point of view when it comes to how emotional work among asylum seeking children is narrated. Research has shown that children express their experiences easier when they can use their own way of narrating usually by visualizing, for example, by painting, drawing and/or photographs, but authorities uses when it comes to asylum seeking children standardized questionnaires constructed in order to grasp adults experiences. This is based on a specific way of looking at knowledge, which leaves out alternative ways of knowing, e.g. cultural forms of narrating, as well as age based narrating. This paper discuss, with the departure in Dorothy Smith’s way of defining different “ways of knowing”, problems that arise in relation to how asylum-seeking children’s narrating is interpreted by the authorities. Children in general and asylum seeking children in particular are, when they interact with representatives from authorities, in an inferior position. Because, in the end, it is the authorities who have the power to define what is best for the child. When it comes to asylum-seeking children, these children have to convince the Norwegian state that they are respectable storytellers, e.g. arrange their story in a believable way. This work is a question of how children interpret emotional expressions and the norms that surround them.

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Meta-synthesis—many questions, few answers

Background. The inherent ideology of evidence-based practice and especially the evidence hierarchy often prevents research based on qualitative methodology to inform health care practice. This may put patients at risk. Therefore, it is important to find ways to make qualitative evidence an equal type of evidence in EBP. Meta-synthesis has been suggested as one way to do exactly that, but what does synthesis do to qualitative research? Many questions, both philosophical and methodological, need to be answered. The epistemological questions of “what are science, theory and knowledge” and what they are in relation to qualitative methodology are not addressed very much in the literature on qualitative meta-synthesis. Neither are the methodological questions of “how to do the literature search and sampling, how to appraise the quality of the included studies if at all, and how to analyse the data”.

Aim. The aim of this part of the study is to try and reflect on the epistemological and methodological questions.

Method. The project is a theoretical study (Ph.D.) on meta-synthesis as a method including a worked example from intensive care. The study is based on the inherent values in the qualitative research paradigm.

Result. The research is in progress. In the context of qualitative research, our paper will open for (a) possible answers to the methodological questions and (b) reflections on the epistemological questions.

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Establishing the outcome space. Examples from a phenomenographic study on telenurses ways of understanding work

Background. The results from a phenomenographic study should preferably be presented in a so-called outcome space. In the outcome space, categories of description are related to each other, often in a hierarchical way. Phenomenography was developed from an educational framework, but it has subsequently been used for studies within the health care context. Phenomenographic studies aim to investigate the variation in people’s ways of understanding, or conceptions, of a certain phenomenon in the surrounding world. This means taking a second order perspective. It is not uncommon to see papers claiming to be phenomenographic but with results only presented as a list of categories and subcategories.

Aim. The aim of this presentation is to illuminate how an outcome space is established and categories of description identified.

Method. We will use data from a Swedish interview study on telenurses ways of understanding work first to illustrate how categories of description are established and how these differs from themes. Second, we will show how we relate these categories to one another to create an outcome space.

Results. Five categories of description were identified in the present study. When related to each other in the outcome space, they represent a work map for telenurses, according to theory. These results could be used to competence development among telenurses. We will also discuss why phenomenography is suitable to studies related to competence and learning within health care and not for more complex phenomena in a caring context.
The aim of this paper is to discuss the methodological process in the collaborative work of reaching the goal of innovative knowledge to improve practice. In the methodological process, the partnership between the practitioners, the service users and scientists is emphasized to be as equal and mutual as possible. The knowledge of experience and science are both considered of equal value, although they are different and unique. The importance of the partners’ consciousness about the complementary and the dependency that lies between the two types of knowledge is stressed in the collaborative process of the practitioners’ lifeworld, real-context and real-social-work-cases is seen as the core to improve practitioners’ use of research-based knowledge and to reduce the gap between practice and theory. This kind of action research may be called practice research, which is defined as fertile design for developing innovative knowledge. The challenge with practice research is how to organize and stimulate the partnership to enable it to develop a creative culture that develops innovative knowledge. The result of this study shows that the service users perspective is important, in order of develop and create innovative knowledge to improve practice.

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**The elderly patient and empowerment: How to translate and validate Patient Empowerment Scale**

**Background.** Norwegian legislations and professional codes of ethics focus on user involvement, emphasizing values such as patient autonomy and integrity. In the future, over 65’s will be the largest group of recipients of health services. Quality improvement of nursing services implies strengthening the elderly patients’ experience of control and independence through empowering nursing acts.

**Aim.** This study aimed to translate the Patient Empowerment Scale (PES) from English, and to validate the Norwegian version, with regard to face and content validation using focus groups as a qualitative approach. PES was developed in the UK to describe empowering and disempowering nursing acts as experienced by elderly patients. When adapting measurements, issues concerning cultural equivalence as experienced by the target population, have to be addressed.

**Method.** The linguistic adaptation of the questionnaire used Brislin’s method. Face and content validity of the Norwegian PES (N-PES) was assessed in focus groups, using hospitalised elderly people as target population. Three focus groups and one individual interview were conducted. Challenges arose in recruiting participants, recruits that did not show up, and requirements for strict moderating due to participants’ hearing deficiency.

**Results.** This study confirms back translation as the preferred method to maintain equivalence in meaning between source and target languages. N-PES shows good content validity, and satisfactory face validity concerning item wording and N-PES cultural relevance. The Likert-type scales shows little face validity, and will have to be further developed. Focus group interviews appear to be an appropriate method in validating adapted questionnaires. Including N-PES target groups in the research process contributes to the participants’ experience of empowerment and involvement.

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**Experiences of Loneliness among the Very Old – The Umeå 85+-project**

**Background.** Losses associated with becoming old involve not only physical and cognitive capacity and functional ability, but also losses of friends and family members. Any or all of these losses may contribute to loneliness among the very old, which is the focus in our study. The study is part of the Umeå 85+-project.

**Aim.** The aim was to elucidate experiences of loneliness among the very old that live alone.

**Method.** We interviewed 23 women and 7 men aged 85 to 103 years, about their experiences of loneliness. The text was analysed by means of qualitative content analysis.

**Result.** The experiences of loneliness among the very old are described as living in confidence and feeling free, representing possibilities with loneliness, as well as living with losses and feeling abandoned, representing limitations imposed by loneliness. This was interpreted as feelings of at-homeness and homelessness.

**Conclusion.** Experiences of loneliness among the very old can be devastating as well as enriching depending on life circumstances and outlook on life and death.

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**Intensive care nurses’ experiences of moral issues in encounters with multicultural families**

**Background.** In the context of intensive care nursing there are several situations that contain moral issues. Few papers focus on the moral issues involved when nurses encounter multicultural families. In Scandinavia, increasing numbers of immigrants bring their cultural preferences with them and meet challenges in their efforts to remain bi-cultural, both in daily life and in illness.

**Aim.** To explore intensive care nurses’ experiences of moral issues in the encounter with multicultural families when a loved one is critically ill in Norwegian intensive care units (ICUs).
**Method.** In this study, the intensive care nurses’ retrospective reflections on moral issues were gathered by means of multistage focus group interviews and analysed using qualitative content analysis. Several moral issues emerged from the participants’ encounters with multicultural families. The participants were recruited from three university hospitals in Norway. Three focus groups met on up to three occasions at different ICUs between autumn 2005 and spring 2006.

