'Exploring care for human service professions'

Abstracts

Nordic College of Caring Science & The European Academy of Caring Science
19th – 20th March, 2015
Diakonissestiftelsen, Copenhagen, Denmark
Nordic College of Caring Science & The European Academy of Caring Science
Edith Mark (ed.)


‘Exploring care for human service professions’

Abstracts
Nordic College of Caring Science & The European Academy of Caring Science
19th – 20th March, 2015
Diakonissestiftelsen, Copenhagen, Denmark
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"Exploring care for human service professions" - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Dear participant

Caring science is focused on creating scientific knowledge about human beings in different life situations and in different cultural contexts, especially in case of illness and suffering. By developing philosophy for health and well-being respect for man's dignity and integrity is a focal point.

At the conference, we want to present and discuss caring science in different professional approaches and in different cultural settings.

In wonderful Copenhagen you have the opportunity to meet researchers interested in caring science from the Nordic countries and across Europe through an exciting conference.

The two groups, The European Academy of Caring Science (EACS) and Nordic College of Caring Science (NCCS), organize the conference.

The conference takes place in Diakonissestiftelsen's beautiful old rooms 19th – 20th March, 2015. The conference starts at a reception on the 18th of March at 18:00.

We welcome you to the conference.

SCIENTIFIC COMMITTEE

Clara Aarts, EACS
Lisbeth Uhrenfeldt, EACS
Lillemor Lindwall, NCCS
Edith Mark, NCCS

The committee thanks the following scholars for reviewing and selecting abstracts to:
Charlotte Delmar, Bente Martinsen, Annelise Norlyk, Sanne Angel.

Also we thank the following scholars for helping with various tasks during the conference process:
Britta Hørdam, Charlotte Delmar, Bente Martinsen, Sanne Angel, Annelise Norlyk.

Cooperation between Nordic College of Caring Science and European Academy of Caring Science
Keynotes

Exploring Care: Directions for practice from the 'head', 'hand' and 'heart' of Dignity:

Kate Galvin, Professor of Nursing Practice, Associate Dean Research and Enterprise, University of Hull and Les Todres, Emeritus Professor of Health Philosophy, Bournemouth University, United Kingdom.

“One of the themes of EACS refers to the need to develop forms of existential knowledge that is particularly relevant to caring. This is challenging as we believe that such complex knowledge addresses the head, hand and the heart. As such, it necessarily cares for not just the content of the knowledge but how it is presented and taken up in practice. This paper will try to illustrate these themes by concentrating one important existential theme: namely Dignity, and how this can be represented in ways that can do justice to its 'head, heart and hand'.”

Opinions of care in a multicultural perspective - Caring Science in multicultural Europe:

Maria Kristiansen, Associate Professor, Danish Research Centre for Migration, Ethnicity and Health, University of Copenhagen, Denmark.

“Cultural diversity has become a key feature among citizens in Europe with implications for the provision of care within healthcare and social services. Culture interacts with socioeconomic factors in shaping care needs including opinions of how and where care should be delivered and by whom. In this speech, different perspectives on care needs and challenges in multicultural encounters will be presented including opinions and perceptions among patients, relatives and professionals. Finally, suggestions for future adaptation of care in a multicultural Europe will be presented.”

A big picture of caring sciences. Lecture from NCCS's new honorary member:

Elisabeth O C Hall, Professor Emerita, Section of Nursing, School of Public Health, Health, Aarhus University, Denmark and Adjunct Professor, Department of Nursing, Faculty of Natural and Health Sciences, University of the Faroe Islands.

“During NCCS 35 year long lifetime engaged scholars and researchers in all the Nordic countries have been exploring care for human service professions. The research association NCCS has opened up for human care research across country and culture borders, has marked developing research activities through yearly conferences and scholarships, and through an acknowledged international research journal, Scandinavian Journal of Caring Sciences. NCCS thus is a quite important association for Nordic human care researchers and globally. In this lecture I honor NCCS and I present research issues from own and other Nordic research activities, offering my picture of the meaning of caring science for human service and human health.”
Wednesday, 18th March - Welcome Reception

18:00  Early registration
       Coffee/tea/water
       Sandwich

19:00  Opening for the early part of the conference
       Lillemor Lindwall, Chairman of Nordic College of Caring Science, NCCS.

19:15  Welcome reception
       Head of education centre, Diakonissestiftelsen, Kim Petersen, together with matron Sister Merete Pelle Poulsen will
       welcome us and introduce us to the education and other work of the institution. We get a guided tour which ends at
       Emmaus Church, part of the institution. Here we will listen to a piece of impressive organ music.
       Kim Petersen; RN, MA, MPA. Head of education centre, Diakonissestiftelsen.

21:00  End of evening’s program
Thursday, 19th March

09:00  Registration
Coffee/tea
Initial Poster view

09:30  Opening the Conference & Practical Information
Ann Hemingway; Chairman of European Academy of Caring Science, EACS.
Lillemor Lindwall; Chairman of Nordic College of Caring Science, NCCS.

09:45  Exploring Care: Directions for practice from the 'head', 'hand' and 'heart' of Dignity.
Kate Galvin, Professor of Nursing Practice, Associate Dean Research and Enterprise, University of Hull, UK.
Les Todres, Professor Emeritus of Health Philosophy, Bournemouth University, UK.

10:45  Break
Coffee/tea
Poster view

11:15  Paper presentation
5 x parallel session (paper 1-10)

12:15  Lunch
Poster view

13:15  Paper presentation
4 x parallel session (paper 11-22)
Coffee/tea/cake is available at the sessions

14:45  Break
Poster view

15:00  Opinions of care in a multicultural perspective - Caring Science in multicultural Europe.
Maria Kristiansen, Associate Professor, Danish Research Centre for Migration, Ethnicity and Health, University of Copenhagen, DK.

15:55  Short break

16:05  Poster presentation (12 posters)
Voting for the best poster.
Lisbeth Uhrenfeldt, EACS.

17:00  Annual general meeting for members of NCCS
Lillemor Lindwall, NCCS

17:00  Meeting for EACS members
Ann Hemingway, EACS.

18:30  End of today's program.

19:30  Conference banquet
Celebrating the collaboration between EACS and NCCS.
Announcement of best poster.
Time for networking.

21:30  End of evening’s program
Friday, 20th March

08:30    Good morning & Practical information

Paper presentations
4 x parallel session (paper 23-38)
08:35    Coffee/tea is available at the sessions

10:35    Break

A big picture of Caring Sciences. Lecture from NCCS's new honorary member.
11:00    Elisabeth O C Hall, Professor Emerita, Section of Nursing, School of Public Health, Health, Aarhus University, DK, and Adjunct Professor, Department of Nursing, Faculty of Natural and Health Sciences, University of the Faroe Islands, FO.

Final session
Mixed EACS and NCCS panel reflecting on the themes emerging from the conference and our personal highlights and ideas for the future.
Panel:
  Lillemor Lindwall; NCCS
  Ann Hemingway; EACS
  Clara Aarts; EACS
  Edith Mark; NCCS
  Lisbeth Uhrenfeldt; EACS

12:00    Close the conference.

12:30    Lunch

13:30    Departure with bus for Copenhagen City Hall.

14:00    Goodbye reception
  Copenhagen City Hall

16:00    Farewell and safe travel!
Outline of paper presentations

Briefing on the rooms’ location takes place at the conference.

Thursday, 11:15-12:45

<table>
<thead>
<tr>
<th>Room</th>
<th>Time</th>
<th>Paper</th>
<th>Author</th>
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<th>Title</th>
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<tbody>
<tr>
<td>A</td>
<td>11:15</td>
<td>1</td>
<td>Lisbet Gerdes</td>
<td>Clinical Trial Unit, Hepato-gastroenterology department V Aarhus University, DK</td>
<td>Suffering and alleviation for patients with intestinal failure and stoma.</td>
<td>Suffering, Alleviation, Intestinal failure, Nurse-patient relation</td>
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<td></td>
<td>11:45</td>
<td>2</td>
<td>Anne Clancy</td>
<td>Health and Social Work Harstad University College, N</td>
<td>Older persons' narrations on falls and falling: Stories of courage and endurance.</td>
<td>Fall narratives, Well-being, Nursing care, Health promotion, Hermeneutic phenomenology</td>
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<td>B</td>
<td>11:15</td>
<td>3</td>
<td>Susanne Salmela</td>
<td>Department of Medical Care Vaasa Central Hospital, FI</td>
<td>Supporting an ethical sustainable and caring culture.</td>
<td>Nurse leader, Sustainable, Ethics, Caring, Culture</td>
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<td>11:45</td>
<td>4</td>
<td>Kristina Nässén</td>
<td>Academy of Care, Working Life and Social Welfare University of Boras, S</td>
<td>Regrets and dilemmas: Episodes in clinical care.</td>
<td>Care, Ethnography, Hermeneutics, Multicultural issues, Narrative, Reflective practice</td>
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<td>C</td>
<td>11:15</td>
<td>5</td>
<td>Mevlayn Cross</td>
<td>Health and Social Care Bournemouth University, UK</td>
<td>The Delivery of Humanly Sensitive Healthcare to Older People</td>
<td>Humanly sensitive healthcare, Descriptive, Phenomenology, Older People, The Humanisation Framework</td>
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<td>11:45</td>
<td>6</td>
<td>Mona Kyndi Pedersen</td>
<td>Clinic for Internal Medicine Aalborg University Hospital &amp; Aalborg University, DK</td>
<td>Critical incidents within hospital readmission: The lived experiences of older male patients.</td>
<td>Older male patient, Lived experience, Patient perspective, Readmission Critical incident</td>
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<td>Solfrid Vatne</td>
<td>Health and social sciences Molde University College, N</td>
<td>Shame, Guilt, Anxiety : Mental health nurses vulnerability in everyday encounters with seriously mental ill patients.</td>
<td>Vulnerability, Nurses, Caring relationships, Mental health, Phenomenology</td>
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<td>Tiina Lindholm</td>
<td>Faculty of Education and Welfare Studies Åbo Akademi University, FI</td>
<td>Seeing beyond suffering : Hope as a way to health in violent intimate partner relationships.</td>
<td>Health, Suffering, Hope, Ethics, Caritative caring</td>
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<td>E</td>
<td>11:15</td>
<td>9</td>
<td>Camilla Eskilsson</td>
<td>School of Health Sciences, Borås and Växjö Borås University; Linnaeus University, S</td>
<td>Patients’ experiences of being cared for by student nurses.</td>
<td>Patients’ experiences, Reflective lifeworld research, Student nurse, Dedicated education unit, Caring</td>
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<td>Birgit Rasmussen</td>
<td>Department of Rehabilitation Horsens Hospital, DK</td>
<td>Caring for people after hip fracture aiming for self-efficacy and wellbeing</td>
<td>Hip fracture experiences, Wellbeing, Self-efficacy, Caring</td>
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<td>11</td>
<td>Birgith Pedersen</td>
<td>Department of Oncology Aalborg University Hospital; DK</td>
<td>The ambiguous transforming body.</td>
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<td>12</td>
<td>Susanne Andermo</td>
<td>Department of Neurobiology, care sciences and society Karolinska Institutet &amp; IC- Integrative Care Science center, S</td>
<td>Anthroposophic integrative care for patients with chronic widespread pain: connecting the body, spirit and soul to guide a transformation from suffering to health.</td>
<td>• Integrative health care</td>
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<td>Annelise Norlyk</td>
<td>Department of Public Health/Bachelor programme in Nursing Aarhus University/VIA UC, DK</td>
<td>Individual interviews in the unexpected presence of a partner or relative: Ethical and methodological implications.</td>
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<td>Pranee C. Lundberg</td>
<td>Public Health and Caring Sciences Uppsala University, S</td>
<td>Perceptions of a cultural care framework for European caring science among nursing students with different cultural backgrounds.</td>
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<td>15</td>
<td>Eva K. Robertson</td>
<td>Faculty of Professional Studies University of Nordland, N</td>
<td>Experiences of migration and perinatal healthcare needs.</td>
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<td>14:15</td>
<td>16</td>
<td>Elizabeth Norton</td>
<td>Faculty of Health and Social Sciences Bournemouth University, UK</td>
<td>A Lifeworld Led Model for Public Health Practice.</td>
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<td>H</td>
<td>13:15</td>
<td>17</td>
<td>Bente Martinsen</td>
<td>Department of Public Health Aarhus University, DK</td>
<td>Older people’s experience of intermediate care: A phenomenological study.</td>
<td>Intermediate care, Older people, Interview, Phenomenology</td>
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<td>13:45</td>
<td>18</td>
<td>Bente Høy</td>
<td>Further education and competence VIA University College UC, DK</td>
<td>Maintaining dignity in vulnerability.</td>
<td>Dignity, Nursing home, Older people, Vulnerability, Phenomenological-hermeneutic</td>
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<td>14:15</td>
<td>19</td>
<td>Linda Nyholm</td>
<td>Department of Caring Science Åbo Akademi University, FI</td>
<td>Dignity on the Edge of Life.</td>
<td>Patient’s dignity, Caring science, Intensive care, Hermeneutic</td>
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<tr>
<td>I</td>
<td>13:15</td>
<td>20</td>
<td>Bente Skovsby Toft</td>
<td>Department of Lifestyle Rehabilitation Horsens Hospital, DK</td>
<td>The experiences of physical activity among morbidly obese adults: A systematic review.</td>
<td>Physical activity Morbid obesity, Lived experiences, Qualitative studies</td>
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<td>13:45</td>
<td>21</td>
<td>Sanne Angel</td>
<td>Section for Nursing Aarhus University, DK</td>
<td>Different understandings of professionals’ recommendations.</td>
<td>Cardiac rehabilitation programme, Heart disease, Lifestyle changes, Phenomenological-hermeneutic</td>
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<td>22</td>
<td>Kirsten Kaptain</td>
<td>Department of Anaesthesiology Aarhus University Hospital, DK</td>
<td>How do spine surgery patients participate in pain assessment.</td>
<td>Patient participation, Postoperative pain, Spine surgery, Pain assessment</td>
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### Friday, 08:35-19:35

