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European Academy of Caring Science: 'Next generation of caring science'

Conference April 10th, 2013

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Conference proceedings

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Introduction

When healthcare services aim to help patients and relatives to cope with the changes illness causes - for a shorter or longer period - it must be based on values concerning our attitude towards the ill and the ways in which illness is perceived to impact life.

The challenge is; if and how this is possible in the 21st century healthcare system?

The future health care system creates a new communicative and relational reality with new types of communication, new health technology solutions, increasing use of social media, improved access to information and knowledge, increasing demands on involvement of patients and relatives, large complexity and short time where patients' needs must be identified as well as reorganisation of the healthcare system.

Furthermore accelerated patient pathways, early discharge, high expectations from patients and conversion of inpatient services to outpatient services will lead to an increased demand for care and caring capacities (*Scientific committee 2013*).

Programme

Welcome:

Dr Lisbeth Uhrenfeldt (Chair)

Dr Sanne Angel (Head of section)

Keynote address:

Charlotte Delmar (2013) The development of person-centred practice within the context of caring science.

Abstracts for oral presentations:

Parallel sessions:

Rikke Madsen, Regner Birkelund (2013) The path through the unknown: The experience of being a relative of a dementia-suffering spouse or parent (presenter sick)

C. Timmermann et al. (2013) Aesthetic practice and a sense of homeliness – patients' experiences in the hospital environment during serious illness

L Uhrenfeldt & M.T. Høybye (2013) Challenges in well-being among older surgical patients during hospitalization for cancer

Annelise Norlyk (2013) 'The extended arm of health professionals? Relatives' experiences of patients' recovery in a fast-track programme'

Sanne Angel, Lone Donbæk Jensen, Birgitte Krøis Gonge, Thomas Maribo, Berit Schiøtz-Christensen & Niels Buus (2013) Well-being or feeling worse, both results of professional intervention

Sepidah Olausson, Berit Lindahl, Margaretha Ekebergh (2013) A phenomenological study of experiences of being cared for in a critical care setting: the meanings of the patient room as a place of care

Mette Adler Stampe, Birte Hedegaard Larsen, Bodil Rasmussen (2013) Total hip and knee replacement surgery: Accompanying relatives' [AR] role in supporting patients to comply with the need for active participation [AP] in accelerated intervention programs [AIP]

Caring Science

M. Ekebergh, L-L Ozelins, U Hörberg & Kathleen Galvin (2013) Ways of intertwining caring and learning: Supporting an embodied understanding of how patients can be cared for within an existential framework

Catherine Theodosius (2013) Analysing emotional labour in nursing using a life-world approach

Clara Aarts & Ann Hemingway (2013) Public health nurses experiences and thoughts about influencing policy/decision makers in order to improve public health

Discussion

Kevin Gillan & Jacqueline Hutchison (2013) Scandals and Health Policy; Nursing in Transition

Gulen Addis (2013) The Role of Expert Patients in improving Care

Charlotte Ramage, Annie Chellel, Paul Watters (2013) An investigation into compassion from the perspective of patients, relatives and nurses using narrative enquiry

Abstracts for poster presentations:

1. Rikke Madsen, Lisbeth Uhrenfeldt, Regner Birkelund (2013) The experience of being terminally ill because of cancer or being a relative of a person with incurable cancer. (presenter sick)
2. Mona Kyndi Pedersen, Edith Mark, Lisbeth Uhrenfeldt (2013) Older persons in risk of hospital readmission: A mixed method study.
3. Lone Jørgensen & BS Laursen (2013) Distress in women with newly diagnosed breast cancer- a mixed method study.
4. Niklas Andersson & Margaretha Ekebergh (2013) How do encounters between students and patients become both caring and learning?
5. Hanna Holst & U, Hörberg (2013) Lifeworld-led supervision- a possibility for future nurses.
6. Connie Timmermann, Lisbeth Uhrenfeldt, M.T. Høybye, Regner Birkelund (2013) Serious ill patients and sensory impressions: An overview of a phenomenological-hermeneutic study.
7. Hanneke van der Meide (2013) Good care for elderly patients in the hospital

Poster award: Ph.d. student Connie Timmermann

Keynote address:

The development of person-centred practice within the context of caring science.

Professor Charlotte Delmar

Background and aim:

The lecture takes its departure in a summery from my own research in caring science during the last 18 years.