**Results.** The preliminary findings revealed five themes, well-being for the family when obtaining help from family members; adaptation of information for the family in light of their legal right to receive information and nurses’ obligation to provide it; nurses’ opportunities to encourage patient and family autonomy in situations of control and lack of control; nursing behaviour when encountering modesty in Western hospitals; and confidence in patients’ statements when assessing pain and grief.

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**Can older public home help recipient’s and their families influence their needs assessment? The assessing home help officer’s views**

**Background.** What care and service older public home help recipients and family members in Sweden receive is important for their life situation and well-being. Being involved in the needs assessment prior to the decisions of care and service to be received may be essential to disclose needs for adequate support to maintain health. Research has revealed that families can experience poor involvement in needs assessment, regardless whether conducted in their homes or within hospital discharge planning, while the views of family participation held by assessing home help officers (care managers) have been sparsely studied.

**Aim.** To illuminate home help officers’ view of older help recipients’ and family members’ (family) participation in the needs assessment procedure, and the decisions made about public home help.

**Method.** Personal interviews (n = 26) with home help officers (n = 5) each linked to their needs assessments, followed by a focus group interview with home help officers’ (n = 9) stemming from a discussion of preliminary categories revealed in the analysed personal interviews. All transcribed interviews were analysed using a qualitative content analysis. Analysis of the personal interviews were when possible inspired by interpretation theory by Ricoeur (1976; 1988).

**Results.** One overarching category was interpreted: “Having to establish boundaries towards family influence and at the same time using them as a resource”, encompassing five principal categories and sub-categories. Family members’ participation in the assessment encounter meant an ethical dilemma, resulting in a mainly detached/distancing attitude towards the family, while adhering to institutional patterns of handling legislation and regulations, with economical resources in mind.

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**Qualitative research – Contextual meetings**

The background of this paper is an intervention project established to improve mental health promotion among children and adolescents. As part of the national focus on mental health work, the centre for child and adolescents mental health within Health region north, got a special responsibility. A unit of prevention was established here, and a district project developed, including a pilot study where implementing preventative programs among children and youths should be carried out. Programs already proved by research to have the wanted effects should have priority. Evidence based practice was a guiding principle in the pilot. Within the district project is a smaller project upon which this presentation is built. The aim was investigating – before implementing programs – what needs were present in the field of intervention, as pointed out in the discourses among professionals in the communities of this district, concerning mental health problems, helping measures, competences and resources. Chosen method was focus group interviews and fieldwork through visits connected with professional meetings among contact persons in the communities. Practical problems occurred in finding dates for interviews due to extreme stress and lack of time in everyday practical work with professional tasks. Preliminary results turned out to be worry, rejection and disagreements verbally expressed when mediating back to contact groups main issues raised by themselves during interviews. This project inspires to a discussion about qualitative methods in health research in light of constructivism and discourse analysis. What happens when relations between researchers and informants come to the surface during research projects?

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**The lived experience of exhaustion disorder: A gradual loss of one’s homelikeness**

**Background.** Stress-related ill health is a major problem in contemporary western society. Fatigue, exhaustion disorder, psychological distress, burnout, mental ill health and psychological ill health are some of the terminology used within the area of stress-related ill health. We will use the term “exhaustion disorder” including “depression due to exhaustion disorder”. To prevent the accelerating development of exhaustion disorder and long-term sick leave, it is crucial to help people at an early stage.
Exploring personal lived experience of the process of exhaustion can help us to better understand its complexity and recognize early signs and life patterns leading to exhaustion.

**Aim.** The aim of the present study was to explore the lived experiences of the process leading to exhaustion.

**Method.** Within a hermeneutic phenomenological perspective, semi-structured interviews were conducted with eleven individuals being on sick leave due to exhaustion disorder.

**Results.** The results were interpreted as a process of five states of losing one’s homelikeness in the body and the familiar world, (1) the body calling for attention; (2) not recognizing oneself; (3) uncanniness; (4) fighting for survival; (5) existential breakdown. The lived experience of exhaustion disorder understood as a process of increasing unhomelikeness can help us to identify early signs of exhaustion disorder. The results highlight the need for working with the patients’ bodily experience and regaining of homelikeness in the body in the rehabilitation process.

**Stranded on a desert island—a metaphorical illumination of women’s MI experiences**

**Background.** Coronary heart disease is a major cause of sudden death and morbidity in the developed world. Besides the impact these disorders have on public finances, a disease such as myocardial infarction entails suffering for the afflicted person. In the caring relationship, there is a force that can empower the afflicted person and his/her health process. In order to provide the patient with the support needed to promote good health and well-being the healthcare professionals need to consider the individual’s illness experiences.

**Aim.** The aim of this paper is to shed light on female experiences of an MI event and to elucidate further their MI experiences with a metaphor. What can a metaphor add to the understanding of qualitative derived results?

**Method.** Three studies were carried out with an approach of reflective lifeworld research, based on phenomenological epistemology, in order to describe women’s experiences of MI events and their health processes. The findings indicate that MI is an ambiguous and life-threatening event, causing existential uncertainty and suffering for the afflicted women (Johansson, Dahlberg & Ekebergh, 2003; Johansson & Ekebergh, 2006; Johansson, Ekenstam & Dahlberg, 2008). In this paper, a metaphorical analysis of the findings, i.e. the meaning structures, is described.

**Result.** To suffer from the experiences of MI means to be “stranded on a desert island”. The paper explores this experience and in this way, it sheds light on the findings from earlier studies. The paper also discusses the pros and cons with the use of metaphors in qualitative (and, phenomenological) research.

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**Balancing integrity versus risk of falling—nurses’ experiences of caring for elderly people with dementia in nursing homes**

Dementia is recognised as being a major risk for falls that cause suffering and increase dependency for the individual.

The purpose of this study was to explore registered nurses’ and nurse assistants’ experiences when caring for elderly people with dementia who are at risk of falling and factors that contribute or reduce falls in this group. A phenomenographic design was chosen. Ten nurses and 18 nurse assistants with experience of fall events were strategically selected for a recorded interview. The informants were chosen from ten nursing homes in Sweden and Norway. They were asked to describe a fall situation they had been involved in when caring for elderly people with dementia.

The findings shed light on an ethical dilemma in the main category, “balancing integrity and autonomy versus risk of falling”, which was comprehensively related to two descriptive categories. The first one was “adjusting to the older person’s condition” with the concepts forgetfulness, anxiety and confusion, ability to express oneself and understand, bodily build and function.

The second category was “adjusting the care environment”, comprising these concepts: the physical environment, the psychosocial environment, organization and human resources. Based on the staffs perceived difficulties in preventing falls in elderly people with dementia there is a need for additional support or professional supervision in their work to enhance possibilities to successful fall prevention.

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**Qualitative Methodological Challenges in Studying Meaning(s) of Deliberate Self-Harm amongst Baganda- Uganda**

**Background.** Deliberate Self-Harm (DSH) has been a subject of concern for many years and currently considered as a public health issue. It is a social problem with rich meanings and interactions that are deeply rooted in culturally patterned forms of thought and emotional behaviour. Hence, there is a need for qualitative research that allows the researcher access to motives, meanings, actions and reactions of people in the context of their own lives.
Aim. To explore the suicidal process and meanings of DSH from the context of Baganda who get involved in DSH. The meanings will focus on the communicative aspects, intentions, lived worlds and body image/experiences.

