

Knowledge for Caring Science – Directions and Options



UNIVERSITY OF BORÅS
SCHOOL OF HEALTH SCIENCES

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Key Note Lecture

The Challenges of Caring Science in the Economically Driven Care with a Focus on Illness

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Caring science exists in a health care context characterised by heavy economical interest, which pushes forward demands of efficiency as well as statistics and other forms of measurement. Intertwined is another characteristic: the focus of illness, which pushes forward demands of diagnoses and easily measured symptoms. Much more than has been done so far, caring science must deal with its contextual aspects and see how they influence caring science and the care that caring science wants to be. Caring science must make clear its position in modern health care.

In this paper, my aim is to discuss these relationships and give a view of how caring science can develop. I focus on three main problems: the relationship between caring science and the professional areas (including the theory-praxis dilemma) and the unavoidable question of evidence.

In this discussion, I draw on the insights from a recently published dissertation in caring science that emphasises carers' ability of "expanded awareness" (Ranheim 2010) as well as an established philosophical idea of existence as pending with "home and adventure" (Todres 2007).

Paper Presentations

Transcultural Encounters at a Medical Ward – Action Research, Drama and Ethnography

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In the light of the growing mobility of people in the world, there have been powerful arguments for extended knowledge of transcultural encounters in the health care sector. The heterogeneity of encounters may be a source of frustration and lack of confidence both by patients and professionals but also an incentive to increase and extend the imperatives of good care.

This presentation concerns a study initiated by the health care professionals at a medical ward in Sweden out of an expressed need to develop their competency in addressing the transcultural encounters they face daily. The study is performed by means of action research – a reflective process led by practitioners and researchers working together to improve practice and solve problems, here by using drama and group discussion. In order to understand transcultural encounters in the context of everyday life at the ward, an ethnographic fieldwork has been conducted.

The study highlights the importance of introducing a dynamic culture concept, which underscores the assertion that cultural practices and ideas are negotiated and changing and cultural identity co-exist with other forms of differences such as gender, age and class. By acknowledging differences and analyzing stereotypes health professionals have the possibility to provide the conditions for understanding dialogues across different lines of experiences.

Expectant Mothers' and Fathers' Needs of Parenting Support during Pregnancy: A Qualitative Study

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Aim: To describe expectant mothers' and fathers' perceived needs of support during pregnancy.

Background: Antenatal health professionals may provide important support to their clients in the transition to parenthood, provided that the services include both expecting parents and adequately address their needs.

Methods: A qualitative study based on four focus groups and 13 individual interviews. Data were gathered in 2008 with 32 first-time and experienced expectant mothers and fathers (median pregnancy 33.5 wks) in Sweden. Systematic text condensation was performed.

Findings: Four themes in relation to support during pregnancy emerged: 1) sharing with others, 2) to be in the pregnancy, 3) expert resources and 4) desired support. Pregnancy was a period of high support needs in all domains of social support. Sharing experiences with others, obtaining information and transforming it into knowledge were needs across all interviewees. Parents were often satisfied with the medical aspects of antenatal care, but required more psychosocial support, such as sharing their experiences with other parents in groups and more frequent visits to the midwife in early pregnancy. The men often felt invisible and were not as involved in antenatal care as the women, although both expectant mothers and fathers expressed a need for the father's involvement.

Conclusion: There seems to be a need to refocus antenatal services to offer more customised individual support in early pregnancy and emphasize peer support in groups. A challenge for healthcare providers is to involve both expectant mothers and expectant fathers during pregnancy through communication and encouragement so they can support each other.

Keywords: expectant mothers, expectant fathers, focus groups, interviews, midwifery, parental support.

Cancer Patients' Experiences of Sensory Impressions in an Acute Environment – Coping while being in Transition and Hospitalized

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Purpose: The study explores and describes how sensory impressions from the hospital environment such as architecture, decoration and interior affect cancer patient's ability to cope with the experience of being in transition and transfer.

Method: The study was designed as a qualitative semi-structured interview study and the analysis process was guided by the hermeneutical-phenomenological theory of interpretation as presented by the French philosopher Paul Ricoeur. Data were obtained at an acute hospital in Denmark by interviewing six cancer patients.

