



The 4th International NCCS & EACS Conference April 27th – 28th 2022 at Mälardalen University, Sweden

# Caring in a changing world

## BOOK OF ABSTRACTS





**Caring in a changing world.** We are all living through a time of extraordinary change in the way we provide health care. Health services are evolving with new technologies being used and care provided in less familiar contexts. At this time of rapid change, we need to keep caring as a constant and understand how best health care practitioners can achieve this.



# Pre-conference for PhD-students on campus 26th

TIME	ACTIVITY
12.00	Registration
	<b>Parallel sessions:</b>
13.00 – 16.00	0.1 Do we need theoretical frameworks to ensure the delivery of person-centred fundamental care?  <i>Åsa Muntlin</i> , associate professor, Uppsala University
	0.2 Perspectives on concept development in caring science  <i>Margareta Asp</i> , professor, School of Health, care and social welfare, Mälardalen University <i>Lena Wiklund Gustin</i> , professor, School of Health, care and social welfare, Mälardalen University
18.00	Buffet and mingle at Mälardalen University

# CARING IN A CHANGING WORLD – PROGRAM

DAY  
ONE  
27th

TIME	ACTIVITY
08.00	<b>Registration</b>
09.00	<b>Welcome to the conference</b> <i>Anna Letterstål</i> , Dean of School of Health, Care and Social Welfare, Mälardalen University <i>Ulrica Hörberg</i> , professor and Chairman of Nordic College of Caring Science <i>Fiona Cowdell</i> , professor, European Academy of Caring Science  Practical information: <i>Margareta Asp</i> , professor, Mälardalen University
09.30	<b>Keynote:</b> Don't look at me – See me! Clinical aspects of caring as founded in the patient's lifeworld.  <i>Mats Holmberg</i> , associate professor in Caring Science, School of Health, care and social welfare, Mälardalen University
10.30	Refreshment break
	<b>Concurrent sessions:</b>
10.50	1.1 Ambulance Clinicians' Conceptions of Responsibility when encountering patients in an suicidal process 1.2 Keeping carers caring: Helping organizations and clinicians to minimize moral wounding 1.3 The caring dimension in a digital health intervention 1.4 Longing in daily life and associations to well-being among fragil older adults receiving home care
11.15	2.1 Caring for the carers: Qualitative findings from an exploratory study on the role and value of chaplains in an Australian ambulance service 2.2 In the light of Katie Eriksson's thoughts – supervisors' experiences of undergraduate nursing students' learning during clinical practice when using a caritative caring conceptual learning model 2.3 Older adults' experiences of dignity in digital-led health care in Norway 2.4 Research ethics in cross-national research projects
11.40	3.1 Care-dependent older persons' participation in Swedish prehospital emergency care. Reflections in view of an ongoing demographic change 3.2 When caring becomes an art - how clinical gase is developed 3.3 The humanoid robots' possibilities to serve as caring 3.4 Ageing home care workers' occupational self-efficacy belief continue working until expected retirement age: a mixed methods study
12.05	4.1 In transition to a closer care: ambulance clinicians' experiences of caring for older persons with complex care needs. 4.2 The complexity of measuring person-centred care and patient involvement interventions 4.3 A co-designed web platform for reducing social isolation and loneliness in older people: A feasibility study 4.4 Moving Fast, Moving Slow: Well-being and temporality in nursing home care
12.25	Lunch

DAY  
ONE

27th

- 13.30 **Keynote:** Bringing out the value of professional nursing care. Presentation of a framework as one way to understand essential themes.  
*Charlotte Delmar*, professor in Nursing Science, Department of Public Health, Research Unit for Nursing Faculty of Health, Aarhus University, Denmark
- 
- 14.30 Refreshment break and poster exhibition (on campus and on-line)
- 
- Concurrent sessions:**
- 15.20 5.1 Postgraduate nursing students' experiences of simulation training and reflection in end-of life communication with intensive care patients and their families  
5.2 Perspectives of being a newly qualified nurse - a Nordic qualitative study  
5.3 Photo-elicited conversations in dementia care a hermeneutic observational study  
5.4 Providing a caring communion – caring for a client who has left a religious community
- 
- 15.45 6.1 Caring in the community: Exploration of Senior Adults Perspectives of homecare in the UK: a participatory research approach  
6.2 Newly graduated nurses' development of professional competence  
6.3 An educational intervention to improve communication skills in home care - a feasibility study  
6.4 Healthcare staff's experiences of planning for self-care together with patients suffering from venous leg ulcers
- 
- 16.10 7.1 Reclaiming Sexual health: Unscripted sexual practices of men having sex with men after prostate cancer treatment as ways to comfort and wellbeing in everyday life  
7.2 Possibilities and challenges when implementing a Framework for Excellent nursing - Perspectives from clinical nurse-specialists  
7.3 Integrity at end of life in a technologically changing world - a qualitative study of nurses' experiences  
7.4 Caring for older persons in the community - Nurse aides', registered nurses' and managers experiences regarding prevention of pressure ulcers, malnutrition, poor oral health and falls among older persons.

**DAY  
TWO**  
**28th**

TIME	ACTIVITY
08.00	Registration
09.00	<b>Writing for publish a scientific paper – an editor’s view</b>
	<b>Concurrent sessions:</b>
09.30	<p>9.1 Actions taken to safeguard the health care chain of older people with multiple diagnoses - A critical incident study</p> <p>9.2 Reflection grounded in caring theory supports the nursing students professionally and personally in the formation of becoming a caring nurse</p> <p>9.3 The need of a Caring Approach -Children as visitors of a seriously ill parent receiving care at the ICU</p> <p>9.4 The lived experiences of the relatives of the care given to women in psychiatric compulsory care</p>
09.55	<p>10.1 Development of a model for multi-professional ethical competence in healthcare to maintain sustainable ethical caring in a changing world</p> <p>10.2 A theoretical model on caring for mothers with initial breastfeeding difficulties: The breastfeeding story as a hob for caring practice</p> <p>10.3 Perceived needs for team-based visits in Swedish child health services exceed its existence – a mixed-methods study targeting healthcare professionals</p> <p>10.4 FOR-Women; perspectives from being a woman and a psychiatric forensic patient</p>
10.15	Refreshment break
10.30	<p><b>Keynote:</b> Care and technology: Exploring the meaning of dignity within the digital world.</p> <p><i>Kathleen Galvin</i>, professor of Nursing Practice, School of Health Sciences, University of Brighton, England</p> <p><i>Abraham Kebede</i>, early-stage researcher, School of Health Sciences, University of Brighton.</p> <p><i>Shuvarthi Bhattcharajee</i>, PhD student, University of Brighton, England</p>
11.30	Lunch
	<b>Symposium:</b>
12.30	<p>1. Symposium in Swedish</p> <p>ETHOS – bärare av vårdandets kärna i teori och praxis</p> <p><i>Unni Å Lindström</i>, professor emerita in Clinical Caring Science at Åbo Academy, Finland</p> <p><i>Ulf Donner</i>, director of the Stiftelsen Hemmet sr (The Home Foundation), Åland, Finland</p> <p><i>Lucas Donner</i>, specialist nurse in psychiatric care at the Stiftelsen Hemmet sr (The Home Foundation), Åland, Finland</p> <p>2. Symposium in English</p> <p>What matters in older person care in a changing world</p> <p><i>Fiona Cowdell</i>, professor of Nursing and Health Research, England.</p>
13.45 - 15.00	<b>NCCSF distribution of scholarships. Awarding of Professor Katie Eriksson’s Memorial Prize 2022’ Best Poster Award and End of Conference.</b>

# **BOOK OF ABSTRACTS**

# TABLE OF CONTENTS

<b>KEYNOTE</b> .....	<b>1</b>
DON'T LOOK AT ME – SEE ME! CLINICAL ASPECTS OF CARING AS FOUNDED IN THE PATIENTS LIFEWORLD .....	1
<b>CONCURRENT SESSIONS 1.1 – 1.4</b> .....	<b>2</b>
1.1    AMBULANCE CLINICIANS' CONCEPTIONS OF RESPONSIBILITY WHEN ENCOUNTERING PATIENTS IN A SUICIDAL PROCESS ....	3
1.2    KEEPING CARERS CARING: HELPING ORGANIZATIONS AND CLINICIANS TO MINIMIZE MORAL WOUNDING .....	4
1.3    THE CARING DIMENSION IN A DIGITAL HEALTH INTERVENTION .....	5
1.4    LONGING IN DAILY LIFE AND ASSOCIATIONS TO WELL-BEING AMONG FRAIL OLDER ADULTS RECEIVING HOME CARE.....	6
<b>CONCURRENT SESSIONS 2.1 – 2.4</b> .....	<b>7</b>
2.1    CARING FOR THE CARERS: QUALITATIVE FINDINGS FROM AN EXPLORATORY STUDY ON THE ROLE AND VALUE OF CHAPLAINS IN AN AUSTRALIAN AMBULANCE SERVICE .....	8
2.2    IN THE LIGHT OF KATIE ERIKSSON'S THOUGHTS – SUPERVISORS' EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS' LEARNING DURING CLINICAL PRACTICE WHEN USING A CARITATIVE CARING CONCEPTUAL LEARNING MODEL. ....	9
2.3    CARING IN A RAPIDLY CHANGING WORLD: OLDER ADULTS' EXPERIENCES OF DIGNITY WITHIN DIGITALLY-LED HEALTHCARE IN NORWAY .....	10
2.4    RESEARCH ETHICS IN CROSS- NATIONAL RESEARCH PROJECTS .....	11
<b>CONCURRENT SESSIONS 3.1 – 3.4</b> .....	<b>12</b>
3.1    CARE-DEPENDENT OLDER PERSONS' PARTICIPATION IN SWEDISH PREHOSPITAL EMERGENCY CARE. REFLECTIONS IN VIEW OF AN ONGONGOING DEMOGRAPHIC CHANGE .....	13
3.2    WHEN CARING BECOMES AN ART – HOW CLINICAL GAZE IS DEVELOPED.....	14
3.3    THE HUMANOID ROBOT'S POSSIBILITY TO SERVE AS A CARING RESOURCE .....	15
3.4    AGEING HOME CARE WORKERS' OCCUPATIONAL SELF-EFFICACY BELIEF TO CONTINUE WORKING UNTIL EXPECTED RETIREMENT AGE: A MIXED METHODS STUDY .....	16
<b>CONCURRENT SESSIONS 4.1 – 4.4</b> .....	<b>17</b>
4.1    IN TRANSITION TO A CLOSER CARE: AMBULANCE CLINICIANS EXPERIENCES OF CARING FOR OLDER PEOPLE WITH COMPLEX CARE NEEDS .....	18
4.2    THE COMPLEXITY OF MEASURING PERSON-CENTRED CARE AND PATIENT INVOLVEMENT INTERVENTIONS .....	19
4.3    A CO-DESIGNED WEB PLATFORM FOR REDUCING SOCIAL ISOLATION AND LONELINESS IN OLDER PEOPLE: A FEASIBILITY STUDY .....	20
4.4    MOVING FAST, MOVING SLOW: WELL-BEING AND TEMPORALITY IN NURSING HOME CARE.....	21
<b>KEYNOTE</b> .....	<b>22</b>
BRINGING OUT THE VALUE OF PROFESSIONAL NURSING CARE. PRESENTATION OF A FRAMEWORK AS ONE WAY TO UNDERSTAND ESSENTIAL THEMES. ....	22
<b>CONCURRENT SESSIONS 5.1 – 5.4</b> .....	<b>23</b>
5.1    POSTGRADUATE NURSING STUDENTS' EXPERIENCES OF SIMULATION TRAINING AND REFLECTION IN END-OF-LIFE COMMUNICATION WITH INTENSIVE CARE PATIENTS AND THEIR FAMILIES .....	24
5.2    PERSPECTIVES OF BEING A NEWLY QUALIFIED NURSE –A NORDIC QUALITATIVE STUDY .....	25
5.3    PHOTO-ELICITED CONVERSATIONS IN DEMENTIA CARE – A HERMENEUTIC OBSERVATIONAL STUDY .....	26
5.4    PROVIDING A CARING COMMUNION – CARING FOR A CLIENT WHO HAS LEFT A RELIGIOUS COMMUNITY .....	27
<b>CONCURRENT SESSIONS 6.1 – 6.4</b> .....	<b>28</b>
6.1    CARING IN THE COMMUNITY: AN EXPLORATION OF SENIOR ADULTS PERSPECTIVES OF HOMECARE IN THE UK: A PARTICIPATORY RESEARCH APPROACH .....	29
6.2    NEWLY GRADATED NURSES' DEVELOPMENT OF PROFESSIONAL COMPETENCE.....	30
6.3    AN EDUCATIONAL INTERVENTION TO IMPROVE COMMUNICATION SKILLS IN HOME CARE – A FEASIBILITY STUDY.....	31
6.4    HEALTHCARE STAFF'S EXPERIENCES OF PLANNING FOR SELF-CARE TOGETHER WITH PATIENTS SUFFERING FROM VENOUS LEG ULCERS .....	32



<b>CONCURRENT SESSIONS 7.1 – 7.4 .....</b>	<b>33</b>
7.1 RECLAIMING SEXUAL HEALTH: UNSCRIPTED SEXUAL PRACTICES OF MEN HAVING SEX WITH MEN AFTER PROSTATE CANCER TREATMENT AS WAYS TO COMFORT AND WELLBEING IN EVERYDAY LIFE .....	34
7.2 POSSIBILITIES AND CHALLENGES WHEN IMPLEMENTING A FRAMEWORK FOR EXCELLENT NURSING – PERSPECTIVES FROM CLINICAL NURSE-SPECIALISTS .....	35
7.3 INTEGRITY AT END-OF-LIFE CARE IN A TECHNOLOGICALLY CHANGING WORLD – A QUALITATIVE STUDY OF NURSES’ EXPERIENCES. ....	36
7.4 CARING FOR OLDER PERSONS IN THE COMMUNITY - NURSE AIDES’, REGISTERED NURSES’ AND MANAGERS EXPERIENCES REGARDING PREVENTION OF PRESSURE ULCERS, MALNUTRITION, POOR ORAL HEALTH AND FALLS AMONG OLDER PERSONS .....	37
<b>WRITING FOR PUBLISH A SCIENTIFIC PAPER – AN EDITOR’S VIEW .....</b>	<b>38</b>
<b>CONCURRENT SESSIONS 9.1 – 9.4 .....</b>	<b>39</b>
9.1 ACTIONS TAKEN TO SAFEGUARD THE HEALTH CARE CHAIN OF OLDER PEOPLE WITH MULTIPLE DIAGNOSES - A CRITICAL INCIDENT STUDY.....	40
9.2 REFLECTION GROUNDED IN CARING THEORY SUPPORTS THE NURSING STUDENTS PROFESSIONALLY AND PERSONALLY IN THE FORMATION OF BECOMING A CARING NURSE .....	41
9.3 THE NEED OF A CARING APPROACH - CHILDREN AS VISITORS OF A SERIOUSLY ILL PARENT RECEIVING CARE AT THE ICU ....	42
9.4 THE LIVED EXPERIENCES OF THE RELATIVES OF THE CARE GIVEN TO WOMEN IN PSYCHIATRIC COMPULSORY CARE .....	43
<b>CONCURRENT SESSIONS 10.1 – 10.4 .....</b>	<b>44</b>
10.1 DEVELOPMENT OF A MODEL FOR MULTI-PROFESSIONAL ETHICAL COMPETENCE IN HEALTHCARE TO MAINTAIN SUSTAINABLE ETHICAL CARING IN A CHANGING WORLD.....	45
10.2 A THEORETICAL MODEL ON CARING FOR MOTHERS WITH INITIAL BREASTFEEDING DIFFICULTIES: THE BREASTFEEDING STORY AS A HUB FOR CARING PRACTICE .....	46
10.3 PERCEIVED NEEDS FOR TEAM-BASED VISITS IN SWEDISH CHILD HEALTH SERVICES EXCEED ITS EXISTENCE – A MIXED-METHODS STUDY TARGETING HEALTHCARE PROFESSIONALS .....	47
10.4 FOR-WOMEN; PERSPECTIVES FROM BEING A WOMAN AND A PSYCHIATRIC FORENSIC PATIENT .....	48
<b>KEYNOTE .....</b>	<b>49</b>
CARE AND TECHNOLOGY: EXPLORING THE MEANING OF DIGNITY WITHIN THE DIGITAL WORLD .....	49
<b>SYMPOSIUM 1 .....</b>	<b>51</b>
ETHOS-BÄRARE AV VÅRDANDETS KÄRNA I TEORI OCH PRAXIS.....	51
<b>SYMPOSIUM 2 .....</b>	<b>52</b>
WHAT MATTERS IN OLDER PERSON CAR IN A CHANGING WORLD? .....	52
<b>POSTER PRESENTATIONS ON CAMPUS.....</b>	<b>53</b>
1. MUTUAL TRUST IS A PRECONDITION FOR NURSES’ SENSE OF SECURITY AND WORK FULFILMENT - MOBILE INTEGRATED CARE	53
2. CARING TOUCH: TO HONOR THE PATIENT’S DIGNITY .....	54
3. OLDER PERSONS’ EXPERIENCES OF INTENSIVE HOME REHABILITATION: A FOLLOW-UP STUDY OF THE INTERVENTION .....	55
4. THE PATH OF RECOVERY TOWARDS A NEW WAY OF LIVING AMONG CANCER SURVIVORS .....	56
5. BE WELL™ – AN INTERVENTION USING PHOTO-SUPPORTED CONVERSATIONS TO PROMOTE WELL-BEING IN PEOPLE LIVING WITH STRESS-RELATED ILLNESS.....	57
6. CARING FOR FAMILY MEMBERS WITHIN A CHANGING CANCER CARE – A SCOPING REVIEW OF SUPPORT MODELS .....	58
7. HEALTHCARE PROFESSIONAL’S LIVED EXPERIENCES OF CARING FOR AND SUPPORTING RECOVERY IN PATIENTS WITH STRESS-RELATED DISORDERS IN A PRIMARY CARE CONTEXT .....	59
8. PERSON-CENTRED FUNDAMENTAL CARE UNDER SEARCH IN THE EMERGENCY ROOM .....	60
9. LIFE IN A NEW NORMAL AFTER HEALING AN ULCER .....	61
10. NURSES’ EXPERIENCES OF ENCOUNTERS IN HOME CARE: A PHENOMENOLOGICAL HERMENEUTIC STUDY .....	62
11. PATIENTS’ ASSESSMENT OF NURSING CARE BEFORE AND AFTER A TEACHING PROGRAM IN THE FRAMEWORK IN EXCELLENT NURSING .....	63
12. TELEPHONE NURSES’ EXPERIENCES OF ENCOUNTERING FREQUENT CALLERS .....	64
13. HEALTHCARE PERSONNEL’S INNER ETHICS AND INNER FREEDOM MAINTAIN AN ETHICAL CARING PRACTICE IN A TIME OF RAPID CHANGES .....	65