Methods. An exploratory descriptive qualitative study using the phenomenological approaches will be conducted to maximize use of context in understanding the diversity of the participants’ experiences and explicate essential meanings of DSH. Narrative and problem focused interviews will be held with participants seeking health services using the maximum variation sampling. The Interpretive Phenomenological Analysis will be used in data analysis and Qvortrup (1999) Speech act theory in discussing findings.

Challenges. Baganda are the largest ethnic group in Uganda, predominantly inhabiting the central and southern districts of Uganda. Their cultural framework is that of interdependency with cultural beliefs and norms that may pose a substantial challenge in the qualitative approaches to this study. Some of them believe in supernatural causes of suicidal behaviour, obligation to withhold family secrets and they are emotionally socialized not to express negative emotions. All these aspects are fundamental in understanding of the DSH phenomenon.

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Balancing on a slack rope
Nurses’ experiences of ethical decision-making in palliative care

Background. Palliative care implies problem-solving and ethical decision-making, in which nurses are engaged as human agents in personal and interpersonal actions. This means that nurses have to deal with how to perform ethical decision-making on an everyday basis.

Aim. To illuminate nurses’ experiences of ethical dilemmas in palliative care and how they arrived at ethical decisions.

Method. Seven nurses with experiences of palliative care wrote a narrative about one ethical dilemma they have experienced when they cared for a patient in palliative care. The data were analysed using phenomenological-hermeneutic analyse (Lindseth & Norberg, 2004).

Results. The analyse revealed in three core themes: Powerlessness with three sub themes, Frustration with two sub themes and Worrying with one sub theme.

Comprehensive understanding. The result was interpreted towards the theory of Ofstad (1961) who means if a nurse is constrained (physical or psychological) and not is free to act, still is free to make a decision. A nurse can be forced to care in conflict with the own fundamental values. To make decisions and solve ethical dilemma is the nurse duty. The nurses experienced powerlessness, frustration and worrying when they had trouble making ethical decisions with the patients’ best in focus. The nurses need to develop their professional autonomy so that the area of responsibility becomes more visible.

Translating qualitative research into a psychosocial intervention for stroke survivors. Experiences from a model-development study

Background. Qualitative research of the experiences of stroke survivors has increased tremendously during the last decade, adding new and significant insights into the complex and demanding adjustment processes that stroke survivors go through following a stroke. So far, this knowledge has had limited impact on the care and rehabilitation services provided, despite the high rates of post-stroke depression, anxiety and social isolation documented in the literature. Critically evaluating and synthesising qualitative research in order to make the research findings applicable to the clinical field is increasingly being called for. Similarly, the literature calls for more participatory designs when developing intervention programs directed towards health promotion. The purpose of this study was to develop an intervention model for promoting psychosocial health and wellbeing following a stroke.

Aim. To describe a method combining qualitative research synthesis with participatory design in order to translate qualitative research findings into a clinically relevant and context-sensitive psychosocial intervention programme for stroke survivors.

Method/approach. This qualitative, model-development study encompassed, (1) systematic review and synthesis of relevant qualitative literature; (2) development of a preliminary sketch of the intervention model; (3) critical peer review of the initial model, involving all major parties (clinical and research experts, patient organisations, health care leaders); (4) revising the intervention model; (5) piloting the model using case study and participatory action approaches.

Results. Combining qualitative research synthesis with participatory design proved helpful in developing a clinically relevant and context-sensitive intervention programme.

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Using Interpersonal Process Recall to Explore the Role of Hope in Healthcare Conversations

Background. Effective clinical practice requires an in-depth understanding of patient experiences as they occur during professional healthcare interactions. Further, the role of hope in healthcare treatment is now well established (Elliott, 2005). Nevertheless, identifying methods to study hope effectively within healthcare interactions has
proven challenging (Nekolaichuk, 2004). Most qualitative research solicits patient experiences (including hope) by retrospectively exploring their memories of complex in-session interactions weeks, months, and even years after the interactions have taken place.

**Aim.** Based on IPR interview research exploring hope during counselling, this presentation includes: (a) a framework for conducting IPR interviews, and (b) an examination of the nature and depth of data available through IPR interviews.

**Method.** Interpersonal Process Recall (IPR) is a qualitative interview approach designed to access patient and clinician experience as close to being in the moment as possible. It accesses conscious, yet unspoken thoughts, feelings, and sensations. While it has been employed across diverse healthcare fields, little has been written about effectively conducting IPR interviews.

**Results.** Outcomes show that IPR interviews can offer insight into troubling clinical dilemmas. Two dilemmas are examined. First, the need to foster “realist hope” during medical care is an issue of ongoing debate. IPR interviews highlight how clinicians grapple with the seemingly unrealistic hopes of patients, thus providing intriguing possibilities for practice. Second, clinicians differ in their belief about whether hope should be fostered by talking about hope openly. IPR interview data permit a window into therapy as it actually happens, revealing both implicit and explicit approaches to effectively inspiring patient hope.

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**Nurses moral strength—a capacity in daily nursing practice?**

**Background.** Nurses sense a moral responsibility to act for the good of the patients. However, a vast amount of recent research shows that in spite of nurses knowing what morally ought to be done they feel disempowered to act according to their values and convictions. Presumably, there are circumstances outside as well as within the individual nurse, influencing the individual nurse’s intentions of doing good. One of those influencing aspects might be moral strength.

**Aim.** The aim of this study was to explore moral strength in nursing practice.

**Method.** Eight registered nurses (seven female) aged 26–51 from different health care contexts participated in the study. Data was generated by means of audiotape recorded individual interviews. The verbatim-transcribed interview-text was analysed by a method grounded in hermeneutic philosophy. The interpretation meant moving back and forth between parts and whole and actively asking questions to the text. The questions asked were based on (1) what the participant wanted to say; (2) what the intention of the statements were in relation to the context of nursing practice; and (3) what the underlying message was. The answers were successively interpreted into comprehensive themes.

**Results.** The preliminary findings revealed central concepts illuminating how moral strength manifests itself in nursing practice as well as the existential meaning.

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**Challenges in implementing recommendations after HIV/AIDS education and culture qualitative study**

HIV and AIDS is the greatest disease problem the world has faced in our times and continues marching around the world (Kalipeni et al., 2006, p. 47). The thesis “Understanding HIV/AIDS education and school health in a Zambian culture” attempted to bring cultural issues into the Health Promoting Schools’ programmes. As I wrote in Malambo (2000), “we should teach them while they are young and they will live to remember.” Schools have a mandate to recognize the possible threats children face when they leave the school premises.

The study was a Ph.D. thesis conducted between 2001 and 2005. The main objective was to analyse and evaluate the Ministry of Education/Health’s HIV/AIDS prevention messages in the Light of Zambian cultures using an ecological approach and the PRECEDE-PROCEED Model.

**Methods.** A descriptive and explorative qualitative study. Data was collected using interviews and focus group discussions and was analysed using Grounded Theory principles.

**Main study findings.** Few textbooks and learners’ readers that did not discuss the Zambian cultural (sexual) practices and their influence on HIV/AIDS.