Results: Two main themes were found: To preserve identity and To strengthen courage. The participants experienced sensory impressions in the hospital environment having significant impact on their mood and ability to think positively. A view to nature relaxed the patients and helped them to forget negative thoughts. In addition, the view played an important role related to identity.

Conclusions: Positive sensory impressions in the hospital environment are found to play an important role for the patient's experience of the transition and coping process. It seems to help patients to preserve identity when the environments are recognizable and more homelike and with a view of nature. Furthermore, positive sensory impressions and the opportunity for recreation through environmental facilities strengthen the patient's courage.

The Meanings and Implications of Receiving Care

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The aim of this study was to gain an understanding into the concept of receiving care, from the perspective of the general public, nursing students and graduate nurses. The need for, and acceptance of care can occur at many different times during a human life and is sometimes necessary for survival. Experiences of receiving care are often retained as a tacit and subconscious awareness and knowledge. It is reasonable to expect that perceptions of receiving care can differ depending on different situation and experiences.

Data were gathered by a questionnaire containing an open-ended question, which were presented and answered by the general public, nursing students and graduate nurses. Content analysis was used to analyse the question posed. Having analysed the data, one main theme could be identified: being of value despite any potential disadvantages which include both edifying and not very edifying aspects. This study demonstrates that if one is in need of receiving care, there are not many choices available. Those requiring care must accept the situation and be prepared to leave themselves in the hands of caregivers.

Receiving care highlights the human mode of being, which includes experiences of being exposed, which in turn motivates a seeking for valued and appreciated mutual interactions within the caring process. Within current nursing practice, our findings confirm the necessity of nurses to be fully aware of the importance of mutuality when giving care to patients. It is essential that modern nursing education continues to emphasise and continuously review the many complex aspects involved in the giving of, and receiving care.

Keywords: Receiving care, value, disadvantages, implication, general public, nursing students, graduate nurses, qualitative questionnaire.

Caring Science Approach in Pre-hospital Emergency Care

- The Importance and the Challenge

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Objectives: The aim of the study was to highlight the carers' experiences of pre-hospital emergency care (PEC) and how they integrate caring science approach with medical knowledge.

Participants: Eleven carers, six paramedics, three registered nurses and two specialist ambulance nurses, were included.

Method: Data were collected by participant observations and field studies of the ambulance services. The study is founded in caring science and has a phenomenological approach.

Results: The major findings indicate that caring in pre-hospital emergency situations requires that the carers are alert, aware and prepared for an open and flexible encounter with the patient at the same time as they hold on to certainty and control. The pre-information from an Emergency Medical Dispatch (EMD) centre gives information that provides carers with basic expectations of what they will have to take care of. At the same time, their own previous experiences inform them that the meaning of the caring situations can be far different from the situation that is announced.

Conclusions: According to the findings, we emphasize that preparedness for everyday assignment entails being prepared for the unprepared, which makes room for encountering the individual patient waiting for care.

The Encounter with the Unknown

- Nurses' Lived Experiences of their Responsibility for the Care of the Patient in the Swedish Ambulance Services

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Registered nurses (RNs) in Sweden have the overall responsibility for the care of the patient in the ambulance care. RNs in the ambulance care are judged to lead to a degree of professionalism with a higher quality of the medical care. Earlier findings show the importance of interpersonal aspects in the ambulance care.

The aim of the study was to describe RNs' experiences of being responsible for the care of the patient in the Swedish ambulance service. A reflective lifeworld approach within the perspective of caring science was used.

Five RNs with experience from ambulance care were interviewed. The RNs' experience of the studied phenomenon is to prepare and create conditions for the care and to accomplish this close to the patient.

Three meaning constituents emerged: prepare and create conditions for the nursing care, to be there for the patient and significant others and create comfort for the patient and significant others. The studied phenomenon can be described as emerging from the encounter with the unique human being. The study can generate new perspectives on the ambulance care, and describe its complexity from a caring perspective which is important to develop and improve a qualitative ambulance health care.

Reflections on the Application of Julia Kristeva's Philosophy to Caring Science seen from a Research Field describing the Life Situation of People Living at Home on a Ventilator

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Background: People living at home on ventilators are a mix of adults, teenagers and children with various underlying medical conditions and needs, such as neuromuscular diseases, congenital disabilities, and lung and airways diseases. This group is considered as one of the most vulnerable in society today.