14.	BATTLING EXTRAORDINARY SITUATIONS AND CONFLICTING EMOTIONS DURING THE COVID-19 PANDEMIC – A QUALITATIVE STUDY IN NEWLY GRADUATED REGISTERED NURSES’ EXPERIENCES IN EMERGENCY DEPARTMENTS.....	66
15.	END OF LIFE CARE IN GROUP HOME FOR OLDER PERSONS WITH DEMENTIA: AN EXPLORATORY CASE STUDY IN JAPAN.....	67
16.	IDENTIFYING CORE CONCEPTS IN CLINICAL NURSING .....	68
17.	PERSPECTIVES ON PERSON-CENTRED CARE IN NURSING HOMES – AN INTERVIEW STUDY.....	69
18.	INTERACTIVE COMMUNICATION FOR CHILDREN IN HEALTHCARE .....	70
19.	LET’S WORK TOGETHER- A QUALITATIVE STUDY INVESTIGATING AMBULANCE PERSONNEL’S PERCEPTIONS OF PERSON-CENTRED AMBULANCE CARE (PCAC) IN SWEDEN .....	71
20.	MAINTAINING THE CORE OF HEALTH IN A CHANGING WORLD.....	72
21.	CARING FOR PATIENTS’ ENROLMENT IN CARDIAC REHABILITATION .....	73
22.	CHILD-CENTERED CARE – CHILDREN’S EXPERIENCE OF BEING INVOLVED IN THE CARING AND TREATMENT IN A CHANGING WORLD. ....	74
23.	CHANGES IN MENTAL HEALTH AND VIEWS ON COMMUNICATION AND ACTIVITIES OF PUBLIC INSTITUTIONS AMONG SWEDES DURING THE COVID-19 PANDEMIC—A CROSS-SECTIONAL REPEATED MEASURES DESIGN .....	75
24.	WOMEN’S EXPERIENCES OF LIVING WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE STAGE III OR IV. A QUALITATIVE STUDY .....	76
25.	PROMOTING A CARING CULTURE IN NURSING HOMES - MIDDLE MANAGERS’ PERSPECTIVE.....	77
	<b>POSTER PRESENTATIONS ON-LINE .....</b>	<b>78</b>
26.	LIVED EXPERIENCES OF THE ONSET OF SEPSIS .....	78
27.	TELEPHONE NURSES’ STRATEGIES FOR MANAGING CALLERS AFFECTED BY MENTAL ILLNESS: A DESCRIPTIVE QUALITATIVE STUDY .....	79
28.	”IT’S A BIT LIKE THE CHILD WANTS TO TEST IF I AM SOMEONE WHO LISTENS AND SOMEONE TO TRUST” -SCHOOL NURSES’ EXPERIENCE OF IDENTIFYING STUDENTS WHO ARE EXPOSED TO VIOLENCE. ....	80
29.	REASONS FOR LONELINESS AMONGST ADOLESCENTS AND YOUNG ADULTS: A NARRATIVE LITERATURE REVIEW .....	81
30.	USING ROCKING CHAIRS AND VIRTUAL REALITY IN THE CARE OF PEOPLE WITH DEMENTIA.....	82
31.	A SCOPING REVIEW ABOUT RBOTIC MEDICAION ASSISTANCE IN HOME CARE.....	83
32.	CREATION OF COMMUNITY ARTS ACTIVITIES FOR HEALTH AND WELLBEING; LEARNING FROM AN EVALUATION STUDY .....	84
33.	THE IMPACT OF THE COVID-19 PANDEMIC ON SWEDES’ PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR .....	85

## Keynote

Don't look at me – See me! Clinical aspects of caring as founded in the patients lifeworld.

Presenter: Mats Holmberg with Ulrik Ekström

Moderator: Inger Holmström

Nursing care is the response to a patient's critical and non-critical conditions, often founded in the patient's experience of bodily suffering. Edmund Husserl argues that to gain knowledge of phenomena within this world is to understand them as events in the subject's lifeworld, not as events and objects as such, but how they are experienced. Thus, the patient's bodily illness or injury may be understood from the patient's subjective experience. Patients experience this as both physical and existential suffering. The body has a subjective and objective meaning that is lived as the human being is an entity of body, soul, and spirit. However, medical, and caring aspects tend to be dichotomized in nurses' experiences of their nursing care. However, from a holistic view these aspects co-exist. There is thus a need to combine medical care and treatment with a caring science approach to provide a lifeworld-led clinical nursing care. To meet this objective a model for an application of a lifeworld-led nursing care is developed using Paul Ricoeur's philosophy as epistemological foundation. The EXPAND-model is based on Ricoeur's concepts *understanding* and *explanation* and comprises three phases; 1) primary understanding, 2) structural explanation, and 3) secondary understanding, which together integrate medical care with a lifeworld caring perspective on the patient's illness or injury. These phases interact to expand the nurses' assessment and care of patients based on a lifeworld-led perspective. Thus, the model is not limited to medical nor nursing care but represents a holistic expansion of the meaning of caring for patients' specific needs in relation to their lifeworlds.

Reference: Holmberg, M. (2021). The EXPAND-Model: A Hermeneutical Application of a Lifeworld-Led Prehospital Emergency Nursing Care. *Nursing Science Quarterly*, 34(3), 287–293. <https://doi.org/10.1177/08943184211010456>



**Mats Holmberg** is a clinical active ambulance nurse and associate professor in caring science at Mälardalen University and Linnaeus University. Mats area of research is caring aspects in the clinical acute and emergency care, bringing the patients' lifeworld in front within a context that is primarily driven by a medical perspective. He focuses on interpersonal and ethical aspects of this care and the competence this demands.

## Concurrent sessions 1.1 – 1.4

- 1.1 Ambulance Clinicians' Conceptions of Responsibility when encountering patients in an suicidal process  
Presenter: Staffan Hammarbäck  
Moderator: Elisabeth Lindberg
- 1.2 Keeping carers caring: Helping organizations and clinicians to minimize moral wounding  
Presenter: Mark Layson  
Moderator: Bente Hoeck
- 1.3 The caring dimension in a digital health intervention  
Presenter: Sigrid Breistig  
Moderator: Ulrica Hörberg
- 1.4 Longing in daily life and associations to well-being among fragil older adults receiving home care  
Presenter: Jessica Hemberg  
Moderator: Lina Palmér

## 1.1 Ambulance Clinicians' Conceptions of Responsibility when Encountering Patients in a Suicidal Process

Author: Staffan Hammarbäck

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**Background:** Ambulance clinicians increasingly encounters patients with mental illness. Traditionally, the main focus of ambulance care has been on emergency medicine while the patient's mental ill-health not necessarily have been included in the clinician's assessment. However, since ambulance clinicians encounter patients in both obvious and non-obvious phases of a suicidal process, they could have an important role in suicide prevention

**Aim:** To describe ambulance clinicians' conceptions of responsibility when encountering patients in a suicidal process.

**Method:** With a phenomenographic approach, semi structured interviews were conducted with twenty-seven Swedish ambulance clinicians with a variation in competence, working experience, gender and age.

**Results:** Three categories of description were found. *Conventional responsibility*, in which responsibility mainly concerns emergency medical treatment and assessment. *Conditional responsibility*, which to a limited extent includes the patient's mental ill-health in responsibility but only if certain conditions are met. *Ethical responsibility* emerges from the encounter with the patient and responsibility is understood as providing care based on the patient's needs, regardless of physical or mental origin. These categories are found on a spectrum moving from responding to the call to responding to the patient. Responding to the patient is impaired by language deficiency or tiredness, while facilitating circumstances were working with a supportive colleague, training in mental health and conversations skills.

**Conclusion:** Regarding suicide prevention, ambulance clinicians understanding of responsibility as responding to the patient is more favorable and means to primarily appear to the patient as fellow human being. It is in the relationship that suicidality could be disclosed and understood. However, engaging in a relationship with the patient could cause vulnerability.

**Implication for caring in a changing world:** Changing characteristics of the assignments in ambulance care, including increasing encounters with patients with mental ill-health, induces increased competence in mental health nursing and conversation skills in ambulance clinicians.

## 1.2 Keeping carers caring: Helping organizations and clinicians to minimize moral wounding

Author: Mark Layson

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Charles Sturt University, Australia

**Background:** Intensive care, emergency, and pre-hospital health workers witness death and traumatic events at close quarters as they care for patients. They are also exposed to potential moral dissonance from the life and death decisions they regularly make. COVID-19 amplified the fraught decisions clinicians must make and the resulting distress they experience. This distress can make it hard for these carers to continue caring for their patients or themselves. Many current models of clinician distress involve burnout or Posttraumatic Stress Disorder (PTSD), with interventions typically based on biopsychosocial models of therapy and/or preventive resilience. However moral models of distress such as moral injury (MI), moral distress (MD) and perceived injustice (PI) highlight the spiritual, religious, or existential elements when moral dissonance causes one to question personal identity, meaning, purpose and goodness.

**Aim:** To create a preventative wellbeing framework for emergency and high acuity medical services based on a holistic biopsychosocial-spiritual model that reduces clinician distress in Volatile, Uncertain, Complex and Ambiguous (VUCA) environments.

**Method:** Mixed methods research engaged 303 emergency medical staff and first responders through surveys that measured exposure to betrayal and trauma, personal spiritual journey, and scales measuring MI, MD and PI. Further, 21 biographies and 16 interviews of workers were thematically analyzed, with a final theological reflection building the framework presented.

**Results:** Exposure to organizational betrayal was higher than traumatic victimization. Other directed MI was much higher than self-directed MI. Organizational betrayal was central to moral suffering, particularly arising from the provision inadequate resources, unethical leadership, poorly applied recognition, and systemic procedural injustices.

**Conclusion:** Organizational cultures and leadership practices can be targeted to reduce clinician distress, while proactive moral imagining and “expanded thinking” will assist clinicians.

**Implication for caring in a changing world:** A biopsychosocial-spiritual model that entrenches whole of organization responses, leadership techniques, holistic wellbeing team interventions can assist organizations and workers in VUCA environments.

### 1.3 The caring dimension in a digital health intervention

Authors: Sigrund Breistig, Kari Marie Thorkildsen, Tine Nordgren, Ragnhild Johanne Tveit Sekse

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**Background:** Due to an increase in population- and health needs, health services and the way we provide healthcare is changing. Digital technology is regarded to be a prerequisite for ensuring sustainable healthcare in the future. The digital psychosocial support intervention Gynea, is a new way to meet the holistic care needs of Gynaecological cancer survivors. Worldwide gynaecological cancer survivors experience shortcomings in today's rehabilitation and follow-up. Many suffer from physical bodily changes, mental distress for years after treatment. The internet delivered intervention is developed on the background of previous research, coping theories, and have been evaluated and shaped in collaboration with user representatives. The intervention provides information, exercises, and practical advice, related to six different themes that have been recognized to be of need, in the development process. The participants work independently with the program continuously in a period of six weeks and receive professional guidance on telephone once a week. Gynea use a first-person perspective from previous users, so that the participants can recognize themselves in similar situations and normalize the changes and challenges after treatment as well as reducing the feeling of loneliness.

The digitalization of healthcare makes it possible to assist more patients, with less human resources. However, can a digital intervention provide healthcare that is caring and in line with the values of human caring.

**Aim:** This study is part of a Ph.D.-project that aims to explore the lived experiences from women who participated in the Gynea-program after gynaecological cancer.

**Methodology:** The study has a phenomenological hermeneutic design, and in-depth interviews with 20 women, less than one year after cancer treatment, have been collected. Analysis was done with Lindseth and Norberg's phenomenological hermeneutical method for interpreting interview texts.

**Results:** Preliminary findings will be presented on the conference.

## 1.4 Longing in daily life and associations to well-being among Frail older adults receiving home care

Authors: Jessica Hemberg, Marina Näsman, Venke Ueland, Fredrica Nyqvist

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**Background:** Aging populations all over the world faces the challenge of maintaining older adults' well-being. Older adults can feel safe, independent and autonomous when they are in a familiar and meaningful environment, and that is why they may wish to age-in-place and remain in their homes throughout life. In this sense understanding community-dwelling older adults' resources for maintaining and establishing their wellbeing becomes an essential issue in the rapidly changing world, especially given the ongoing COVID-19 pandemic. From a caring science perspective, longing can be understood as a driving force for well-being, but when this driving force involuntary cannot be fulfilled the frail older adults' dignity is violated which causes suffering.

**Aim:** The study aim was to from a caring science perspective explore frail older adults' experiences of longing in daily life. The research question is: What is frail older adults' longing in daily life and how is it associated with wellbeing?

**Method:** The study uses a hermeneutical approach and has a qualitative design. The data consists of texts from twelve interviews with frail older adults, and was analyzed by content analysis.

**Results:** The results uncovered three themes: *Longing for social contacts*, *Longing for nature and spirituality*, and *Longing for music, art, aesthetics and creativity*. Important aspects for enhancing well-being of frail older adults by enabling to fulfill these longings in daily life are depicted and discussed.

**Conclusion:** Fundamental issues are highlighted from a societal point of view, regarding what health personnel should focus on in enhancing frail older adults' well-being by focusing on fulfilling longing in daily life in a rapidly changing world.



## Concurrent sessions 2.1 – 2.4

- 2.1 Caring for the carers: Qualitative findings from an exploratory study on the role and value of chaplains in an Australian ambulance service  
Presenter: Katie Tunch Leach  
Moderator: Elisabeth Lindberg
  
- 2.2 In the light of Katie Eriksson's thoughts – supervisors' experiences of undergraduate nursing students' learning during clinical practice when using a caritative caring conceptual learning model  
Presenter: Maria Koldestam  
Moderator: Bente Hoeck
  
- 2.3 Older adults' experiences of dignity in digital-led health care in Norway  
Presenter: Moonika Raja  
Moderator: Ulrica Hörberg
  
- 2.4 Research ethics in cross-national research projects  
Presenter: Chatrine Fredriksen Moe  
Moderator: Lina Palmér

## 2.1 Caring for the carers: Qualitative findings from an exploratory study on the role and value of chaplains in an Australian ambulance service

Authors: Katie Tunks Leach, Paul Simpson, Joanne Lewis, Tracy Levett-Jones

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**Background:** Paramedic health and wellbeing has gained increased attention due to the well-documented impact of their work on biopsychosocial health outcomes. A suite of support options have been implemented in ambulance services to provide holistic staff support, including the employment of chaplains. Since approximately 300CE, chaplains have provided social, emotional and spiritual care to frontline workers. A systematic scoping review on staff perceptions of chaplains in first responder and military setting identified perceptions of the chaplain's role and perceived individual and organisational value of chaplains, however paramedic perspectives were absent from the data.

**Aim:** The aim of this presentation is to communicate findings from paramedics and chaplains in a study that explored the role and value of chaplains in the ambulance service.

**Method:** In phase 1 of this exploratory sequential mixed-methods study, purposefully sampled paramedics and chaplains were recruited for semi-structured interviews. Interviews were recorded, transcribed, and analysed using framework analysis method.

**Results:** 17 paramedics and 12 chaplains from metropolitan and regional New South Wales participated in the study. Ages ranged from 24->60 years, and duration of service from 1->40 years. Results clustered around two themes; relationships and professional capability. Participants explored: (1) proactive and reactive elements to the chaplain's role, (2) organisational factors impacting the chaplain's role, and (3) chaplain attributes. Barriers and facilitators to accessing chaplain care were across these categories. Noteworthy findings emerging from outside these shared themes will also be discussed.

**Conclusion:** Once relationships and professional capability were established, chaplaincy programs were highly valued by paramedics for the proactive and reactive care provided by ambulance chaplains, regardless of their personal spiritual or religious beliefs. Further studies are required to confirm findings across a broader group of paramedics.

**Implication for caring in a changing world:** These findings provide an evidence-base for including spiritual/soul care programs as part of an holistic paramedic-centred model of care. In doing so, it supports ambulance services to promote wellbeing and support staff recovery after significant jobs.

## 2.2 In the light of Katie Eriksson's thoughts – supervisors' experiences of undergraduate nursing students' learning during clinical practice when using a caritative caring conceptual learning model.

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**Background:** Undergraduate nursing students' learning during clinical practice is surrounded with complexity, taking its point of departure in demands and challenges connected to supervision and health care. Worldwide, reports show that lack of knowledge, skills and caring behaviour causes patients' suffering. The Model for Improvements in Learning Outcomes (MILO) is theoretically grounded in hermeneutics along with Eriksson's theory of caritative caring, designed to intertwine didactics, pathophysiology and medicine with specific concepts important for learning. Caring and learning are understood as parallel phenomena. MILO was implemented in an undergraduate nursing education in southern Sweden with the intention to facilitate learning during clinical practice and contribute to development of a caring approach in the students.

**Aim:** To describe supervisors' experiences of undergraduate nursing student's learning during clinical practice when using a caritative caring conceptual learning model.

