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Posters

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Women's reproductive health; exploring the identity of a female employee when she becomes a mother for the first time

Background. In Norway, approximately 41% (23,493) of the childbearing are first-time mothers. Over 80% of the Norwegian women of childbearing age work outside the home. As an employee, the Norwegian women have the right to 44–54 weeks maternal leave. A literature review made in spring 2006, covering 1996–2006, with the keywords pregnancy, motherhood, mothering, expectations and experiences, adding with a manual search, identified 20 studies describing different challenges in the period of pregnancy and early motherhood. The review showed a lack of research related to women's expectations of motherhood, how the woman prepare for motherhood as well as her need of support. Few studies consider the pregnant and new mother as an employee.

Aim. To deepen the knowledge and understanding of female employee who becomes a mother for the first time with focus on her experiences of pregnancy and motherhood.

Methods. An explorative, longitudinal study design with interviews as data collection method was used. The sample consisted of 10 purposively selected women recruited by the community mother–child health service. The interviews took place at 37 weeks gestation, three and 13 months after the birth.

Results. The forthcoming results will focus on the pregnant employee's expectations and preparations for motherhood; The first-time mother's experiences of interaction and need of social support during the period of maternity leave; The woman's experiences of motherhood after she has returned to work; The woman's experiences of being an employee after she has become a mother.

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Shift report

Oral report and silent report; benefits and disadvantages. Nursing experiences

The traditional nursing shift report has attracted criticism to its role in modern nursing. It is regarded by several health planners, politicians and health researchers as time consuming and inefficient.

This study is based on a qualitative research design and takes on a hermeneutical perspective. The method of

research is semi-structured qualitative research interviews. Ten nurses have participated in the study; of them six nurses have experience with so-called "silent report" and four do not.

The data analysis is informed by theoretical approaches from within the social sciences. The findings are seen in light of multiple theoretical perspectives; among others Per Måseide's view on medical sociology, Torunn Hamran's "pleiekulturen" and Kari Martinsen's philosophy of caring.

The study shows that the nurses are dedicated and concerned about their work, and the interview material contains two major tendencies:

1. The nursing shift report as a group process.
The quality of the report influences on how the nurses plan their work. The shift report provides an opportunity for professional communication that supports role socialization and development of a cohesive group process at the ward. The shift report thereby becomes a powerful arena for organizing work, for professional communication, learning and socialization.
2. The nursing shift report as an individual process.
Silent report represents a new report system where the aim is to improve the quality of the written documentation, to gain more efficient organization and care planning and to save time. This has led to individualization of work, and role socialization and learning have thus become an individual responsibility.

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The search for methodological congruence: Integrating QoL measures in qualitative research

Background. A concurrent nested (Creswell, 2003) research approach enables the use of a small amount of quantitative data within a broadly qualitative study. The literature is sparse on the impact this may have, in terms of both methodological congruence and bias.

Aim. To consider the implications of choosing a quality of life (QoL) tool for a study investigating the meaning and experience of chronic low back pain (CLBP) when using Focusing (a psychological self-management intervention).

Method. CLBP is a widespread, subjective, multidimensional and dynamic condition and it needs a QoL measure to reflect this. A review of QoL tools was undertaken to assess their applicability in functional, epistemological and ontological terms.

Results. Three types of measures were identified: pain-based, generic and respondent-generated. A number of areas were problematized including, (a) the underlying

philosophy by which the tool was developed; (b) the functionality of the measure at the individual level; and (c) the potential effect or bias of the tool on the collection of the qualitative data. Methodological and philosophical dilemmas were explored. Finding minimal supportive literature, personal intuition became important in the attempt to identify a tool, which embodied coherence and consistency and minimised disruption through bias or philosophical dissonance.

It is anticipated that the final choice of the WHOQOL-Pain (UK version) will prove to be a tool that achieves these aims.

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Breast cancer: Women's coping and social support awaiting primary surgery

Background. To be diagnosed with breast cancer is a devastating event for a woman. The emotional reactions vary dependent on the women's personal and social resources. Although there is increasing research into a variety of aspects associated with breast cancer, there have been few in-depth studies on women's experienced problems, coping and social support in the preoperative period.

Aim. This paper reports a qualitative study exploring experienced problems, coping and social support in women (aged 41–73 years) with newly diagnosed breast cancer awaiting primary surgery.