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</table>
| J    | 08:35 | 23    | Lisbeth Uhrenfeldt         | Department of Health, Science and Technology, Aalborg University, DK                     | Exploring clinical leadership in human service professions.          | • Caring science  
• Clinical leadership |
|      | 09:05 | 24    | Bettina Sletten Paasch     | Department of Communication/Department of Nursing Aalborg University/University College North, DK | Effects of mobile phone use on clinical practices.                  | • Phone  
• Interaction  
• Dignity  
• Integrity  
• Attentiveness  |
|      | 09:35 | 25    | Edith Mark                 | Clinic for Internal Medicine/Clinical Nursing Research Unit, DK Aalborg University Hospital, DK | Foot fault and professional development: A qualitative study.       | • Professional development  
• Time pressure  
• Professional judgement  
• Intercollegial learning  
• Phasing out  
• Medical patients.  |
|      | 10:05 | 26    | Carole Pound               | Centre for Qualitative Research Bournemouth University, UK                              | A consideration of lifeworld-led rehabilitation.                     | • Lifeworld  
• Rehabilitation  
• Humanising values  
• Humanisation  
• Services |
| K    | 08:35 | 27    | Linda Rykkje               | Department of Nursing Stord/Haugesund University College, N                              | Love in Connectedness.                                              | • Connectedness  
• Compassion  
• Love  
• Spirituality |
|      | 09:05 | 28    | Yvonne Hilli               | Health Oslo and Akershus University College of Applied Sciences, N                      | The idea of caring during the home visit.                           | • Home visit  
• Public health nurse  
• Caring  
• History of ideas caring science |
|      | 09:35 | 29    | Kristianna Hammer          | Department of Nursing, Faculty of Natural and Health Science University of The Faroe Islands, FO | Using drawing in qualitative research with adults to explore experiences in health and illness. | • Phenomenology  
• Visual method  
• Drawings  
• Hope  
• Experience  
• Reflection |
|      | 10:05 | 30    | Terese Bondas              | Faculty of Professional Studies, Nursing and Health University of Nordland, N               | Metaquestions for Qualitative Caring Science Research.               | • Caring science  
• Qualitative research  
• Metaquestions  
• Epistemology  
• Methods |

'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
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<td>Maggie Hutchings</td>
<td>School of Health and Social Care Bournemouth University, UK</td>
<td>Developing new pedagogies for lifeworld-led humanising care.</td>
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<td>Hanna Holst</td>
<td>Department of Health and Caring Sciences Faculty of Health and Life Sciences Linnaeus University, S</td>
<td>How to support students’ learning in pairs.</td>
<td>• Lifeworld didactic • Lifeworld led learning • Pairs of students • Phenomenology • Supervisor perspective</td>
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<td>Ulrica Hörberg</td>
<td>Department of Health and Caring Sciences Faculty of Health and Life Sciences Linnaeus University, S</td>
<td>There is a need to welcome families in forensic psychiatric care.</td>
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<td>Jacqueline Hutchison</td>
<td>University of Hull, UK</td>
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<td>• Policy-as-discourse • Responsibility • Risk • Blame • CHD • Public health • Caring</td>
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<td>Janne Brammer Damsgaard</td>
<td>Elective Surgery Centre &amp; Department of Nursing Science Silkeborg Regional Hospital &amp; Aarhus University, DK</td>
<td>A feeling of being (in)visible.</td>
<td>• Lifeworld • Severe back pain • Spine fusion surgery • Invisibility • Identity</td>
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<td>Ann-Christin Karlsson</td>
<td>School of Health and Caring Sciences, Department of Health and Caring Sciences Linnaeus University, S</td>
<td>Intertwining of body-mind-world in an intraoperative situation.</td>
<td>• Merleau-Ponty • Nursing science • Patients’ intraoperative experiences • Phenomenology</td>
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<td>Ann-Catrin Blomberg</td>
<td>Department of Health Science Karlstad University, S</td>
<td>Making the invisible visible: Operating theatre nurses’ perceptions of caring in perioperative practice.</td>
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<td>Erik Elgaard Sørensen</td>
<td>Clinical Nursing Research Unit and Dep of Clinical Medicine Aalborg University and Aalborg University, DK</td>
<td>Care in perioperative nursing.</td>
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"Exploring care for human service professions" - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Abstracts for paper presentations

Making the invisible visible: Operating theatre nurses’ perceptions of caring in perioperative practice

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Abstract:
Introduction
Perioperative nursing is usually medically-oriented and patient care is often invisible. In the beginning of the 1900s operating theatre nurses cared for patients pre-, intra and postoperatively. Since 1960s, different education reforms and an increased demand on OTNs led to various training initiatives, meaning operating theatre nurses were less involved in patient pre- and postoperative care. Early research shows that operating theatre nurses’ enforcement is still invisible. The aim of this study was to describe operating theatre nurses’ perceptions of caring in perioperative practice

Methods
A phenomenographic method was chosen. Data were collected through interviews carried out with fifteen strategically selected operating theatre nurses from different operating theatres in middle of Sweden. A phenomenographic analysis was used to analyse the interviews.

Findings
The operating theatre nurses’ perception of caring in perioperative practice can be summarized in one main category: To follow the patient all the way. Two descriptive categories emerged: To ensure continuity of patient care and Keeping a watchful eye. The operating theatre nurses got to know the patient and as a result became responsible for the patient. They protected the patients’ body and preserved patient dignity. Various aspects of care, that had previously been invisible, became visible.

Conclusions
In perioperative nursing the operating theatre nurses wanted to be involved in patient care and follow the patients’ perioperative nursing process. Although operating theatre nurses’ ambition is to make visible the care of the perioperative practice, health care is still medically oriented and the OTN continues to care in secret. It was possible to make patient care visible preoperatively through gaining of knowledge from the patient, and based on this operating theatre nurses feel responsible for the patient.

Keywords:
- Care
- Perioperative nursing
- Operating theatre nurse

Session M
Friday, 20th 2015
09:35
Intertwining of body-mind-world in an intraoperative situation

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Annika Larsson Mauléon. School of Health and Caring Sciences, Linnaeus University, S
Sofia Almerud Österberg. School of Health and Caring Sciences, Linnaeus University, S

Abstract:
Background
In a previous phenomenological study, about the meaning of being awake during regional anaesthetics and surgery, the findings highlighted how patients balance between paradoxical experiences of giving oneself up and of wanting to have control, by participating and by being left out. Patients experienced a risk of becoming an object when handing their body over to the carers when contact with parts of their body was not recognized due to the regional anaesthetics. But, how can the patient’s perception of the body’s ambiguity and the newness in an intraoperative situation experiences be further understood?

Aim
To reflect upon patients’ intraoperative experiences from a philosophical point of view.

Method
Merleau-Ponty’s philosophy is used to reflect upon the awake patients’ experiences.

Results
Communication unfolds during surgery between the patient and the nurse anesthetist (NA) where their thoughts are interwoven into a single fabric. The NA can act as a prompter for the patient’s experiences and help the patient to interact with the world as the patient’s harmony of the situation is based upon the correspondence between the embodied subject and the situation. The challenge for the NA is to acknowledge every patient’s lifeworld and uniqueness enabling the patient to easily move on the mind–body continuum. This calls for the NA’s proximity and genuine presence in order to meet and understand the patient’s experiences.

Conclusion
The core for caring in an intraoperative context is to support the awake patient to dwell in the situation and attain a state of intraoperative well-being. The NA needs to understand each awake patient’s experiences of the lived body in order to guide the patient in adjusting to the situation. Nursing research using phenomenological philosophy can help uncover new meanings known only to the patients living the experience.

Keywords:
- Merleau-Ponty
- Nursing science
- Patients’ intraoperative experiences
- Phenomenology

'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Older persons' narrations on falls and falling: Stories of courage and endurance

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Marianne Mahler. Lifelong learning (associert), Aalborg University, DK

Abstract:
Fall related injuries in nursing homes have a major impact on the quality of life in later adulthood and there is a lack of studies on falling and fall prevention from the older person’s perspective.
The aim of the study was to identify how older persons perceive falling, fall prevention and fall accidents.
Six in-depth interviews were carried out and a hermeneutical phenomenological method was used to describe and interpret the older persons’ stories. Interpretations of Levinasian and Heidegarian philosophy related to dwelling and mobility helped cultivate important insights.
Symbolic and physical environments are important for the participants’ well-being. The older persons in the study did not wish to dwell on the subject of falling and spoke of past and present coping strategies and the importance of staying on their feet. The women spoke about endurance in their daily lives. The men’s narrations were more dramatic, they became animated when they spoke of their active past lives.
As the scope of the study is small these gender differences require further investigation. However, their stories give specific knowledge about the individual and their symbolic environmental circumstances and universal knowledge about the importance of integrating cultural environmental knowledge in health promotion and care work.
The findings indicate a need for contextual life world knowledge and an understanding of fall prevention as a piece in a larger puzzle within a broader framework of culture, health and well-being. Showing an interest in the older persons’ stories can help safeguard their integrity and promote their well-being. This can ignite a spark that kindles their desire to participate in meaningful exercises and activities.