**Method:** A qualitative and explorative design containing four focus groups interviews. Open unstructured questions were used. Seventeen supervisors, purposefully sampled, from different departments at three hospitals participated. Data were analysed using inductive content analysis.

**Results:** Learning was found to be enhanced as a result of a facilitated intertwining between theory and practice and the natural and the professional care. Being twosomes, use of specific documents enhanced learning as well as the use of openness, compliance and reflections based on the students' pre-understanding. Students' encounters with the patients developed an understanding and sensitivity of the patients' needs, a natural holistic view was developed, emphasizing the patient's perspective.

**Conclusion:** An awareness of the natural elements that occur in daily life and how these can contribute to intertwine theory and practice is important for learning during clinical practice.

**Implication for caring in a changing world:** The achieved knowledge can contribute to how clinical competence can be gained and how a caritative caring approach in the students can be developed.

## 2.3 Caring in a rapidly changing world: Older adults' experiences of dignity within digitally-led healthcare in Norway

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**Background:** Scandinavian countries are recognised for leading the way in innovative digital technologies in healthcare. Older adults who have not grown up with digital innovations are expected to keep pace with technological shifts as much as other age groups. This situation may impact their dignity and well-being and thereby challenge caring in a changing world.

**Aim:** To clarify the phenomenon of sense of dignity experienced in older adults, in how their expectations and needs are met within digitally-led healthcare in Norway.

**Method:** Purposive, in-depth interviews were conducted with thirteen older adults from Northern Norway, living at home and not receiving consistent assistance. A Reflective Lifeworld Research design was used.

**Results:** Older adults experience that using new digital healthcare systems makes them feel a new kind of dependence on other people and that affects their experience of dignity. They are met with expectations from the society, that they acquire new skills and understand technical language promptly, which they often struggle to achieve. They, in turn, expect digitally-led healthcare to give them a sense of safety, but feel insecure about privacy and loss of the possibility of having dialog with healthcare providers.

**Conclusion:** The phenomenon of sense of dignity experienced in older adults, in how their expectations and needs are met within digitally-led healthcare, indicates a sense of feeling lost in the digital world. This impacts their experience of personal dignity, as loss of dignity is noticed especially in its rupture.

**Implication for caring in a changing world:** The results indicate that if older adults are more informed about technologies and endowed with the necessary digital skills, they are better able to see digitally-led healthcare as an opportunity.

## 2.4 Research ethics in cross- national research projects

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**Background:** Research ethics refers to a wide variety of values, norms and institutional requirements that help scholars to constitute and regulate scientific activities. Also, research ethics concerns a wider social responsibility. Researchers must ensure that scientific and technological development benefits society. For decades there has been an increase in cross-national research projects within caring, adding complexity to the ethical values and research ethics requirements. We do not know how this might impact the mobilisation of research ethics.

**Aim:** based on an EU-funded research project INNOVATINGDIGNITY, this study explores how research ethics is applied to fulfil EU and national requirements, and how early stage researchers (ESR) apply values and norms besides formal research ethics requirements.

**Method:** We will perform document reviews of a wide range of project documents from the INNOVATEDIGNITY project: Project protocols, EU regulations and requirements, and ESRs individual ethical reports. Data will also include individual semi-structured interviews of ESRs in the INNOVATEDIGNITY project. Document review and interview data will be analysed using thematic analysis as described by Braun and Clarke.

**Results:** Preliminary results from this ongoing study will be presented at the conference.

**Conclusion and implications:** Results from this study will have implications for planning and conducting cross-national studies within caring. As the world is changing rapidly, the need for solid and innovative caring research is increasing. Researchers and research institutions have an independent responsibility for the research to be ethical. Results from this study can help guide researchers in the codification of scientific morality in practice.

## Concurrent sessions 3.1 – 3.4

- 3.1 Care-dependent older persons' participation in Swedish prehospital emergency care. Reflections in view of an ongoing demographic change  
Presenter: Anna Hjalmarsson  
Moderator: Elisabeth Lindberg
- 3.2 When caring becomes an art - how clinical gase is developed  
Presenter: Marie-Louise S Källestedt  
Moderator: Bente Hoeck
- 3.3 The humanoid robots' possibilities to serve as caring  
Presenter: Malin Andtfolk  
Moderator: Ulrica Hörberg
- 3.4 Ageing home care workers' occupational self-efficacy belief continue working until expected retirement age: a mixed methods study  
Presenter: Stina Wallin  
Moderator: Lina Palmér

### 3.1 Care-dependent older persons' participation in Swedish prehospital emergency care. Reflections in view of an ongoing demographic change

Authors: Anna Hjalmarsson<sup>1</sup>, Gunnel Östlund<sup>1</sup>, Margareta Asp<sup>1</sup>, Birgitta Kerstis<sup>1</sup>, Mats Holmberg<sup>1,2,3,4</sup>

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**Background:** Care-dependent older persons in Sweden are encouraged to remain living at home in assistance of municipal home care, making older persons' homes a growing arena for emergency care. The home care organization does not provide emergency care, and therefore depend on regional emergency medical services (EMS). The involvement of two organizations accentuates the older persons' participation in care, to promote health, well-being and safety.

**Aim:** To elucidate older persons' participation in care that involve municipal care personnel and emergency medical services.

**Method:** Register data from the ambulance services were explored using descriptive and analytical statistics. Qualitative data were collected by individual interviewing adhering to critical incident technique and phenomenological hermeneutics.

**Results:** Aspects of participation were disclosed in relation to welfare organizations and interpersonal relations. Quantitative results indicated that older adults were more likely to receive lower priority levels compared with the adult population in emergencies involving ambulance response. Qualitative results displayed how municipal care personnel were subjected to the attitude and priority assessment of the EMS, affecting their ability to provide adequate care. The welfare organizations involved were not adapted to the complex needs of care-dependent older persons, and consequently the older persons were hindered to access and partake in societal welfare on equal terms. Municipal care personnel acted as the older persons' representatives in emergencies, enabling active participation in care.

**Conclusion and implications:** Lack of organizational flexibility and inter-professional collaboration negatively affect older persons' ability to influence care. To ensure safe and adequate care alternatives aligned to the needs of older persons living in dependence at home, welfare organizations need to acknowledge emergencies as a natural part of older persons' lives and adapt services accordingly. The EMS need to consider the older persons' whole life situation in care assessments, and respect the perspectives of care personnel involved.

### 3.2 When caring becomes an art – How clinical gaze is developed

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**Background:** The clinical gaze is expressed as a basic and necessary skill for the nurse in professional practice. Clinical gaze is a complex competence that involves intuition, action, and ethical values in a changing world. These skills are required to recognize and act when a patient becomes critically ill. Learning in healthcare is a part of the nurse's everyday work that is constantly changing. How the clinical gaze develops is interesting in the highly specialized changing world.

**Aim:** The purpose of the study was to describe how clinical gaze develops in a nursing context.

**Method:** Nineteen interviews were conducted with nurses, managers, and faculty. The study had a qualitative descriptive design, using an inductive approach in content analysis.

**Results:** Two themes emerged, 1) nurses' personal abilities and 2) learning culture. Clinical gaze can be developed when the nurse receives support and time so that personal abilities can be developed in social interaction with colleagues. An open and permissive learning culture that creates opportunities to gather experience in combination with reflection can develop the clinical gaze in a changing world.

**Conclusion:** It is through the presence in the meeting with the patient, in combination with systematic reflection together with colleagues, in a safe learning culture that experiences in a nursing context are built up so that over time it leads to the development of a clinical gaze. Implication: The results from the study provide important knowledge about how conditions are created that enable the development of a clinical gaze, including the need to structure learning in care activities so that reflection becomes a natural part of care for further learning. This can also be achieved both at the university and in care contexts through supervision, communication exercises, and simulation that are necessary for the performance of care in a changing world.



### 3.3 The humanoid robot's possibility to serve as a caring resource

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**Background:** In the growing research field of robot solutions in healthcare, humanoid robots have been identified with possibilities. However, barriers arise with an historical view of caring as something human by nature. The concept caring is understood in this study through the Theory of Caritative Caring, which distinguish between caring as a phenomenon (i.e. love, charity, warmth, closeness) and as a care activity (i.e. treatments, professional care or evidence-based care).

**Aim:** The aim was to create a theoretical model that explore possibilities for using humanoid robots as a caring resource.

**Method:** A qualitative analysis with a phenomenological approach was conducted for combining and integrating results from three independent research studies. Through interpretation of the research studies, a theoretical model was created.

**Results:** The theoretical model contribute to the Theory of Caritative Caring showing prior research and use of humanoid robots in healthcare has been more focused on caring as a care activity than as a phenomenon. Even if some elements of caring as a phenomenon was found (i.e. trust and closeness), many elements still remains open for further research.

**Conclusion:** The increase of robots into personal spheres rise awareness of encounters between humans and humanoid robots. The Theory of Caritative caring represent as a great basis of what to expect as caring, which might facilitate the design and development processes of humanoid robots. However, further understanding of humanoid robots' possibilities of i.e. love, warmth and compassion is needed. Implications for caring in a changing world: The results contribute to health research regarding humanoid robots' possibilities to serve as caring resources. Thus, as healthcare practice have changed since the Theory of Caritative Caring was developed, the concepts of caring might benefit of being discussed focusing on ongoing healthcare challenges.

### 3.4 Ageing home care workers' occupational self-efficacy belief to continue working until expected retirement age: a mixed methods study

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**Background:** The change towards more home-based care causes continuous changes and new problems for the home care workers (HCWs). HCWs have stressed deteriorated work conditions, more complex clients, and more stress, amongst other things. Since there is already a shortage of HCWs, and a large percentage of them are ageing, retaining HCWs longer in working life and in their profession is important. Occupational self-efficacy (OSE) is an important adaption capability to react to continuous changes in working life. However, less is known about what influence ageing HCWs' OSE to continue working.

**Aim:** The aim of this mixed methods study is to explore the ageing HCWs' OSE, i.e. belief in one's capabilities, to continue working until expected retirement age.

**Method:** The study design is exploratory using a mixed method with a qualitative to quantitative approach. 234 HCWs answered two open-ended questions from a cross-sectional survey about what positively and negatively affect their OSE beliefs to continue working.

**Results:** The open-ended questions generated 1060 utterances. Eight categories emerged concerning what positively affected OSE. The category "Own health" gathered the most utterances, followed by "Workplace resources", "Meaning of the work" and "Profession in demand". Ten categories described what negatively affected OSE. "Health-related decline" gathered most utterances, followed by "Multifaceted work", "Organizational resources" and "Work-related strain".

**Conclusion:** Supporting ageing HCWs' health, the work community and leadership, and the meaningfulness of work might facilitate OSE belief to continue working in the changing home care sector. Yet, the draining workload in home care work must be handled.

**Implications for caring in a changing world:** By supporting aspects that facilitate ageing HCWs' OSE belief to continue working until expected retirement age, HCWs' willingness to retain in their profession and longer in working life might increase, and thereby also the quality of the changing home care.

## Concurrent sessions 4.1 – 4.4

- 4.1 In transition to a closer care: ambulance clinicians' experiences of caring for older persons with complex care needs.  
Presenter: Ann-Therese Hedqvist  
Moderator: Elisabeth Lindberg
- 4.2 The complexity of measuring person-centred care and patient involvement interventions  
Presenter: Bente Skovsby Toft  
Moderator: Bente Hoeck
- 4.3 A co-designed web platform for reducing social isolation and loneliness in older people: A feasibility study  
Presenter: Petra von Heideken Wågert  
Moderator: Ulrica Hörberg
- 4.4 Moving Fast, Moving Slow: Well-being and temporality in nursing home care  
Presenter: Emma Jelstrup Balin  
Moderator: Lina Palmér

## 4.1 In transition to a closer care: ambulance clinicians experiences of caring for older people with complex care needs

Author: Ann-Therese Hedqvist

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Linnæus University, Sweden.

**Background:** Multimorbidity in the elderly is associated with increased need of emergency care and the use of ambulance care increases with age. To maintain a sustainable care of high quality while at the same time effectively meeting the demographic change with an aging population, a major restructuring of Swedish healthcare is underway. However, there is limited knowledge about prehospital care of older people with complex care needs and the role of the ambulance service in the concept of a care closer to the patient.

**Aim:** To describe ambulance clinicians' experiences of caring for older people with complex care needs.

**Method:** A qualitative interview study with a strategic sample consisting of 18 ambulance clinicians in two different Swedish regions. The material was analyzed with thematic content analysis.

**Results:** Caring for older people with complex care needs is a common undertaking for the ambulance service that at the same time involves numerous challenges. The analysis of the experiences from ambulance clinicians revealed four themes: Relating to a common but multifaceted patient, Transferring knowledge and information at all levels, Striving for optimal level of care for the patient as a person and Lacking clarity about the role and mission. Ambulance care has an important role in the transition to a care closer to the patient, however, the assignment needs to be defined and the responsibility in relation to other actors clarified.

**Conclusion:** A well-developed collaboration between ambulance care, inpatient care, primary care, and home care through a person-centered approach could promote that the right person be offered the right care, in the right place, at the right time.

**Implication for caring in a changing world:** To provide equal and efficient ambulance care adapted to a changing world, a collaborative approach is required, bridging organizational boundaries to focus on the patient as a person.

## 4.2 The complexity of measuring person-centred care and patient involvement interventions

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**Background:** In a changing world the patient's needs, preferences, wellbeing, and wider social context need to be addressed continuously. Patient involvement interventions aim to increase patient engagement with health care and health professional delivery of evidence-based, patient-centred care with components impacting on the patients and their family, health professionals and healthcare systems. These interventions are evaluated by using multiple outcomes. However, it is unclear which measures are appropriate to evaluate patient involvement.

**Aim:** To describe, categorize and synthesize measures used to assess patient involvement interventions carried out in Danish healthcare settings.

**Methods:** Rapid review guided by PRISMA was employed to search, identify and analyse empirical studies evaluating patient involvement interventions in Denmark. Data were extracted using a coding frame, and analysed using narrative synthesis.

**Results:** 43/3767 studies met the inclusion criteria, identifying 22 disease-specific and 52 generic measurement tools. The generic measures assessed: patient engagement (n=3); self-management (n=8); shared decision making (n=10); patient satisfaction and experience (n=11); patient-reported outcomes (n=20).

**Conclusion:** This review illustrates little consensus in how to measure patient involvement, or to interpret it across studies. Patient involvement interventions have different goals, such as increasing health literacy, communication skills, adherence, and satisfaction. It is unclear which measures are associated with patient involvement.

**Implications for caring in a changing world:** A shared understanding between researchers, patients and health professionals about the purpose of outcomes employed to evaluate patient involvement interventions is needed. Several types of interventions, and their components, enhance patient engagement with health care and health professional skills. This review will help clinicians and researchers in constantly changing everyday practices to reflect on the appropriateness of measures to evaluate each patient involvement intervention in an individual and direct way, which includes humanistic aspects the patients' perspectives on and their experiences of involvement in their own treatment and care.

#### 4.3A co-designed web platform for reducing social isolation and loneliness in older people: A feasibility study

Authors: Rose-Marie Johansson-Pajala, Annelie Gusdal, Caroline Eklund, Ulrika Florin, Petra von Heideken Wågert

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**Background:** Older people with insufficient social networks often experience loneliness and social vulnerability, which in turn can lead to mental and physical ill health as well as reduced participation and well-being. By supporting and maintaining older people's healthy independent lives and social relationships, technology such as web-based social activities can prevent ill health.

**Aim:** to evaluate the feasibility of the Fik@ room (Fik@rummet), a web platform for social connectedness in older people.

**Method:** A mixed-method design was applied, and data were collected during an intervention period of 12 weeks among 28 persons aged 74 years (md). Feasibility issues were measures regarding recruitment process, adoption, pattern of use, usability, support service and technical infrastructure.

**Results:** Experiences of loneliness were reduced by using the Fik@ room, and there was an increasing satisfaction with the impact on social networks. Most participants used the Fik@ room frequently, mainly through video chats and found it easy to use, though some participants had technical problems.

**Conclusion:** The Fik@ room is a feasible tool for older people to develop new friendships, to reduce the experience of loneliness and increase one's social network. However, it is not a communication option that fits all. The results offer a compilation of feasibility issues that can serve as an inspirational guide in the design and implementation of similar technology.

**Implications for caring in a changing world:** The Fik@ room offers an innovational aspect of complementing existing health and social care. The long-term goal is to prevent, reduce and alleviate negative effects of social isolation and loneliness, and increase independence, participation and accessibility in the older population. This is an example of prevention and caring using technologies, as part of caring in a changing world.

#### 4.4 Moving Fast, Moving Slow: Well-being and Temporality in Nursing Home Care

Authors: Emma Jelstrup Balkin, Mette Geil Kollerup, Bente Martinsen, Ingerd Gåre Kymre, Mette Grønkjæ

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**Background:** Over the next few decades we will experience a sizeable demographic shift globally as more of us live longer. From 2019 to 2050 the 85+ demographic in the EU is projected to more than double. Very old age as a social phenomenon is relatively new and under researched.

**Aim:** Based on ethnographic fieldwork in two nursing homes in Northern Denmark this paper will explore the experience(s) of time and its impact on well-being for oldest old residents (85+ years).

**Method:** Ethnography.

**Results:** In the nursing home, time has a quality of amorphous duality. To the residents, the days typically feel long, and though they are structured by institutional routines, for many they lack meaningful content. In contrast to these long, languid hours, care staff experience time as a scarce resource. They often describe themselves as running against the clock. These dichotomous experiences of time as both accelerated and retarded open a space in which we can probe temporal aspects of well-being. On the back of increasing bureaucratic demands, care staff routinely justify care deficiencies as the result of a lack of time. Residents respond to the busy signals of staff by lowering their expectations for care. Using the term “care time” we explore the multiple meanings of time in old age care. For oldest old residents, care time is about creating meaningful moments of connection in time. For staff, care time is a list of tasks to complete before the shift ends.