Method. Individual semi-structured interviews were conducted with a purposive sample of 21 women with newly diagnosed breast cancer during the period February 2006–February 2007. Interviews were analysed using qualitative meaning condensation analysis.

Findings. Certain key terms were employed by the women in describing this phase: feeling healthy but having to adapt to the disease, uncertainty, having to wait, having to tell others and coping as “step-by-step”, “pushing away”, “striving for normality”, “comforting cognitions”, and optimistic thoughts. The need to have someone's attention, to be seen, to feel loved was vital in the coping process. The majority needed a balance between distance and closeness in their support network. The women in general wanted to be treated as usual and they commonly did not want any fuss to be made. Pity and compassion from other people seemed to increase their tension and feeling of vulnerability.

Conclusion. These findings can provide healthcare professionals with deeper understanding of woman's coping and social support as they face this diagnosis.

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Patients' Experiences as Part of Evidence in Rehabilitation for Chronic Obstructive Pulmonary Disease; Existing research and Future challenges

Background. Chronic obstructive pulmonary disease (COPD) is a usually progressive illness, with a heavy impact on quality of life. Improved health, including negative psychosocial implications are identified in moderate and severe stages. Pulmonary rehabilitation is recommended from moderate stages, designed to *reduce symptoms, improve quality of life, and increase physical and emotional participation in everyday activities* (Gold, 2006). Despite considerable research in the field, no conclusion has been drawn of which components of rehabilitation are essential, and how long the treatment effect persists (Lacasse et al., 2006). The use of qualitative methods in the field is sparse.

Aim. To focus on how qualitative studies of patients' experiences can contribute as part of evidence for COPD-rehabilitation.

Method. A literature review followed by a methodological discussion. An overview of (nursing) studies describes patients' experiences and the outcome of pulmonary rehabilitation. The concepts rehabilitation, experience, and evidence are elaborated on. A methodological discussion addresses development of knowledge and proceeding of qualitative research to address central issues in COPD-rehabilitation.

Results. Former (nursing) studies are mainly using quantitative measures of physiological and quality of life outcomes and coping strategies. The concept rehabilitation is complex, with dichotomies as biomedical; psychosocial; dependent-independent, and client-centred; expert-centred. A phenomenological approach to patients' experiences; as lived experiences from persons with COPD, can be valuable to grasp the meaning of the varied experiences in their contexts. Such empirical studies could contribute as part of evidence for a client-centred activity as COPD-rehabilitation.

Conclusion. Qualitative methodologies and phenomenological approaches to patients' experiences could be appropriate to expand the knowledge in the field of COPD-rehabilitation. Nursing researchers should contribute in this patient-centred field.

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Patient involvement and participation in surgical treatment

Background. This study is a part of the research project “User involvement in relation to patient and health care staff satisfaction in surgical context”. The main project-design will consist of two parts, (1) scale development based on theory and qualitative data collection. (2) (a) Questionnaire to patients who have undergone surgical treatment; (b) questionnaire to health personnel in surgical departments.

The main goal is to contribute to the understanding of user involvement in this area. We want to identify whether or not involvement in decision-making about treatment has

an influence on patient satisfaction with the quality of the health care services as well as on health professionals' job satisfaction.

Aims. The aim of the first part of the study is to identify how employees and patients experience user involvement in surgical contexts. These aspects will form the background material for the development of an instrument to survey patient and employee perceptions of user involvement and their impact on service quality in health care in surgical contexts.

Method and sample. Scale development based on theory and qualitative data collection.

Sample: 15–20 patients and health personnel in surgical departments.

Qualitative interviews

- A theoretical examination of the concept of user involvement and patient satisfaction in the area of somatic health care by means of a literature review.
- The informants will be experts from different disciplines such as medicine and nursing in surgical departments as well as patients who have undergone surgical treatment.
- Semi-structured interviews will be conducted to ensure a high response rate and complete answers, as well as allowing the researcher to clarify the content of the questions in the interview guide.
- All interviews will be audiotaped with the permission of the respondents and transcribed. The interviews will focus on issues of major importance for the concept of user involvement in surgical treatment and comments made by the informants will be probed and clarified. Dimensions of and items related to the concept of user involvement will then be extracted from the data material.

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Patient experiences of under nutrition during hospital stay

Background. Guidelines have been developed to prevent and treat under nutrition in hospitals. However, patients still develop under nutrition during hospital stay.