- Inadequate laws on HIV/AIDS prevention.
- Sexual cultures had not significantly changed, majority did not use condoms, and most adults continued having multiple sexual partners including married men. Women were still submissive in marriages. Strong theological and metaphysical beliefs still existed as possible causes of HIV.
- Unemployment, lack of job creation, lack of social security for the poverty-stricken citizens and orphans contributed to lack of positive sexual behaviour changes.
- The PRECEDE-PROCEED model was useful in understanding the interaction and influence of cultures on HIV/AIDS education and the role of government in creating an enabling environment to sustain desirable behaviour changes in disease prevention. Results lead me into proposing a course for “Physical and Health Promoting School Educationists”.

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The nature of feeding completely dependent persons: A meta-ethnography

Background. Feeding completely dependent persons is a common activity in many health care settings. However, assisted feeding has received relatively little attention by researchers. Recently, there has been a call for nurses to revisit some of the so-called “basic” tasks that have been eliminated from nurses’ responsibilities and relegated to non-professional staff.

Aim. This paper details a meta-analysis of the findings of 10 qualitative research reports about feeding completely dependent persons who are elderly.

Method. The analysis draws on procedures of meta-ethnography first described by Noblit and Hare (1988) and later developed by Paterson, Thorne, Canam and Jillings (2001). Chinn’s (2001) theory of the art of nursing was used as theoretical framework to direct the sampling procedures and the analysis of the findings.

Results. The authors identified two central themes within the primary research, feeding as task and feeding as relationship. Based on this study it will be discussed how results derived from a meta-analysis may be useful in clinical practice.

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Young carers in Germany: To live on as normal as possible

Background. In contrast to a growing body of research on the situation of adult family caregivers, in Germany hardly anything is known about the situation of children and teenagers who are involved in the care of their relatives.

Aim. To gain insight into the situation of young carers and their families in order to work out a basis for the conception of a family oriented support service.

Method. In this Grounded Theory study, 81 semi-structured interviews have been carried out with children and their parents in 34 families, in which one member is chronically ill. 41 children and 41 parents participated and the sample is heterogeneous and diverse.

Results. There is the phenomenon “keeping the family together”, which describes how families themselves cope with the chronic illness and also, which tasks to which extend are being shifted and redistributed within the family in order to manage daily life. Influencing factors, the children’s motives as well as the impact on all family members also belong to this phenomenon. The second phenomenon “to live on a normal course of life” describes the aspect of hope as well as concrete wishes and expectations of support for the family to manage the hindered daily life. These two phenomena linked together constitute the “model of experience and construction of familial care, in which children take over an active role”.

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Staff Utilization of Explicit Hope Facilitation Strategies in Long Term Care

Background. Research offers compelling evidence of the pivotal role that hope plays in health and personal well-being outcomes for individuals who are acutely, chronically or terminally ill. Many individuals who are living in long term care, experience chronic physical and mental health challenges that affect the quality of their lives. For many of these individuals, these health issues challenge their hope in the face of uncertain futures. There is evidence to show it is possible to foster hope in individuals who feel hopeless or whose hope has been challenged, and that having a sense of hope greatly increases their sense of meaning and purpose in life. The purpose of this study is to intentionalize health care staffs’ use of explicit hope facilitating strategies with residents who are living in long-term care facilities.

Aims
- Develop heightened awareness of health care staffs’ use of purposive hope facilitation strategies in long term care.
- Strengthen staff resolve to purposively engage in hope promotion strategies with their residents.
- Normalize explicit hope facilitation as a vital component of care.

Method. An educational workshop was used to teach staff specific hope-focused strategies for working with residents in long-term care. Participating staff were interviewed prior to the workshop to ascertain their knowledge and understanding about hope. Following the workshop, the researcher spent some time in the clinical area to observe the health care staff practice and identify through observation and conversation with each staff member, specific incidents of intentional use of hope strategies in their practice. Selected residents were also interviewed regarding their feelings/experiences related to use of hope.

Results. Researcher is finishing data collection phase and she will report the results at the conference.

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Investigating the experience of caring through a phenomenological approach
**Premise.** While doing research, it is not only important to gather interesting findings, but also to increase the reflection on inquiry methods, in order to understand the best way to implement research within the healthcare field. Consequently, there are two sides to a research question: a thematical side and a methodological one.

**Thematical question.** In Italian health contexts, there is little reflection on the topic of “caring” in the practice of nursing. Whereas training for nurses mainly focuses on scientific and technical expertise, in everyday practice nurses are in fact required to care, and the labour of caring is very demanding. In order to modify this health culture, it is necessary to ask nurses what they think about care, that is, what meaning they attribute to their lived experience.

**Methodological question.** Since the phenomenological approach is largely applied in the nursing field, it becomes particularly interesting to investigate it thoroughly, by devising a method of data analysis effectively capable of putting in act the fundamental principle of phenomenology, that is, the Husserlian principle of faithfulness to the data. Our assumption is that the application of this principle is a necessary condition for a well-grounded qualitative research.

**Structure of the research.** The research adopts a qualitative approach. In order to collect the data needed to answer the thematical question, I carried out some interviews to a group of nurses engaged in a post-graduate course in “health management”. The interviews were structured around six critical nodes; the questions were formulated during the course of the conversation, based on the flow of ideas emerging from the dialogue.

**The interviews were analyzed** with a specific method, which I devised as a rigorous inductive process of data elaboration. This phenomenological approach, which is informed by an eidetic perspective, assumes the description as the fundamental epistemic mode of inquiry. This method is presented in a detailed way: (a) by explicating in which manner it allows the research to be faithful to the essence of the lived experience of the participants and (b) by discussing the critical points of this method.

**Aim.** Through this research, we aim, on the one hand, to explore the care culture in nursing, in a context where care is undervalued and under-theorized, and on the other hand, to work out an effective way of interviewing that can be processed by practitioners. In this perspective, the results will be shared with the nurses.

**Method.** On this premise, I carried out 24 interviews with a group of nurses engaged in a post-graduate course in “health management”.

I began by organizing a first meeting with the nurses, where I made the concept of care explicit, using the Heideggerian thought as a starting point, in order to share the conceptual frame[,] which is the background of the research with them. A second meeting was dedicated to presenting the phenomenological mode of analysis. These meetings, aimed at making nurses aware of the approach to theoretical and epistemological research, were important in order to avoid any kind of objectivation by the practitioners. The interviews were articulated around six critical nodes; the questions were formulated in the midst of the conversation on the basis of the flow of ideas emerging from the dialogue.

**Results.** The paper is aimed at presenting: (a) the path of analysis and (b) the data that emerged.

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The theory-practice gap revisited clinical supervision in nursing education discourse analysis of supervisory talks

**Background.** The study is about discourses in clinical supervision in nursing education. Clinical supervision is seen as a core activity in the educational process aiming at the unification of theory and practice. The research questions are, what discourses are uncovered in clinical supervision, how do the participants interact and why is the clinical world constructed in certain ways?

**Aim.** The aim of the study is to develop a tentative theoretical model of clinical supervision in a caring science perspective.

**Method.** The research paradigm is qualitative seeing nursing education in a caring science perspective and learning in a social-constructivist perspective. The methodological approach is discourse analysis. The participants are students, clinical preceptors and college teachers purposively selected from different levels and contexts in the undergraduate programme. The data material encompasses supervisory talks in dyads and triads, individual and focus group interviews, written narratives and formal documents.