**Conclusion and implications for caring in a changing world:** Based on ethnographic findings, this paper will consider the effects of different concepts of time on resident well-being. Arguing that in very old age the present moment is key to experiences of well-being, this paper will ultimately ask whether it may be possible to structure care time differently to increase resident well-being into the future.

## Keynote

Bringing out the value of professional nursing care. Presentation of a framework as one way to understand essential themes.

Presenter: Charlotte Delmar  
Moderator: Inger Holmström

The purpose is to present a nursing theoretical framework, which may be used as a theoretical horizon of philosophy, values, concepts and ideals for clinical nurses.

In nursing, professional thinking is based on a relational view of humanity. Methodologically, the frame of reference is an interaction between philosophical, theoretical reflections and empirical projects predominantly guided by the patient perspective.

The presented framework may be divided into three themes: 1) The basic terms of collaboration, where the purpose is to achieve the right distribution of responsibility in nurse-patient collaboration. The focus is on how power is actively formed to maintain trust. 2) The professional content of nursing. Here, the goal is to underline the importance of life phenomena in concordance with and as an addition to needs. 3) Nursing competencies. Here, the goal is to develop personal, sensory-focused, situational attention and courage.



**Charlotte Delmar** is Professor of Nursing Science at the Department of Public Health, Aarhus University, Denmark. Professional nursing care is a guiding principle in Professor Delmar's research. Her research is about nursing as an ongoing development of the Scandinavian ethical demand approach and the theory of existential life phenomena. Professor Delmar's approach to research is intertwined between philosophy of care and empirical research seen from a patient perspective in different clinical practices.



## Concurrent sessions 5.1 – 5.4

- 5.1 Postgraduate nursing students' experiences of simulation training and reflection in end-of life communication with intensive care patients and their families  
Presenter: Elisabeth Lindberg, Isabell Fridh  
Moderator: Monika Koskinen
  
- 5.2 Perspectives of being a newly qualified nurse - a Nordic qualitative study  
Presenter: May Anette Tast  
Moderator: Dag Karterud
  
- 5.3 Photo-elicited conversations in dementia care a hermeneutic observational study  
Presenter: Lena Nordgren  
Moderator: Oskar Tranevåg
  
- 5.4 Providing a caring communion – caring for a client who has left at religious community  
Presenter: Maria Björkman, Linda Nyholm  
Moderator: Carina Elmqvist

## 5.1 Postgraduate nursing students' experiences of simulation training and reflection in end-of-life communication with intensive care patients and their families

Name: Elisabeth Lindberg, Isabell Fridh

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**Background:** Losing a loved one in the intensive care unit relates to a risk of developing stress and complicated grief. Education in intensive care nursing should cover end-of-life care, and the use of simulation in nursing education is a powerful instrument to develop confidence in end-of-life care communication.

**Aim:** The present study aims to explore postgraduate nursing students' experiences with simulation training in end-of-life communication involving intensive care patients and their families.

**Method:** The students participated in two simulation scenarios in a room prepared similar to an ICU environment. The scenarios took place close to the bed space. In the present study, the simulations were followed by a lifeworld-led reflective seminar. The focus of the seminar was the students' lived experiences of communication during the simulation as well as during clinical practice. Following the simulation and the seminar, twenty-nine students answered a questionnaire and nine students participated in an interview. Analyses were conducted according to the principles of phenomenography.

**Result:** The results are presented in four categories: 'the design of the scenario affects learning', 'uncertainty overshadows learning', 'intertwining theory and practice contributes to learning', and 'learning to encounter existential dimensions'.

**Conclusion:** ICU nurses need the opportunity during education to prepare themselves for the demanding task of leading conversations touching the core of human existence. In addition, the COVID-19 pandemic has caused visitation restrictions, and this has made it difficult for students to interact in conversations with families during clinical studies. As such, simulations with a focus on communication have an important role in preparing future ICU nurses for communication with families.

**Implication for caring in a changing world:** Simulation training can increase nurses' ability to respond to vulnerable family members' reactions. Additionally, it can increase nurses' courage to be present in existential and demanding situations, such as appearing at the bedside in intensive care.

## 5.2 Perspectives of being a newly qualified nurse –a Nordic qualitative study

Authors: Anette Tast<sup>1</sup>, Anne Kasèn<sup>1</sup>, Karin Bölenius<sup>2</sup>, Yvonne Hilli<sup>1</sup>

<sup>1</sup>Nord University, Norway

<sup>2</sup>Umeå University, Sweden

### 5.3 Photo-elicited conversations in dementia care – a hermeneutic observational study

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**Background:** It is well-known that people with dementia in nursing homes in the community spend much of their time being passive and unoccupied. Involvement in activities can improve their quality of life. Dog-assisted therapy is an activity that can bring enjoyment. One more way to create engagement and support the communication between people with dementia and nursing staff is to use photos.

**Aim:** The aim of the present study was to explore photo-elicited conversations as a tool for communication in dementia care.

**Method:** This was an observational study with repeated video-recordings. Four men and six women with dementia were video-recorded during photo-elicited conversations with a dog handler/assistant nurse. The recordings were conducted in two nursing homes in Sweden in 2017-2018. A total of 29 video-recordings were conducted. The recordings were hermeneutically interpreted.

**Results:** The hermeneutic interpretation resulted in four themes; A structure for the conversation with an inherent beginning and ending; An opportunity to recognize oneself and recall a sense of belonging; Awakens emotions and creates fellowship; and Entails confirmation and revitalizes the identity.

**Conclusions and implications for caring in a changing world:** Photos of one-self in enjoyable situations with an appreciated therapy dog can serve as a tool for communication in dementia care. The photo-books are easy to handle and can be used by formal and informal caregivers within the context of community care for meaningful and joyful communication with people with dementia, even in cases of severe dementia.

## 5.4 Providing a caring communion – caring for a client who has left a religious community

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**Background and Aim:** Leaving a religious community may constitute significant changes in a human being's life, including changes in identity, worldview and social relationships. However, only few studies have been conducted on how care professionals can care for and support clients in this context. The aim of this caring science study was to gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals.

**Methods:** Semi-structured interviews were conducted with nine participants from two health organizations in Western Finland. The participants were care professionals, nurses and psychologists, working within psychiatric care, both in in-patient and out-patient services. The data material was analyzed through a qualitative content analysis according to Graneheim and Lundman.

**Results:** The results show that caring for a client after religious disaffiliation is described as "To be someone who walks beside, part of the way". Caring is presented in five categories: Creating a relationship based on trust and safety, Confirming what the client has experienced, Understanding religious matters, Supporting the broken human being and Providing guidance in finding new direction in life.

**Conclusions:** Ultimately, caring after religious disaffiliation is about creating a caring communion for the client. The relationship between client and care professional may be the only relationship where the client can feel seen, listened to, and accepted as a unique human being. According to the Theory of Caritative Caring, a caring communion can provide healing both for the client and the care professional.

**Implications:** It is essential to develop care and support for clients, who are suffering due to life changes after religious disaffiliation. Providing a caring communion requires knowledge and understanding from the care professional, and this can be achieved through training and education. Also, experts by experience can be used to raise awareness, as well as specific recommendations for caring for a client in this context.

## Concurrent sessions 6.1 – 6.4

- 6.1 Caring in the Community: An Exploration of Senior Adults Perspectives of Homecare in the UK: A Participatory Research Approach  
Presenter: Mavis Bengtsson  
Moderator: Monika Koskinen
  
- 6.2 Newly graduated nurses' development of professional competence  
Presenter: Margareta Widarsson  
Moderator: Dag Karterud
  
- 6.3 An educational intervention to improve communication skills in home care - a feasibility study  
Presenter: Tanja Gustafsson  
Moderator: Oskar Tranevå
  
- 6.4 Healthcare staff's experiences of planning for self-care together with patients suffering from venous leg ulcers  
Presenter: Natali Johnsson  
Moderator: Carina Elmqvist

## 6.1 Caring in the Community: An Exploration of Senior Adults Perspectives of Homecare in the UK: A Participatory Research Approach

Authors: Mavis Bengtsson, Liz Norton, Annelise Norlyk, Ann Hemingway

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**Background:** The UK, like many countries, has an increasing population of older people who are living with a complex array of chronic conditions, which subsequently affects their well-being and hence increases the need for care. Furthermore, research shows that older adults feel excluded from decision making regarding their homecare and express fear of losing control. There is growing evidence that participatory research (PR) may help understand and address some of the complex health and social issues older people face while, at the same time, contributing to individual and community well-being.

**Aim:** to explore Senior Adults' perceptions of homecare and collaborate with them to develop principles that underpin homecare.

**Method:** The research is a qualitative design with a participatory research approach. Purposive sampling was done. The inclusion criterion was people aged +50 years. We had 14 participants for individual interviews and focus groups. Braun and Clarke Thematic Analysis is used for data analysis.

**Results:** One of the findings show, "It used to be natural to have children born at home. It should be a lot more natural that people die at home." Home is an essential place for care and has multiple complex meanings from older people. Meanings show how unique and diverse older people are and not a homogenous group. Their individuality and diversity are identified when understanding older person's meaning from their perception of home as a place of care.

**Conclusion:** Our research shows that home matters for an older person as a preferred place of care and can, therefore, enhance an older person's well-being and dignity. As a result, an older person should guide decisions for their preferred place of care.

**Implication for Caring in a Changing World:** Respecting and understanding an older person's choice to be cared for at home can enhance their dignity and well-being during care.

## 6.2 Newly graduated nurses' development of professional competence

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**Background:** There is a perceived discrepancy between nurses' competence and expectations in healthcare. Newly graduated nurses encounter two different knowledge perspectives in the profession they are to be socialized into since the scientific approach to education has not yet been implemented in healthcare to the same extent. This abstract presents results from a project with three sub-studies based on collaboration and co-production in research on education and pedagogical development when caring in a changing world.

**Aim:** The purpose was to investigate what facilitates and complicates the development of professional competence between the various operating systems of the university and the healthcare organization.

**Method:** Nineteen interviews were conducted with newly graduated nurses, managers, and faculty. A qualitative design was used for all three sub-studies with inductive qualitative content analysis in two and descriptive phenomenographic analysis in one.

**Results:** The university emphasizes evidence and a critical approach, while the healthcare organization emphasizes medical competence and that the workplace's routines are followed. There is a gap between the university's and the healthcare organization's structures for maintaining learning among nurses. Reflection is a central part of the development of professional competence, for which there is a structure during the study period at the university, while there is no structure for this in the healthcare organization, which makes it difficult for the nurse in the healthcare organization.

**Conclusion:** Focusing on the merging of theoretical and practical knowledge can bridge the gap between the university and the healthcare organization. Relationships with team members and patients are fundamental to developing professional skills.

**Implication:** For the integration of theoretical and practical knowledge, there is a need for common theoretical models, didactic strategies, and collaboration between the university and the healthcare organization, as well as a common vision, to facilitate the development of professional competence for newly graduated nurses.



### 6.3 An educational intervention to improve communication skills in home care – a feasibility study

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**Background:** An educational intervention focused on person-centred communication with older persons in home care was developed. Twenty-three nursing assistants (NAs) from two home care units were offered the intervention. This feasibility study was conducted to capture benefits and pitfalls with study processes before large scale interventions, such as acceptability and appropriateness of evaluation methods.

**Aim:** To explore the feasibility of proposed methods for evaluating a novel educational intervention on person-centered communication for NAs in home care.

**Method:** Feasibility study with pre- and post-assessments, including evaluation of data collection procedures, completion rates, and missing data for two questionnaires: Self-efficacy Questionnaire measuring communication skills and Measure of Job Satisfaction. Descriptive and statistical analysis was conducted.

**Results:** The results showed a completion rate of 83% and 61% in pre- and post-assessment respectively, and a low proportion of missing data. The questionnaires were feasible and acceptable for NAs to complete and understand. Stress due to staff shortages and high workload negatively affected NAs' participation in data collection. Overall, NAs rated their communication skills as high with a tendency towards higher communication self-efficacy after the intervention, however, this difference was not statistically significant. Job satisfaction remained unchanged pre- and post-intervention.

**Conclusion:** Low follow-up rates suggest that the data collection procedures need refinement. Although the outcomes are preliminary at this point, they indicate a ceiling effect in NAs' self-efficacy ratings. The ceiling effect limits possibilities for improvement and suggests that studies with a larger sample is needed.

**Implications for caring in a changing world:** In a changing world, where a rapid aging population challenges home care services, there is a need for innovative interventions that support and strengthen health care professionals' communication skills, aiming at improving older persons' well-being. This study contributes with knowledge to the complexity of developing and evaluating complex interventions on communication in home care.

## 6.4 Healthcare staff's experiences of planning for self-care together with patients suffering from venous leg ulcers

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**Background:** In Sweden, just as in many other countries, the healthcare system is changing, leading to more specialized care occurring in the primary- and community care, in the patient's home and with a stronger emphasis for patient involvement and self-care. Venous leg ulcers is a common condition, which creates suffering for patients and high economic burden. Often, new ulcers appear after healing, but these can be prevented if the patient is prepared for and uses self-care strategies after healing.

**Aim:** The aim of this study was to describe healthcare staff's experiences of planning for self-care together with patients suffering from venous leg ulcers.

**Method:** The study used a phenomenological approach, Reflective Lifeworld Research (RLR), to describe the essence of healthcare staff's experiences. In total, 22 healthcare staff participated (registered nurses, specialized district nurses, nurse assistants) from both primary and community care. The lifeworld interviews were analyzed following the RLR approach.

**Results:** Preliminary results suggests that the healthcare staff's experiences of planning self-care is complicated by factors related to the organization and ulcer management. Self-care planning starts with the patient's need for information and learning. For the planning to be co-designed, staff need experience, knowledge and the ability to create caring relationships characterized with safety, encouragement, and active involvement. Creating learning conversations with the patients was experienced as supporting for self-care and patient involvement.

**Conclusion:** Healthcare staff has an important role in involving patients in self-care and in the subsequent process of it. It is essential that both healthcare staff and patients work together to prevent recurrence of venous leg ulcers.

**Implication in a changing world:** In a world characterized by change, health care staff need enhanced possibilities to provide care that emphasize learning and patient involvement, to support active self-care and to prevent the recurrence of venous leg ulcers.

## Concurrent sessions 7.1 – 7.4

- 7.1 Reclaiming Sexual health: Unscripted sexual practices of men having sex with men after prostate cancer treatment as ways to comfort and wellbeing in everyday life  
Presenter: Mats Christiansen  
Moderator: Monika Koskinen
- 7.2 Possibilities and challenges when implementing a Framework for Excellent nursing - Perspectives from clinical nurse-specialists  
Presenter: Anne Fjord  
Moderator: Dag Karterud
- 7.3 Integrity at end of life in a technologically changing world - a qualitative study of nurses' experiences  
Presenter: Lena Palmryd  
Moderator: Oskar Tranevåg
- 7.4 Caring for older persons in the community - Nurse aides', registered nurses' and managers experiences regarding prevention of pressure ulcers, malnutrition, poor oral health and falls among older persons.  
Presenter: Merita Neziraj  
Moderator: Carina Elmqvist

## 7.1 Reclaiming Sexual health: Unscripted sexual practices of men having sex with men after prostate cancer treatment as ways to comfort and wellbeing in everyday life

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**Background:** Prostate cancer is the most common form of cancer in men. Treatments affect the body and sexuality. Men having sex with men (MSM) report a more substantial influence on sexuality and quality of life.

**Aim:** The purpose of the study was to describe the sexual health of MSM after prostate cancer treatment.

**Methods:** Semi-structured interviews related to symptoms and issues and the help received. Interviews were analyzed using content analysis.

**Results:** The following themes emerged during the analysis: Predominant heteronormative care, Unscripted sexualities, A window of peer support system emerged. The men described how their sexuality had been affected and hampered by their treatments with bodily changes and less pleasure. However, they also described the benefit of being MSM, accustomed to exploring new ways of expressing and exploring their sexualities due to a lack of sexual scripts. The treatment provided a new reason to explore new sexualities and sexual practices. In contacts with urology and oncology departments, they described a heteronormative environment. Albeit same-sex partners could be asked for in intake notes, no one reflected on what non-penovaginal sexuality could look like. Instead, their friends and ability to find alternative ways to valid information became important.

**Conclusion:** The result shows that predominantly heteronormative care exists for MSM where they had to rely on their MSM peers and explore new sexual scripts.

**Caring in a changing world:** MSM described well-meaning care but heteronormative. The men described being MSM as something that had made them explore unscripted sexual practices and had given them a broader sexual repertoire that was helpful for their sexual health. More information on sexual health is needed for healthcare personnel to care for MSM in different life situations.

## 7.2 Possibilities and challenges when implementing a Framework for Excellent Nursing – Perspectives from clinical nurse-specialists

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**Background:** Excellence is a core value at Lillebaelt Hospital. The Framework for Excellent Nursing (FEN) at Lillebaelt Hospital includes seven core aspects: 1) person-centered care, 2) ethics, 3) professionalism, 4) authentic presence, 5) trust, 6) relation and, 7) patients' unique experience of well-being. To implement FEN, an ambassador education program has been designed and is currently being completed. Based on teach-the-teacher concept, the education program aims to improve ambassador's skills and competencies in implementing the FEN. The education program includes seven modules and is focused on theories presenting the seven aspects of FEN and pedagogical skills training. The program runs from May 2021 to June 2022 at Lillebaelt Hospital.

**Aim:** To explore how an ambassador education program contributes to the implementation of the Framework for Excellent Nursing.

**Method:** Logbooks with open-ended questionnaires regarding, 1) ambassadors experiences of implementing the FEN and 2) how the education-program, accommodates their learning needs. Questionnaires are sent to all ambassadors, 14 times during the education program, before and after each module. The answers are analyzed and thematised. Based on the answers, the education program is adjusted, continuously.