Aim. To obtain knowledge of hospitalized patient's experiences of being undernourished, in order to understand implications to nutritional care.

Methods. A qualitative interview study with hospitalized medical gastroenterology patients, at severe nutritional risk.

Results. 12 hospitalized patients aged 23–76 were interviewed. A classification of under nutrition in two groups was seen. One group was characterized with fatigue, lack of concentration and short-term memory. These patients found themselves insusceptible for motivation to take joint responsibility for their own nutritional care. The other,

more active group, found their self-determination extremely important. Control and attention on their specific nutrition problem, was felt needed. Goal setting was the overall motivating factor. Lack of appetite, bad taste and pain were reasons for anorexia. Side effects to medication were not expected alleviated by the staff. Patients hesitated to take pain medication because of side effects and because they felt it influenced their ability to participate actively. The majority of patients experienced the feeling of life-threat, connected to severe weight loss.

Conclusions. Severely undernourished patients could be divided in a passive and an active group. These groups should be attended to differently. One group felt they could not be motivated to take action towards their nutrition care. The other group was motivated by involvement and individual goal setting. Pain, bad taste and lack of appetite were indisputable reasons for anorexia.

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Implementation and use of “Individuelle Planer <A:4 >” (IP) on youths with serious and long-term psychological disorders

Background. IP is a method anchored in legislation to coordinate measures around persons in need of long-term and complex health services. IP is intended to increase collaboration in the health care system and increase client participation. It is based on clients' own goals and resources.

Aim. Achieve systematic knowledge on how introduction and implementation of IP is done, which professional and organizational factors promote or hamper IP function, on both a system and individual level, and on how it is possible to transform the intention behind IP into practical measures. It will illuminate the opposition and challenges in the difference between intention and reality when introducing new measures.

Method. A qualitative study, using semi-structured interviews of 22 leaders, 5 representatives of user-organizations, 24 patients and/or their relatives and 19 personal coordinators.

Tentative results. IP means different things to different informant groups, ranging from a great therapeutic tool to mostly be a struggle to a useful overview of who is responsible for what and when in the treatment process. Some patients are convinced they have received better and more coordinated help, and it might even give some increased quality of life. Others say they can not tell any difference while some even say IP have made the situation worse since they got some expectations which is not fulfilled. At the same time, no one questions the intention about better and more coordinated help.

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Patients' dependence on intravenous anti-TNF therapy provided by a nurse: A phenomenographic study

Background. Pain, stiffness and functional restrictions of the joints are the main problems for many patients with inflammatory rheumatic conditions. When conventional drugs fail to delay the development of the disease the patient may require biological treatment such as anti-TNF therapy. Some biological drugs are administered in the form of intravenous infusions and thus the patient is obliged to attend a clinic in order to receive his/her medication, which can affect everyday life as well independence. Therefore, it is important that the patient perspective is focused upon in order to improve the care.

Aim. To describe variations in how patients with rheumatic conditions perceive their dependence on intravenous anti-TNF therapy provided by a nurse.

Method. The study has a descriptive qualitative design and a phenomenographic approach. Interviews were conducted with 20 patients suffering from rheumatoid arthritis and spondyloarthropathies who were treated by means of intravenous anti-TNF therapy.

Results. Three descriptive categories and ten sub-categories emerged: Dependence that affords security (encountering continuity, encountering competence, having accessibility and obtaining information); Dependence that creates involvement (being allowed influence and being given freedom); Dependence that invigorates (obtaining relaxation, being seen as an individual, being taken care of and encountering the environment).

The patients perceived that the treatment led to feelings of security and involvement and stated that regular encounters with a nurse were invigorating. The patients' needs should constitute the basis for the nurse's role in the provision of intravenous anti-TNF therapy in an outpatient clinic.

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Hospital clowns working in pairs—in synchronized communication with ailing children

Background. It is hoped the research in three steps will increase our understanding of some hospital clowns' work with ailing children. The first study emphasized the hospital clowns' own perspective. Then, the second study will focus on the hospital clowns' work, as seen from the perspective of the staff. Finally, the last study will stress on the experiences of children and parents, as seen from their point of view.

Aim. The aim of the first study was to gain a deeper understanding of the work of some hospital clowns with ailing children. What distinctive features and working methods can be seen in the hospital clowns' work?