**Results.** The results, which will be presented and illustrated with extracts from the triad talks, indicate that (i) the representations of the clinical world are multiple; (ii) two main discourses are framing the talks, one about caring and one about learning; (iii) the reasoning about the clinical world is dual, theoretical and practical and related to supervisory approaches as critical and supportive; (iv) a hierarchy of voices is uncovered characterizing the interaction between participants; and (v) a theory-practice gap is revealed locating theory in a dominant position. The findings will be discussed and some suggestions made to unite the worlds in the educational process.

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Patient involvement in dementia care—opportunities and challenges

This study is focused on the care for people living with dementia. The foundation for practice performance has been changed on national basis: from the more traditional
beneficially oriented practice towards a practice based on human rights. These ideas have found their way into today’s legislation and political regulations. The aim of the project was to understand staff’s attitudes towards the patients and to study if a humanistic philosophy would influence the patient’s safety, and support patient’s involvement as a basic value, even when the patient has a dementia diagnosis. The study was accomplished in a Nursing Home with patients living with dementia younger than 65 years of age. The staff members were included in the study. The staff’s perspectives are illustrated by three cases. To get multiplicity in the collection of data, a methodological variation was used. Transcribed documentation from nursing journals and focus group interviews were analysed and the data was systematized and categorized before further interpretation. As a result, four main categories were formed, (1) self-determination (autonomy); (2) involvement; (3) limited involvement; and (4) none involvement. Opportunities and challenges are described according to these categories. The conclusions are, from the staff’s perspective, that dignity is independent of patient involvement, and includes treating the patient with respect in any situation. Both independence and borders might make the patient feel safe, dependent of the cognitive impairment and the ability of self-reliance. Further, practical wisdom and professional reflection are described as fundamental for giving power to the patients. The research findings create basis for implementation of new practical guidelines.

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Nursing research and the phenomenological approach: An analysis of peer-reviewed empirical studies

In the late 1990s, phenomenological nursing research was under serious attack with some researchers being accused of disregarding fundamental principles of phenomenology and misunderstanding key concepts. Nursing researchers were accused of having undertaken phenomenological research without sufficient knowledge of phenomenology. This led to a discussion about phenomenological research methodology in order to enable researchers to pursue empirical research within the phenomenological tradition. The discussion highlighted the theoretical complexities of phenomenology as a research approach.

Focusing on empirical studies in nursing, the present paper aims to contribute to this discussion by highlighting and critiquing the ways in which phenomenology and phenomenological method are presented in published empirical studies. The analysis is based on peer-reviewed articles from 2006 to 2007. This paper discusses (1) how the researchers named their approach; (2) which methodological keywords they listed—if any; (3) how they described design and analysis; and (4) how they presented their findings. Our analysis revealed considerable variation in all four areas, ranging from brief to detailed presentations of the approach applied, and from inconsistencies to methodological clarity and rigor.

Differences in the presentation of phenomenology and phenomenological method have consequences for the conduction of future empirical studies and implications for the legitimacy of nursing science. The question is raised how nursing researchers and journal editors may contribute to clarity and rigor.

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Motivation for self-regulation in adults with type 2 diabetes

Background. Regulation of type 2 diabetes requires considerable and lasting lifestyle changes to ensure adequate metabolic control and to prevent later complications. Therefore, the necessary self-regulatory behaviour requires particular motivation. There is a call for more knowledge about which factors influence this specific motivation.

Aim. The purpose of this study is to explore how adults with type 2 diabetes perceive central factors influencing their motivation for self-regulation.

Method. The study has a qualitative approach using focus group interviews. A sample of 19 participants, 35–65 years, with duration of type 2 diabetes of at least one year, was recruited from general practitioners, a University hospital and the local Diabetes Association. For the focus group interviews, three groups of people with diabetes were conducted with 5–7 participants in each group. The moderator of the focus groups guided the discussion according to an interview guide based on the expectancy-value model of achievement motivation developed by Eccles and her colleagues. Three main topics were discussed, (1) experience of the conflict between personal goals and demands of regulation; (2) experience of support from the healthcare professionals, family and friends; and (3) expectations and beliefs related to self-regulation. The discussions were audio taped and transcribed verbatim. Data were analysed by using qualitative content analysis.

Results. Preliminary findings show that achievement motivation is more difficult when goals for adequate self-regulation are in conflict with other more attractive goals. Other findings from the focus group interviews will be presented at the conference.

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The nursing care of children with developmental disabilities—a case study on a children’s neurological ward
**Background.** Children’s neurological nursing is undefined and there are only few studies about the subject. Role of the nurse in a multidisciplinary team is unclear.

**Aim.** The aim of this study was to describe the nursing care of children with developmental disabilities at children's neurological ward. The research problem was to explain what the nurse does during the hospital period of the child and how the nurse does explain her actions.

**Method.** A qualitative case study was used. The data was collected at one Finnish children’s neurological ward. Data collection included one week of observation of a nurse, videotaping her activities with the child, interviewing her by using “think aloud” method, reading of nursing records and an open-ended questionnaire by e-mail. The target was to create a case description, and data was analysed with an inductive content analysis.

**Results.** The case description revealed that of the essential meaning of nursing at children’s neurological ward is in rehabilitative nursing. It consists of evaluation of the child’s skills and behaviour and the family situation, promoting the development of the child, and the family and day care counselling. The nurse also takes care of the child’s basic needs and physical health, family supporting and various practical arrangements. Future research should focus on rehabilitative nursing and particularly on how it encounters the needs of children and family.

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**Recalling the Future—a method for children’s interviews**

In our Nordic comparative study on vulnerable children’s well-being, a qualitative method called Recalling the Future is used exploring the child’s life situation. When recalling the future the child imagines, (1) how the things are after a year (or another defined point in time) when they are fine from her/his perspective; (2) who helped her/him and how and what (s)he did to bring about good changes; and defines (3) her/his past worries (today's worries).

‘Recalling’ the future-method has initially been developed as a tool for clients situations in which the purpose is to produce a plan together with various actors. It is grounded on a solution and resource based approach. The focus in a solution-based interview is in the future, not in the present (de Shazer, 1991; Berg, 1994). Future is outlined as functioning in a satisfactory way, when solutions have been found to all the essential problems. Yet, the method does not focus only on the future, but today’s worries and problems are approached retrospectively. That is to let possible solutions dominate future vision instead of letting present problems to overshadow it (Arnkil et al., 2000).

When worries and problems are approached from a positive future vision’s angle, they are experienced as less threatening than if they are described as here and now.

In our research, recalling the future-method is used as a tool in 41 children’s interviews. Our presentation will reflect on how this method has worked.

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**From independent person to elderly client: Changing roles in moving to care system**

Statistical data shows that Lithuania follows other European countries and becomes an old population country. Next to other solutions, this problem requires the development of medical and social care system. However, transition from independent living toward becoming client in the country is controversial.

The aim of the presentation is to discuss the elderly people's experience of role changes in the process of transition from independent living to care system.

Two qualitative research (in day care centre and in state institution for elderly people) using in-depth interviews were done in 2007.

The change of social roles of elderly is natural process of ageing. The research data confirmed a theoretical assumption that in the old age the person's psychosocial well-being depends on social involvement, and that changes of social roles weaken the network of social relationships. The loss of social status, the loss of spouse’s role—widowhood, the loss of paternity role, the new role of disabled, dependence on others was discussed in depth in the research. Research data showed that moving to care system depends on the changes in all these roles, but on the other hand, being a client also influences the network of social relationship and fulfilled roles. Services of health care and social system are accepted by elderly as final point at losing roles. Participants are clients but they are not accepting the role of the client or describing it as the final point of their life.