Keywords:
- Fall narratives
- Well-being
- Nursing care
- Health promotion
- Hermeneutic phenomenology
Individual interviews in the unexpected presence of a partner or relative: Ethical and methodological implications

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Elisabeth Hall. Department of Public Health/Department of Nursing Aarhus University, DK/University of the Faroe Islands, FO

Abstract:
Nursing studies rarely address the issue of an unintended presence of partners or relatives in relation to individual interviews with patients. This situation, however, poses a methodological and ethical challenge for nursing researchers. The aim of this presentation is to discuss the consequences of an unintended presence of a partner on the data collected and elaborate the ethical challenges faced by the researcher in this particular situation. Further, we add with implications relevant to consider for caring science researchers.

Despite careful planning, researchers might face interview scenarios that they did not anticipate; especially the unexpected presence of partners or relatives - often characterized by a ‘we’ understanding of the situation -, can pose a challenge when research designs are based on individual and personal interviews.

Drawing on a case developed from empirical phenomenological research the findings demonstrate how individual interviews of patients’ lived experiences can be influenced by the unexpected presence of partners or relatives. The findings illustrate that researchers in this particular situation may find themselves caught in a dilemma between ethical and methodological considerations. With references to research studies discussing the challenges related to interviewing couples together rather than individually, we argue that the presence of a partner or relative influences the nature of the descriptions patients’ provide and, consequently, the knowledge gained from the interviews. Hence, the complex issue of the unintended presence of a partner or relative in individual interviews needs to be addressed and discussed in future nursing research.

Keywords:
- Interviewing
- The presence of a partner
- Ethical and methodological considerations
Maintaining dignity in vulnerability

Author: **Bente Høy.** RN, PhD, Research and development consultant.
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Dagfinn Nåden. Oslo and Akershus University College of Applied Sciences, Oslo, N

**Abstract:**

**Aim**
To explore the meaning of maintaining dignity in eldercare from the perspective of nursing home residents.

**Background**
Elderly people living in nursing homes are exposed to diverse situations which may be associated with loss of dignity. To help them maintain their dignity, it is important to explore, how dignity is maintained in such situations. Views of dignity and factors influencing dignity have been studied from both the nursing homes residents’ and the care providers’ perspective. However, little is known about the way the residents’ experience their dignity is maintained and promoted within their day-to-day lives.

**Method**
This qualitative study has an explorative design, based on qualitative individual research interviews. Twenty-eight nursing home residents were included from six nursing homes in Scandinavia. A phenomenological-hermeneutic approach, inspired by Ricoeur was used to understand the meaning of the narrated text.

**Findings**
The residents provided details of experiences on maintaining dignity constituted in a sense of vulnerability. The overall theme was: Being able to be involved in one’s world and the subthemes were. Finding a way to manage one’s situation and preserving a positive body-image; being in control and valued as a person one is and wants to become; building relationships and utilize the possibilities.

**Conclusion**
The results reveal that maintaining dignity from the perspective of the resident was not an issue of losses per se, but an ability to withstand, integrate or handle potential treats to the self and being involved with one’s world.

**Keywords:**
- Dignity
- Nursing home
- Older people
- Vulnerability
- Phenomenological-hermeneutic
Older people’s experience of intermediate care: A phenomenological study

Author: Bente Martinsen, RN, PhD, Associate Professor.
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Contact Email: bm@ph.au.dk

Co-authors:
Annelise Norlyk, VIA University College, Aarhus/Section of Nursing, Department of Public Health, Aarhus University, DK
Kirsten Lomborg, Section of Nursing, Department of Public Health, Aarhus University, DK

Abstract:
Background
Approximately 45% of all the counties in Denmark have established a community-based intermediate care unit, where public health care services are offered to older people who have completed their hospital treatment. The impact of this organisational initiative is yet to be explored. In particular, the knowledge of the patient’s perspective is sparse and contradictory.

Aim and objectives
The aim of the study was to explore how older people experience being in an IC unit after hospital discharge and before returning to their home.

Method
Data was drawn from 12 semi-structured interviews. Transcripts were analysed using a phenomenological approach.

Results
The essence of being in an IC unit was concretised as ‘moments of conditional relief’ that emerged from the following constituents: ‘Accessible, embracing care’, ‘A race against time’, ‘Meals – conventions with modifications’, ‘Contact on uneven terms’, ‘Life on others’ terms’, and ‘Informal, but essential help’.

Keywords:
- Intermediate care
- Older people
- Interview
- Phenomenology
The experiences of physical activity among morbidly obese adults: A systematic review

Author: Bente Skovsby Toft. Physiotherapist, Bach.scient, MHH. Departement of Lifestyle Rehabilitation, Horsens Hospital, DK
Contact Email: betoft@rm.dk

Co-author: Lisbeth Uhrenfeldt. Department of Health, Science and Technology, Aalborg University, DK

Abstract:

Background
The experiences of physical activity (PA) in morbidly obese people are essential when they aim for an increased activity level. Worldwide obesity and sedentary lifestyle has become a health challenge and current literature addresses PA as important for lifestyle interventions. It is valuable in caring science to address human’s everyday life, but there are only few studies addressing the lived experience of the morbidly obese.

Aim
To identify the lived experiences of PA in morbidly obese adults.

Methodology: The search strategy followed the guidelines of The Joanna Briggs Institute for study selection by performing a three-phase search strategy with the aim of selecting both published and unpublished qualitative studies addressing the research question and matching the inclusion criteria documented in the protocol of the review. PRISMA guidelines were applied and for methodological quality critical appraisals were independently assessed by two reviewers using the JBI-QARI. Qualitative research findings were extracted and pooled and grouped into themes and sub-themes.

Results
5 papers were included in the review, representing 188 participants all together within 4 different countries. Two themes emerged from the analysis 1) Corporeality – the lived body, with the sub-themes: ‘Aiming for weight loss’ or ‘Considering weight gain’ and 2) Intersubjectivity – lived relations, with the sub-themes: ‘Being on my own’ or ‘Being with others’. Within all themes and sub-themes positive and negative experiences contrasted each other.

Conclusion
The individual’s experiences of the lived body and of lived relations in PA are essential in morbidly obese adults, as they have specific challenges due to their body volume.

Keywords:
- Physical activity
- Morbid obesity
- Lived experiences
- Qualitative studies
On the phone: Being absent present

Author: Bettina Sletten Paasch. PhD Student, Associate Professor.
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Abstract:
Background
In hospitals clinicians are being equipped with a mobile phone, in order to improve their availability. The phone cannot be silenced, thus it rings when clinicians are performing tasks or are engaged in interaction. Life word led care requires that clinicians use a perceiving eye, letting senses and emotions work together in order to understand the needs of the other (Martinsen, 2010). When the phone rings, it can diminish the clinicians’ attentiveness and thereby perchance compromise their ability to conduct compassionate care.

Aim
The aim of this study is to explore how the use of mobile phones in hospitals, mediate clinicians’ practices.

Method
Based on an ethnomethodological approach, video recordings of interactions between clinicians and patients at a Danish hospital were conducted. Nexus Analysis (Scollon & Scollon, 2004) was used as a general methodological framework, complemented with Conversation Analysis (Sacks, 1992) and Goodwin’s (Goodwin, 2000) analytical terminology of contextual configuration.

Results
The analysis shows how the mobile phone becomes part of the way clinicians arrange their bodies, how they gesture and position themselves in interactions with patients. It is further demonstrated how the ringing of a mobile phones intrudes the action space of an ongoing interaction between clinicians and patients, and changes the trajectories of action. The study thus establishes how the use of mobile phones can distance clinicians from bodily sensing and experiencing the patient, and how the phones can penetrate the boundaries of attention in interactions.

Conclusion
The study concludes that the use of mobile phones can compromise clinicians’ ability to be sensitive towards the patient, thereby causing the clinicians to unconsciously violate patient dignity and integrity, as they disregard the patient while prioritizing the phone call. The findings call for a discussion of how to use mobile phones in hospitals, intertwined with professional and human values.

Keywords:
- Phone
- Interaction
- Dignity
- Integrity
- Attentiveness

Session F
Friday 20th 2015
09:05

'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Caring for people after hip fracture aiming for self-efficacy and wellbeing

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Contact Email: birram@rm.dk

Co-author: Lisbeth Uhrenfeldt. Department of Health, Science and Technology, Aalborg University, DK

Abstract:
Background
After hip fracture people are at risk of becoming dependent in their everyday life. Experiences of self-efficacy and wellbeing may be important resources when living with the consequences of a hip fracture. There is a need for health professionals to enhance their understanding of patients’ experiences of hip fracture rehabilitation. An awareness of issues concerning experiences of self-efficacy and wellbeing may be important as well as developing supportive interventions.

Aim
To aggregate, interpret and synthesize findings from qualitative studies of lived experiences of self-efficacy and wellbeing within one year after discharge after hip fracture.

Method
A systematic review of qualitative evidence was conducted. 4 main databases were systematically searched and 2 databases were searched for Grey literature. Studies included were critically appraised. An analysis inspired by Kvale following 5 steps of meaning condensation was performed.

Results
In total 465 studies were identified and 29 included based on the inclusion criteria. Three main categories were identified: Hope for progress was present when the participants felt supported and when the future held possibilities; Challenges were experienced when adaptations were necessary, when limitations were present and when cooperation with staff did not fulfill needs. Worries were present when relationships were burdensome, when own physical ability could not be trusted and when recovery was at risk.

Conclusion
When caring for older people in need of rehabilitation after a hip fracture, health professionals should be aware of the significance of experiencing hope for progress, and of the challenges and the worries that may limit experiences of self-efficacy and wellbeing after hip fracture. A high degree of patient involvement is recommended.

Keywords:
- Hip fracture experiences
- Wellbeing
- Self-efficacy
- Caring
The ambiguous transforming body

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Charlotte Delmar. Section of Nursing, Institute of Public Health, Aarhus University & Aalborg University, DK

Abstract:
Background
Changes in weight and body-composition among women during and after antineoplastic treatment for breast cancer are well known side effects. Understanding the meaning of bodily changes and expressions in illness are central aspects in nursing practice in that this understanding serves as a pre-understanding for providing nursing and care. However, only few studies have investigated how these changes influence the women’s perception of their bodies.

Aims
The purpose of this study is to explore how changes in weight and body-composition influence on the body-perception among women during and after treatment for breast cancer.

Method
Within a phenomenological frame of reference and inspired by descriptive life-world research, 12 interviews were conducted and analyzed by means of an inductive, descriptive research method that aims to explore phenomena as they appear for the subject as body. Transcribed verbatim the interview were divided into meaning units and clustered until they formed a pattern that described the essence and the meaning of the phenomenon by its constituents.

Result
Preliminary results show that the essence of changes in weight and body-composition are “The ambiguous transforming body” represented by four constituents. 1) A demanding stranger or a positive counterbalance; 2) Between preservation and alteration; 3) Between fighting and surrendering the body signals; 4) Between health, recurrence and self-recognition

Conclusion
Preliminary findings suggest that weight gain and extended waist are associated with loss of power, fear of recurrence and turn the body into a stranger that display powerful signals one have to surrender to. Weight loss and unchanged body shape act as a counterbalance and display signs of being able to do well for the body, which turns the attention away from illness. Thus, the changes in weight and body-composition influence on body-perception as well as self-perception in an ambiguous way.

Keywords:
- Breast cancer
- Weight
- Body-composition
- Phenomenology

'Searching care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Patients' experiences of being cared for by student nurses

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Ulrica Hörberg, School of Health Sciences, Växjö, Linnaeus University, Växjö, S

Abstract:
Background
It is crucial for patients to be met by understanding in their vulnerability, to be treated by competence that ensures adequate care and met with an encouraging attitude to participate in their health process. They meet professional careers as well as students, but nevertheless the aim for caring is the same: to provide good and secure care for the patients, all in line with a caring science approach. A limit amount of studies illuminate patients’ experiences of receiving care from student nurses.