Because it is difficult to take care of an ill and vulnerable patient; it is important to be aware that we need theories and research in professional care.

Care and responsibility are two sides of the same coin with an urgent demand to act by discovering which appeal for help the patient or relative expresses.

Research field: The research can be divided into three main fields: 1) Relations, interactions, trust and power; 2) Life phenomena and 3) Sensitive attention

According to the first research field, the central here is the aspect of relations. The understanding of relations is important for the understanding of a personcentred practice. And with relations we are close to the core of care: Trust and the true companion of trust – power. The lecture shows examples about what disturbs the trust in the relation and collaboration with the patient limiting the patient’s possibilities to act and unfold life? It is also about the division of responsibility.

Questions related to Life phenomena argue that there is a distinction and a significant difference between needs and life phenomena and a distinction between ethical and existential life phenomena.

With a purpose to give meaning to and unfold the patient and relatives possibilities, there is an urgent need to develop sensitive attention in specific and fast changing situations. The use of senses is thus a very important component. It is the carer's active use of eyes, ears, smell and sense of feeling. But it takes courage to be present in the situation and to take a personal responsibility. The lecture enlightens different barriers to practicing sensitive attention.

Key references

1. Delmar C. Beyond the drive to satisfy needs – in the Context of Health Care. *Medicine, Health Care & Philosophy*, 2013; 16 (2): 141 – 149.
2. Delmar C. The excesses of care: a matter of understanding the asymmetry of power. *Nursing Philosophy*, 2012; 13 (4): 236 - 243.
3. Delmar C, Alenius-Karlsson N, Mikkelsen AH. The implications of autonomy – viewed in the light of efforts to uphold dignity and integrity. *International Journal of Qualitative Studies on Health and Well-being*; 2011; 6 (2): Open access <http://www.ijqhw.net>.
4. Delmar C. Becoming whole: Kari Martinsen`s philosophy of care – selected concepts and the impact on clinical nursing. *International Journal for Human Caring*. Accepted 8 March 2013.

Abstracts for oral presentations, parallel sessions:

The path through the unknown: The experience of being a relative of a dementia-suffering spouse or parent

Rikke Madsen, Dr. Regner Birkelund

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Paper presentation cancelled

Aim: To examine the experiences of relatives of a spouse or parent who suffers from dementia and examines whether there are similarities or differences between these experiences.

Background: There is a lack of knowledge about the experience of being a relative to a dementia-suffering person.

Method: Twenty-one stories from relatives were included in this study, and these stories were analysed by employing Kirsti Malterud's method Systematic Text Condensation. The relatives were divided into four groups: sons, husbands, daughters and wives.

Results: Eight themes were identified in their stories, two in each of the four groups. From these eight themes, it was identified that they all experienced change, grief and negative personal sentiments. However, differences were also found, one of them being that the sons found it easier to adapt to new roles during the cause of the illness, while the wives were found it more difficult. The husbands experienced being attacked by the people around them, while the wives were found to submit their dementia-suffering husbands to physical abuse. The wives also suffered from self-criticism.

Conclusions: The similarities between the four groups are more significant than the differences. Sons, husbands, daughters and wives of a person suffering from dementia should be considered on an equal basis in terms of their experiences of grief, change and personal negative sentiments.

Relevance to clinical practise: Relatives play a significant role in the well-being of their parent or spouse suffering from dementia. Therefore, professionals need to focus on both relatives and patient when they meet a person with dementia in clinical practice.

Publication: The original article: "The path through the unknown: the experience of being a relative of a dementia-suffering spouse or parent", is accepted for publication the 14th of October 2012 in *Journal of Clinical Nursing* Abstracts for oral presentations, parallel sessions:

Aesthetic practice and a sense of homeliness – patients' experiences in the hospital environment during serious illness

Connie Timmermann, Dr. Lisbeth Uhrenfeldt, Dr. Mette Terp Høybye, Dr. Regner Birkelund

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Aim: To explore how patients with a life-threatening illness experience being in the hospital environment and the meaning they assign to the environment.

Background: The relation between hospital environments and health outcomes is a growing field of research. However, there is a scarcity of research on the link between the significance of the hospital environment and how patients experience it when they are suffering from a life-threatening illness.