Aim: This presentation will shed light on the life situation of people dependent on home mechanical ventilator treatment through a brief discussion and application of Julia Kristeva's philosophical project.

Methods: The presentation will be founded upon a study based on narrative data describing the lived experiences of adults who had a common history of being dependent on a ventilator for maintaining health and/or avoiding death. The analysis procedure and presentation of findings are mainly in a narrative style.

Results: Phenomena such as existential loneliness, social isolation, physical bodily experiences and caring as a gift will be addressed and reflected on in relation to caring science.

Conclusion: Introducing Kristeva's philosophical ideas into a caring science paradigm may contribute to gaining a deeper understanding of the caring commitment as well as open up for new insights to the nursing profession and research concerning bodily conditions and feelings of estrangements that illness may create.

Key words: Home mechanical ventilation, Julia Kristeva, abjection, narratives, caring science

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In the Midst of the Unthinkable

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This abstract is based on research from three articles, published in international scientific journals, about the tsunami catastrophe. The aim of the research was to explore the meaning of suffering and relieved suffering of survivors of the tsunami catastrophe, 26th December 2004.

The methodological approach was phenomenology and hermeneutic phenomenology. Data consisted of TV interviews from the Swedish television services during the first week of the catastrophe and data from autobiographies written by tourists who experienced the catastrophe on site and lost loved ones.

The findings showed three features, during the tsunami and the week following the tsunami, i.e. motion, stillness and the shifting of perspective. The reflected experience of the catastrophe, i.e. the year following the tsunami showed "a focusing power", for example the experience of time as a lived now, "a world of despair" that for example was experienced as "a life of loose ends" and to "change in a changed life-situation", which for example was experienced as to walk on the "right side of the fragile thread between love and grief - as between the experience of being alive and being dead". The findings were analyzed in the light of philosophers such as Merleau-Ponty and Simone Weil.

Knowledge for Caring Science – Leadership and Clinical Wisdom

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First-line nurse leaders (FNL) are the largest group of nurse leaders in the Danish hospitals. Nurse leaders have important roles in creating a caring culture and FNL to a great extent influence staff care, job satisfaction and patient care.

The aim of this study was to investigate ten proficient first-line nurse leaders' caring practices for the nursing staff through two qualitative interviews.

The study is based on a theoretical framework that mainly draws on Hannah Arendt's principal work on thinking, Hans-Georg Gadamer's text on the phenomenon: Discernment, and Patricia Benner and colleague's empirical studies based on existential philosophy (Arendt and Heidegger) with caring as the core of human relations. Arendt, Gadamer and Benner provide a horizon of moral implications for this study. They have notions about what it is to be a thinking human being in a caring world and what it is to act with ethical discernment in clinical care.

The proficient FNLs' practises share a clinical caring awareness with the proficient clinical RNs though their practices are different. The study contributes to the understanding of the mutual relationship between FNL and RNs and a new understanding of nurses' ethical concern as a caring practice.

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Poster Presentations

Is Caring and Learning an Intertwined Phenomenon?

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This research aims to deepen knowledge whether caring and learning are an intertwined phenomenon in Dedicated Educational Units (DEU). The context is psychiatric and orthopaedic care, and the research is based on caring science.

The research question is this: What characterizes the relationship between caring and learning in a DEU? This will be illuminated from three perspectives; the student, supervisor and patient perspectives.

The question for the student is this: What is it like to learn the nursing profession by caring for patients on a DEU? The question for the supervisor is this: What is it like to supervise nursing students on a DEU? And the final question is directed at the patient: What is it like to be cared for by nursing students in a DEU?

The underpinning philosophical and theoretical perspectives are lifeworld theory, caring science and its didactics.

The aim of this project is to develop a supervision model that views caring and learning as an intertwined concept with the potential to support students' learning processes as well as patients' caring processes.

How do we best Analyze the Meaning of the Child's Experience and not just the Content?

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Traditionally, qualitative research on children has been from an adult perspective. The focus of the actual studies is on capturing the essence of the child's experience – from their own point of view. We are two Paediatric nurses and PhD students who plan to primarily analyze interviews with children of pre-school age (3-6 years old).