Aim
The aim was to describe how patients perceived being cared for by student nurses, in a clinical context

Method
The study has been performed with a Reflective Lifeworld Research approach founded on phenomenology. 11 lifeworld interviews were conducted with patients, recently discharged from an orthopedic Dedicated Education Unit. Data have been analyzed for meanings.

Results
Patients perceive that they are being carried along on the students’ learning process like a journey together. This is characterized by a fluctuation between stable and unstable care from the students. Along this journey, patients are in need of a mutual invitation to participation, of genuine encounters, and essential support.

Conclusion
The patient-student-supervisor relationship is of importance for patients’ experience of being cared for by student nurses in a clinical setting. Genuine encounters between patient and student must be identified and can be stimulated by didactic support and reflection grounded in caring science with a lifeworld perspective. Supervisors have to support to both students and patients in order to create a safe environment in which caring and learning are intertwined. Students require patients in their learning process but patients’ vulnerability, need for participation, genuine encounters and essential support, must be taken into account.

Keywords:
- Patients’ experiences
- Reflective lifeworld research
- Student nurse
- Dedicated education unit
- Caring
A consideration of lifeworldled rehabilitation

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Abstract:
Background
Traditional approaches to rehabilitation, with a focus on personcentred care and a striving for independent functioning, favour a focus on the individual, their goals and future recovery. Caring science approaches within nursing, which reemphasize the relational rather than the individual, are exploring practical ways of responding to clients that incorporate evidence (the head), practical knowledge (the hand) and human emotion (the heart). A framework for considering humanising values in health and social care (Todres et al, 2009) challenges our practice in a way that attends to both the agency and vulnerability of clients using rehabilitation services. But how do therapists, engaged in active and increasingly rapid processes of moving patients through predetermined rehabilitative pathways work in ways consistent with a lifeworld rather than a serviceled approach?

Aim
In this presentation we draw on our professional experiences as a speech and language therapist, an occupational therapist and a psychotherapist to explore the meaning of lifeworldled rehabilitation.

Method
We will discuss key principles of lifeworldled rehabilitation such as a focus on embodied relational knowing, accessing resources through shared experiential authority and a requirement for presentcentred rather than personcentred goal setting. We also discuss the challenges of creating and holding an open, imaginative space, to explore client and provider vulnerabilities and possibilities in clinical contexts that are driven by externally imposed targets, timescales and pathways.

Findings & Conclusions
We illustrate our thinking with examples from our practice with people who have acquired physical and communication impairments after stroke and adults with mental health conditions. By contrasting our perceptions of the way lifeworldled rehabilitation differs from and overlaps with current policy rhetoric and practice, for example the selfmanagement of longterm conditions, we hope to stimulate discussion and debate on the place of lifeworldled rehabilitation within the therapeutic encounter.

Keywords:
- Lifeworld
- Rehabilitation
- Humanising values
- Humanisation
- Services
Nursing staff’s experiences of time and care in a busy medical ward

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Abstract:
Background
The perception of time plays a major role in the performance of care. Various philosophers have tried to clarify the time, and nursing has been gripped by clock hour or opportunities in time. Based on a study among very busy nurses in a medical department perceptions of time are found and afterwards the nursing staff worked with perceptions of time.

Methods
Nursing staff was presented to their practice of the time (from field observations) and opinions of time (from interviews) together with philosophical reflections on time. Then prepared records of functions / actions they saw as time-wasters in the different understandings of time.

In an affinity analysis time-wasters were thematized.

Results
Nursing staff’s understandings of time-wasters can be expressed by the following themes:

1. Interruptions in continuous work
2. Missing or useless technical equipment
3. Meaningless documentation and screening
4. Inadequate staffing
5. Lack of oversight and logistics
6. Consuming patients and relatives
7. Interdisciplinary collaboration

Conclusion
Nursing staff expresses a belief that their basic experience of lack of time can be solved by improving the efficiency and homogeneity. The result might mean that nursing staff is in a situation of distress and only has a vision for protecting their own integrity.

Perspectives
Caring for patients can end up with a measured quantity adapted the linear, efficient and effective understanding of time. The risk of this understanding of time is that the more time nursing staff saves, the less living time unfolds.

Keywords:
- Time pressure
- Understanding of time
- Tranquility
- Efficiency
- Alive time
A Lifeworld Led Model for Public Health Practice

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Abstract:
Respect for human dignity and integrity is fundamental to care and caring science. Public health practice is care in its broadest sense and is the domain of public health practitioners from diverse backgrounds. Addressing health inequalities is a priority area in public health and in this discussion paper we suggest how public health practitioners may work to reduce health inequalities for individuals and groups in their practice contexts. People are stakeholders in their communities and they have the essential real-life experiences of their own worlds. We propose that in order to reduce health inequalities, practitioners need to be familiar with these real-life perspectives and suggest principles for a lifeworld led approach to public health practice.

Keywords:

- Public health
- Lifeworld
- Health inequalities
Care in perioperative nursing

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Abstract:
Background
Perioperative nursing and the interaction between nursing care and technology has been discussed for more than a decade. Perioperative nursing as an act of technology includes the knowledge and skills to work proficiently with instruments, equipment, and machinery. From a patient perspective, technology can be quite frightening and reduce human contact, adding importance to the implementation of individualized nursing care in the perioperative setting. However, the involvement of care in perioperative nursing is unclear. Therefore the purpose was to investigate how nurses facilitate the interaction between nursing care and technology in highly specialized ORs in public university hospitals.

Methods
An ethnography involving participant observations and interviews was conducted during a 9-month period. The participants comprised 24 nurses from 9 different operating wards at 2 university hospitals in different regions of Denmark.

Results
OR nurses viewed patients as either human beings or objects. Technical skills were observed and described as either technical flair or a lack of technical skills/technophobia. The different ways in which technical skills were handled and patients were viewed contributed to the development of three levels of interaction between nursing care and technology: the interaction, declining interaction, and failing interaction levels.

Conclusion
At the interaction level nurses exhibit interaction among (a) technological activities based on technical flair, and (b) an acting in relation to the patients’ overall situation. At the declining interaction level nurses prioritize either (a) instrumental activities based on technical flair or (b) nursing care based on an understanding of the individual patient. Finally, at the failing interaction level nurses’ interest in the patient is lacking and new technological challenges are limited by lack of technical skills or technophobia. Considering that the declining and failing level are characterized by a lack of interaction between nursing care and technology, this perioperative practice is not nursing.

Keywords:
- Cultural
- Ethnography
- Nursing care
- Perioperative nursing
- Technology
Experiences of migration and perinatal healthcare needs

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Abstract:
The study "To be taken seriously", provided insights into how women reflected on the ways migration and resettlement hardships with their consequential constraints in daily life influenced their healthcare needs during childbearing. Focus-group discussions, pair interviews and individual interviews were conducted in southern Sweden between 2006 and 2009 with 25 women with heterogeneous backgrounds, originating from 17 different countries that had experienced childbirth in Sweden. Qualitative content analysis was used with an intersectional approach, taking into consideration intersections of ethnicity, socio-economic status (SES) and gender. When the women experienced barriers in healthcare they got more tense, insecure and frustrated. When not taken seriously, met with distrust, being treated as a stranger, rejected in healthcare encounters or when their personal expectations and individual experiences were ignored, it was devaluing and discriminating. However, when they had a confident, caring relationship, were ‘taken seriously’, it made them feel stronger and had fewer complications during pregnancy and labor. This, therefore, enabled the women to boost their sense of self, and to recognize their capabilities, as well as their ‘embodied knowledge’. Caregivers/midwives should be aware of hardships stemming from experiences of migration and resettlement as well as from structural vulnerability and constraints such as the ‘triple jeopardy’ of ethnicity, SES and gender that influenced women’s ability to act in decisive life situations. In addition, awareness is important about how rights for health is applied in practice and is affected by perceptions about health-related deservingness and their ethical implications. Caregivers/midwives should promote health and not perpetuate health disparities. It means to reduce unnecessary suffering and victimisation of women, their children, and their families. It is a matter of dignity, equity, social justice and patient safety.

Keywords:
- Women
- Perinatal support
- Migration
- Discrimination
- Intersectional approach
- Structural vulnerability
How to support students’ learning in pairs

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Abstract:
The aim of this study was to describe how supervisors’ support nursing students learning in pairs, during their clinical practice. The research is based on a Reflective Lifeworld Research approach founded in phenomenology. The analysis is based on seven individual interviews with head supervisors and four group interviews with base supervisors at Developing and Learning Care Units. There is a total of eleven Developing and Care Units in both somatic and psychiatric care. This learning environment is designed to integrate theory and practice through lifeworld didactics in order to support pairs of students in their professional development. The results show that supporting students’ learning in pairs is based on interpersonal meetings and entails focusing on learning in pairs, where both each individual student and the pair of students as a unit are given space. Being the ultimate support for students’ learning is a major challenge that requires flexibility towards the pair of students. Supporting students’ learning is also characterized by being present for the students with a reflective supervising approach, at the same time as supporting means to take a step back in relation to not be too prominent. The learning support, which is characterized by structure and reflection, is also challenged by the competing “reality of the nursing situation”, which is shown in a balancing act between the demands of the “reality of the nursing situation” and the space needed for reflective learning.

Keywords:
- Lifeworld didactic
- Lifeworld led learning
- Pairs of students
- Phenomenology
- Supervisor perspective
The language of risk, responsibility and blame in health policy

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Abstract:
Background
This paper seeks to consider what a policy-as-discourse approach, has to offer towards an analysis of health policy. The author applies an anthropological approach to policy analysis to explore how governance bodies can shape and constrain the delivery of services which are caring and compassionate.

Aim
The analysis considers the discourses evident in the public health literature produced by the department of health from 2000 to 2013 which was aimed at prevention and treatment of Coronary Heart Disease in the UK. Utilising 'National Service Frame work for Coronary Heart Disease', in 2000; the report 'Mending Hearts and Brains' (DOH 2006) and the 'Cardiovascular Disease Outcomes strategy' (2013); emerging discourses within health policy literature are identified.

Method
The texts are analysed using Norman Fairclough’s three dimensional framework for carrying out critical discourse analysis (1992/2013). Using a critical discourse analysis, the properties of the text, discursive practices and social practices are revealed. The language, themes and ideas which reflect cultural, moral and ideological debates in health care over the last decade and up to the present today will be explored.

Results
The analysis identifies the moral discourses around risk, responsibility and blame which are used to rationalize and promote health care initiatives. The capacity of these ideas to inform health care practices is considered.

Conclusion
The tension between health policy which is informed by discourses of risk, responsibility and blame; set against a back drop of national and global economic reform is discussed as a potential a barrier to providing a service which is caring and compassionate.


Keywords:
- Policy-as-discourse
- Responsibility
- Risk
- Blame
- CHD
- Public health
- Caring

'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
A feeling of being (in)visible

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Abstract:
Background
Research shows that being a back patient can be associated with great personal cost, and that back patients who undergo spine fusion surgery, experience particularly problematic illness trajectories.
Many patients not only struggle with the feeling of being send back and forth between healthcare professionals, they also struggle with existential challenges related to living with pain for many years. The patients' individual lifeworld perspective needs yet to be explored.

Aim
To explore how patients undergoing spine fusion surgery experience their illness trajectory.

Method
The data analysis is inspired by the French philosopher Paul Ricoeur's phenomenological hermeneutic theory of interpretation. Data were collected through observations and semi-structured interviews.

Results
Patients' experience their illness trajectory as prolonged and uncoordinated. Within this uncoordinated and inconsistent course of action within the healthcare system patients are left with the feeling of not being recognised as individuals living in constant pain. The lack of inclusion of patients' lifeworld perspective means that patients hold back their challenges related to life with back pain to avoid being an inconvenience. For the patients this lack of involvement and verbalisation creates an existential insecurity expressed as a sense of 'disappearing' and being 'invisible' which is threatening the patients' identity.