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**General practitioners different ways of understanding drug prescribing—a phenomenographic study**

**Background.** Drug prescribing is a complex process for the physician to deal with. It is a process where many factors may conflict. To improve drug prescribing, it is important to study the behaviour of physicians as well as their thoughts and experiences. The aim of this study was to describe variations in ways of understanding drug prescribing among general practitioners (GPs) in Sweden.

**Methods.** Semi-structured interviews were conducted with 20 GPs. The interviews were analysed by a phenomenographic approach to identify the variation of the GPs understanding of drug prescribing.

**Preliminary findings.** Drug prescribing was understood in five qualitative different ways: (a) Minimising risk by using recommended drugs or drugs that are familiar;
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Mapping family and social space in caring: A meta-method study

Social relations are about how we treat each other. They imply explicit and tacit knowledge, rules of behaviour, and values inherent in specific social spaces. When a family is struck by a life-threatening illness, the individual’s “life space” tends to shrink. This impacts the mutual relationships in the family, as well as the situation in the home. Therefore, there are obvious dialectics between spatial and social dimensions, when close relatives are afflicted by serious illness. This paper explores how research on homecare involves space in analysing social issues.

Meta-method analysis was chosen, in order to extend the review format and analyse meta-questions. Meta-synthesis in different research areas and fora involved the examination of a set of qualitative studies. Material was collected using the Cinahl, PubMed and Academic Search databases. These were supplemented by the Social Science Index, Sociological Abstract and Science Direct, to explore if aspects of care and space are treated in social science. The sample consisted of 38 articles, displaying a wide variety of methods.

Findings suggest that in the fields of caring and social-logical research, spatial factors are only implicitly described, and the dynamics of the social and spatial dialectics in home caring relationships seem to be rare. The concept of space in caring is found in a few studies in human geography. The observed absence of a spatial perspective in caring is problematic, since it neglects the fact that relationship and caring are situated in context.

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Developing “own knowing” exploring the implications for nursing practice and education

Background. Drawing on the findings of a scientific phenomenological study, which sought to understand something more about the lived experience of final year nursing students of learning through reflective processes, this paper seeks to consider what kinds of knowing were described by the participants as having emerged from authentic reflective activity and the implications of these types of knowing for caring practice.

Aim. The study aimed to explore and better understand the lived experience of learning through reflective processes, the nature, meaning and purpose of reflective learning, what is learned and the triggers and processes that enable meaningful reflective activity.

Method. Ten final year nursing students who felt that they had experienced learning through reflective processes were invited to describe their lived experiences of the phenomenon during taped phenomenological interviews. The rich and contextualised data was analysed using the four steps for descriptive phenomenological analysis proposed by Giorgi (1985).

Findings. The findings essentially differentiate between authentic reflective learning which enables the emergence of “own knowing”, and the academically driven activities often perceived as “doing reflection”. Authentic and significant personal ‘own knowing’ is derived from reflective activity often prompted by unpredictable, arbitrary occurrences experienced in everyday encounters in the professional and personal worlds of the participants. Engagement with authentic reflective activity is often triggered by an insistent and personal “felt” sense of a need to understand and know “something more for the self”, and this paper will explore the implications of developing and using “own knowing” within professional caring practice.

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Challenges in units which take care of self-harming patients—a qualitative study

Background. Self-harming inpatients are reported to be extremely challenging to deal with on psychiatric units, and the necessity to strengthen staff capacity towards these patients is emphasized in the literature.

Aim. The purpose of the study was to explore what challenges staff face when working with self-harming inpatients.

Method. The study was based on triangulation of data, methods and analysis. Seven head nurses were interviewed in depth, sixteen staff members provided data through open-ended questionnaires and one unit field observations were performed. Data were analysed in two steps. The first step was a theme-centred analysis in order to find the challenges experienced by staff. In the second step, an interpreting analysis technique was used, in order to understand the underlying mechanisms.

Results. Challenges were found within the domains of understanding the patient, dealing with the patient on the unit, intervening during the process of self-harming and staff ‘s own role-function. The challenges were interpreted within a theoretical framework, which
conceptualized self-harming as a four-dimensional phenomenon. In order to find how these dimensions of self-harming were involved in the challenges, the analysis was performed and validated through three steps in the analysing process; identification, correspondence and coherence. The relational dimension of self-harming was the most widespread in the challenges, followed by the functional dimension. The most complex challenge to deal with was the unpredictability of self-harming, followed by challenges relating to the contagion effect, the assessment of self-harming and focus in the relationship with the self-harming inpatient. The study confirms the complexity of self-harming and highlights the need to strengthen staff’s relational capacity towards self-harming inpatients.

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Making new meanings of being-in-the-world after cancer treatment

Background. The treatment of oral cancer can result in difficulties in satisfying basic human needs such as eating, tasting, swallowing and speaking, but how does it feel to live with these symptoms? What does it mean to be a human being living with the consequences of oral cancer?

Aim. The aim of this study was to explore what it may mean to live with the consequences of oral cancer.

Method. Five patients with oral cancer were interviewed a median time of four years after treatment start. The philosophical theories of phenomenology and hermeneutics were used as research approaches to interpret the transcribed interviews.

Findings. Analysis revealed that the consequences of oral cancer affected the being-in-the-world of the participants in three ways, “existing as oneself”; “existing in the eyes of others”; and “existing with others”. Interpretation of these findings revealed individuals silently struggling, physically, emotionally, and existentially, to adjust to a changed way of living. In this way, the use of hermeneutics has shown the continuing impact of oral cancer and of how the changes in the mouth after oral cancer treatment affected the entire being-in-the-world of these individuals. Against the background of the philosophy of Martin Heidegger, these findings reveal how essential the mouth is to a human beings’ identity and existence.

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Eating difficulties—implementation of a focus group research programme as a nursing management intervention in a psychiatric outpatient ward

Background. Mothers’ experiences of guilt and shame due to suffering from eating difficulties (ED) were explored as a sub study by The Women’s Mental Health research project group at the University of Stavanger.

Aim. To describe a group art programme that also served as a data collection method and to discuss whether data from such groups can be used for nursing interventions in clinical care.

Methods. The programme was based on the idea that the language of art and cognitive theory, as well as relevant clinical nursing experiences, can be used to enrich verbal reflections in qualitative data collection. Five women participated in the programme, which targeted their experiences of having ED in relation to being a mother, guilt and shame, and self-expression in the art group. Data were collected using focus group interview techniques and analysed by means of qualitative content analysis.

Preliminary results and potential implications for nursing practice. The participants reported difficulties related to emotional and bodily challenges such as guilt and shameful experiences that had to be concealed in their everyday life. Such programmes allow important findings and analysed information to be fed back to health care workers, thus ensuring ongoing knowledge development. The findings from this study may help nurses to assist mothers suffering from ED to break the cycle of shame and ED being transferred to their child.