One study will investigate children's experiences and dealing strategies during procedures in health care settings. Parents and health care workers way of helping children to deal with these experiences will also be included. The other study will look at HRQoL in children with cancer, from both their own, healthy control children's and parents perspectives, over a three year period.

Issues of data collection: The environment will be unfamiliar for most children. For many children it could be the first time they experience this particular event. We, the researchers are also unfamiliar to the child. In the HRQoL study the children will meet the researcher many times and perhaps in different environments – even at home. One researcher will video tape her data collection occasions. Both will use digital recording.

We will include children from as young as three years of age, who do not have a fully developed linguistic capacity. Which age/stage appropriate tools and props assist the type of interview and children we plan to meet? How do we best ensure that they understand our questions?

The Association between Perceived Relationship Discord at Childbirth and Parental Postnatal Depressive symptoms:

A Comparison of Swedish Mothers and Fathers

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The aim of this study was to examine Swedish mothers' and fathers' perceived levels of relationship discord at childbirth and if these were associated with later postpartum depressive symptoms.

One week after childbirth, 305 couples' perceived level of relationship discord was measured using the Dyadic Consensus Subscale (DCS) of the Dyadic Adjustment Scale (DAS). At three months postpartum, the same couples answered the Edinburgh Postnatal Depression Scale (EPDS) questionnaire. The relations between perceived level of relationship discord and postpartum depressive symptoms were analyzed using standard nonparametric statistical methods.

The results showed that 16.5% of the mothers and 8.7% of the fathers reported postpartum depressive symptoms, and that there was a moderate level of correlation between the EPDS and DCS scores. Furthermore, the mothers and fathers partly differed regarding which areas of their relationship they perceived that they disagreed with their partner about. These results may be useful for professionals in antenatal care and child health centres as well as for family caregivers who need to be aware of the high level of depressive symptoms in recent parents, and that mothers and fathers may have different views on relationship discord.

Keywords: postnatal depressive symptoms, fathers, mothers, relationship discord.

The Systemic Meeting as a Method to Develop Lifeworld-Led Care

- The INM Case

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The notion of lifeworld-led care is seen in this paper as a systemic ambition, i.e. an ambition involving entire care systems. The systemic meeting is a method that has been tried for a number of years in Swedish health care, based on such a systemic scope. INM (“Integrerad Närsjukvård i Malmö – integrated community care in Malmö”) is a local entrepreneur operating primarily in two parts of the city of Malmö, and focusing upon people with psychiatric illnesses.

The systemic meeting is a narrative method. The participants of the meeting are asked to recognize and express patterns and choices in real life series of events, as described by one of the participants. They are also asked to identify potential improvements in the system manifesting itself in the series of events, improvements that can be made or initiated by the meeting participants.

Do the meeting participants express patterns and choices that can be related to an ambition to develop lifeworld-led care? Can they take practical steps that support this development? These questions can be used by participating managers; and others in leading systemic positions, for coaching towards lifeworld-led care and for changing systemic arrangements so that they will promote or facilitate a development of lifeworld-led care. They can also be used by participating researchers to gain an understanding of the practical meaning and possible practical implications of theories and philosophies of lifeworld-led care. This can help develop those theories and philosophies. It can also help researchers to coach managers in action research settings. The paper presents the outcome in these respects from a systemic meeting during the autumn of 2010.

The ICU Patient Room:

The Views and Meanings as Experienced by the Next-Of-Kin

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The Intensive Care Unit, ICU, is considered to be one the most complicated areas for care of critically ill patients. The rooms in ICU are small and narrow and the high-tech environment believes to affect patients' and next-of-kin's wellbeing. Previous research reveals that a large number of patients suffer from unreal experiences, often very traumatic, during their stay at an ICU.

Unpleasant memories and risk of developing post-traumatic stress after discharge from ICU is rather common. In this context, next-of-kin play an important and crucial role for supporting the patient though the process of illness and recovery. Next-of-kin in ICU are considered to be a lifeline for patients. Furthermore, the design and interiors of ICU affect the interplay between the patient and the next-of-kin.