Conclusion
It is suggested that patients' lifeworld-experiences are given priority when the health care professionals are dealing with patients suffering from severe back pain undergoing spine fusion surgery. To secure the patient's existential and individual needs it is important that aspects related to the patients' experiences of their illness trajectory are included in the communication.

Keywords:
- Lifeworld
- Severe back pain
- Spine fusion surgery
- Invisibility
- Identity

Session M
Friday 20th 2015
08:35
How do spine surgery patients participate in pain assessment

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Abstract:

Introduction
Despite advances in medicine, pharmaceutical and technical knowledge patients still have postoperative pain after spine surgery. Studies show that patient positive effect on treatment outcome and patients require quick individual and efficient pain treatment.

Aim
This study explored how patients after major spine surgery experience participation in assessment of their postoperative pain in the recovery unit.

Settings & participants
The participants was interviewed in the postoperative ward, 24 to 70 hours after operation. The participants included, was adult and inpatient for more than 72 hours after the operation. Patients with cancer and need for intensive care were excluded.

Methods
This study had a qualitative approach with a phenomenological-hermeneutic perspective. Data was collected via interviews of 15 patients.

Results
Four themes emerged:
Relationship: The relationship between the patient and the recovery unit nurse was based on frequency of contact and direct approach about pain assessment.
Communication and knowledge: Contact frequency and nurses attitude was important for the patients to obtain knowledge.
Pain assessment with NRS (Numeric Rating Scale): There were individual differences in how patients perceive the numbers in NRS, and the ease of using NRS. The new pain sensation and variation in pain after surgery made it difficult to use NRS scale for the patients.
Anaesthesia affecting pain assessment: Patients ability to assess pain was affected.

Conclusions
The relation between patients and recovery unit nurses did not result in a mutual understanding of pain assessment, since perception of pain assessment was not agreed. Anaesthesia affected the patient`s ability to participate in pain assessment. Patients required knowledge to avoid complications of pain.

Keywords:

- Patient participation
- Postoperative pain
- Spine surgery
- Pain assessment
Using drawing in qualitative research with adults to explore experiences in health and illness

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Abstract:
Aim
The aim of this presentation is to reflect on drawing as method, its meaning and consequences, possibilities and pitfalls. One background is own experiences with using interview and drawing in combination.

Background
Drawing as method is one of several art-based techniques also called visual methodologies that has surged parallel to increased amount and broader acceptance of qualitative research. Drawing helps elicit new understanding that can be difficult to access using existing approaches; it is a supplement to interviewing and fieldwork.

Method
Our study was a phenomenological study of hope among women newly diagnosed with gynecological cancer. We used interview in combination with drawing as data collection tools and we analyzed the data using phenomenology as described by Betensky and Van Manen.

In this paper we reflect on our experiences from this study, what we did, what lessons we learnt, and what we can recommend others to do to further the quality of drawing a research method.

Keywords:
- Phenomenology
- Visual method
- Drawings
- Hope
- Experience
- Reflection
Regrets and dilemmas : Episodes in clinical care

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Abstract:
The author does not wish to publish this abstract.

Keywords:
- Care
- Ethnography
- Hermeneutics
- Multicultural issues
- Narrative
- Reflective practice
Dignity on the Edge of Life

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**Abstract:**

**Background**
Dignity has been highlighted in previous research as one of the most important ethical concerns in nursing care. Intensive care unit patients are vulnerable to threatened dignity, and maintenance of the dignity may be challenging as a consequence of critical illness. According to Eriksson, dignified caring is related to encountering the patient as a unique human being and respecting human value.

**Aim**
The aim of this study was to highlight how nurses in an intensive care setting in Finland may preserve patient’s dignity.

**Method**
The material was composed of a survey answered by 27 nurses employed in an intensive care unit. The survey involved open questions about patient’s dignity and the text was analyzed using hermeneutical text interpretation.

**Result**
The findings revealed nurses wishes to experience caring as good in all circumstances. Although the patient’s life is threatened, her unique person always has to be respected. Nurses promote patient’s dignity by sensitive communication with the patient (listening, asking, explaining and telling the truth). Patient’s dignity is also promoted by responsible protection (offering environmental privacy, advocacy, getting adequate treatments and limiting medical treatments when there is no hope for recovery). Nurses protect dignity by being one step ahead, predicting what happens next. When patient’s dignity has been violated by the nurses, nurses restore it by being honest, explaining why life sometimes is placed before patient’s dignity and by asking for forgiveness.

**Conclusion**
Even when the patient is on the edge of life, her dignity should be respected. Nurses preserve dignity by promoting, protecting, predicting and restoring. Nurses recognize the importance of shared humanity, seeing patients as fellow beings in preserving patient’s dignity. There is a need to develop practice that addresses the need to promote maintenance of patient dignity.

**Keywords:**
- Patient’s dignity
- Caring science
- Intensive care
- Hermeneutic
Love in Connectedness

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Abstract:
Spirituality is important when caring for the whole human being. Earlier research found Love in connectedness to be a core category in spirituality. The study aim is to deepen our understanding of Love in connectedness, and contribute to the theoretical knowledge development of the concept of spirituality from a caring science perspective. The method was a review of 20 research articles concerning connectedness and love, which were interpreted through a Gadamerian-based hermeneutical approach. Emerging themes were three forms of connectedness, compassion, and the risk of losing love in caring for the patient. In addition, we reflected upon love and ethics, based on the writings of Tillich. According to Tillich, love is a drive towards unity of the separated. This drive can be seen in both connectedness with others, in connectedness with something larger than oneself, and may indirectly apply to connectedness with oneself. We find that both connectedness and love are key concepts in caring for the patient.

Keywords:
- Connectedness
- Compassion
- Love
- Spirituality
Suffering and alleviation for patients with intestinal failure and stoma

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Abstract:
Background
The life threatening condition of intestinal failure is often caused by operations with complications and long-term hospitalisation in different departments. Even severely traumatised patients with intestinal failure and stoma are not described as suffering in the literature.

Aim
To achieve understanding of the experience of suffering and alleviating factors during hospitalisation for patients with intestinal failure and stoma.

Design and methods
Qualitative method with a phenomenological–hermeneutic approach towards analysis of three semi-structured interviews.

Results
Three themes emerged: 1) Strategies of handling suffering 2) Loss of identity 3) Alleviation by the staff.

Conclusion and significance
Dealing with suffering is not directly linked to intestinal failure but closer to the patient’s life history. Suffering is unpredictable and the suicide risk is increased. Having a stoma might create an existential crisis. The staff can alleviate suffering by human presence and attentive behaviour in a warm atmosphere. Implications for practice focus on time perspective, the nurse’s relationship with the suffering patient and the organisation of an intestinal failure unit.

Keywords:
- Suffering
- Alleviation
- Intestinal failure
- Nurse-patient relation

Session A  
Thursday 19th 2015  
11:15
Exploring clinical leadership in human service professions

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Abstract:

Background
This study concerns competency development and reports on an intervention study to educate clinical leaders. Caring practice needs the support from leaders who reach for knowledge transfer and who are concerned about patients outcome of hospitalization. Coaching is a well-known method in continuing education and may also support clinical leaders facing new challenges.

Aims
To explore clinical leaders’ experiences of an educational intervention, followed by a double individualized coaching intervention, to support strategies for clinical leadership of research and development.

Method
While the competence development was based on a course with a total of 35 hours of lectures supported by a double coaching intervention; the evaluation was based on double interviews and surveys in 2012. The participants were clinical leaders from different departments in a Danish public urban teaching hospital.

Results
Two themes were analyzed based on the participants’ course experiences: 1) Combining clinical leadership and research strategy; 2) Clinically relevant research. The survey revealed that coaching seemed to clarify priorities for the leaders.

Conclusion
Competency development and coaching can improve insights into the clinical leader’s leadership of research and development that reflects caring science.

Keywords:
- Caring science
- Clinical leadership

Session J
Friday 20th 2015
08:35
Developing new pedagogies for lifeworld-led humanising care

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Abstract:
Background
In this paper we will consider the challenges of developing new pedagogies for lifeworld-led humanising education in a transprofessional undergraduate curriculum.

Aim
We will consider the relationships between curriculum content, facilitation and assessment approaches for developing learner-focused engagement with lifeworld-led evidence for humanising care.

Method
A model of life-world led education, using the dimensions of the head, hand and heart, has been developed at Bournemouth University, informed by the seminal work of Galvin and Todres (2013). Using a scaffolded and blended learning approach, students are introduced to these three dimensions to facilitate the development of empathic imagination and research awareness towards an appreciation of judgement-based practice. Arts and humanities materials focus on first person accounts, together with research papers and policy documents form the core curriculum to create the learning space for developing research awareness in association with empathic imagination. Transprofessional themes are explored through engaging in interprofessional learning opportunities to identify the commonalities of embodying humanising values over appreciating the differences between professions, when providing humanising care. Learning experiences are co-created through scaffolded spaces for group work and collaborative working in group blogs, promoting learning and assessment strategies that are iterative, and multi-layered.

Results
Students participate in in-depth curriculum evaluation, which we will use to illustrate their responses to this life-world led pedagogy for humanising care. The underpinning blended learning approaches, assessment strategies, and change management themes have been considered elsewhere (Pulman et al 2012, Hutchings et al 2013, Hutchings, Quinney and Galvin 2014).

Conclusion
Pedagogies for humanising care require new approaches to curriculum content and facilitation, that enable concepts such as ‘use of self’, ‘trusting the process’ and ‘tapping into the empathic imagination’ to be foregrounded. Realising this learner-focused engagement with lifeworld-led evidence promotes a more holistic, connected and integrated approach to education for humanising care.

Keywords:
- Education
- Humanisation
- Lifeworld
- Judgement-based practice
- Transprofessional
The Delivery of Humanly Sensitive Healthcare to Older People

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Abstract:

Background
Amidst a backdrop of funding cuts and a drive towards greater industrial efficiency in health service provision there remains a public concern that the UK NHS succeeds in delivering humanising healthcare. To help inform the development of humanly-sensitive caring practices, within the constraints of the current health service environment, this inquiry is initially concerned with understanding, from first-hand patient accounts, the types of healthcare practices that occur on an older-person’s hospital ward, that contribute towards making patients feel valued as human beings. The results of this phase along with the introduction of the Humanisation Framework (Todres et al. 2009) will inform, a following, ward based implementation phase.

Aim
To explore the nature of care within an NHS inpatient setting as described by older people.

Method
Unstructured phenomenological interviews were undertaken by MC with eight female and two male participants, aged 81-92, who had stayed in hospital wards in Southern England, dedicated to caring for older people. Interviews and analysis were conducted using descriptive phenomenological methods (Giorgi 2009).

Results
Initial analysis of the data has highlighted 5 key areas for exploration; 1. The quality of interactions with healthcare workers which were key in determining whether patients felt valued as human beings 2. How duration did not appear to affect their quality 3. How patient-choice did not seem to be a primary influence within quality relationships 4. The potential trauma experienced following an emergency admission which was not addressed. 5. How the humanising qualities described in the Humanisation Framework could be identified in quality relationships.

Conclusion
Staff-patient interactions should be considered in the development of humanly sensitive healthcare practice. Increasing humanising, caring interactions does not appear to be dependent on increased resources. The Humanisation Framework could help articulate a direction for caring that is not explicit in the patient-centred care agenda.

Keywords:
- Humanly sensitive healthcare
- Descriptive
- Phenomenology
- Older People
- The Humanisation Framework
Critical incidents within hospital readmission: The lived experiences of older male patients

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Abstract:
Background
Hospital readmission, defined as an unplanned return to acute hospital care shortly after discharge from a recent hospital stay, has been reported as a common negative health outcome from hospitalization of older persons and described as a critical event; emotionally upsetting, unpredictable, scary and stressful. Still the lived experiences of the subgroups in risk of frequent readmissions are missing.