Design: The research design is qualitative and the data analysis is inspired by Paul Ricoeur's phenomenological-hermeneutic theory of interpretation.

Method: Data is collected through qualitative interviews combined with observations at a teaching hospital in Denmark from May to September 2011. Twelve patients participate.

Findings: Patients experience that aesthetic decorations and small cosy spots for conversation or relaxation creates a sense of homeliness that reinforces their positive mood and personal strength. Furthermore, being surrounded by some of their personal items or undertaking familiar tasks, patients are able to maintain a sense of self.

Discussion: The hospital environment has a strong impact on the patients' emotions and the potential to provide a meaningful space for daily life during illness if evoking a sense of homeliness by being aesthetically pleasing. Maintaining at least some kind of familiar daily rhythm is important for the patients' sense of well-being and positive emotions.

Conclusion: The findings stress the importance of an aesthetic and home-like hospital environment as part of patient care during serious illness. Such knowledge could encourage a revision of existing care setting policies as well as the appointment of leaders responsible for implementing such policies.

Abstracts for oral presentations, parallel sessions:

Challenges in well-being among older surgical patients during hospitalization for cancer

Dr. Lisbeth Uhrenfeldt, Dr. Mette Terp Høybye

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Aim. This paper reports on a study that explored old surgical patients' choices and preferences during their treatment for cancer.

Method. An ethnographic study using participant observation and interviews. Nine surgical cancer patients (>74 years) were recruited during admission to an academic teaching hospital in the western Denmark. Using ethnographic strategies of participant observation and interview, each patient was followed through the course of one day of their stay at the hospital. Interviews were carried out with all patients during this time.

Results. Three areas were identified as prominent areas in the patients' experience during their brief hospital stay: Their teeth and oral cavity; Eating in a hospital setting; and Medication during hospitalization.

Conclusion. The results from this study indicate a significance of institutional conditions to be reconsidered as area of further attention to ensure the necessary educational qualifications in working with the patient on the intake of food and medicine during hospital admission. Old surgical patients' perceptions, choices and intake of food and drinks during their illness and treatment should be assessed in correspondence to the status of their oral cavity and teeth's. Such assessment could be included in the patient's first appointment before admission to the surgical ward.

Abstracts for oral presentations, parallel sessions:

“Co-responsibility as experienced by relatives to patients in a fast-track programme”

Dr. Annelise Norlyk

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Aim. This study explores the lived experience of being a close relative to a patient with colon cancer participating in a fast-track programme.

Background. Postoperative recovery can be accelerated and hospitalization reduced through fast-track programmes. A fast-track programme is an interdisciplinary, evidence-based multimodal regimen aiming to accelerate postoperative recovery and reduce general morbidity. Due to the early discharge and the increasing demands on patients for self-care, patients' relatives seem to play a pivotal role in fast-track programmes. However, research is limited into how patients' close relatives are affected by and involved in the postoperative recovery process.

Methods. The study was carried out within the descriptive phenomenological framework of Reflective Lifeworld Research. Data were collected from in-depth interviews with twelve relatives.

Findings. Relatives experienced a huge responsibility for both the patient's well-being and for the patient's compliance with the daily regimen. The responsibility involves existential pressure. On the one hand, relatives themselves are affected by the serious illness of the patient and experience feelings of existential loneliness and vulnerability. On the other hand, they experience that the nature of the situation demands action and efficiency on their part. Relatives experienced a tension between their desire to help the patient by being active and responsible, and the feeling of not always having the resources required.

Conclusion. For the relatives in this study, caring for the patient was experienced as a moral obligation to which there were no acceptable alternatives. Relatives were silently struggling with a high degree of personal distress while also trying to meet the needs of their cancer-ridden loved ones. From an existential perspective, this caring responsibility can be understood as ethical pain. Relatives should be seen as a distinct group with special caring needs of their own.

Abstracts for oral presentations, parallel sessions:

Well-being or feeling worse, both results of professional intervention

Dr. Sanne Angel, Lone Donbæk Jensen, Birgitte Krøis Gonge, Thomas Maribo, Berit Schiøtz-Christensen, Dr. Niels Buus

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This presentation has its ground in a study of patients' interpretation of an intervention towards low back pain. Despite focus on treating and preventing low back pain, these patients often experience to be neglected, and that their problems related to low back pain persisted. The objective of the study was to achieve a deeper understanding of patients interpretation of the intervention.