Method. The approach taken involved an interview study with 13 hospital clowns, 10 women and 3 men, between 30 and 60 years of age. The study was qualitative in design and took a hermeneutic approach.

Results. The descriptive analysis showed that the clowns' strategy of *working in pairs* enables them to treat the child with empathy and to acknowledge the child in a sensitive

manner. The theoretical analysis of hospital clowns' method of working in pairs indicated: a relational pattern, characterized by empathic preparedness, a communication pattern, characterized by balanced synchronization of body language and verbal expressions. The humoristic communication between the hospital clowns and the child worked to create an open space for play—a space in which all affects were allowed. The psychological value of hospital clowns' work with ailing children was discussed.

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Linking theory and practice: using small group interviews in primary health care research

Background. Interviews in small group for data collection are described in the literature, but its use is not generalized in health research. A qualitative research (critical social paradigm) was developed to explore the perceptions of primary health care (PHC) professionals about home physiotherapy (not yet implemented). Interviews with physiotherapists, social workers, nurses, paediatricians and GPs were used, including interviews in eight small groups.

Aim. Explore the results of using small group interviews based on an experience in PHC research.

Method. Discourses from 24 participants divided in three diades, three triades and two mini-focus groups with four and five participants were registered and analysed. The groups were designed simulating the way different professionals interact in their professional environment.

Results. The use of this approach allowed the registration of dialogues with a relevant level of depth. During sessions, participants interacted using their own professional experiences as a basis to illustrate their perceptions and expectations about home physiotherapy and a future implementation. Critics regarding the current home care approach and emotive moments also appeared. For professionals, the limited number of participants played a role in the atmosphere of confidentiality. The dialectical process led the participants into a more informed consciousness about the topic, its implications and their roles in the transformation of the situation. This method was useful for data collection, generating insights according to the theoretical perspective, the aim of the study and the context.

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Physiotherapists in the home environment: the emotivity in the discourses from primary health care professionals

Background. Home environment is described in the literature as a complex context for health professionals' intervention. Physiotherapy is considered an essential issue in relation to the home rehabilitation process in Primary Health Care (PHC), but in some areas, physiotherapy is

only a hospital-based service. For the implementation of this service, the perspectives from physiotherapists and other professionals from the multidisciplinary team in PHC can be useful.

Aim. Explore the perceptions of PHC professionals about home physiotherapy.

Method. A qualitative research (critical social paradigm) was developed using individual and group interviews to 54 professionals from Primary Health Care System in Majorca (physiotherapists, social workers, nurses, GPs and paediatricians).

Results. During sessions, some issues generated emotion. The feelings and emotive responses were registered when describing aspects related to the living conditions and socioeconomic problems for some families, the health demands of people at home (patients and caregivers) and the resources of professionals to face them, the family involvement and the interaction with other professionals. The lack of cooperation between service sectors (health and social care), was also emotionally described by professionals. Effects of early discharge from hospitals, and the difficulties to give integrated care and continuity were explained as key issues to be taken in consideration regarding a future implementation of home physiotherapy.

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Ill-treatment in women: aspects that influence their actuation

Objectives. To identify the factors that influence on the decisions that battered women make. To analyze how this factors determinate the behaviour of the women who suffer from ill-treatment. To set how this factors influence on the relations that battered women establish with the sanitary professionals who attend to them.

Methodology. The study population are battered women who live in Madrid province and who are being attended in the Municipal Points of the Regional Observatory against the Gender Violence. The information was collected by performing focus groups and deep interviews.

Results. There are several factors which influence on the decisions that battered women make, like the existence or not of children they have to take care of, the economic dependence and the ignorance of the woman, in some cases, of the existence of this ill-treatment, but over all, we could even say beyond all these, there is one that is the most important, common and we could say it is the main axis that determine their behaviour. This factor is fear.

Fear may be considered as a constant and main axis on these women's life, that influence on the relations that they establish and in the way they do it.

Discussion. As sanitary professionals who attend these women we may be aware of the psychological situation they are, and how fear determinate them to make decisions

in one way or the other, to be able to identify if the woman is asking us for help when she comes to us, because in many occasions she is not able or does not want to say it openly.

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Patients' experiences of quality of care provided at a psychiatric district centre—a Norwegian study

Background. Psychological health care services in Norway have been restructured in the past years. The psychological health care system will now have a more distinct, specialized profile and services will be more easily accessible to the population—coordinated by regional psychiatric centres. The goal is to create a holistic and interconnected network for treatment, which puts the perspective of the client front and centre.