Aim
To identify the critical incidents that older males perceived as associated with frequent readmissions to hospital.

Methods
A qualitative research design, using the Critical Incident Technique (CIT), was employed to describe the experiences of the older person being readmitted. Double interviews were performed with male patients (n = 4), aged between 65 and 75, recruited from an internal medical ward. Interviews took place both at the hospital and at home within two weeks post discharge.

Results
The study provided a picture of how older persons perceived aspects either demanding or helpful in a life situation, where the older person being in risk of hospital readmission perceived they were vulnerable and exposed. They found their experiences too demanding if they: 1) Were discharged before they felt ready, 2) Experienced complications affecting their overall condition post discharge, 3) Felt rejected from the health care providers in situations where they experienced themselves in need of care.

They found their experiences to be helpful if they: 1) Experienced that they were “seen and met positively” in situations where they felt in need of care services, 2) Could react proactively in a specific situation, 3) Had informal network/caregivers that could and would support them in exposed situations.

Conclusion
Identification of critical incidents associated with readmissions should include greater contributions from the lived experience of the older person as these insights may help leaders and staff to improve older people’s health outcomes after hospitalization.

Keywords:
- Older male patient
- Lived experience
- Patient perspective
- Readmission Critical incident
Perceptions of a cultural care framework for European caring science among nursing students with different cultural backgrounds

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Abstract:
Background
Extensive migration of people within Europe and through its boarders has resulted in social and cultural diversity that must be considered by health care professionals.
Aim
The aim was to explore the perceptions of a cultural care framework for European caring science among nursing students with different cultural backgrounds.
Method
An explorative qualitative study was used. Eighteen undergraduate nursing students from Sweden, Finland, Portugal, South Korea and Vietnam were selected by purposive sampling. Inclusive criteria were: (1) Having experience from a foreign country of giving care to patients with cultures different from their own. (2) Having carried out clinical practice in their own country before doing this in a foreign country. (3) Having practiced nursing care at least three months in a foreign country. (4) Being willing to participate.
The article “Caring Science Framework for Cultural Care Model” by Albarran et al. (2011 was given to them for reading. An open-ended questionnaire with nine questions was distributed by e-mail with information about the study and participants’ rights. After reading and answering the questions, the participants returned the questionnaire. Data collection was carried out in the autumn 2014, and the data were subjected to content analysis.
Results
The average age of the participants was 21.9 years (20-25 years). Five categories of perception emerged: (1) Understanding the individual patient’s life world. (2) Compassion, respect and listening to the individual patient’s needs. (3) Culture, language and communication important. (4) Similarity and difference of caring perspectives. (5) Holistic and individualized care.
Conclusion
The students had varied perceptions. To deliver culturally sensitive care, nurses must recognize the individual patient’s life world and needs, and develop international and intercultural skills that will facilitate the delivery. Curriculum should be developed that gives cultural competence to healthcare students. Further studies should use both qualitative and quantitative methods.

Keywords:
- Nursing students
- Cultural care
- European caring science
- Different cultural backgrounds
- Caring Science Framework for Cultural Care Model
Different understandings of professionals’ recommendations

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Abstract:
The purpose of cardiac rehabilitation is not only reestablishment of a meaningful everyday life, but also survival. The core of cardiac rehabilitation is prevention and minimisation of cardiovascular risk factors. The most important aspects are related to lifestyle concerning physical activity, dietary, alcohol and smoking habits. Thus, cardiac rehabilitation often implies recommendations concerning lifestyle changes. Knowing the embedded complexity of such changes, further insight into the patient’s perspective on life lived after cardiac rehabilitation is needed. This study explored the experiences of life after cardiac rehabilitation among previous heart patients, and the long-term impact. Twenty patients were interviewed six months after completing a hospital-based cardiac rehabilitation programme. The study used a phenomenological-hermeneutic approach and Ricoeur’s interpretation theory constituted the basis for analysis. We found that the patients considered it as positive to participate in the cardiac rehabilitation programme. However, understanding of the professionals’ recommendations differed. In some cases the recommendations were understood and complied with. In other cases, recommendations were not or only partly followed. Further, some patients had an alternative understanding of the recommendations and did neither adapt to heart healthy nor heart disease preventing routines. This presentation focuses on the alternative understanding of the professionals’ recommendations and their impact on experiences of life after a heart disease.

Keywords:
- Cardiac rehabilitation programme
- Heart disease
- Lifestyle changes
- Phenomenological-hermeneutic
Shame, Guilt, Anxiety: Mental health nurses vulnerability in everyday encounters with seriously mental ill patients

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Abstract:
Background
Vulnerability is a key concept in nursing science and practice, defined as a dynamic process of openness/susceptibility to circumstances that positively or negatively influence individual outcome. International research has shown that patients’ vulnerability reduced their ability to protect themselves from risks. Also nurses’ experienced vulnerability in challenging relationships with vulnerable patients’. Research on mental health nurses (MHN) vulnerability is not found.

Aim
Developing deeper understanding of MHN vulnerability, and why MHN often end up in distancing them self from being sensitive to patients vulnerability, acting in a not caring way.

Method
A phenomenological perspective guided the research process, focusing on “how” caring situations are meaningful lived, as they are experienced of the nurses, through investigating “what” is experienced.
Data were collected through a field study in an acute psychiatric ward, including observations of 11 MHN, their written narratives, interviews and reflective groups focusing on MHN understanding and feelings.

Results
The nurses were exposed for susceptibility to accumulated complex negative feelings in relationship to the patients, related to situation of experiencing mental and physically risk of harm. The dominating feelings were mistrusting unpredictable patients, humiliation and shame when experiencing being manipulated of the patients, shame and guilt when not mastering the care, anxiety and paralysis when experiencing possibility of being physical harmed. Limit setting became their protecting strategy, which triggered patients’ vulnerability and provoked out-acting behavior.

Conclusion
The findings highlight the importance of understanding the MHN’s challenging feelings relationship to serious ill patients, both in the education- and health system. A deeper focus on developing of knowledge, skills and a support system in everyday practice is needed.

Keywords:
- Vulnerability
- Nurses
- Caring relationships
- Mental health
- Phenomenology
Anthroposophic integrative care for patients with chronic widespread pain: Connecting the body, spirit and soul to guide a transformation from suffering to health

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Abstract:
Background
Patients’ with chronic widespread pain have a high burden of symptom. Evidence show that multi-modal rehabilitation may be beneficial for patients with chronic widespread pain, but there is little research on how multi-modal care should look like. This research project focuses on caring aspects of one existing model of multi-modal rehabilitation: Anthroposophic integrative care. Anthroposophic care involves a holistic health care model combining conventional care and complementary therapies.

Aim
The aim of the study was to explore how practitioners’ in Anthroposophic care conceptualize caregiving aspects for persons with chronic widespread pain.

Method
Practitioners’ working with rehabilitation for chronic widespread pain at the Anthroposophic hospital in Sweden was asked to participate in the study. Interviews were conducted with 15 anthroposophic practitioners’ (physicians, nurses and different complementary providers). The interviews were transcribed verbatim and analysed using a phenomenological hermeneutical method.

Result
The practitioners’ have a holistic, transcendent and caring philosophy in common. They emphasize the importance of being present, receptive and to provide care with love and respect. The practitioners’ focuses on the patients’ as whole persons to understand their life and suffering. They contribute to the care from different professions, sharing a common explanation about the patients based on anthroposophic philosophy and previous experiences. Pain is described as a language connecting the body and soul, especially for patients’ that have been mistreated or exposed to a trauma earlier in life. The anthroposophic care program follows a structure and is individually formed to help the patients to connect their body, spirit and soul and develop potentials to make a transition from suffering to health.

Conclusion
The providers’ view of the patient as a whole person including body, spirit and soul guide them in their caring encounters to help patients’ with chronic widespread pain to develop their own potentials for health.

Keywords:
- Integrative health care
- Anthroposophic care
- Caring relationship
- Pain
- Qualitative research

"Exploring care for human service professions" - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Supporting an ethical sustainable and caring culture

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Abstract:
Background
The ethics is one of the organization’s success factors that the nurse leader will maintain through sustainable ethical values, but ethics is not necessary part of daily life in spite of the willingness to do what is good. Sustainable in a nursing context is based on economical stable evidence-based models where ethics with a respectful and dignified nursing and health thinking are important aspects. Research is, however, missing about the prerequisites that the nurse leader has to shape in administering an ethical sustainable and caring culture.

Aim
The aim is to investigate the characteristics of the caring culture foundation and what the nurse leader will administer and strengthen in striving for a sustainable ethical and caring culture.

Method
The design is mainly quantitative with a qualitative component. A web questionnaire was distributed to all the personnel at eight selected units at a Central Hospital in Finland. Descriptive statistics and inductive content analysis were used for data analysis.

Results
The caring culture rests on a solid ground with the nurse personnel’s participation in shaping the prevailing atmosphere, a multi-professional teamwork, appreciation of the professional skills and a mutual care vision. The insufficient interaction between the physicians and nurses is, however, speaking against the participation. Human values including respect, but also professionalism and a patient centred care are part of both the ethical ground values and leading stars for the nursing personnel. Professional skills are also valued as a ground value like the golden rule and role models as part of the leading stars.

Conclusion
The nurse leader is shaping contextual, professional and cultural prerequisites to maintain the nursing personnel’s ethical and professional competence. Ethics and sustainable evidence-based models constitutes the basis for god care and patient safety where the nurse leader is administering the core and art of caring.

Keywords:
- Nurse leader
- Sustainable
- Ethics
- Caring
- Culture
Metaquestions for Qualitative Caring Science Research

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Abstract:
Qualitative research has come of age beside an enduring debate on disciplinary questions in caring science. Two neighbour countries, Finland and Sweden, were chosen for a research project on the qualitative research development in caring science that is visible through the international publications over the past two decades. The most developed methodological contributions are hermeneutics and its conceptual determination, phenomenological hermeneutics and reflective lifeworld research. Descriptive studies applying content analysis designs have increased. When the choice of qualitative methods has became a ‘sine qua none’, and the use of (some) qualitative methods has been criticized within the qualitative research community in itself, it is interesting to study the development of qualitative research. A critical and emancipatory approach guided a textual analysis with the help of matrices, description and interpretation, and finally asking metaquestions for future development. The publications under review were internationally published, peer reviewed original research articles in English between 1991 and 2011, two intense decades of qualitative caring science research in Finland and Sweden. Publications on the development pertaining to qualitative research in the aforementioned countries completed the primary publications. On the basis of the analysis, qualitative research in Finland and Sweden may be classified in three eras, and three different views of the role of qualitative caring science research. The development has started in different ways, and is moving in different directions with the second- and third generation of qualitative researchers. The ongoing ‘meta’ era has led to a new type of development of qualitative methods, even to the point that an antimethod tradition has emerged during recent years. The eras and views of qualitative research in caring science will be outlined, followed by metaquestions for the future.