**Results:** Forty ambassadors, mainly clinical nurse-specialist from all specialties, participate and approximately fifty percent have replied the logbook questionnaires. Preliminary findings shows both possibilities and challenges when implementing FEN in clinical practice. Possibilities: Focus on the fundamentals of nursing, competency development, reducing the theory-practice gap, and an explicit and shared language and goal for nursing. Challenges: Lack of leadership, time, pedagogical skills and process-management.

**Conclusion and implications for caring in a changing world:** This study shows that the ambassador education program contributes with knowledge on nursing, supports focus on nursing and development of pedagogical skills, which supports ambassadors in the implementation of the FEN. However, the ambassadors need leadership support to a successful implementation.

### 7.3 Integrity at end-of-life care in a technologically changing world – a qualitative study of nurses' experiences.

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**Background:** Respect for patient's integrity and autonomy are an ethical imperative in health care laws and stated as an essential value by the International Council of Nursing. Healthcare worldwide changes rapidly with ageing population and increase of chronic diseases. The medical technology development within intensive care saves lives, but ethical issues also need to be emphasized. Nevertheless, integrity has not received much attention within the context of intensive care units (ICU).

**Aim:** To explore how nurses perceive and maintain the integrity of patients during end-of-life care in the ICU.

**Method:** A qualitative descriptive design was chosen. Individual semi-structured interviews were carried out with 16 nurses working at four hospitals in Sweden and analysed with qualitative content analysis.

**Results:** The nurses found it challenging to define integrity and explain what respect of integrity entails in clinical care of dying patients. They used words associated with respect and patient-centered care, such as active listening and being sensitive to patient's vulnerability. Nurses found patients' integrity was at risk of being "wiped out" due to illness/injury, ICU environment, technical devices and being dependent on health care professionals. Protecting patients from harm and reducing vulnerability were essential to maintain integrity.

**Conclusion:** Even though integrity is stated as a core value in nursing, ethical codes and guidelines are not always helpful at end-of-life care. The rapid development in medical technology puts stress on nurses to manage to respect the patient's integrity.

**Implication for caring in a changing world:** As medical technology in ICU changes rapidly, opportunities for nurses to reflect on and discuss ethical issues about care in a changing world is needed, not least when caring for patients at end-of-life.

## 7.4 Caring for older persons in the community - Nurse aides´, registered nurses´ and managers experiences regarding prevention of pressure ulcers, malnutrition, poor oral health and falls among older persons

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**Background:** Despite the availability in how to prevent the risk of pressure ulcers, malnutrition, poor oral health and falls among older persons in nursing homes, they still frequently occur, causing a major burden for older persons. For the health care system, they are costly. Considering the worldwide challenge with an increasing ageing population, preventive care for older persons in the community is crucial.

**Aim:** To explore nurse aides´, registered nurses´ and managers´ experiences regarding the prevention of pressure ulcers, malnutrition, poor oral health and falls among older persons in nursing homes.

**Method:** Nurse aides, registered nurses and managers (n=21) working in nursing homes in a municipality in southern Sweden participated in five semistructured digital focus group interviews. The interviews were audio recorded, transcribed and analysed using reflexive thematic analysis.

**Results:** Our findings generated four themes, included in everyday work, required team effort, required handling many challenges and required finding strategies. The first theme revealed that the prevention of these health risks is a natural part of the daily work. The other themes entailed that team effort and finding useful strategies are necessary for this work to be successful. However, there are many challenges for all professionals to handle when working prevalently.

**Conclusion:** There is a commitment and responsibility among the participants regarding the preventive work. However, although nurse aides, registered nurses and managers are good at finding strategies that facilitate this work, the preventive care is challenging for health care staff and managers in the changing world with the aging population.

**Implications for caring in a changing world:** The aging population is likely to put high demands on those working with older persons; hence, to deliver high quality of care, a tailored intervention could better equip those working in nursing homes to accomplish the caring in this changing world.

## Writing for publish a scientific paper – an editor's view

Presenter: Berit Lindahl

Moderator: Margareta Asp

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In line with continuous changing processes in people's life-world, research topics viewed from a caring science perspective are also in a constantly change as it mirrors social life to people in health and illness. My presentation will give a brief overview of the challenges in academic writing, in issues that involve impact factor and in the publishing process in general. More specific will be some issues that are connected to the publish process in Scandinavian Journal of Caring Sciences owned by Nordic College of Caring Sciences.

The **aim** of the presentation will be to reflect on the aim and scope of the journal and to present some brief advices for publishing in the Scandinavian Journal of Caring Sciences.

My presentation will be related to the reading and understanding of the journal's instructions for authors and how caring science can be illuminated, guide research and presented in a manuscript.

The **results** presented will a brief review of my 2-years experiences as the Editor-in Chief of Scandinavian Journal of Caring Sciences. It will stress the importance of scientific work performed and presented through a caring science lens. I will argue for the importance to select topics that are of importance for the caring sciences in a changing and sometimes more segregated world. In such a world, the selection of subjects that focus on topics like cultural diversity, minorities, equity and inclusion seem to be of importance. Moreover, of great value is also the development of research methodologies and methods that suit a caring science approach. I will also give a short and brief description of the publishing process.

**Conclusion** and implications for a caring science approach are to act and guard the journal's scientific content depicted from various professional perspectives that will make a difference to the knowledge production in both research, education and clinical practice. In this work, invitations to old and new reviewers to contribute for the journal's quality is encouraged.



## Concurrent sessions 9.1 – 9.4

- 9.1 Actions taken to safeguard the health care chain of older people with multiple diagnoses - A critical incident study  
Presenter: Lena-Karin Gustafsson  
Moderator: Margareta Asp
  
- 9.2 Reflection grounded in caring theory supports the nursing students professionally and personally in the formation of becoming a caring nurse  
Presenter: Turid Anita Jaastad  
Moderator: Lena Marmstål Hammar
  
- 9.3 The need of a Caring Approach -Children as visitors of a seriously ill parent receiving care at the ICU  
Presenter: Susanne Knutsson  
Moderator: Bente Hoeck
  
- 9.4 The lived experiences of the relatives of the care given to women in psychiatric compulsory care  
Presenter: Emilie Magnusson  
Moderator: Theresa Andell

## 9.1 Actions taken to safeguard the health care chain of older people with multiple diagnoses - A critical incident study

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Older people with multiple diagnoses often have problems coping with their daily lives at home because of lack of coordination between various parts of the healthcare chain. To develop tools managing provide good care to the more and more aging population and of those who have the most complex needs, regions, and municipalities has to work together.

The **aim** of the present study was to describe nurses experienced critical incidents in different parts of the health care chain of older people with multiple diagnoses.

**Method:** The study had a qualitative descriptive and was analyzed according to Critical Incident Technique (CIT). The sample consisted of 18 RNs in different parts of the healthcare chain involved in the care of older people with multiple diagnoses. Data were collected by semi structured interviews and analysed in line with CIT. A total of 169 critical incidents were identified.

The **results** showed that organizational restrictions in providing care and limitations in collaboration were the main areas of experienced critical incidents. Actions took place due to the lack of preventive actions for care, difficulties in upholding patients' legal rights to participation in care, deficiencies in cooperation between organizations as well as ambiguous responsibilities and roles. The RNs experienced critical incidents that required moral actions to reassure person-centred nursing and provide evident-based care. Both types of critical incidents required sole responsibility from the nurse. The RNs acted due to ethics, 'walking the extra mile', searching for person-centred information, and finding out own knowledge barriers.

In **conclusion**, based on this critical incident study, home-based healthcare managing providing a good health care to the more and more aging population and among them older people with multiple diagnoses, requests nurses prepared to take extended personal and moral responsibility beyond their expected professional responsibilities.

**Implication for caring in a changing world** based on this makes it crucial to ensure person-centred home-based healthcare, and there-by further developments of in-between adjustments of organizations that secure cooperation and transference of person-centred knowledge.

**Key words:** critical incidence technique, home-based healthcare, multiple diagnoses, older people, person-centred care, care-coordination, ageing population.

## 9.2 Reflection grounded in caring theory supports the nursing students professionally and personally in the formation of becoming a caring nurse

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**Background:** Reflection is seen as essential for students to learn and understand caring, their formation as human and caring beings, and their ability to meet patients in a caring way. Consequently, to facilitate nurse students' development into professionals, learning support is needed where the focus is on understanding caring and becoming caring nurses.

**Aim:** The aim is to gain knowledge of what meaning reflection has in nursing education and how reflection grounded in caring theory deepens the students' understanding of caring and their professional formation and becoming a caring nurse.

**Method:** Data consisted of individual written reflections and were collected from 64 nursing students from Norway, who had completed their instruction in caring theories and participated in four reflection groups where they reflected on key concepts in caring theory. A thematic analysis was used.

**Findings:** The results are based on the three main themes, Reflection provides an understanding of caring by developing a language for caring; Reflection provides an understanding of seeing the person behind the illness; Reflection contributes to increased self-understanding and awareness of oneself as a caring nurse.

**Conclusion and implications:** Instruction in caring theories and participation in reflection groups, with reflection grounded in caring theory, has a key function in facilitating students' development of a language for caring in nursing and appropriation of caring theory. The appropriation of caring theory provides a foundation for the nurse students to see themselves within a broader perspective and is important for mutual support in the professional formation of becoming a caring nurse. The expected outcome of such integration is a nursing curriculum that progressively supports the development of nursing students professionally and personally in the formation of becoming a caring nurse.

### 9.3 The need of a Caring Approach - Children as visitors of a seriously ill parent receiving care at the ICU

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**Background:** Children's visits to the ICU are still restricted. According to Swedish law ICU units has an ongoing process developing the work for children as relatives. ICUs in this study followed an approach developed by the researchers in this study.

**Aim:** To illustrate the meaning of being a visiting child of a seriously ill parent receiving care at the ICU.

**Method:** A qualitative descriptive design was used. Open-ended interviews with seven children (6-18 years) were performed and analyzed using Giorgi's descriptive phenomenological research approach.

**Findings:** Being a visiting child of a seriously ill parent receiving care at the ICU is described as a life situation taking place in an unfamiliar environment, characterized by a heartfelt, genuine desire to be there, in an interdependence entailing offering a loved one the help they need while at the same time being seen in a compassionate way and being able to share, revealing a sudden awakening of an inner truth of reality and a sense of a healing wisdom of understanding.

**Conclusions:** The approach used in this study may have a positive influence on children's knowledge and participation in their parent's care. The children felt good, welcome and needed when they visited their ill parent. They felt that the nurses recognized them, but they did not feel fully involved, they needed information and knowledge based on their individual situation and needs. The visit helped the children to become aware of the severeness of their parent's condition and situation but desired a more compassionate, caring approach by the nurses.

**Implications for caring in a changing world:** Improvements and research are needed in how to approach and involve visiting children in a more individual and caring way and on the impact of the unit's culture and nurses' bearing on their ability to diminish suffering.

#### 9.4 The lived experiences of the relatives of the care given to women in psychiatric compulsory care.

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**Background:** Approximately 12,300 people are cared for in Sweden every year in accordance with the Compulsory Psychiatric Care Act (1991:1128). About half of these are women. Close relatives must be included in the care if the patient so desires according to Swedish legislation. They should be a natural part of the care and their experiences should help to form a basis for the care provided for the patient.

**Aim:** The aim is to describe how relatives of female patients who are compulsorily cared for in a psychiatric ward experience the care provided.

**Method:** The study is based on a reflective lifeworld research (RLR) approach founded on phenomenology. Ten relatives of female patients who are compulsorily cared for were individually interviewed with open-ended questions. The studied phenomenon is “to be a relative of a woman in compulsory care”.

**Results:** The analysis shows that being close to a woman who is compulsorily cared for in psychiatric care arouses a great deal of emotion and the woman’s different life situation can be stressful. It is easy to be placed in the background of a care context as a close relative and not be seen as a natural part of it. The information does not reach them, and they often have to seek the care staff in order to get support and answers to the questions that they have.

**Conclusion:** It is important to include close relatives throughout the care process and see them as an asset in the care. The relatives should be seen as an asset for the carers in their care planning because they know the female patient more closely and have followed the course of the illness and the care.

**Implication for caring in a changing world:** To improve care, a changed perspective is needed on the importance of relatives in the compulsorily care of female patients

## Concurrent sessions 10.1 – 10.4

- 10.1 Development of a model for multi-professional ethical competence in healthcare to maintain sustainable ethical caring in a changing world  
Presenter: Camilla Koskinen  
Moderator: Margareta Asp
  
- 10.2 A theoretical model on caring for mothers with initial breastfeeding difficulties: The breastfeeding story as a hob for caring practice  
Presenter: Lina Palmér, Ida Gustafsson  
Moderator: Lena Marmstål Hammar
  
- 10.3 Perceived needs for team-based visits in Swedish child health services exceed its existence – a mixed-methods study targeting healthcare professionals  
Presenter: Ulrika S Nygren  
Moderator: Bente Hoeck
  
- 10.4 FOR-Women; perspectives from being a woman and a psychiatric forensic patient  
Presenter: Jessica Revelj  
Moderator: Theresa Andell

## 10.1 Development of a model for multi-professional ethical competence in healthcare to maintain sustainable ethical caring in a changing world

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**Background:** A starting point of this caring science study is that care and caring are based on a will to do what is good, alleviate suffering and treat human beings with dignity and respect. Ethical competence has mainly been researched from a caregiver perspective, but can we talk about ethical competence or understand caring in healthcare without a deeper understanding from a multi-professional perspective?

**Aim:** The aim is to clarify the meaning and dimensions of ethical competence from a multi-professional healthcare perspective and to discuss ethical competence concerning caring, sustainability, and a changing world.

**Method:** The methodology is hermeneutic application research. Three scientific researchers and 13 multi-professional co-researchers from a university hospital participated in group dialogues grounded on caring science concepts about caring and ethics. Two equal groups met four times. The transcribed text was analyzed through a thematic analysis.

**Results:** A proposed model for multi-professional ethical competence in healthcare was created. Ethical competence embraces an ethical attitude - a personal desire to do good, ethical basis - to do the best for the patient as a common goal, and ethical culture - common goals and values in the organization. Ethical competence strengthens by reflection, time for talk, and leadership.

**Conclusion:** Ethical competence and caring are intertwined. The desire and the will to do good, to do the best for the vulnerable patient and the quality of life emerge as the basic ideas. Empathy, compassion, and sensitivity make it possible to see, be affected, present, open, and listen to the patient and alleviate suffering.

**Implication for caring in a changing world:** The model can be used as a guide for maintaining ethical competence and caring in ever-changing healthcare practice.

## 10.2 A theoretical model on caring for mothers with initial breastfeeding difficulties: The breastfeeding story as a hub for caring practice

Authors: Lina Palmér, Ida Gustafsson

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University of Borås, Sweden

**Background:** Breastfeeding difficulties are not just experienced by mothers as physical problems but also as existential issues. Breastfeeding difficulties evoke existential lostness, vulnerability and trauma in motherhood, making life as a new mother chaotic. Breastfeeding difficulties may affect future breastfeeding negative, with a risk for developing fear of breastfeeding. According to this, mothers are in need of care that focus on existential issues. Yet, health care professionals experience that existential issues are difficult to approach. With this in mind, care that is sensitive to existential issues is an important target for care development. However, there is a lack of caring models that can guide existential caring practice.

**Aim:** This project examines the prerequisites for care to be caring, based on lifeworld-led research about breastfeeding difficulties. The aim is to develop a caring model focusing on existential aspects of women's lived experiences of breastfeeding.

**Method:** This article has a hermeneutic design. Six phenomenological, and lifeworld hermeneutical studies on breastfeeding difficulties has been synthesized.

**Results:** The developed caring model demonstrates that a genuine caring relationship, embodied wisdom, and an ability to create a space for dwelling, together with cultural awareness, forms the prerequisites for care to be caring in which the breastfeeding story to be a hub in caring practice. A breastfeeding story is the woman's own description of the meaning of breastfeeding, as well as her experiences, goals, and wishes for breastfeeding. The story is an ethical compass that points out the way for caring in which existential issues are taken into consideration.

**Conclusions and implications for caring in a changing world:** Implementation of the caring model into caring practice has a powerful potential to change care and support health care professional to provide caring that embrace the existentiality of each woman's breastfeeding experiences, which enable health and well-being.



### 10.3 Perceived needs for team-based visits in Swedish child health services exceed its existence – a mixed-methods study targeting healthcare professionals

Authors: Ulrika Svea Nygren, Håkan Sandberg, Ylva Tindberg, Leif Eriksson, Lena Nordgren

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**Background:** Changes in the environment in which children are raised entail new threats to children's health and development. Inequalities in children's health could be reduced through provision of Child Healthcare Service (CHS) by interprofessional teams within a framework of proportionate universalism – with universal services for all children and families and with targeted services for those with additional needs. The Swedish CHS includes universal team-based visits (TBVs) as well as targeted TBVs and are considered important to meet different needs of the child and his or her family.

**Aim:** To investigate, both quantitatively and qualitatively the differences between participation in TBVs and perceived needs for TBVs from the perspectives of healthcare professionals, in the context of the Swedish three-tier national Child Healthcare program.

**Method:** A study-specific questionnaire, including multiple-choice questions with fixed and free-text response options, was developed, and used. To capture healthcare professionals' experiences and find explanations for the quantitative results in qualitative data, a convergent parallel mixed-methods study design was used. Descriptive statistics and McNemar's test were used to analyze the quantitative data, and content analysis was used to analyze the qualitative data.

**Results:** Healthcare professionals participated in TBVs associated with psychosocial problems to a significantly lower degree than they perceived there were needs. The quantitative findings were explored by the qualitative findings. Both individual and organizational factors influenced TBVs.