Aim. The aim of this study was to describe how patients suffering from mental problems experienced the care provided at a regional psychiatric centre.

Method. The study is a qualitative descriptive design. It has a phenomenological hermeneutical approach, and it is based on unstructured interviews with 8 patients. The text is divided into main themes, sub-themes and basic themes.

Findings. Four themes emerged, the suffering; the institution; the local environment; and hope. The study found that psychiatric patients perceived their situation as stigmatizing. The traditional patient and nurse roles are changing in mental health care. In qualitative research, commonly accepted norms are created when the experiences of a few individuals lead to some form of recognition.

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Coping with distress through psychosocial skills training

Main objective with this Ph.D.-project is to examine the effect of a skills training program based on cognitive therapy. It will be investigated whether the program teaches participants skills useful in a daily context, whether increased coping level entails increased subjective life quality, and whether participants with severe pathology undertake and develop particular coping styles. Participants are psychiatric outpatients assigned to skills training groups by their therapist. For a further investigation of preventive aspects of the programme, it has been adapted to high school students.

The project has a quasi-experimental, non-equivalent group design. The effect of the programme is quantitatively measured by the development of an instrument measuring the specific skills taught, and by internationally validated instruments measuring coping styles, satisfaction of life, and pathology. The use of qualitative data is mainly threefold: Group leaders write logs after each meeting with the goal of capturing which components of the program

participants emphasise as important, several evaluations are carried out during and after the program, and therapists perform a semi-structured interview with their respective patient(s) shortly after the programme. Qualitative data is used to support quantitative findings, as well as investigate the theoretical foundation upon which the programme was developed.

The goals of the project can be summarized as, firstly, to develop a skills training programme for psychiatric outpatients and a skills training programme for students in high school. Second, to develop a measurement instrument for the programme. Third, by means of quantitative and qualitative data, investigate further the effect of the interventions in psychiatric outpatients and high school students and, finally, carry out a process evaluation of the intervention for psychiatric outpatients and high school students.

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“The relation between women’s bodily experiences and the development of fibromyalgia”

Background. Long lasting musculoskeletal pain is a poorly understood condition, for which there are no complete cure available. It is widely accepted in medical science that one does not know the medical reason for this very debilitating condition. I wanted to look into the development of fibromyalgia from a life world perspective.

Aim. The study seeks to investigate the life world of women with unspecific long lasting musculoskeletal pains, who are developing fibromyalgia, to see what kind of relation there is between their life world and their body problems.

Method. Retrospective qualitative life world interview of 5 women, based on the phenomenological theory of Merleau-Ponty and Husserl. The women were asked to tell about their lives from the time they felt the first small signs of pain in their bodies until they got the fibromyalgia diagnosis. The interviews were taped, transcribed, and analysed according to Giorgis’ scientific phenomenological analyses.

Results. They experienced prolonged mental and physical strain, and much pain in the body, in the years before they

got the fibromyalgia diagnosis. All had some kind of sorrow, serious illness and/or loss of close ones. They had problems with saying no to others, experienced hopelessness, powerlessness, alienation to own body and a dichotomy between body and self. Their bodies suffered from lack of rest and recreation. These phenomena are often unrecognized by doctors and health care workers, and they are supported by other studies.

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The provision of information in palliative cancer care—the voices of patients with gastro-intestinal cancer

Background. There is a considerable body of knowledge on the importance of providing appropriate palliative cancer care. Due to a variety of patient concerns, they may require diverse information from professionals and help to articulate issues of importance for their lives. Research indicates that there is a need for more studies about both giving and receiving information within palliative cancer care.

Aim. The long-term goal of this ongoing project is to contribute to the development of patient centred information processing in palliative cancer care. This paper describes patients’ search for knowledge and understanding while living with incurable gastro-intestinal cancer.

Method. The study design was fieldwork informed by life world phenomenology. 13 patients were followed over time by means of narrative interviews in different contexts, including an outpatient oncology clinic and the home. The results of a phenomenological case study have been presented and further analysis of all data is ongoing.

Results. The preliminary results describe patients’ search for knowledge and understanding in relation to different health care providers and contexts. In order to help the patients to handle their changing life situation, it has been suggested that their search for knowledge should be linked to the concept of learning.