The design was a qualitative analysis of a sample of twenty interviews purposively chosen from status interviews performed in relation to a randomised controlled trial's intervention. The analysis was made in line with Ricoeur's three steps text analysis. For further interpretations we used Bury's concept of chronic illness as a biographical disruption.

The finding showed a division between patients that benefitted highly from the intervention and patients that despite similar pain level experienced their situation better. Thus the intervention resulted in a majority of patients that managed to change their health behaviour and felt assisted in transforming from being passive victims of pain into becoming active and in control. However, some participants did not feel that they were sufficiently able to adhere to the treatment plan. Therefore they felt increasingly stigmatised.

Abstracts for oral presentations, parallel sessions:

A phenomenological study of experiences of being cared for in a critical care setting: the meanings of the patient room as a place of care

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Previous research describes the high tech environment of intensive care units (ICUs) as unfriendly and hostile for critically ill patients. The high prevalence of stressors, e.g., high sound levels and lack of circadian light affect the patients' wellbeing and recovery process negatively. However, there is a lack of knowledge about how the interior design of bed spaces in ICUs may affect patients' wellbeing.

Objective: The purpose of this study was to reveal the meanings of the ICU settings as a place of care by using a life-world perspective.

Design: Nine patients from three ICUs in Sweden participated. Data were collected using photo-voice methodology (Wang and Burris, 1997) and were analysed using a reflective lifeworld phenomenological approach (Dahlberg et al., 2008).

Results: The ICU patient room as a place of care during a fragile time in life is a complex and multidimensional phenomenon. The room is constituted by the staff, technical equipment and the struggle for life and occurrences there determine how the room is lived and perceived. The tone and touch of caring together with interior design are fundamental for the room as lived. The room is experienced in various moods; a place of vulnerability, a place inbetween, a life-affirming place, a place of tenderness and care, and an embodied place.

Conclusion: A caring attitude together with a good design can promote patients' well-being and satisfaction of care.

Key references

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- Wang, C. & Burris, MA. Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. Health Educ Behav 1997; 24(3):369-387.

Abstracts for oral presentations, parallel sessions:

Total hip and knee replacement surgery: Accompanying relatives´ [AR] role in supporting patients to comply with the need for active participation [AP] in accelerated intervention programs [AIP]

Mette Adler Stampe, Dr. Birte Hedegaard Larsen, Dr. Bodil Rasmussen

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Background: AP of the patient is pivotal in AIP because it reduces anxiety and increases patient motivation. Policies and clinical guidelines focus on AP of the patients and relatives in order to increase quality of healthcare.

Aim: Explore patient´s experience of support from AR in meeting the requirement of AP in an AIP when undergoing total hip- or knee replacement surgery.

Method: Five participants attended a semi-structured interview and a follow-up interview. The analysis was conducted by inspiration of Giorgi´s descriptive phenomenological approach.

Findings: The analysis revealed four themes: 1) Post-operative experiences, 2) Feeling safe, 3) ARs´ role in remembering and understanding information; and 4) Preferred support from AR, when possible. The findings related to the challenges of managing post-operative pain, nausea and vomiting. The patients wanted to be active but were limited due to the stated phenomena. Support from the AR concerned: presence, reminding the participants to take medicine, and to call for help when pain became worse. The presence of AR supported the patients´ feeling of safety before, during and after hospitalisation. Their presence could challenge the contact to healthcare professionals.

Conclusion: Further research is suggested to establish knowledge and attitudes towards support from AR; and guidelines for nursing practice.

Caring Science:

Ways of intertwining caring and learning: Supporting an embodied understanding of how patients can be cared for within an existential framework

Professor Margaretha Ekebergh, Dr. Lise-Lotte Ozolins, Dr. Ulrica Hörberg, professor Kathleen Galvin

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To support care for patients in an adequate way, Caring science theory and nursing practice need to be intertwined to bridge problematic dualisms such as mind and body, sense and sensibility, theory and practice, learning and caring. The overall aim in caring is to support wellbeing and to strengthen health and how this is achieved has been discussed extensively. However ways of overcoming such dualistic understandings are needed to pave the way for a care that is up to the task of responding to human possibilities and vulnerabilities within the complexity of existence.