The aim of this study as a part of a larger project was to describe and interpret the meanings of the ICU patient room as experienced by patients' next-of-kin. Data were collected through qualitative research interviews in combination with photographs. The next of kin were invited to photograph various aspects of the room that they associated with a feeling. The data were analyzed by using phenomenological hermeneutical method.

Three major themes were emerged; Indwelling the room and time, Becoming at home and Extension of the room. Moreover, the next-of-kin had many views and ideas about how to make the room a more pleasant place to be. The presentation will focus on the result of the study.

Keywords: The ICU patient room, Design and interior, Next-of-kin, Experiences.

Lifeworld-Led Learning of Caring Science:

Film as a Support for Learning

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To support the students to learn caring science, the learning situation has to embrace the students' lived experience in relation to the substance of caring science. One of the challenges in education is how to vivify the theoretical meanings when there are no patients present. Questions about how film can be used in this context to support learning of caring science have recently emerged.

The aim of this study was to describe how film as learning-support may boost reflection in learning caring science. The data was collected through audio-taped seminars, written reflections and group-interviews with students on basic-, advanced-, and doctoral levels. The analysis was based on the Reflective Lifeworld Research (RLR) approach, founded on phenomenology.

The result shows how film as a learning-support enhances the understanding of the caring science theory, and gives a deeper understanding of the subject. Film can be very touching and supportive for the students' embodied reflections. Hence, it is important that the students are encouraged to watch the film from a caring science perspective and this requires a structure for learning-support related to the film, such as focus and purposes of watching the film, as well as support for follow-ups. The film per se does not create such support and guidance, but must be combined with well considered pedagogic thoughts on what learning is and how learning can be supported.

Initiating Breastfeeding: An Existential Challenge

Lifeworld-Led Breastfeeding Care – Having an Existential Gaze

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Background: For most women, breastfeeding is an essential part of the childbearing period. Yet, the meaning of breastfeeding from women's perspective is scantily explored. Therefore, the aim of this study is to describe women's lived experiences of initiating breastfeeding within the context of early home-discharge in Sweden.

Method: A reflective lifeworld research design based on phenomenological philosophy was used. Eight women were interviewed within two month after giving birth. Inclusion criteria were normal birth, healthy mother and child, early home discharge and breastfeeding experienced as 'well-functioning' both at time for hospital discharge and at time for the interview.

Results: The essential meaning of the lived experience of initiating breastfeeding, in spite of good conditions, i.e. breastfeeding experienced as 'well-functioning', is conceptualized as "A movement from a bodily performance to an embodied relation with the infant and oneself as a mother". This pattern is further described in its five constituents: fascination in the first encounter, balancing the unknown, devoting oneself and enduring the situation, seeking confirmation in the unique and having the entire responsibility. Caring for women initiating breastfeeding entails, from a caring science perspective, helping the mother in her insecurity and strengthening confidence in herself, her body and its ability, and trusting the infant's ability to breastfeed. In other words, having an existential gaze and encounter breastfeeding is an existential issue.

Conclusions: Initiating breastfeeding is more than a biological adaptation. Breastfeeding interlaces biological and existential issues that cannot be separated. According to these, it is suggested that health care professionals to rejects the idea of breastfeeding merely as meals or eating for the infant. Instead, they ought to embrace its origin, namely as a way to closeness between mother and infant.

Assessing Patients' Language Proficiency and the Need for Interpretation Services

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Purpose: To investigate routines for assessing the need for interpretation services for adult immigrants with limited language proficiency.

Methods: A 12-item questionnaire was distributed to a convenience sample of delegates attending one national Spring Meeting in cardiovascular nursing conference held in Sweden, Gothenburg year 2010. Analysis of data was based on descriptive statistic in order to describe routines about assessment of need for interpreter services.

Results: A majority (83 %) of the participants had at least one interpreter call a month. At 60% of health care institutions, there were guidelines for interpreter service but just 15% of the participants had been informed of these routines by their employer. Half of the participants stated that they did an assessment of the interpreter need and a majority of these assessments were done by a nurse (82 %) followed by a physician (22%). The most common way of assessing interpreter need was by asking the patient. Other sources of assessment were relatives, colleagues or documents such as referrals and patient records. Nurses were also more often responsible for booking (71 %) a professional interpreter. Almost all of the participants (90%) wrote that they use a professional interpreter when it is needed but they also mentioned using relatives and colleagues.