Keywords:
- Caring science
- Qualitative research
- Metaquestions
- Epistemology
- Methods
Seeing beyond suffering: Hope as a way to health in violent in violent intimate partner relationships

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Abstract:
Some of the most important concepts of Caring Science are ‘health’, ‘suffering’ and ‘caritas’ – ethical caring grounded on the basic values and ‘ethos’. The idea of caritative caring is to alleviate suffering respecting patients’ dignity under all circumstances. This study is based on an earlier research (Lindholm 2008) focused on suffering of women and men who lived in violent intimate partner relationships. It became evident that violence is suffering which affects health of both partners. Not only their shame, guilt and fears but also suffering in care made them reluctant to open up their experiences and to seek official help. Imprisoned in suffering they could see neither their dignity nor hope. This led them to an existential, life-threatening crisis.
This study is a reanalysis having its focus on health. It aims to elucidate the meaning of hope in caring and as a part of health by finding out elements which give and maintain hope in violent intimate relationships. Fourteen persons who had either experienced or used violence in their intimate partner relationships were deep-interviewed by the researcher who also audiotaped and transcribed the material. Statements directly or non-directly referring to hope were picked up and interpreted applying a hermeneutic methodology.
Hope seems to be multiform, future-oriented and a necessary part of ethical caring. Patients’ inner desire for meaningful life is crucial. Every single sign of hope strengthens their dignity and open ways into becoming in suffering and being, doing and becoming in health.
Hope seems to be an essential element of health. To give hope to a patient is to give her/him health. Caring without hope is futile.

Keywords:
- Health
- Suffering
- Hope
- Ethics
- Caritative caring
There is a need to welcome families in forensic psychiatric care

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**Abstract:**
This paper focuses on health care professionals’ beliefs concerning families in contact with forensic psychiatric care. Historically, families have been almost invisible in forensic psychiatric care. Forensic psychiatry is a complex field of care, and being healthcare professionals in this area of care seems especially challenging due to the staffs’ ambiguous tasks of providing care and improving patients’ health and quality of life, while simultaneously guarding and containing the patient. It is also of importance to provide patients’ family members opportunities to participate in care planning for their relative and to support relationships between forensic psychiatric patients and their families.

The study has a hermeneutical approach inspired by the philosophy of Gadamer. Data from group interviews with staff in four Swedish forensic psychiatric clinics were analyzed and interpreted as seven key beliefs held among staff. There were four key beliefs about families: Family belongingness is a resource for the patient; Most of the families are broken families—not possible to trust; and Families either get in the way or smooth the way for patient’s care. Three key beliefs concerned encounters with families: To be able to balance out and control the family is important; To set aside one’s own as well as the families interest is inevitable; Family oriented work is a hopeless mission; and Family oriented work starts in explicitly welcoming families.

**Keywords:**
- Beliefs
- Families
- Forensic psychiatric care
- Staff perspective
The idea of caring during the home visit

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Abstract:

Background
Public health nursing was introduced and started to develop in Finland in the 1920’s. The main duty of the public health nurse was to promote health, to prevent diseases and to give first aid when someone was ill. Previous research on public health nurses’ work indicated that the health of the family was always in focus during the home visits.

Aim
The aim of this study was to explore, from a caring science perspective, the idea of caring during the public health nurses home visits and how it appeared in the beginning of the 20’th century.

Method
This study had a hermeneutic approach, guided by Gadamer, with an aim to get a deeper understanding of the phenomenon, the essence of caring during the home visit. The method used was history of ideas. The method deals with capturing ideas, conceptions, intellectual traditions and currents. Primary sources were mainly used, consisting of material from archives and notes of contemporary. Classical textbooks for public health nurses were also examined.

Results
The result is presented as three main themes with subordinated themes: 1) Creating a caring communion; The idea of love, reverence and discretion, Confidence, The good understanding and The idea of continuity. 2) Taking part of the patient’s story; The idea of listening and conversation, Openness and empathy, Patience and humility and The idea of hope. 3) Arousing the desire for health; The idea of health education, The family in focus and The idea of helping.

Conclusion
The health of the family and health education was in focus during the home visits. The aim was to make the family aware of their own resources and how they could contribute to their own health by themselves.

Keywords:
- Home visit
- Public health nurse
- Caring
- History of ideas caring science
**Outline of poster presentations**

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Abstracts for poster presentations

Relatives’ experience of writing diaries for critically ill

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Abstract:
Background and aim
Diaries written by nurses for the critically ill patient help the relatives cope and support the patient. Relatives may participate in writing a diary for the critically ill and when they do this is appreciated by the patients. However, the relative’s perception of writing a diary has not previously been explored. Thus, the aim of this study was to explore how relatives experience writing a diary for the critically ill patient.

Method
Seven relatives of critically ill patients were interviewed in a phenomenological-hermeneutic study building on the theory of Ricoeur.

Findings
We found that when relatives wrote a diary for the critically patients, they experienced that writing and reading the diary allowed for the unloading of emotions and expression of feelings. Writing a diary was a meaningful activity while enduring a situation of uncertainty and furthermore it created a distance that allowed understanding of the critical situation. Furthermore the relatives used the diary to communicate their feelings of love for the patient, thus, creating a feeling of togetherness with the patient or restoring a suffering relationship. When writing in the diary the relatives wished to protect the patient but also change the patient’s way of life.

Conclusion
Involving relatives in writing a diary may support relatives and help them cope with the critical situation, but may also impact the relationship between relatives and patient.

Keywords:
- Phenomenology
- Hermeneutic
- Diaries
- Critically Ill
- Relatives
Snacks

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Abstract:
Background
Towards the end of 2014, the managing headnurse stated that the Danish quality model's indicators regarding nutrition objectives were not being fully achieved. The headnurse therefore decided to investigate the following: What is being served to patients? What do patients actually eat? Can patients maintain their weight during hospitalization?

Aim
To investigate what kind of food is being offered to patients, with a particular focus on snacks.
To investigate whether patients maintain weight during hospitalization.

Method
Observations:
• Are patients being offered snacks between meals?
• Do patients eat what they have been served?
• What is the nutrition value of the meal?
Audit of weight.
• Are patients weighed during admission and discharge?
• Assessment – do patients maintain their weight during hospitalization?

Intervention:
Nurses responsible for nutrition are involved in serving food.
Substitution of thin liquid drinks for protein drinks at the main meals.
A focus on snacks:
• Do we have the type of food we should have?
• Protein-rich snacks that do not include coffee, and are appealing to patients.
• Additional early high-protein snack.

Results
Departmental kitchens were stocked with protein-rich food, which were added to the snack trolley.
The number of patients who were offered a morning snack increased from 27% to 36%.
The number of patients who were offered an afternoon snack rose from 56% to 93%.
The number of protein-rich snacks offered rose from 16% to 28% the number of food/cakes offered increased from 30% to 39%, and the number of ‘thin’ drinks offered fell from 54% to 33%.
The number of patients weighed at admission and discharge increased from 31% to 76%.
Nurses were responsible for conducting screenings, and serving snacks and main meals every day.

Conclusion
There is a clear increase in the number of snacks offered to patients as well as a changeover to more protein-rich products. The ward nurse and the nurse responsible for nutrition is helping to maintain a focused effort on nutrition. There are no results concerning the patients' morning shot, but the implementation of this work continues. Alertness on the patients’ weight has increase and more patients are being weighed regularly during hospitalization.

Keywords:
• Snacks
• Nutrition
• Weightloss
• Nursing
• Hospitalized Patients
The lifeworld of elderly people who feel life is accomplished

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Abstract:
Background
In the Netherlands, there has been considerable public and political debate on the question whether older people over 70 who are tired of life and who consider their life as accomplished, should have legal options to ask for dying assistance. So far though, very little qualitative research has been done into the experiences of these elderly people. To develop careful policy and effective health care services for these elderly people, in-depth knowledge about this phenomenon is a prerequisite.

Aim
The aim of this research project is to investigate the lived experience of elderly people who strongly wish – and chose – to die at a self-directed moment, despite not suffering from a life-threatening disease or severe depression. It aims to describe their subjective experiences from a lifeworld perspective.

Method
An in-depth interview study based on Dahlberg’s reflective lifeworld approach (Dahlberg, Drew, & Nyström, 2008) was used during the data gathering and data analysis. The reflective lifeworld approach is derived from Caring Science and is used mainly by empirical phenomenologists in Northern Europe.

Preliminary findings
The lived experience of elderly people who feel ready to give up on life is understood as an embodied resistance against an irreversible, on-going process of existential disengagement from life. Respondents feel more and more uninvolved in life: estranged from the world, meaningful others and ultimately even from themselves, while unable and/or unwilling to accept and undergo this process as part of life.

Conclusion
This study provides existential knowledge by describing the experiences of these elderly people and reveals the importance of attending to these existential needs in policy and health care.

Keywords:
- Elderly people
- Accomplished life
- Wish to die
- Existential suffering
- Reflective lifeworld approach
Support groups for informal caregivers are meaningful

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Abstract:
Background
Support groups are considered an effective and economical way to care for informal caregivers of older adults with dementia and relieve their feelings of stress and burden. Research shows, that participating in support groups seems to be beneficial for the informal caregivers, but with no significant improvements in feelings of stress and burden. It is unclear how support groups can produce a meaningful outcome for the informal caregivers.

Aim
To identify the meaningfulness of participating in support groups for informal caregivers of older adults with dementia living in their own home.

Method
A systematic literature review was conducted based on a peer-reviewed and published review protocol. 233 full-text papers were assessed for eligibility. Five qualitative papers were selected and assessed for methodological quality prior to inclusion using The Joanna Briggs Institute Qualitative Assessment and Review Instrument. Qualitative research data were extracted and the findings were pooled. This process involved the aggregation of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings based on similarity in meaning. These categories were subjected to a meta-synthesis that produced a comprehensive set of synthesized findings.

Result
The meta-synthesis produced three synthesized findings: 1. Emotional benefits of peer-based support, 2. Facing the challenges of caregiving, 3. Embracing the future through virtual configurations of group meetings

Conclusion
Peer support is meaningful and beneficial for informal caregivers. The support groups provide a source for obtaining positive emotional support, venting negative feeling and gaining help to deal with the everyday life of caring for older adults with dementia.

Keywords:
- Support groups
- Informal caregiver
- Meaningfulness
- Dementia
Back on track: Young people’s identity formation and health

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Abstract:
The author does not wish to publish this abstract.

Keywords:
- Young people
- Visual method
- Identity formation
- Photo Elicitation
- Health
Health care professional`s vulnerability in mental health care: A study in progress

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Abstract:
Background
Health care professionals encounter patients of mental health services in all aspects of health care and in many different situations. Often it is about helping people cope with their everyday life, while other times the professional meets people in critical situations where perceptions are changed and anxiety characterize their everyday life. In such situations the relationship are set in test. Knowledge from the professional’s perspective on their own vulnerability in interaction situations is a prerequisite for understanding the professional-patient relationship.

Aim
The purpose of this study is to illuminate health professionals experiences related to their own vulnerability in interaction with patients in mental health services. Insight in own vulnerability and its impact on the professional-patient relationship, may improve the quality of health professional’s expertise in interaction with patients in mental health care services.

Method
Three focus groups were conducted during spring and autumn 2014. Participants were recruited through the head of inter professional study program in mental health care at a university college on the west coast of Norway. The participants were nurses, social educators, and social workers with their professional background from the community and specialized mental health services.

The issues the researchers want to illuminate:
1. How do health professionals experience their own vulnerability in interaction with patients?
2. Have health professional`s experiences that their own vulnerability can strengthen the relationship and interaction?
3. Have health professional`s experiences that their own vulnerability can weaken the relationship and interaction?

Results
The analysis is in progress.

Keywords:
- Health care professionals
- Vulnerability
- Interaction
- Professional-patient relationship
Identification of the spouse’s responsibilities, functions and roles in relation to care for a loved one with a primary brain tumour

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Abstract:
Background
Being a spouse to a loved one with a primary brain tumour can be an overwhelming and stressful experience as their partner can suffer from severe multiple neurological and cognitive symptoms. These can be physical disabilities, memory loss, impaired intellect or a change in personality.
Because their partner cannot fulfil the role and functions they normally have, the spouse can be forced to take on a number of new and different responsibilities. They often have to adopt various functions related to helping their partner through the disease to maintain their partner’s and the family's way of life.