In supporting patients, we argue that a range of aspects, inter-relational, intellectual, emotional and embodied need to be evoked and reflected upon by students as a beginning foundation for the incorporation of, and the intertwining of Caring science theory and practice. This intertwining draws on knowledge for 'the head', 'the heart', 'the hand' (Galvin & Todres, 2013) and can develop and support a particular sensibility and sensitivity both of which are needed within clinical and learning contexts.

In this presentation we will show the importance of a solid theoretical foundation drawn from Husserl's lifeworld theory and theory of intentionality, Merleau-Ponty's later philosophy concerning how everything is intertwined in existence, as well as Gadamer's ideas about shared understandings and Gendlin's work on embodied relational understanding. While we have drawn from all these phenomenological perspectives, we will show how they serve as a coherent direction for overcoming the dualistic consequences of 'splits' such as, between human and world, illness and well-being, caring and technology, learning and caring, youth and old age, life and death and so on (Dahlberg et al., 2009).

Such existential ways of understanding and well considered 'didactic tools' are needed to support this concern. We will share a number of illustrations from the lifeworld led care and education theme within EACS to contribute to such developments:

- Embodied interpretations shared as poems (Galvin & Todres, 2011)

- Using films to support the understanding of Caring science theory and practice (Hörberg, Ozolins & Ekebergh, 2011; Hörberg & Ozolins, 2012)
- Learning through students' creating poems from their responses to film (Hörberg, Ozolins & Galvin)
- The intertwining of caring and learning in clinical settings illustrated through two examples: firstly, a 'developing and learning care unit' (Ekebergh, 2009, 2011; Holst & Hörberg, 2012, 2013) and secondly, as a student led health clinic (Ozolins & Elmqvist & Hörberg, 2013) both supported by structures specifically from the lifeworld perspective.

This paper could serve reflection on how to integrate Caring science theory with practice in order to develop new curricula and practice to take care of the pending dualisms and other obscuring influences, such as 21st century organisational structures and demands that are problematic in research, learning and caring.

Key references

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Ozolins, L. Elmqvist, C. & Hörberg, U. (forthcoming) A nursing student-run Health clinic - An innovative project based on Lifeworld-led care and education.

Caring Science:

Analysing emotional labour in nursing using a life-world approach

Catherine Theodosius

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This paper sets out to consider the relationship between the giving of emotional labour (a key component of nursing care) and caring and wellbeing, a lifeworld approach, as developed by Galvin and Todres (2013) first from a theoretical standpoint, then by bringing both approaches together in the application of them to an empirical example of emotional labour in nursing practice. Caring and well-being, a life-world approach is a framework developed by Galvin and Todres (2013) which claims to offer a means of humanising health care by developing the concepts of well-being and suffering and considering how these concepts incorporated in the lifeworld approach can enable health care practitioners to draw on 'aesthetic and empathic avenues to help develop their capacity to care' (ibid). From being aware of their patient's emotions to having deep empathy for them in the giving of emotional labour nurses are taught

'to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others [such as] the sense of being cared for in a convivial and safe place. This kind of labour calls for coordination of mind and feeling, and it sometimes draws on a source of self that [they] honour as deep and integral to [their] individuality". (Hochschild 1983: 7)

Emotional labour requires an embodied awareness of one's own emotions (through surface and deep acting) and a social understanding of how one should express, interpret and experience emotion when managing and presenting it in social situations (feeling rules). As such this not only requires nurses to be aware of their own emotion and social expectations of how that emotion should be expressed but also to relate to the emotional needs of those they care for. This is the essence of emotional labour in nursing. I suggest that the concept of emotional labour as I have developed it (2006, 2008; 2012) is one that could be analysed using Galvin and Todres (2013) lifeworld approach, as it would appear that emotional labour is a concept that represents the process of giving of emotional care and the lifeworld approach is one that sets out to enable nurses to develop their capacity of care. Theoretically therefore, it should be possible to analyse emotional labour as given by nurses using a lifeworld approach.

Key words: emotional labour, embodied, life-world approach, nursing care

Caring Science:

Public health nurses experiences and thoughts about influencing policy/decision makers in order to improve public health

Dr. Clara Aarts, Dr. Ann Hemingway

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Public health nurses have always worked to promote health. According to the World Health Organization nurses and midwives should be promoting health by influencing decision/policy makers at all levels thereby contributing to health public policy decisions.