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Qualitative Research approach to develop evidence based knowledge in social work

In Scandinavia, the old cold war between quantitative and qualitative research approaches seems to have restarted. In the paper, I argue for the need of a broader conception of evidence in social work than the one that seems to prevail in Scandinavia/Norway at present, and following from this for a broader approach to evaluation. The Norwegian Directorate for Children and Equality increasingly uses the term knowledge-based instead of evidence-based when they describe the practice they aim to develop through research and development. Nevertheless, I do have the impression that the preferred types of evidence are those that can be measured in numbers, and that the preferred approaches to evaluation are those that involve controlled trials or other quantitative and experimental methods.

In the presentation, I will show how using the life-mode interview as method of data collection in evaluation can produce evidence for quality improvement of social work, provided that we recognize a broad definition of evidence.
The argument in favour of using the indicated method is based on experience gained from my doctoral thesis in social work, entitled, “Ordinary and extraordinary. Home-based Interventions with 14–18 year olds” (Sagatun, 2005).

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The relationship between social constructionism and qualitative method

The aim of this paper is to analyse the relationship between social constructionism and qualitative approach. Based on the fundamental assumptions of social constructionism, we argue that scientific inquiries that adopt it as its theoretical conceptual framework must use qualitative methods to collect data and to analyse the collected data. A fundamental assumption of social constructionism is that social reality is constructed, which means that it is not an ontologically objective, given reality. It is instead an ontologically subjective reality, which can be study from the viewpoint of objective epistemology. Qualitative methods are suitable for studying ontologically subjective data, i.e. the so-called qualitative data. To collect such data are, for example, qualitative interview and fieldwork of utmost relevance, whereas to describe qualitative data the most appropriate method is descriptive phenomenology. To analyse qualitative data there are a lot of qualitative methods, e.g. discourse analysis, narrative analysis, phenomenological hermeneutic analysis, ethnographical analysis, phenomenographical analysis, and analysis according to Grounded Theory.

Our special method in this paper is philosophical analysis according to the philosophy of social sciences; in line with inter alia, John Searle and Ian Hacking.

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Development and implementation of evidence based family oriented support for young carers and their families: Challenges for methods and content

Background. In Germany, hardly any specific support for young carers and their families is available. Their specific situation has recently been explored by a Grounded Theory study.

Aim. To develop and implement evidence based family oriented support for young carers and their families, based on these research findings, which focuses on families’ individual needs but is evaluable at the same time. Main outcome will be family members’ quality of life.

Method. The results of the Grounded Theory study point out important issues that need to be covered by the intervention. In order to consider the multilayered needs of very different families concerned, the content of the intervention will be generated modular. The families will select specific modules according to their individual needs, thus the intervention differs from person to person.

Evaluation of such an intervention makes a combination of both qualitative and quantitative methods necessary: To verify whether the intervention contributes to an increase of quality of life, an RCT will be used. Qualitative methods will be used to understand whether the intervention helps to relieve every day life as well as how the modules can be sharpened and improved.

Conclusion. Qualitative research findings help to develop new interventions that focus on peoples every day life; triangulation of methods will enhance its differentiated evaluation, which then increases the evidence of the intervention.

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Academic supervision—the students’ perspective on their rights and responsibilities

Background. Guiding and facilitating the development of students’ education and research experience on different level university programs has been little explored. This study is a part of a larger study focusing on academic supervisors’ and students’ perspectives on the value of academic supervision. The role of the academic supervisor demands multiple skills and abilities.

Aim. To explore students’ experiences of academic supervision i.e. the role of supervisor and student rights and responsibilities in the student-supervisor relationship.

Method. A qualitative content analysis was employed to analyse the transcribed text of the individual interviews (n = 18).

Findings. The findings of this study highlight the fact that it is difficult to articulate expectations about the nature of supervision and it is necessary for students to receive feedback on their research activities. Students must be reflective and active in order to achieve their goal of becoming a researcher and completing their doctoral thesis.

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“The eye for movement quality”—a qualitative study of movement quality reflecting a group of physiotherapists’ understanding of the phenomenon

Background. In watching human movement and focusing on movement quality, we often observe movement pattern that are unbalanced, uncoordinated, stiff, staccato, un-rhythmic and in disharmony. Movement quality is a phenomenon frequently used by physiotherapists with little clarification.
Aim. The aim of the study was to reveal a tacit knowledge in a group of experts' physiotherapists investigating clinical experiences in order to identify features and characteristics considered important in a physiotherapeutic context.

Method and material. A phenomenological study using in-depth interviews was chosen. In the interview situation the informants were encouraged to describe what they meant by movement quality based on clinical situations. Ten copies of fine art were used to stimulate the description of the phenomenon. The informants were 15 physiotherapists, live from each field of neurology, psychosomatic/psychiatry and primary health care. They were nominated by physical therapist leaders in the region. The informants were all known to have a record in successfully promoting movement quality in their clinical practice. After being nominated, each physiotherapist was contacted and invited to participate. They ensured their willingness by giving a written informed consent. The informants had postgraduate education in Bobath, Feldenkrais and in Laban, in Norwegian Psychomotor Physiotherapy, Basic Body Awareness Therapy, postgraduate education in treating chronic pain patients and athletes on a high level. Each interview lasted for about 1.5 h. The interviews were audiotaped, transcribed and sent to the informants for confirmation. Giorgis' recommendation concerning analysis of the interview data was followed including multiple levels of interpretation.

Results. This study revealed that the phenomenon covers two layers: a general impression of movement quality and four themes of basic elements and movement characteristics. They are all interacting processes that cannot be separated. On the background of the findings, the Movement Quality Model (MQM) was developed to give an overview of the essence of a whole. It illustrates the two layers, the synthesis of the whole and the four themes: the biomechanical, physiological, psycho-socio-cultural and existential. Each theme includes the precondition to movement quality and movement characteristics. Precondition refers to fundamental elements important to be integrated in movement, like postural stability, free breathing and awareness. By characteristics is meant an aspect or a particular quality expressed in movement, like the path of movement, flow, elasticity, rhythm, intention, self-awareness.

Conclusion. The MQM illuminates essential features and characteristics in the phenomenon. The data developed gives support to a multi-dimensional ground as basic category in physiotherapy. This is analogous with a holistic view on human movement. Further research is needed to validate the model and for clarification and application in clinical practice.

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Will leaders who are recruiting mental health professionals for a position in mental health service get professionals who can fulfil government policy?

Background. The purpose of leadership in care management is to get the best match between the professionals' skills and skills, which are necessary for fulfilling the governmental policy goals in mental health service. A build-up plan in mental health has given goals for the service; some are reached but not all. Recent studies show that mental health professionals who are working in the field do not have a proper understanding of peoples problems, and also have a limited understanding of some of the aspect of mental health problems.

Aim. The key question in this study is whether leaders who are recruiting mental health professionals for a position in mental health service get professionals who can fulfil government policy.

Method. The study have a qualitative design with interviews as a methodological tool and are based on interviews from 11 leaders and 19 mental health workers in different departments in one health enterprise and two municipalities.

Results. The study shows that the leaders' main priorities in the recruitment process are based on four competence areas: collaboration, role model, loyalty and professional skills. In addition, specific psychological skills are sought. Some of these skills are ambiguous. The question I want to discuss with you is; how can we understand these findings. Can these skills fulfil the government's policy and help people gaining meaningful activities and relationships or are the skills unintentionally representing an obstacle for such fulfilment.