**Conclusion:** Perceived needs for TBVs in Swedish CHS exceed its existence. Healthcare professionals require TBVs delivered by interprofessional teams, in line with proportionate universalism. The increased focus on social well-being and health problems associated with psychosocial factors requires teams consisted of nurses and physicians, extended with psychologists, social workers, and other professionals.

**Implication for caring in a changing world:** In an increasingly complex society, the needs of children and families can be met with through interprofessional teams in CHS.

## 10.4 FOR-Women; perspectives from being a woman and a psychiatric forensic patient

Author: Jessica Revelj

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Linnaeus University, Sweden

**Background:** In Sweden, a person suffering from severe mental health and commits a crime is sentenced to forensic psychiatric care. National reviews have highlighted a lack of transparency and evidence-based practice in forensic psychiatric care, especially for female patients. The environment in these hospitals is strict and both the physical and psychosocial environment can be assumed to affect patients.

**Aim:** Describe the lived experience of being cared for in forensic psychiatric care for female patients.

**Method:** The study has a phenomenological, hermeneutic approach; material has been obtained through interviews with 14 female patients in forensic psychiatry. The women had different ages and was cared for in different units. After transcription, the naïve reading gave a starting point of the text's content, then structural analysis interpret and analyze the material. Different themes and subthemes describe the women's experiences.

**Result:** The women needs to understand, be understood and taken seriously. Being seen as a human and having the opportunity for interpersonal meetings increases the possibility to improve well-being. For a meaningful and understandable everyday life it is important to be activated, which allows thoughts to dissipate and need of medication reduces. Routines and guidelines can create a sense of security and predictability. But, staff and other patients can negatively affect the women. The support for other patients is twofold, they want to be supportive but the knowledge of the other patients' crimes and physical ability is frightening. It is a frustration being cared for during the time of life being most fertile, despite the longing to start a family they now it might not occur. They also talk about sexual harassment, to avoid this, they adapt their clothes and behavior.

**Conclusion:** The needs for women in this context sometimes differ from the male patients. The environment creates a place where the women needs to adapt their female identity but also a place where they can grow as a human being.

**Implications:** Increased knowledge of women's experiences creates the opportunity to adapt the future care according to women's lived experience, as their needs are shown in the context they are cared for.

# Keynote

Care and technology: Exploring the meaning of dignity within the digital world

Presenter: Kathleen Galvin, Abraham Kebede and Shuvarthi Bhattacharjee

Moderator: Inger Holmström

In this presentation we will describe some progress from a research programme (INNOVATEDIGNITY <https://innovatedignity.eu/>) that is currently underway within a partnership of European Universities that laid a foundation for the formation of EACS many years ago.

Firstly we will briefly outline how the meaning of dignity, central to caring, is 'a holding and an upholding—a gathering of both common 'wound' (human vulnerability) and common honour (human value). Following Galvin and Todres, (2014 p.417), "the loss of dignity is especially noticed in its rupture. Its path of loss is through human vulnerability. Its path of restoration is through honour and value. We are given to bear and uphold the values of 'being ourselves' in place, rhythm, with others, heritage, body, being-affirming moods and life – many kinds of dignities – but all cohering in their 'honour wound' character – our 'goodness of fit' with all of these dimensions". This has some fundamental relevance to care and to how we understand the value of technology in care.

Secondly we will describe a particular challenge that the INNOVATE DIGNITY research programme is aiming to respond to. INNOVATEDIGNITY pays attention to how care is experienced by older people and compares and contrasts settings and systems to lead models from the perspectives and experiences of older people. One of our challenges seeks to understand contextual issues that may enhance or impede the uptake of technology innovation in care of older people. While new technologies offer great potential for innovative systems of independence, personal support and wellbeing, overall there has been little engagement with older people themselves and to make any impactful difference technology uptake needs to become *inseparable from the practices situated in its use*, thereby helping to move older people from a passive role, but taking into account social and ethical demands of new care technologies. We seek to understand deeply older peoples' experiences and also to offer 'co-design' / participatory opportunities.

Building on this, thirdly we will feedback some interim findings from the literature and new insights informed from a lifeworld perspective to meet these challenges.

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**Kathleen Galvin**

Professor of Nursing Practice, School of Health Sciences, University of Brighton, England



**Abraham S Kebede**

Early-stage researcher in the INNOVATEDIGNITY project through the Marie Skłodowska-Curie Action ITN, EU Horizon 2020 at the School of Health Sciences, University of Brighton. Currently, he is working on a phenomenologically informed new theoretical and empirical framework on dignity and digital care and its relation to wellbeing for the older person. In this project, Abraham aims to investigate the everyday meanings of dignity in relation to digital technologies from older people lived through experiences using a lifeworld philosophical theory.

Abraham holds a Master of Health Science in Reproductive Health from the joint Pan African University and University of Ibadan (Nigeria) through the African Union scholarship. He previously worked as a clinician in the primary health care unit and as an assistant lecturer in the Department of Public Health in an Ethiopian higher institution. Abraham's previous research work encompassed interdisciplinary public health areas, including maternal and reproductive health, infection diseases, evidence synthesis and meta-analysis using quantitative and qualitative methodologies.



**Shuvarthi Bhattacharjee**

PhD student, University of Brighton, England

## Symposium 1

### ETHOS-bärare av vårdandets kärna i teori och praxis

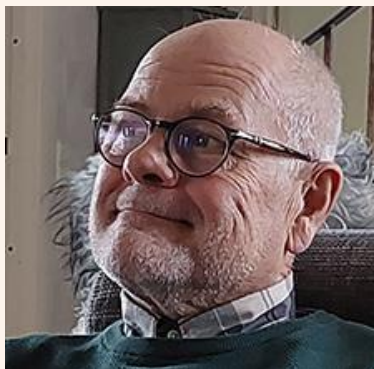
Presenter: Unni Å Lindström, Ulf Donner, Lucas Donner

Moderator: Lena Wiklund Gustin

Detta symposium tar sin utgångspunkt i vårdvetenskapens ethos och bärande värden. Professor emerita Unni Å Lindström beskriver hur den caritativa vårdteorin och klinisk vårdvetenskap utvecklats vid Åbo Akademi. Ulf och Lucas Donner beskriver därefter hur teorin applicerats inom en psykiatrisk vårdkontext vid Stiftelsen Hemmet på Åland.



**Unni Å Lindström**, HVD, Professor emerita, has been the professor in Clinical Caring Science at Åbo Academy, Finland, where caring science has been developed as an autonomous academic discipline based on human science. During the years 1991-1997 Unni was the chairman of Nordic College of Caring Science. Unni Å Lindström will give a presentation in Swedish together with Ulf and Lucas Donner who run a group home for people with mental illness. Their philosophy of care is based on the caring science of professor Katie Eriksson.



**Ulf Donner** became a nurse 1982 at Vaasa Hospital, and the following year he obtained a specialist nurse degree in psychiatric care at HSSI (Helsingfors Svenska sjukvårdsinstitut). He is currently the director of the Stiftelsen Hemmet sr (The Home Foundation) in Åland. As a leader, he has built up the caring tradition at Hemmet from 1985 together with the mentors, late Professor Katie Eriksson and Professor Unni Å. Lindström. This tradition is still reflected in the caring culture at Stiftelsen Hemmet. In 2010 Ulf completed a master's degree at the unit for caring science at Åbo Academy.



**Lucas Donner** has experiences from several occupations, but has been a registered nurse since 2015 when he graduated from Mälardalen University (MDU). In 2017 he was employed at Stiftelsen Hemmet sr and in 2018 he completed his MSc-degree and specialist nurse education in psychiatric care at MDU. The article Navigating between Compassion and Uncertainty - Psychiatric Nurses' Lived Experiences of Communication with Patients Who Rarely Speak in (Issues in Mental Health Nursing, 2020) that he wrote together with Lena Wiklund Gustin is based on his MSc-thesis.

## Symposium 2

What matters in older person care in a changing world?

Presenter: Fiona Cowdell et al.

Moderator: Fiona Cowdell

In this symposium we offer five presentations each of which considers what matters in older person care in a changing world from a different perspective. All presenters are part of the INNOVATEDIGNITY Consortium. This is a pan-European research group with an overarching aim to find new ways to provide sustainable and dignified care for older people. We offer a series of Pecha Kucha talks, this is a Japanese concept, the term means “chit chat” and presenters are challenged to tell their story in 20 slides. You will hear tales which offers new insights into what matters to the older person in different contexts and at varied stages of their life course.



**Fiona Cowdell** is a Professor of Nursing and Health Research at Birmingham City University, UK and Chair of the European Academy of Caring Science. In this symposium Fiona and colleagues from across Europe will reflect, from a range of perspectives, on the key question of “what matters in older person care in a changing world”.

## Poster presentations on campus

### 1. Mutual trust is a precondition for nurses' sense of security and work fulfilment - Mobile Integrated Care

Authors: Lina Hovlin<sup>1,2</sup>, Catharina Gillsjö<sup>1,3</sup>, Anna K. Dahl Aslan<sup>1,2,4</sup>, Jenny Hallgren<sup>1</sup>

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<sup>2</sup>School of Health and Welfare, Jönköping University, Jönköping, Sweden

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**Background:** Health care stands before challenges to face caring in a changing world, which means organizations need to develop their collaborations. Mobile Integrated Care Model (MICM) aims to promote work across organizational borders between different professions, creating person-centered care which is coherent, to meet the need of caring in a changing world.

**Aim:** To describe nurses' experiences of working and providing health care in the Mobile Integrated Care Model in the home with home health care physicians.

**Method:** An inductive, qualitative study design where semi-structured interviews were held with 18 nurses working in Mobile Integrated Care Model. Analysis was conducted with qualitative content analysis.

**Results:** The results of the analysis resulted in one overarching theme; "Mutual trust is a prerequisite for nurses' sense of safety and work satisfaction". Three main categories were found; "Being the center of the MICM, with limited power to influence it", "The team is key to quality health care" and "Increased possibilities for involving the patient and their next of kin".

**Conclusion:** A trusting collaboration with Home Health Care Physicians' created work satisfaction for the nurses when being able to work person-centered. Accessibility and continuity increased after implementation of Mobile Integrated Care Model. The physicians' ability to work for the patient as a whole, being employed by different organizations, as well as lack of time impacted nurses work fulfilment.

**Implication for caring in a changing world:** Nurses working within Mobile Integrated Care Model express that they never wanted to go back to the way they worked before, and that Mobile Integrated Care Model was preferred to the previous way of working. In the adaption of care to close care, Mobile Integrated Care Model could be a way to meet the challenges of caring in a changing world and need for changes in the health care organizations.

## 2. Caring touch: to honor the patient`s dignity

Authors: Lise Sandnes & Lisbeth Uhrenfeldt

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University of Bodö, Norway

**Background:** Touching the patient`s skin is a common nursing act, even when there is no procedure to be done. Touch like holding the patient`s hand or giving a hug has historically not been specifically described, but was integrated in procedures as e.g., checking vital parameters, helping with personal hygiene or calming a troubled patient. However, the world changes, and in recent decades nursing theorists such as Benner, Martinsen and Eriksson have promoted that nursing also is showing care through honoring and protecting the patient`s integrity and dignity.

**Aim:** To explore the meaning of caring touch as it appeared for Norwegian intensive care nurses. The main question asked was what triggers a caring touch.

**Methods:** Data from non-published qualitative individual semi-structured interviews were analyzed. Participants and context: Eight intensive care nurses with at least five years of experience, from two different Norwegian hospitals were interviewed. Ethical considerations: The study was registered by the Norwegian Centre for Research data NSD. ID 41164.

**Results:** Through the analysis a main theme emerged: The speaking body. Four interrelated subthemes were found: 1) Eyes and facial expressions, 2) Patient`s emotional expressions, 3) Closeness and distance, 4) ICU nurses` emotional responses.

**Conclusion:** Caring touch is a silent way of establishing a nurse-patient relationship and to personalize nursing acts. Caring touch is a possible way for the ICU-nurse to honor and confirm different types of dignity to the patient`s; Temporal dignity, identity dignity, interpersonal dignity, spatial dignity, embodied dignity and the finitude dignity as the ICU-patient is in a life-threatening experience of critical illness. Different kinds of knowledge are used to assess if and how the caring touch should be done, e.g. ethical, humanistic and professional experience, a clinical wisdom. By caring touch, the ICU-nurse forwards an embodied and relational understanding of the patient`s dignity.



### 3. Older persons' experiences of intensive home rehabilitation: a follow-up study of the intervention

Name: Mirikka Söderman

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Mälardalen University, Sweden

**Background:** Reablement as a concept includes a health-promoting perspective with the goal of strengthening health and the ability to function in everyday life, a broader perspective than in general homecare and rehabilitation. Success factors for intensive home rehabilitation (IHR), based on the reablement concept, has been described earlier in this project. However, there is a lack of knowledge about why some persons do not recover despite receiving IHR, an important aspect in a changing world where home-based rehabilitation increases.

The **aim** was to shed light on the older persons' experiences of IHR and to describe obstacles for recovery.

**Method:** A case-control study, qualitative analysis of health and care records. Persons (65+) who received IHR performed by an interprofessional team within the health and care administration were included (n=19).

**Results:** The analysis revealed various problematic situations, dilemmas, that occurred in the older persons' life during IHR and the consequences it has entailed for them, but also which strategies they have used. Furthermore, aspects regarding the IHR perceived by the older persons as successful emerged but also differences in experience of the physical and mental aspects of the intervention. In addition, reasons why the IHR was perceived as successful or not, from the perspective of both the older persons and the staff.

**Conclusion:** Most of the older persons were satisfied with IHR and achieved their goals, but some felt they needed more time to reach their goals. Background factors such as having additional diagnoses and living alone could affect the rehabilitation process.

**Implication for caring in a changing world:** The study provides important knowledge regarding the importance of IHR for the recovery process for older persons, an increasing group, which might also be useful in other groups requiring long-term rehabilitation and recovery such as after covid-19 infection.

#### 4. The path of recovery towards a new way of living among cancer survivors

Name: Mirkka Söderman

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Mälardalen University, Sweden

**Background:** Previous reviews concerning cancer survivors' experiences have raised some aspects of recovery, mostly physical and psychosocial problems which can cause serious difficulties in cancer survivors' daily life. Recovery as a term, can in this context be described as the personal experience of the rehabilitation process, an important aspect in a changing world as new advances are made in cancer treatment, and more and more people are surviving their cancer disease.

The **aim** was to provide a comprehensive understanding of cancer survivors' experience of the recovery process following the treatment period.

**Method:** For this meta-ethnography, qualitative peer-reviewed original research studies was search, and 24 studies were assessed as relevant.

**Results:** The included studies were all conducted in Western countries and the survivors had various cancer diagnosis. The cancer survivors described the recovery process as price of survival, which referred to an experience of being caught in the body dealing with physical ailments and symptom control and living in uncertainty for the future and fear of relapse. They also described relationships in change, an experience of receiving relational support, mainly from relatives and healthcare professionals, but also living in exception, alone or in isolation from friends and relatives. The new normal was about living despite the cancer, worries or complications, and finding some form of well-being and individual strategies to cope with the daily life.

**Conclusion:** Despite the physical and psychological ailments, most cancer survivors can through the recovery process find a new way of living. The support received from different stakeholders, as well as medical and personal aspects, affects how the recovery is experienced and handled.

**Implications for caring in a changing world:** As the proportion of cancer survivors increases, this study provides useful knowledge for healthcare in supporting the recovery process as part of rehabilitation.

## 5. Be Well™ – an intervention using photo-supported conversations to promote well-being in people living with stress-related illness.

Authors: Birgitta Gunnarsson<sup>1,2</sup>, Ulrica Hörberg<sup>3</sup>, Petra Wagman<sup>4</sup>, Sara Holmberg<sup>2</sup>, Kristina Holmgren<sup>1</sup>, Hans T Sternudd<sup>3</sup>

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**Background:** Stress-related mental health illnesses are increasing in all ages. Be-Well™ is a health-promoting intervention intended for primary healthcare. Be-Well™ involves 12 sessions based on photo-supported conversations. Patients use their mobiles to photograph situations about well-being, and the photos are used as a starting point for dialogues with their therapist.

**Aim:** The aims of this study are to evaluate the feasibility of Be-Well™, and to compare the outcomes concerning health and well-being in the intervention group with those of a control group.

**Method:** This ongoing study is conducted in Swedish primary healthcare. A total of 70 patients in working age, living with stress-related disorders will be recruited. The intervention group receive the intervention Be-Well™ in addition to care as usual, and the controls only receive care as usual. Prior to and directly after the intervention, and after 6 months, the participants complete questionnaires and take part in qualitative interviews about stress and well-being in their present life-situation and experiences from participating in Be-Well™. Non-parametric and qualitative analysis will be used.

**Results:** Twenty-nine of 35 participants have been recruited to the intervention and 28 of 35 participants to the control group. We will present the research design and preliminary outcomes from the baseline and follow-up data.

**Conclusion:** If the intervention Be-Well™ is found to be feasible with positive outcomes, the health-promoting intervention Be-Well™ can be useful as a complementary intervention in primary healthcare for patients with stress-related illness.

**Implications for Caring in a changing world:** Probably, photo-supported conversations may promote well-being to other patients in different life situations, but future research is warranted.

## 6. Caring for family members within a changing cancer care – a scoping review of support models

Authors: Maria Samuelsson, Anne Wennick, Jenny Jakobsson, Mariette Bengtsson

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**Background:** Over the past decades, clinical cancer care has undergone significant technological changes resulting in constantly shortened hospital stays. Consequently, family members have become increasingly involved in the care responsibilities of persons whom after the hospital stay have persistent care needs. Family members who are left alone with care responsibilities affecting not only their health but their wellbeing. Simultaneously, family members report unmet needs of support from the health care. To meet the needs of the family members, identification of support models applicable to a changing cancer care appear crucial.

**Aim:** To map the existing literature on support models provided to family members during the cancer trajectory.

**Method:** The study was designed as a scoping review with systematic searches conducted in PubMed, Cumulative Index of Nursing and Allied Health, and PsycINFO with no limitation in publication year or study design. The searches were conducted from November 2019 to February 2020, and in September 2020.