The **purpose** of this study was to investigate what experience of and thoughts about influencing decision/policy makers and developing and implementing political or other decisions public health nurse students have.

Method: A web-based questionnaire containing questions about experience of and thoughts about influencing decision makers, distributed to 43 public health nurse students in September 2012.

The **results** have been divided into three categories.

1. *Thoughts about influencing decision-makers*, respondents believe it is part of the nurses/public health nurses work to influence decision makers, but there are many impediments in doing that.
2. *Knowledge required to influence decision-makers*, there is a lack of knowledge among the respondents which results in a feeling of not being prepared to influence policy-makers.
3. *Experiences of change*, 24% of the respondents have experiences of influencing decision makers. Most of them have influenced the head of department by presenting proposals, most commonly about their work environment.

Conclusion: Public health nurse students are positive about their potential to influence decision/policy makers in their work. However, there is a lack of knowledge about how to do it and few have actually tried to do so.

Keywords: Public health nurse students, health promotion, policy making.

Discussion:

Scandals and Health Policy; Nursing in Transition

Kevin Gillan, Jacqueline Hutchison

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Background: There is an emerging interest into the effects of scandals on public policy in academic circles in the UK. There is a long established tradition of other professions in the UK being almost uniquely driven by political and policy responses to tragedies. For example, the recent Mid-Staffs Inquiry is likely to have a significant effect on the practice and regulation of health care professionals and managers. Nursing has traditionally enjoyed considerable public support as a profession in the UK.

Aim: This paper asks; have these and other scandals damaged public confidence in Nursing as a profession?

Method: Through a review of available literature the authors ask if the profession has changed as a result of public and media scrutiny and if it is more susceptible to criticism and change as a consequence. The profession is compared to sister professions, social work and medicine, that have also undergone considerable examination as a result of scandals and conclusions are drawn as to the repercussions for the profession going forward, the leadership implications for a profession experiencing considerable change and transformation and the likely effect on future patient care. What implications might this have for promoting humanised support to nursing practice?

Discussion:

The Role of Expert Patients in Improving Care

Dr. Gulen Addis

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There is increasing recognition of the importance of patient participation in the management of long term conditions. Patients who suffer from these conditions over a significant period of time often become what is known as expert patients. Although such patients lack the medical background of health care professionals sometimes they have a better overview of how to support themselves and other than the professionals. A better of understanding how expert patients can usefully contribute to the organisation and delivery care is important for long term conditions.

This presentation will cover the role of expert patients in long term conditions with particular reference to conditions such as diabetes and strokes, and current NHS initiatives in the area. Theories about nature of expertise including those about the attribution of status to experts will be considered and used to formulate ideas about how the role of expert patients should be conceptualised. The extent to which developments in the UK might have useful lessons for European wide healthcare will be considered.

Discussion:

An investigation into compassion from the perspective of patients, relatives and nurses using narrative enquiry.

Dr. Charlotte Ramage, Dr. Annie Chellel, Dr. Paul Watters

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Compassion is not a new concept within the discipline of nursing, however, as a result of growing public concern, the concept of compassion entered the political agenda of healthcare in the UK (DH 2008, DH 2010, Francis 2013).

The **aim** of this research was to investigate how patients, relatives and nurses identify the characteristics of compassion and to establish enabling and inhibiting factors in the delivery of compassionate care.

Method. A phenomenological approach using narrative enquiry was used (Labov 1999, Bruner 1986). Participants were nurses n= 8, patients and relatives n= 17 recruited from 2 acute hospitals.

Findings. The data provided 2 distinct types of narrative. There was a small number of grand narratives providing personal accounts of individuals trying to make sense of their difficult experiences. There was also a larger number of vignettes illustrating compassion or its absence. The data were analysed using Labov's narrative framework. The findings revealed an overarching grand narrative in which participants portrayed a care environment dominated by excessive workloads and organisational need to meet targets and provide audit, creating a high pressure and dehumanising environment. The individual aspirations of nurses and the expectations of patients for compassionate care are in constant tension with the utilitarian principles of NHS as an organisation driven by policy and the need for cost containment. A secondary narrative emerged in vignettes concerning the personal interactions between nurses and patients. For patients and relatives compassion is illustrated by small acts of kindness, remembering names and small promises, smiling and taking the time to listen. Nurses described the need for respectful collegiate relationships within the multidisciplinary team and compassionate nurses as role models. Excessive workloads and lack of breaks in 12 hour shifts were identified as inhibiting factors.