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The organising implications for change in healthcare

Background. The principles of evidence-based practice are being embraced yet the gap between evidence and practice remains wide. Embedding evidence into practice requires an understanding of the context, the process and the cultural configurations that enable and impede it; yet innovative ideas are generally not accompanied by plans for their implementation. Clinicians, and managers, may not have a well-developed understanding of how to organise for change and good ideas can go to waste.

Aims. To present findings of qualitative research into intensive and end-of-life care organisation; to identify enablers and impediments to improvement; to present a method for interpreting workplace culture; to discuss how evidence can be produced and taken up in practice.

Method. An ethnographic study augmented by focus groups and interviews undertaken in an ICU in a metropolitan teaching hospital in Sydney, Australia to gauge the extent to which clinicians and managers engage with the organising implications for improving healthcare outcomes. The data were analysed using a grounded theory approach.

Results. The research identifies organisational fracture points where opportunities to contribute “good ideas” are taken up or lost, namely: within the clinical workplace,
between clinical service units and between clinical and administrative domains. These research findings are a mirror through which clinicians and managers can reflect on their own values and actions. By reflecting on workplace cultures, clinicians and managers can conceive of the essential skills needed to span social, disciplinary and subsystem boundaries to produce desired healthcare outcomes.

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Patients involvement within a community based mental health centre

Background. This study was conducted as part of the research project “Service user involvement in mental health care”. The main goals are to conceptualize service user involvement in institutional mental health care, and to implement and study effects of an organisational learning intervention with focus on user involvement within two community-based mental health centres in Norway.

Aim. The aim of the respective study was to investigate how mentally ill patients perceive to be involved in their care and treatment while admitted to a community-based mental health centre.

Methods. 20 patients between 18 and 70 years were interviewed during August 2007. A semi-structured interview guide was used in all the interviews. The data material were analysed by means of quantitative and qualitative content analysis. The number of yes and no responses were counted. Qualitative content analysis was applied on the patients’ statements about their experiences with involvement in treatment and care within the institution.

Results. The results show that the majority of patients are involved in the planning and implementation of their treatment. Patients discuss their medication with mental health professionals. Most patients are not involved in filling out the treatment plan and they have few opportunities to influence decisions regarding the appointment of therapist. Important aspects for patient involvement are positive relations between patient and health professionals, the need for patient initiative to participate in treatment and the importance of flexibility in ward routines. The results from these interviews provided valuable input to the progress and activities in the ongoing learning intervention within the institutions.

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A concept of caring developed from three perspectives

International research indicates that patients and their families have not always been satisfied with the health care given them, and they suffer. To be able to alleviate suffering it will be necessary to describe varied experiences of care. In this article, three diverse perspectives—those of the health care professionals, the patients and the relatives are described, analyzed and interpreted. In doing so, the researcher makes use of the phenomenological, phenomenographical and hermeneutical approaches.

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Community based research—children’s health services in Sandnes

Background. This is a partnership project between Sandnes municipality and the University of Stavanger. The public health perspective is employed as an inter-professional framework in the community services and the main terms employed are collaboration, competence and service user involvement.

Aim. The coordination and development of services for children and young people.

Method. Action research is the main research method. However, sub studies (master level) have been established using qualitative methods. Research questions have been developed based on the municipal health service programme for children aged 0–5 years. The project group includes representatives of the child health services in Sandnes and the University of Stavanger, as well as a psychiatrist and two parents (service users) and master students. The project group is involved in every phase of the research process.

Results. The research project is ongoing. It reflects the close links between research, practice and education and focuses on research-based practice and practice based research. It will contribute to new knowledge and revised content in the health service programme.

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Innovation in the undergraduate nursing curriculum

Lecturers should aspire to provide excellent quality in their provision of teaching in higher education and ought to constantly reflect and evaluate both the effectiveness of their teaching and the value of the curriculum. Innovation is an evolutionary concept, continually unfolding and responding to a rapidly changing world (Burnes, 2004). This particularly applies to the higher education nursing curriculum. In addition, at a time when drop out rates are high and undergraduate nurses embark on university programmes in ever-greater numbers, teaching students in large lecture groups may be a false economy, without also backing that teaching up with smaller group activities.

This paper considers the implementation of changes to the delivery of a sociological module within the undergraduate nursing curriculum. When introducing innovation in any organisation it is useful to be aware of models of managing innovation. The diffusion of innovations model put forward by Rogers (2003) was used during this process.
The number of large group lectures was reduced replacing them with smaller group workshops, an elementary innovation, but one that produced particularly positive results. When these changes were evaluated a majority of students stated that they enjoyed the discussion sessions and other workshop activities. Some of the students praised the module delivery for “promoting interactive learning” and a large number felt that their understanding of the subject had increased. After reflecting on this experience of innovation, it could be argued that changing the delivery method of this module has made a significant contribution to the module and to the undergraduate nursing curriculum.

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A meeting point for innovative clinical patient related research—a facilitator for critical utilization of diverse research methods?

Background. Quantitative and qualitative research methods have mainly been used by different health care researchers in different contexts. Today, we recognize a development in clinical patient related research where researchers increasingly take possibilities for diverse research methods of different philosophical backgrounds to complement and influence each other. In areas with strong traditions from medical clinical research, a key issue in such a development is enhancement of in-depth knowledge and stringency in qualitative research methods.

Aim. Within an academy of health sciences (medicine, odontology, pharmacology, and health care sciences), a project was set up with the aim to develop the use of and integration of qualitative methods in clinical patient related research. The specific aim was to create a meeting point for clinical researchers to exchange experiences in order to foster innovative approaches in clinical patient related research including utilization of qualitative methods.

Methods and results. A multidisciplinary team was formed. During the first year, a meeting point, in terms of repeated research seminars for researchers in the academy and in clinical settings have been performed. Issues raised in these seminars have ranged from epistemological and methodological issues to designs and practical techniques. For the second year, activities will also include doctoral education course work. The need for collaborative research projects in order to focus on methodological issues rather than specific clinical questions has surfaced. In the presentation, experiences gained will be reflected upon and problematized.

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The meaning of rhythm in processes of rehabilitation

Background. The phenomenon of rhythm connects to cyclical courses of events, of crucial importance to human life. Illness can be understood as a disruption of rhythms in our being-in-the-world connected to time and to the way we are incarnated.

Aim. The purpose of this study was to deepen the understanding of the phenomenon of rhythm in the processes of rehabilitation, in the perspective of physiotherapists and dance and movements therapists.

Method. Within a hermeneutic phenomenological approach, life-world interviews were performed with nine experienced physiotherapists and dance and movement therapists. Heidegger’s Dasein analytical perspective and Gadamer’s understanding of health and illness have been drawn on in the interpretation.

Results. The phenomenon of rhythm in the perspective of the participants can be understood as following: The human being-in-the-world can ontologically be interpreted as rhythmic. Rhythm is something that creates structure, enables security despite chaos, and has a sheltering function. It can be understood as something that facilitates health and recovery and has a central part in maintaining health. Rhythm is a condition for good recuperation. Rhythm enables getting in touch with oneself; opens up for reflection about ones own relationship towards time and works as a foundation making new experiences possible. It expands the ability to express oneself. Rhythm promotes interplay and fellowship, may act as something to unite around enabling dialogue and mutual understanding, and can be the prerequisite for participation on own terms. Nevertheless, rhythm can also be experienced as threatening, not wanted to be shared, taking overhand and be manipulative.