**Result:** A total of 32 studies were included in the review describing 39 different support models. The support models focused on psychoeducation (n = 26), caregiving training (n = 6), and psychological support (n = 7).

**Conclusion:** The support models most common in the literature had multicomponent designs and were targeting multiple unmet needs. However, such designs appeared preferable as clinical trials, yet, difficult to apply where the family members may gain from it.

**Implication for caring in a changing world:** To enable support to family members within a changing cancer care, it appears crucial that such models need to be developed by involving both those in need of the support and those offering it, family members and health care professionals respectively. By that, enable for the support to tailor the family members' needs and to apply to the local cancer care.

## 7. Healthcare professional's lived experiences of caring for and supporting recovery in patients with stress-related disorders in a primary care context.

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**Background:** In a changing world, persons in different life situations are exposed to various stressors that can influence health, cause long-term sick leave, and implicate a need for professional care. In Sweden, caring for these persons often occurs in primary care, yet little is known regarding how we can support recovery in them within this context.

**Aim:** The aim of the study was to describe health care professional's lived experiences of caring for persons with stress-related disorders in primary care, with focus on recovery.

**Method:** This study is based on a phenomenological approach. In total, 17 healthcare professionals, in primary care, were included. Lifeworld interviews were conducted followed by a phenomenological analysis.

**Results:** Preliminary results suggests that the health care professional's lived experiences of caring for persons with stress-related disorders meant that they experienced caring with focus on recovery as a complex process with a need for tailored approaches based on the person's specific life situation. They created an alliance with a listening and non-judgmental approach in the caring relationship, based on the person's own story. In conversations the person's life situation, needs and perceived health were explored to support reflection and understanding. Reflection and exploration, preferable in group with others was used to support learning regarding balance and recovery in the person's life situations.

**Conclusion:** We conclude that caring for persons with stress-related disorders should genuinely be adapted to the specific person and his/her lifeworld to support recovery. Room for existential questions and learning might be beneficial to find strategies and meaning in life.

**Implication for caring in a changing world:** In a world characterized by rapid change and higher demands in all areas of life, consideration should be given to care activities which promotes learning and reflection with others, to facilitate balance in life and sustainable recovery.

## 8. Person-centred fundamental care under search in the emergency room

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**Background:** With a growing older population, new challenging illnesses such as the pandemic, and limited resources registered nurses in the emergency room are responsible for life-threateningly ill patients who are vulnerable with complex care needs. In emergency rooms, there is a biomedical focus, which may reinforce a culture of valuing the medical and technical aspects of nursing care and increasing the risk of patients' care needs being neglected.

**Aim:** To deepen the knowledge about how person-centred fundamental care is performed in emergency rooms to enhance quality care and patient safety.

**Method:** Observations (n=108) of registered nurses everyday work in the emergency room and interviews (n=14) with registered nurses working in the emergency room, analyzed with descriptive statistics and thematic analysis.

**Results:** Mainly the patients' physical needs are met, and more often in the beginning of the care episode. Patients can, after the initial assessment be left without nursing care for hours, both physical and emotional needs seemed to be left unattended. Meeting patients fundamental care needs in a person-centred way has proven challenging for registered nurses in the emergency room, as the organization is perceived unclear and nursing care is not a priority. Registered nurses' work approach for meeting patients' fundamental care needs was not adapted to provide person-centered care.

**Conclusion:** An organizational focus on patient flow and the promotion of guidelines and checklists provide a structured approach for the initial care of patients, but are not adapted to provide person-centered care. Nursing care needs to be prioritized not only by the registered nurses but also by management and leaders.

**Implication for caring in a changing world:** A deepened knowledge about fundamental care in the emergency room is vital for providing optimal, dignified, high-quality care to a patient group with many needs, in a consistent and person-centered way.

## 9. Life in a new normal after healing an ulcer

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**Background:** Venous leg ulcer affects especially older adults, globally. Due to an aging population together with the medical development in ulcer management, more people will live with healed venous ulcers with a risk of recurrence. The situation underlines a need of increased understanding of life after an ulcer.

**Aim:** The study explores and describes person's experiences of daily life after healing a hard-to-heal ulcer.

**Method:** Lived experiences of 15 individuals were sought in open-ended interviews, based on a reflective lifeworld research approach. An essence emerged, further described by its constituents.

**Results:** Memories of a time of suffering were ever present, in a way becoming part of the self. A strive for control in daily life entailed a struggle to do the best for the own body. After healing, a new normal emerged, that encompassed a risk for recurrence. The body had changed physically, also affected by ageing, in a life that still went on.

**Conclusion:** For those who had healed from an ulcer, life had changed. Even if they referred to life as normal, it was not the same normal as before. It was evident that memories of the time with the ulcer could not be prevented from intruding in the present, and thus the ulcer affected them even after healing.

**Implications for caring in a changing world:** A changed normality becomes the reality for people after an ulcer. Daily life is no longer as it was before. It would be preferable to reduce the ulcer's impact on the person after healing. Listening, talking and advising the patient might be beneficial and a chance to support the patient's learning and reflection. One of the nurse's obligations, is to provide care in a person-centered way. By seeing the individual, there is an opportunity to customize not only treatment, but also each individual's future.

## 10. Nurses' experiences of encounters in home care: a phenomenological hermeneutic study

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**Background:** Home care has become an increasingly central part of healthcare organizations and in the future, an extended part of health care is expected to be provided in patients' homes.

Because a home represents a safe foundation with high personal integrity, it can cause ethical and emotional challenges for the nurse in encountering the patient. Hence, it is of the utmost importance to understand the emotional and ethical dimensions of encountering patients in home care, and pay more attention to how it impacts the way nurses practice their profession.

**Aim:** To illuminate the meaning of nurses' lived experiences of encountering patients in home care.

**Method:** A qualitative design with a phenomenological hermeneutic approach was used and individual narrative interviews were performed with a purposive sample of 11 RNs working in home care. Ethical approval to perform this research was obtained from the Swedish Ethical Review Authority.

**Findings:** The findings are presented under three main themes: (1) "Being receptive to the other" (with subthemes "Caring about the encounter," and "Establishing trusting relationships"). (2) "Handling the unpredictable" (with subthemes "Being alone in the encounter" and "Being experienced and competent"). (3) "Managing frustration" (with subthemes "Feeling insufficient" and "Feeling restricted"). Having overall nursing responsibility challenged the nurses' self-confidence in providing care trustfully.

**Conclusions and implications:** The nurse could not always perceive the needs as conveyed by the patient and respond to the ethical demand. This was facilitated by shifting the focus from efficiency and solutions on parts to getting to know the person in front of them as a whole, perceiving their needs and wishes. By enriching the understanding of the complex encounters between nurses and patients, the patients' health and well-being can be better supported.



## 11. Patients' assessment of nursing care before and after a teaching program in The Framework in Excellent Nursing

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**Background:** Nursing continues to face significant challenges to its autonomy due to new technologies and tasks. This calls for a clear understanding of what excellent and autonomous nursing is. A concept analysis of the term excellent nursing has given a deeper understanding of what autonomous and excellent nursing is and has formed the basis for The Framework for Excellent Nursing (FEN). From the fall of 2020 an ongoing teaching program in FEN has been available for all nurses in the Department of Oncology. The teaching program encompasses a range of theories presenting the core aspects of FEN.

**Aim:** To determine the impact of a teaching program in FEN on patients' assessment of the quality of nursing care.

**Methods:** The questionnaire ©CARE Measure, which is a patient-rated experience measure of the interpersonal quality of nursing care, was completed before the teaching program started and at one-year follow-up. The ©CARE Measure consists of ten items. The wording of the items reflects a holistic, patient-centered approach to the patient. The scores for each item is poor, fair, good, very good and excellent.

**Results:** 209 patients completed the ©CARE Measure at baseline and 204 at follow-up. At baseline, 49 % of the patients rated the interpersonal nursing care as excellent compared to 63 % at follow-up. All ten items had progressed at follow-up. The highest progress was 19 % and the lowest 11%.

**Conclusion:** The higher rating at follow-up indicates that teaching program in FEN improves registered nurses' practice and thus the patients' experience of the quality of nursing care.

**Implications for nursing in a changing world:** The findings from the questionnaire ©CARE Measure with the lowest progress at follow-up, will guide clinical practice in directions of which parts of nursing care needs to be improved.

## 12. Telephone nurses' experiences of encountering frequent callers

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**Background:** Care via distance is increasing today. Swedish Healthcare Direct, 1177, receives about five million calls yearly. The purpose of the telephone care is to make a medical assessment, guide the caller to the right level of care and give self-care advice. Some callers call repeatedly and are in studies called "frequent callers".

**Aim:** To describe telephone nurses' experiences of their encounters with frequent callers to Swedish Healthcare Direct.

**Methods:** A survey with seven open-ended questions was answered by telephone nurses (n = 199) at Swedish Healthcare Direct. The answers were incorporated to a table and analyzed with summative analysis and content analysis.

**Results:** The results were presented according to the three research questions and describes telephone nurses' experiences of their conversations with frequent callers, how they handle these calls and their suggestions of strategies for handling the calls. Prominent aspects found were the telephone nurses' feelings of hopelessness in helping frequent callers and their fear of missing essential aspects in the calls. They found it important to really listen to frequent callers and structure the calls in the same way as other calls. They suggested more time for these calls and wished for more knowledge and increased cooperation regarding frequent callers.

**Conclusion:** Telephone nurses wished for a common strategy to structure the calls for frequent callers and at the same time they found it important to really listen to the person calling. Person-centered care could be a suiting theoretical frame in guiding telephone nurses' work with frequent callers.

**Implications for caring in a changing world:** The telephone health organizations' delivery of care means constant changes and becomes all the more complex. Frequent calling is connected to psychiatric illness which are increasing in society. The role of the patient is under development to a more independent one and there are demands from the society to form the care in a more person-centered way.

### 13. Healthcare personnel's inner ethics and inner freedom maintain an ethical caring practice in a time of rapid changes

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**Background:** The basic values of caring in practice seem to be under pressure in today's healthcare system, due to a growing technological culture and prevailing market thinking. Healthcare professionals are at a crossroads between how they want to practice care and their opportunities to practice ethical and existential caring.

**Aim:** The aim of this caring science study is to shed light on interprofessional healthcare personnel's experiences with, and understanding of ethical practice, with a specific focus on what it is that maintains an ethical caring practice.

**Method:** The study is rooted in hermeneutic application research. Data are collected through reflective hermeneutic dialogues with two groups, consisting of three scientific researchers and 13 multi-professional co-researchers, and interpreted by systematic text condensation.

**Results:** Healthcare professionals experience maintaining ethical competence in an encounter. Essential was encountering moments that provided new insight. In this encounter, you strengthen and develop both an ethical competence and a caring attitude. The meeting is described as a quiet presence, where one is present and touched by the patient.

**Conclusion:** The results show that ethical competence is maintenance by the healthcare personnel's ethos. In clinical practice, ethos can develop and unfold in the presence and duration of the encounter. Ethos denotes the strings one is struck in the encounter with the other. Acquiring ethical competence is done by refining oneself, one's qualities, one's inner ethos. Healthcare professionals may experience being in a formation process with the development of ethos, and the associated development of an inner ethic and inner freedom, which is important for maintaining ethical competence.

**Implication for caring in a changing world:** Promoting communities of wonder in clinical practice can develop one's ethos and promote caring practices in a changing society.

#### 14. Battling extraordinary situations and conflicting emotions during the Covid-19 pandemic – A qualitative study in newly graduated registered nurses' experiences in emergency departments.

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**Background:** In Sweden, occupational stress within emergency departments is common entailing new nurses consider leaving the profession early. With little time for preparation the Covid -19 pandemic has globally changed the conditions for caring in ways hard to overview. Forefront personnel, as new nurses in emergency departments, have been found at risk of developing stress-related ill health due to exerting themselves at the expense of meeting own bodily needs during the pandemic.

**Aim:** This study aims to describe newly graduated registered nurses' (NGRNs') experiences of encountering stress in emergency departments (EDs) during the Covid-19 pandemic.

**Method:** A qualitative content analysis as described by Graneheim and Lundman was applied to analyze texts from 14 in-depth interviews with NGRNs working in an ED for 3-36 months after graduation. Interviews were conducted from March to November 2020 covering the first two waves of the pandemic.

**Results:** Findings elucidate how NGRNs battle extraordinary situations and conflicting emotions in EDs during the pandemic. Empowered by acknowledging themselves as important caregivers during the pandemic they struggle against limitations and exert themselves beyond their known limit. External stressors are experienced due to work overload in combination with understaffing forcing them into the role of the experienced nurse prematurely and internal stressors appears in association with conflicting emotions connected to part taking in less qualitative care for suffering patients.

**Conclusion:** Understanding NGRNs experiences in the pandemic; the struggle towards control, lack of recovery and balancing on the verge of exhaustion endeavoring endless demands of compliance whilst living with inner conflicts is a unique lens of illuminating caring during a worldwide crisis.

**Implication for caring in a changing world:** NGRNs' risk moral stress when caring in abrupt changing times as during the pandemic. This study suggests the intertwining of psychological and work life interventions to strengthen resilience and endurance in similar situations in the future.

## 15. End of life care in group home for older persons with dementia: An exploratory case study in Japan

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## 16. Identifying core concepts in clinical nursing

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**Background:** The research network *Nursing of the Future* seeks to develop a coherent knowledgebase for nursing in the 21<sup>st</sup> century. As society changes so does nursing. Changes in demographics, expanding technological development, and more outpatient treatment increases the complexity of nursing. Nursing is influenced by the logics of Neoliberalism and New Public Management and its focus on checklists, standardization and guidelines. Meanwhile, patients request involvement, holism and care. A strong research based anchoring of the knowledgebase of nursing can therefore be seen as a necessity to meet the challenges of an ever evolving healthcare system and the subsequent evolving needs of future patients and relatives.

**Aim:** To explore how clinical nurses talk about and describe nursing and nursing care. This with the aim of identifying core concepts, that can describe the essence of nursing and nursing care and thereby assist in developing a coherent knowledgebase for nursing in the 21<sup>st</sup> century.

**Method:** Three group interviews were conducted in two clinical settings. The interviews were analyzed using Kvale & Brinkman's analysis method as well as collaborative data analysis involving clinical nurses. Lastly, possible core concept were identified.

**Results:** We identified three paradoxes in clinical nursing that point toward parts of the core of nursing. *Relational time versus system time, seeing the patient versus algorithms and clinical assessment versus clinical guidelines.*

**Conclusion and implication for caring in a changing world:** This study identified three paradoxes in clinical nursing that exemplify two opposing positions. On one side, what Delmar describes as the good, the wise and the right nursing and on the other side, New Public Management and its logics. To meet the care need of patients and relatives in a changing world, the knowledgebase of nursing has to root itself in a caring philosophy which centers on the person 'behind the patient'.

## 17. Perspectives on person-centred care in nursing homes – an interview study

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**Background:** The number of people with dementia has increased in Norway and those who can no longer live in their own homes are being cared for in nursing homes. In the National Professional Guidelines, person-centred care is considered the ideal approach for people with dementia. A requirement is that health care personnel must have good knowledge to ensure a dignified, safe and meaningful living for the patients. Kitwood's theory of person-centred care and Eriksson's caritative caring philosophy form the theoretical perspective of this study.

**Purpose:** The aim was to investigate health professionals' understanding of person-centred care in nursing homes and what promotes and/or limits such an approach.

**Method:** This study had a hermeneutic approach according to Gadamer. Data was collected by focus group interviews at three different nursing homes. The research persons were healthcare personnel, women (n = 9) and one man (n=1). Ethical guidelines have been carefully followed during the process and approved by NSD (ID 164833).

**Findings:** The study findings are presented in three main themes as how the research persons understand person-centred care and factors that promote or inhibit person-centred care.

**Conclusion:** The research persons have an understanding of the phenomenon person-centred care although the concept is not commonly used. However on the organisational level, in the nursing homes, there seems to be a lack of a knowledge and understanding of how to work systematically with person-centred care. The leadership play a crucial role in creating such conditions that facilitate person-centred care.

**Implication for caring in a changing world:** This study shows that increased knowledge and shared values in the work environment are a prerequisite to person-centred care. A caring work-environment contributes to person-centred care, affecting healthcare professionals' attitudes, improving the quality of care for persons with dementia.

## 18. Interactive communication for children in healthcare

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**Background:** In 2020 the Convention on the Rights of the Child became a law in Sweden, including article 12 in which children's rights to express their opinions and participate in issues concerning them, are stated. According to research, children want to receive information on their treatments, participate in healthcare situations and have a possibility to influence in decision-making. Health care professionals can facilitate children's participation in healthcare through interactive and innovative technical applications together with child-centered care, with the child seen as a full participant in the situations. Game-like mechanics and aesthetics can motivate action, promote learning and solving problems. Through animations, self-learning is made possible also for young children interacting with the tool at their own pace. Guiding the child in the process enables observation of non-verbal communication. The situational approach allows healthcare professionals to detect when the child needs more support.

**Aim:** Aim of the doctoral project is to investigate 3-5-year-old children's participation in healthcare from the child's perspective when using interactive technical applications.

**Method:** This doctoral project uses a simulation of primary healthcare situations as the basis for an observation study. The simulated situation and role reversal allows children to express their opinions when playing the roles of healthcare professional and parent.

**Results:** Exploring children's responses and their understanding of the situation gained from the simulation interaction can reveal their perspective of the participation.

**Conclusion:** Facilitating children's participation in healthcare contributes to improved interaction between healthcare professionals and children. Examining the user experience and functionality of the tools can further develop requirement refinement leading to more effective interactive applications.

**Implication for caring in a changing world:** The project could provide insight in how healthcare professionals can promote children's participation in everyday healthcare situations through the utilization of interactive and innovative communication tools, and improve their care.