Conclusion. Compassion may be threatened but it is not extinguished by the organisational demands of the NHS. Compassion is perhaps no more than personal commitment to listen to the narrative of another.

Key references

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Abstracts for poster presentations:

The experience of being terminally ill because of cancer or being a relative of a person with incurable cancer.

Rikke Madsen, Dr. Lisbeth Uhrenfeldt, Dr. Regner Birkelund

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Poster presentation cancelled

Aim: The Ph.D. project will contribute with new knowledge about the experiences of patients with incurable cancer and the experiences of their relatives during the course of the cancer disease. The Ph.D. project has a special focus on the psychosocial and existential needs of patients and their relatives and their experiences of significant transitions during the course of cancer. The project includes the following *research questions*:

How does it feel to be terminally ill due to cancer or being a relative of a person who suffers from incurable cancer? Particular focus will be put on the following questions:

- Which experiences do patients and their relatives have regarding significant transitions during the course of cancer?
- Which psychosocial and existential issues do patients and their relatives experience during the course of cancer?

Method: 15 field observations will be carried out at the first meeting between patient, relatives and a specialised palliative care team. Data from these field observations will contribute to the development of an interview-guide for semi-structured interviews. Approximately one month later, 10 patients and 10 relatives from the field observations will be invited to participate in individual semi-structured interviews. Data from these interviews will be analysed based on the theories of Paul Ricoeur. Relevant theories and results from other studies will be discussed in relation to the findings from this Ph.D. project.

Expected outcome: The knowledge generated through this PhD project will be of great importance to the future development of treatment and care program in relation to this patient and relative group.

Abstracts for poster presentations:

Older persons in risk of hospital readmission: A mixed method study

Mona Kyndi Pedersen, Dr. Edith Mark, Dr. Lisbeth Uhrenfeldt

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Background: Hospitalisation is costly and reducing avoidable rehospitalisation is profitable for patients and families, health care professionals and health care providers. Within older persons rehospitalisation is associated with a variety of health related and social factors. Thus, reducing rehospitalisation requires multifaceted interventions and collaborations. The phenomenon of hospital readmission is poorly understood and further research is needed on how to identify the group of older persons in risk and to identify predictors of hospital readmission.

Aims: To develop an understanding of factors and predictors associated with hospital readmission in older medical patients.

Methods: The design is a sequential mixed methods study including: 1) Systematic review, 2) Register based cohort study and 3) Interview study.

Discussion: The results from the review inform the cohort and the interview study and results from the cohort inform the interview study. The strength of this design is the systematic, stepwise movement between preliminary results, continuously aggregating and integrating findings. Further strength is that study 2 is based on high quality, detailed and individual-clustered data.

Perspectives: The research will contribute with further knowledge of the complexities within older medical patients, identify target groups and contribute to the development of informed strategies on how to prevent inappropriate rehospitalisation within older persons.

Abstracts for poster presentations:

Distress in women with newly diagnosed breast cancer – a mixed methods study.

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Background: Women with newly diagnosed breast cancer often experience significant distress regarding death and surgical consequences. The adoption of a short stay policy may increase the distress level in these women. The policy results in a shorter observation period which may leave distress unnoticed and therefore untreated. It may impact the women's quality of life negatively and ultimately add cost to health care systems.

Aim. The study aims to examine prevalence and extent of women's distress around diagnosis, at discharge and when the women are informed about possible adjuvant treatment and further to explore potential risk factors leading to distress among women with newly diagnosed breast cancer.

Methods. The study is a mixed methods design consisting of three complementary studies:

1. Development of a questionnaire specific to women with newly diagnosed breast cancer.
2. An epidemiological follow-up study
3. An interview study.

Perspective. The study is expected to contribute with knowledge and a better understanding of women's distress in relation to diagnosis, surgical treatment and care for breast cancer in Denmark. Hence, the project can contribute with knowledge about the factors that affect distress and may help to improve clinical practice.

Abstracts for poster presentations:

How do encounters between students and patients become both caring and learning?