Aim
The aim of the project is to identify the spouse’s responsibilities, functions and roles in relation to care for a loved one with a primary brain tumour, so the necessary support can be tailored to the spouse's individual resources and special needs.

Methods
Qualitative research interviews will be carried out with 10 spouses midway through their partners initial treatment and two months after treatment. A further 10 qualitative interviews will be carried out with experienced spouses later in the course of the disease.

Perspectives
The project will contribute with knowledge about what kind of support these spouses require, when and by whom in a multidisciplinary and cross-sectorial perspective. In other words, what is best for whom and when? This is to improve cooperation between the patients, spouses and healthcare professionals in order to provide security and to help promote better conditions for the family and for the spouses to care for their loved ones.

Keywords:
- Spouses
- Responsibilities
- Care for a loved one
- Brain tumour patients
- Support
How “innovation in nursing-care” is understood in contemporary research? A literature review

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Abstract:
Background
Through our phenomenological action research: “Wonder-based entrepreneurship-education in professional bachelor-education” (Hansen & Herholdt-Lomholdt 2012) we realized that only very few studies within international nursing research seemed to address questions of what innovation in nursing is or could be.

Aim
To describe and discuss the prevailing understandings of innovation in nursing-care as described in contemporary research literature.

Method
A literature review was conducted and the results further discussed through the lenses of newer research within innovation represented by Scharmer (Scharmer 2009, Scharmer and Kaüfer 2014), Verganti (2013) and Hansen (2014).

Findings
Mainly two different understandings of innovation were found:
2. Innovation as the dissemination and/or implementation of empirical research into clinical care (e.g.Lacey et. al. 2008, Lifvergreen et. al. 2010, Urquhart & Grunfeld 2013)

Discussion: It seems that contemporary research within innovation in nursing primarily draws on a commercial and enterprising understanding of innovation with economy as the driver or on a strong belief on empirical knowledge and evidence based practice as the highway to innovate in care. These approaches seems to oversee, what is of particularly importance in newer research within innovation; a more intuitive and sensitive practice of listening to- and sensing “a call” from the emerging future (Scharmer and Kaufer 2014) in concrete care-situations and thereby a more ethic-, existential-, meaning and wonder-driven innovation (Hansen 2014, Verganti and Öberg 2013)

Conclusions and further perspectives
It seems of importance to develop new understandings and practices of innovation in nursing, grasping new and more intuitive and sensuous understandings of innovation, if nursing-development is to be driven – not only by money or empirical research – but also by the meaningfulness in concrete and unique care-situations.

Keywords:
• Innovation
• Nursing Care
Computer technology’s impact on the caring relationship

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Abstract:
Background
Computer technology has in recent years increased tremendously in health care and contributed to changes in nursing work.
Computer technology has also had consequences on caring and caring relationship. The foundation of caring is the caring relationship and therefore, it is seen as extremely important to make visible healthcare professionals’ experiences about computer technology’s impact on caring relationship.
Aim
The study starts from Eriksson’s theory of caring, where the theoretical perspective about caring relationship and dignity has been articulated. The aim is to highlight the healthcare professionals’ experiences of computer technology and its impact on the caring relationship.
Method
Data was collected through a questionnaire survey among healthcare professionals and all 95 replies where analyzed by using qualitative content analysis.
Results
Computer technology is contributing to that the relevant information about the patients can be acquired in a simple and safe way. At the same time technological work seems to be very time consuming. The time that could be spent with the patient have becoming less due to computer technology. There is concern among the healthcare professionals that the focus of care shifts from the patient to the computer, which can increase the risk that the patients’ comes in second hand. Healthcare professionals concern about that a caring relationship that ensures the patients’ dignity, had to give way to more superficial interaction and valuations, which may lead to dangerous assumptions and decisions based on incomplete information.
Conclusion
The cooperation between healthcare professionals, health technology professionals and caring science should be increased to ensure that the patient is retained as the center of care and caring.

Keywords:
- Caring Science Theory
- Caring Relationship
- Computer Technology
- Content analysis
Unplanned admission in haematology: A quantitative and qualitative study on extent, cause and impact on patient’s life

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Abstract:
Background
Research suggests that chemotherapy treated patients at home have unmet needs and unnecessary suffering during their chemotherapy cycles, which may lead to unplanned admissions. According to Meleis a change in an individual’s health status can result in a process of transition, and persons in transition tend to be more vulnerable. Unplanned admissions might result in a transition process. Knowledge of the factors causing admissions and of the experiences of patients undergoing transitions is important to adjust care and support, and prevent unplanned admission.

Aims
• Describe the extent of and causes of unplanned admissions.
• Explore and understand the impact unplanned admissions have on patients’ lives.
• Resolve possible initiatives that prevent unplanned admissions.

The aims are achieved through a quantitative and a qualitative approach. Results from study 1 will guide selection of patients for the inquiry in study 2.

Study 1
During a 1-year period, all unplanned admissions are registered. Data describing: Socio-demographics, sickness and treatment, patient condition, nursing problems, contact to primary care facility and time, are collected and analysed with descriptive statistics.

The goal is to identify patterns and groups of patients, and the symptoms and problems leading to admission.

Study 2
The theory about transition/change and vulnerability developed by Afaf Meleis is the framework guiding this study.

Data are collected by semi-structured interviews focusing on: Patients experience of the admission and impact on patients lifeworld. Patients perception of health status, before, during and after admission. Patients needs and dealing with problems and symptoms in daily life.

The goal is to describe the process and patterns of transition in patients undergoing unplanned admissions.

Perspectives
The knowledge obtained about unplanned admissions, patients needs and problems will serve as a guide in the development of interventions to reduce unmet needs at home and support patients in transition.

Keywords:
- Unplanned Admission
- Haematology
- Transition
- Quantitative
- Qualitative
Significance of anaesthesia nursing care in patients undergoing diagnostic cancer surgery procedures in an outpatient setting

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Abstract:

Background
Patients with suspected cancer more and more often undergo diagnostic procedures in an outpatient setting. They may have other needs and thoughts about their care than regular outpatients. The nurse anaesthetist meets the patient shortly before surgery. This relationship could be improved by involving the patient’s perspective.

Aim
Exploring anaesthesia nursing care in patients undergoing diagnostic cancer surgery procedures in general anaesthesia in an outpatient setting.

Methods
Narratives from four patients were collected and analyzed using a phenomenological–hermeneutic approach.

Results
The patients experienced fear of the anaesthesia and of the results of the surgery. In the operating theatre, they are vulnerable and feel completely dependent on the nurse anaesthetist. Patients express concern for their own safety and wish for an individual approach.

Four themes emerged:
1. Anaesthesia is transgressive and risky.
2. Surgery patients behave apologetically and pliant.
4. Good care includes small gestures and direct speech.

Conclusion
Good communication skills and an acute perception seem to improve the relation between the patient and the nurse anaesthetist. In particular, individual and respectful care, combined with an involvement of both patients and relatives, could help the patients to cope.

Keywords:
- Anaesthesia
- Nursing
- Cancer
- Narratives
- Outpatients
Longing and health

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Abstract:
Background
Longing as phenomenon seems to be present in caring science. Nevertheless there is a need to investigate the theoretical and ontological foundation of the phenomenon.
Aim
The aim of this study was to develop a theoretical model of longing by focusing on the universal substance of longing.
Method
Gadamer’s ontological hermeneutics was chosen to guide the interpretation process of philosophical texts from Augustine, Kierkegaard and interviews of women suffering from cancer.
Results
The theoretical model of longing yields a deeper insight into ontological health processes by providing a basic understanding of longing as a health giving power in suffering. The elements in which the change processes of longing unfold were interpreted as; suffering and love, inner dialogue and transparency, vulnerability and connectedness, change and metamorphosis, homecoming and gratitude. These are elements in a forward movement that illuminate an opening to future becoming and ‘homecoming’.
Processes of change unfold through the longing given a direction and clarified through a self-realizing dialogue, that leads to a form of transparency which makes the human being feel vulnerable. At the same time longing harbours a promise of connectedness to the inner source of love.
The process of longing can create change and metamorphosis, similar to an ontological homecoming, expressed as gratitude and more definite longing. This transformation or metamorphosis has the character of a mystery and depends on access to an external power in the longing.
Conclusion:
The theoretical model presented in this study reveals that longing is a deep, ontological foundation that when experienced and released can be a path to health and reduces suffering.

Keywords:
- Longing
- Health
- Augustine
- Kierkegaard
- Cancer
Voting of poster and poster presentation

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<th>Visuality</th>
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Please use a voting of 1-5

1: unclear message in paper and presentation
2: too much information, main message is drowning
3: the message is clear and well-articulated
4: interesting message with clear future perspectives
5: very important topic and excellent presentation

The voting of posters will take place on the conference among the participants and members of the Scientific Committee are allowed to participate in the voting.

The participants receive above scheme to assess the poster by admission to the conference.

Different weights shall be attributed to the two categories of users:
- registered users: weighting factor 1;
- members of the Scientific Committee: weighting factor 3.

All information related to the voting is published through the website.

On behalf of the scientific committee

Lisbeth Uhrenfeldt
## Conference participants

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'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
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'Exploring care for human service professions' - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
The European Academy of Caring Science

Caring Science is a feature of nursing curricula in Scandinavia and Caring Theories have predominated in USA nursing since the early 80s. In the UK there remains a lack of clarity in the professional literature regarding the meaning of caring. European ideologies on caring are diversely represented in the literature and there has been little synthesis of these ideas across the continent. As the family of European cultures expands and the trend towards enhanced interdisciplinarity and interprofessional collaboration in health care proceeds, it is timely to consider how these notions can be harmonised into a body of knowledge that furthers the promotion of caring science. The European Academy of Caring Science (EACS) is a collaboration of member institutions with the collective intention of taking forward caring science from a European perspective. The Academy affords an opportunity to work together as individuals or in groups under the auspices of the founding organisations with the aim of generating skills, values and beliefs in a concentrated effort to improve health and social care provision. We intend to share our knowledge and understanding of ‘caring’ and how it will impact on the different levels of a) the individual (both personal and professional) and b) at the policy level of the population.

Members can be Universities, University members of academic staff or individuals.

Read more: www.eacs.nu

Nordic College of Caring Science

The Nordic Association "Nordic College of Caring Science" (NCCS) is to promote the scientific development of caring science. This involves studies of the health of humans in different life situations, contexts and in different cultures, especially regarding to health, suffering, lifelong disability and impending death. Care is based on respect for human dignity and integrity. NCCS’s mission is to develop, promote and disseminate new scientific knowledge nationally and internationally. NCCS strives to represent all Nordic healthcare researchers’ interests.

Memberships may be granted to active researchers, PhD students, teachers in graduate/research preparatory education or equivalent within the scope of activity with caring science.

As a member you will receive Scandinavia Journal of Caring Science. You can also obtain the opportunity to get research grant.

Read more: www.nccs.nu

"Exploring care for human service professions" - Caring Science Nordic/European Conference, 19th – 20th March, 2015, Copenhagen
Goodbye Reception 20th Marts 2015

At the end of the conference we leave Diakonissestiftelsen by bus (price: 40 DKK in cash) and go to Copenhagen City Hall, where we are welcomed at a reception from 2 to 4 PM. The reception is hosted by the City Council of Copenhagen who will serve drinks and the famous City Hall pancakes.

Copenhagen City Hall is the headquarters of the municipal council as well as the Lord Mayor of the Copenhagen Municipality, Denmark. The building is situated on The City Hall Square in central Copenhagen. It is with its 105,6 meters one of the highest buildings in Copenhagen. Copenhagen City Hall is built in the years 1892-1905. It was designed by the architect Martin Nyrop in the National Romantic style but with inspiration from the Siena City Hall, Italy. In recent years The City Hall has been used for scenes in Danish hit TV series like "The Killing" and "Borgen".