Conclusion: This study confirms that nurses have a pivotal role in assessment of interpreter need and obtaining professional interpreter services. When booking an interpreter, nurses could ask for an interpreter with relevant competence for health care. This could lead to avoidance of misunderstandings and medical errors due to communication difficulties. It is therefore important that nurses are aware of their important role in the quality and equality of the care for immigrants with language difficulties.

Implications: Designing guidelines for assessing the need for professional interpreters, and informing medical staff about these routines should be a measure of quality for the care of immigrants with language difficulties.

Theme: Lifeworld-Led Care

From Phenomenology to 'Caring Science':

Lifeworld Theory as a Foundation for Caring Science

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The phenomenological tradition has not only provided methodological directions for research but, because it addresses epistemological, ontological and ethical concerns, it has also provided some valuable ideas about the characteristics of the subject matter that is distinctive to the human sciences. Phenomenology has taken as one of its tasks the study of the lifeworld as it is given to experience. This particular strand of the European Academy of Caring Science is developing the notion of lifeworld led care and education. In this paper we will outline some of the principles of lifeworld led care and education, and will consider how qualitative research can be a particularly important expanded evidence base for the practice of lifeworld led care, in particular: the move to reveal meaning not mere opinion. Research based within this perspective can give fresh directions for a knowledge base for 'caring science' that is adequate to addressing suffering, well-being and the humanisation of care.

Theme: Transcultural Care

Using Qualitative Analysis of the Literature to Propose a European Sensitive Model of Cultural Care

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Background: Cultural care, which is dignified and respectful of individuals, is regarded as a strand inherent within the core values of caring science; however evidence to support and inform this assumption has never been questioned. This inquiry seeks to critically assess how cultural caring has been embraced and communicated within caring science literature.

Aim: To propose a European sensitive model of cultural care and identify a legitimate relationship to guide practice for Caring Science professionals, using qualitative analysis of the literature.

Methods: Using specific criteria we systematically searched bibliographic databases and Scandinavian journals, since 2000, for scholarly papers articulating European core concepts of Caring Science. All accessed papers were then qualitatively content analysed for evidence of (trans/inter/cross) cultural caring. Emerging themes and ideas were then integrated as appropriate to a hybrid cultural care framework based on the work of Giger and Davidhizar (2004) and fused with the fundamental existentials of the life world to produce a framework that would address cultural care for caring science.

Discussion: The paper will present the distinctive ways that European Caring Science integrates and communicates cultural caring from a philosophical, ethical and practical perspectives.

Theme: Public Health

Humanisation Theory and its Relevance to Public Health Research

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This paper will focus on humanisation theory and its relevance to public health research and practice specifically in relation to the reduction of inequities in health. The eight dimensions of humanisation as outlined by Todres et al 2008 will be considered individually in relation to public health and inequities in health. The paper will then consider the `fifth wave` of public health action in relation to humanisation as outlined by Hanlon et al 2011 and its relevance for the future of public health theory and practice.

Proposal for a Study within Public Health:

The Swedish public health nurses' duties include health promotion work according to official guidelines and this has during the last decade been a central part of their specialist training. Nevertheless, they consider themselves to have limited ability to work with such tasks in practice (Wilhelmsson & Lindberg 2009). The biggest obstacles to work with health promotion (Geirsson et al. 2005) is the lack of practical skills, lack of education and a work environment that does not support health promotion. Also Murchie et al. (2005) found in a study from Scotland, similar barriers to nurses in primary care: lack of training and resources and problems with team working.

Public health nurses have a wide field of activities and meet people of all ages both at home and at health centres. They should have a health promotive perspective and are with their specialist training prepared to work within this field, although it is clear from studies that they believe that public health is not a priority in primary care and that there is an emphasize on more disease-oriented tasks. More knowledge is therefore needed on how the public health nurses perceive their professional role, and if that view is consistent with the work they actually have and the tasks they actually do. As this seems to be similar in UK it is of interest to do a cross-cultural comparison between Swedish public health nurses and public health nurses in UK regarding their personal view of their professional tasks.