Niklas Andersson, professor Margaretha Ekebergh

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This research aims to gain greater knowledge about how caring and learning can become an intertwined phenomenon in a Dedicated Educational Unit (DEU) in psychiatric care.

The research question is: How do encounters between students and patients in a dedicated educational unit in psychiatric care become both caring and learning? This will be illustrated from three perspectives; the student, the patient and the supervisor.

The question for the student is: What is it like to learn the nursing profession by caring for patients on a DEU?

The question for the patient is: What is it like to be cared for by nursing students on a DEU?

The final question is directed at the supervisor: What is it like to supervise nursing students on a DEU?

The underpinning 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 the students' learning processes as well as patients' caring processes.

In my poster presentation I will present the preliminary results from the student and the patient perspectives.

Abstracts for poster presentations:

Lifeworld-led supervision - a possibility for future nurses

Hanna Holst, U, Hörberg

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A challenge in today's caregiving system is to educate nursing students that are ready to provide professional care at the more increased efficiency hospitals but also to adopt a caring attitude based on caring science. To give our future nurses the right conditions to develop towards good caregivers we have to start during their education. Therefore we will present parts of two studies with the aim to describe student's perspective at their clinical practice when supervised in pairs, grounded on lifeworld-led learning developed by Ekebergh.

The two studies illustrate the perspective of lifeworld didactics and focus on *Students` learning in an encounter with patients-* and *Students learning in clinical practice - supervised in pairs of students*. We will elucidate. *A place to grow* that is presented in the first article; the results show the importance of reflection to embody the caring science knowledge in practice. *The vulnerability and potential of the learning environment* that is presented in the second article; the results show the significance in a welcoming learning environment and getting continuous feedback during their education to enable development towards being a professional nurse. Preliminary results will also be presented from a supervising perspective.

Abstracts for poster presentations:

Serious ill patients and sensory impressions: an overview of a phenomenological- hermeneutic study

Connie Timmermann, Dr. Lisbeth Uhrenfeldt, Dr. Mette Terp Høybye, Dr. Regner Birkelund

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Aim: This PhD. study explores how hospitalized patients with a life-threatening illness experience the meaning of sensory impressions in the hospital environment both in relation to the physical hospital environment and the professionals' non verbal body language and speech of tone.

Background: Existing research is based mainly on quantitative methods and focused on how various sensory impressions in the hospital environment can reduce length of hospital stay, need of pain killers, anxiety and stress. However, healthcare research exploring the thoughts and experiences of hospitalized patients with a life-threatening illness are few.

Method: Data is obtained at a teaching hospital in Denmark through qualitative interviews and observations. Twelve patients participate in the study during their hospitalisation and each patient is interviewed several times. The analysis process is guided by the phenomenological-hermeneutic theory of interpretation as presented by the French philosopher Paul Ricoeur.

Results: The total amount of data material from the interviews and the observations are gathered in three overall themes based on the aim of the study. The three themes are: 1) *The patients' experiences of being in the physical hospital environment*, 2) *The patients' experiences of the meaning of the professionals' body language and speech of tone* and 3) *The patients' experiences of the meaning they assign to a view to nature through a window*. Each theme will be unfolded through different perspectives and communicated in three articles in the PhD thesis.

Implications: Our findings can contribute to new policies of importance to promote and develop care setting in the hospital environment and thereby ensure an overall improved clinical caring practice.

Abstracts for poster presentations:

Good care for elderly patients in the hospital

Hanneke van der Meide

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Much research on elderly people in the hospital is focused on (decreasing) functional and cognitive abilities. Illness, however, not only has an ability component in it but also a component of experience and feeling. Little is known about the values at stake from the perspective of elderly patients themselves during their hospital admission.

We have conducted a phenomenological study in a general hospital in the Netherlands to examine what it means for a unique person to be old, ill and in hospital. Data is gathered through the observational method of shadowing, which makes it possible to include the experiences of people with less cognitive or expressive abilities. The researcher followed various elderly patients on three different wards from admission until discharge. The analysis of the data, done from a reflective lifeworld approach, shows a multi-faceted image of the meaning of hospital admission for elderly people.

The poster will give insight in the lived experiences of elderly hospital patients. In the near future a care ethical framework on vulnerability and autonomy will be developed that is based on the empirical findings.

List of participants

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