## 19. Let's work together- A qualitative study investigating ambulance personnel's perceptions of person-centred ambulance care (PCAC) in Sweden

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**Background:** Health care in Sweden is going through a reform aiming to good quality, local health care. Person-centred care (PCC) is a central part in this reform, which also include the ambulance services. However, PCC lacks a clear definition and how it can be applied in different care setting, including the ambulance care. The lack of clarity complicates PCC operationalization and implementation into practice.

**Aim:** This study aimed to investigate how ambulance personnel perceive PCC and its application in ambulance care.

**Methods:** A qualitative interview study was performed. Selected clinical personnel in the ambulance service participated in an intervention aimed at preparing them for facilitating implementation of PCC in ambulance care. The intervention consisted of lectures, support, and discussions about PCC and its implementation. Data was collected by focus group discussions and individual interviews with the nurses serving as facilitators. The interviews were transcribed verbatim and analysed through qualitative content analysis.

**Result:** PCAC was perceived as diffuse and difficult to define. However, to be able to work person-centred in the ambulance care, the ambulance personnel needed to establish a relation with the patient and try to understand and reflect about patients' individual differences and unique situation. Furthermore, to achieve this the ambulance personnel could use information from the surrounding environment, patients' signs, the verbal narrative, symptoms, and significant others' narratives. The information could then be used to tailor proposals for action and planning.

**Conclusion:** Even though PCAC was perceived as something diffuse, establishing a relationship with the patient to promote PCAC was seen necessary to complement the medical approach.

**Implications for caring in a changing world:** An understanding of PCAC can provide increased opportunities for the implementation of PCC into the ambulance service, as part of the transition to good quality, local healthcare.

## 20. Maintaining the core of health in a changing world

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**Background:** Eriksson's ontological health models indicate health as a movement between doing, being, and becoming. In times of rapid changes, there is a need for human beings and health care to understand health as becoming and maintaining the core of health. This research takes its starting point from wondering if renunciation is a way for man to find his inner core and as something performative.

**Aim:** To gain a deeper understanding of the meaning of renunciation for finding the core of health.

**Methods:** The study is a qualitative study with a hermeneutic approach. The research materials consist of four sub-studies. Three empirical studies were conducted as in-depth interviews with eight persons who have chosen to make life changes, seven persons with various forms of life suffering related to severe illnesses, and eight persons who had chosen a life in a monastery. Additionally, four books by the philosopher Simone Weil were analyzed. Methods of analysis used were thematic analysis, qualitative content analysis, and hermeneutic reading.

**Results:** The result shows that renunciation creates a void that opens for a movement between the paradoxes in life, between suffering and health, vulnerability and closeness, relationship, and loneliness. In the void, there is also the opportunity for reflection. Reflection is essential for the human experience of health as it clarifies her ethos and values. In the void, man also experiences his own nakedness and vulnerability, which opens him up to close relations with others.

**Conclusion and implementation:** By renouncing man can find the core in health and thereby keep health in times of change. The dialectical understanding of health includes the need for a void for health. The new understanding gives us an opportunity to develop health promotion and health care in a changing world.

## 21. Caring for patients' enrolment in cardiac rehabilitation

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**Background:** For patients suffering from heart disease their participation in cardiac rehabilitation (CR) provides an opportunity to learn how to find a new foothold in life. However, many patients never enroll. Cardiac patients' enrolment in CR is encouraged by face-to-face communication during hospitalization. In a changing world with increasingly short hospital stays little is known about caring to encourage patients' enrolment in CR.

**Aim:** To map and evaluate the content and characteristics of studies reporting on face-to-face interventions to encourage enrolment in cardiac rehabilitation.

**Method:** A published scoping review protocol guided by the Joanna Briggs Institute Methodology described the search strategy, the identification, and the analysis of peer reviewed studies on face-to-face intervention to encourage enrolment in CR. Data were analyzed using a narrative synthesis.

**Results:** 10/3507 studies were included. Five randomized studies reported on a total of 547 participants; two cohort studies reported on 3288 participants. Four studies describing and evaluating development of behavior change strategies referred to a specific theory. Most studies targeted patient education, while two studies addressed patients' individual needs. Contextual factors influencing outcome generation were rarely evaluated.

**Conclusion:** Studies investigating face-to-face interventions in a hospital setting to encourage cardiac patients' enrolment in CR are lacking. Education is an important intervention component, however, if considerations are lacking on how to meet patients' needs interventions may become overly paternalistic. Organizational structures and the setting of cardiac care units vary and change; knowledge on contextual factors influencing implementation and outcome generation is called for.

**Implications:** Future research on face-to-face interventions to encourage enrolment in CR can benefit from the use of program theory and process evaluation to understand what works, under which circumstances, and how change is brought about including the interplay of mechanism and context. Person-centered approaches need to be addressed.

## 22. Child-centered care – Children’s experience of being involved in the caring and treatment in a changing world.

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**Background:** In the pediatric field, family-centered nursing has been the guiding approach in decades. Attention has been paid to children's rights and the importance of including them in caring. Therefore, the approach of child-centered care has got more focus in the pediatric field and research and gained momentum in the 21st century. Studies show that children can feel talked above their heads, meaning professionals only speak to the parents with focus on a family-centered approach. Child-centered care places children and their interests in the center of the care and treatment, and involves inclusion of children as participants in caring and decision-making.

**Aim:** To identify children’s experience of being involved in their treatment and care in hospital. The overall aim is to improve the caring of hospitalized children and as well their experience of the caring and treatment.

**Method:** Systematic literature search using the method of Critically Appraised Topic (CAT). Based on a critical appraisal, three qualitative studies were included to identify children’s experience of being involved in their treatment and care in hospital.

**Results:** Children appreciate when the professionals are speaking directly to them in a language they understand, rather than being informed through their parents. Being involved in the decision-making can be associated with fear and anxiety if they are poorly informed. However, they want to be involved in the decisions about their treatment and care, because the experiences of their treatment and care gets more satisfying.

**Conclusion:** Involvement in caring and treatment improves the children’s experience. They are more satisfied when they are involved in decisions but poor involvement can lead to fear and anxiety.

**Implication for caring in a changing world:** The caring of children must follow the changed view of children as independent humans and should be active participants in the course of their disease.

## 23. Changes in Mental Health and Views on Communication and Activities of Public Institutions among Swedes during the COVID-19 Pandemic—A Cross-Sectional Repeated Measures Design

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**Background:** Although many studies have been conducted on the effects of COVID-19 on individual lives, only a few focus on the changes in mental health and views of public institutions during the pandemic.

**Aim:** This study aimed to investigate how mental health, i.e., life satisfaction, worries, and psychological distress, and views on public institutions' communication and activities have changed among Swedes during the COVID-19 pandemic, and whether this was moderated by age and sex.

**Method:** In April–May 2020 (survey 1) and in January–February 2021 (survey 2), 2554 adults and 1904 newly recruited adults, respectively, anonymously completed online surveys.

**Results:** We found that life satisfaction and psychological distress did not change from survey 1 to survey 2. However, the level of worries increased, and the positive views of the public institutions decreased. Moreover, worries and psychological distress increased more in young adults than older adults. Finally, the change in the views of the public institutions was not related to the change in worries.

**Conclusion:** Our results highlight the COVID-19 long-term impacts on individual mental health and call for the need for future research concerning the consequences for the population, especially among young adults.

**Implication for caring in a changing world:** The results indicate that the views on activities of public authorities decreased over time, especially among men. Given that loss of this trust can have vastly negative effects, for instance, on the vaccine campaign, it is important to monitor this trend, to increase awareness among Swedish authorities. The results also stress for institutions to provide adequate support both during the COVID-19 pandemic and in a future crisis.

## 24. Women's experiences of living with chronic obstructive pulmonary disease stage III or IV. A qualitative study

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**Background:** A common long-term illness in Sweden is chronic obstructive pulmonary disease. Women living with the illness have an increasing disease burden. Everyday life is heavily impacted due to the women's bodily restrictions' foremost breathlessness, and fear of infections. Fear lead to isolation and thereby a shrinking life. The digital paradigm shift in our society has changed the way we communicate, socialize and work.

**Aim:** To describe the experiences of women living with chronic obstructive pulmonary disease stage III or IV.

**Method:** The study has a qualitative descriptive design. Individual semi-structured interviews were performed with a purposive sample of 15 women diagnosed with chronic obstructive pulmonary disease stage III or IV. The interview texts were analyzed with qualitative thematic content analysis. This study was approved by the Swedish Ethical Review Authority.

**Findings:** The findings are presented in one theme, stabilizing an ever-present breathlessness by restoring strength, and three categories; managing a restricted everyday life as an expert of their illness, being afraid of contracting infections leading to suffocation and suffering, importance of continuous help and support from significant others and digital media. Women were helped to manage and adapt to their limited abilities and energy by detailed planning, and good knowledge of their breathing and body. Women were afraid of contracting life-threatening infections, especially COVID-19. Fear led to self-isolation, digital media were described as an important means of communication. Women lacked continuity, participation, and support from healthcare professionals.

**Conclusion:** Women with chronic obstructive pulmonary disease stage III or IV lived an everyday life highly impacted by their illness. The use of digital care could alleviate suffering for women with COPD stage III or IV enabling safe, accessible, and individual support. By gaining understanding of the needs of women with COPD and everyday challenges, health and well-being can be better supported.

## 25. Promoting a Caring Culture in Nursing Homes - middle managers' perspective

Authors: Diako Morvati & Yvonne Hilli

## Poster presentations on-line

### 26. Lived experiences of the onset of sepsis

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**Background:** Ambulance clinicians are often the first caregivers to encounter patients suffering from sepsis. Being able to make an early correct assessment can be crucial for the patient's prognosis and for relieving suffering. In prehospital emergency care, assessments are made through decision support, which is primarily based on vital parameters and biomarkers for suspecting sepsis, and the patient's own descriptions have been disregarded. However, it is difficult to identify patients with sepsis at an early stage as vital signs and biomarkers often tend to be normal. Given these difficulties, it is partly important to create knowledge about the patient's symptoms and partly how the patient is perceived by significant others. Hence, their lived experiences about the onset of sepsis could gain a deeper understanding about subjective symptoms and signs of sepsis, as well as an understanding of how these can be used by ambulance clinicians in a caring assessment.

**Aim:** To explore the onset of sepsis based on patients' and significant others' lived experiences.

**Method:** This is a qualitative study with individual and dyadic semistructured interviews with adult patients and significant others. A total of 30 informants participated. The interviews were analyzed with thematic analysis based on a descriptive phenomenology.

**Results:** The preliminary results indicate: 1) A sudden onset, 2) Symptoms not recognized from previous experience and 3) A seriousness that is not understood.

**Conclusion:** Sepsis is a complex condition that resemble other diseases. To carry out a correct assessment in a prehospital setting and early stage, the stories of patients and significant others are important to understand the difficult-to-interpret picture of a potentially life-threatening condition.

**Implication:** Patients' and significant others' experiences of symptoms and signs could contribute to the initial assessment of sepsis, which in turn could lead to improved prehospital emergency care of patients suffering from sepsis.



## 27. Telephone nurses' strategies for managing callers affected by mental illness: a descriptive qualitative study

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Telephone triage and advice nursing (henceforth 'telenursing') is a complex part of health care and places great demands on the telenurses' knowledge and skills. Encountering patients affected by mental illness in telephone counselling can be experienced as demanding for the telenurses, due to the patients' presentation of sometimes diffuse symptoms, experiences of lack of adequate help, time-consuming encounters, and the limitations of computerized decision support systems. Little focus has been placed on how telenurses manage calls that relate to those affected by mental illness

This study **aimed** to illuminate experiences of telenurses' strategies for managing calls with patients affected by mental illness in primary health care.

A descriptive qualitative study. Semi-structured individual interviews were conducted with eleven telenurses and the analysis followed Graneheim and Lundman's (2004) description of inductive content analysis.

The **results** show that the telenurses use internal and external resources and different strategies to manage negative and positive situations during the calls. The analysis revealed three categories, labelled as: "find a solution in time and for the long-term perspective", "being emotionally engaged and affected", and "to avoid and be distracted".

A **conclusion** is that it requires the telenurses to be adaptable with the patient as well as within the call situation and the conditions within the health care organization to manage calls with patients affected by mental illness.

**Implications for caring in a changing world:** Our results strengthen that telenurses who manage calls with patients affected by mental illness need space for reflection, to support each other as well as to increase their knowledge and competencies. Furthermore, it seems essential that collaboration with other care-givers needs to be discussed and developed within the health care organization as part of supporting telenurses to manage calls with patients affected by mental illness.

28. "It's a bit like the child wants to test if I am someone who listens and someone to trust" -School nurses' experience of identifying students who are exposed to violence.

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**Background:** Violence against children is a human rights problem with severe and lifelong consequences for the child and for society. Research shows a strong association between children's exposure to violence and psychosomatic symptoms and poor mental health in adolescence. Early intervention to identify violence against children is essential in preventing children from growing up in a hazardous environment, and reducing the risk of children developing health problems as a result of violence.

**Aim:** To illuminate school nurses experiences of identifying students who have been exposed to violence.

**Method:** A descriptive qualitative design was used and fourteen qualitative interviews with school nurses were analyzed, focusing on illuminating the meanings embodied in lived experiences.

**Results:** The result illuminates four themes: Opportunity in the health conversation, necessity to create and prove trustworthiness, cooperation with other professionals, and awareness of factors that could complicate reporting exposure to violence.

**Conclusion:** The school nurse has an important role in the identification of students exposed to violence. It is important that school nurses have an open approach and are systematic in the health conversation and using questions about violence, to create opportunities for students to converse about their living conditions.

**Implications for caring in a changing world:** School nurses must be prepared to and dare to talk about violence in their everyday work. To give questions about violence high priority in school, is important. Children's right for protection and support can be jeopardized when the school nurse hesitates to talk about and ask question about violence. The responsibility for deciding whether or not to ask questions about violence should not be placed on the individual school nurse's assessment.

## 29. Reasons for loneliness amongst adolescents and young adults: A narrative literature review

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### 30. Using rocking chairs and virtual reality in the care of people with dementia

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**Background:** More than 90% of people with dementia (PwD) develop behavioral and psychological symptoms of dementia (BPSD). First-line care strategies in dementia care should consider the PwD's unique requirements in a combination of non-pharmacological and pharmacological interventions.

**Aim:** To evaluate the use of electrically powered rocking chairs, and virtual reality in the care of PwD with regards to BPSD and quality of life, and to describe the care staff's experiences of feasibility and usability of non-pharmacological interventions in the care for PwD in a nursing home setting.

**Method:** Two separate single-case studies, performed in one nursing home with one year apart. Six PwD in three care units used the Wellness Nordic Relax®Chair five times a week for eight weeks. Ten PwD in four care units used virtual reality twice a week for eight weeks. The rocking chairs have with built-in music and tactile stimulation. A rocking chair was placed in each care unit and privacy was assured by using shields. The virtual reality sessions took place in assigned rooms, 100–200 meters from the care units, and the PwD chose one to three short films. Quantitative and qualitative data were collected pre-, during, and post-intervention.

**Results:** There were decreased BPSD and increased quality of life upon using the rocking chair. There were no differences in BPSD or quality of life upon using virtual reality. However, it provided the PwD with short-term enjoyment, heightened alertness, and increased reminiscence.

**Conclusion and Implications for caring in a changing world:** The use of rocking chairs and virtual reality was feasible, usable, and non-labour-intensive for the care staff and may thus serve as non-pharmacological management techniques in the care for PwD in nursing homes.

## 31. A scoping review about robotic medication assistance in home care

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**Background:** As part of caring in a changing world, using technologies such as assistive/welfare technology is crucial to meet the demands of the increasing population of older persons in need of care<sup>1</sup>. As part of this process some Nordic communities have implemented robotic medication assistance in home care.

**Aim and Method:** This scoping review according to Arksey and O'Malley (2005)<sup>2</sup> aimed to compile existing research regarding patients', families' and health care professionals' experiences of robotic medication assistance in home care.

**Results:** The following themes was extracted from the result of 16 scientific papers; *Identify the need of and to get started with a medication robot, To use a robot in the everyday life, To be reminded to take medication, To feel independent, Increased adherence, To trust a robot and The robots take over the work of healthcare professionals.*

**Conclusion:** Medication robots is a way to simplify homecare and relieve workload for healthcare professionals. It can increase independence and safety for the patients. In general, the attitudes towards medication robots in home care are positive, but more research is needed to gain in-depth knowledge about the short- and long-term effects of the use of medication robots in home care.

**Implications for caring in a changing world:** The use of medication robots and other assistive technology is inevitable, but it is vital to closely follow and study the implementation and user processes so that the benefits are strengthened and the disadvantages are managed wisely.

<sup>1</sup>Andersson, A., Estling, E. & Midbøe, L. (2019) Vad är hemsjukvård? I Ekstedt, M & Flink, M. (red.). Hemsjukvård – olika perspektiv på trygg och säker vård. Liber AB: Stockholm

<sup>2</sup>Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice*, 8(1), 19-32.  
doi:10.1080/1364557032000119616

## 32. Creation of community arts activities for health and wellbeing; learning from an evaluation study

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**Background:** Caring is occurring in new ways, for example through ‘social prescription’ in the UK. Social prescription intends to improve the health and wellbeing of people with long term conditions by enabling them to participate in non-clinical community activities. This conference recognises our “need to keep caring as a constant and understand how best health care practitioners can achieve this”. However, not all socially prescribed activities are delivered by health care practitioners. Here we consider three community arts activities delivered by dance practitioners (dance for people with Parkinson’s) and art teachers (art for people experiencing mild to moderate memory loss and art sessions for parents experiencing challenges). Although designed as community art fora, sessions accounted for the possible vulnerabilities of attendees and so our learning potentially applies to the context of social prescription.

**Aim:** Overall, to evaluate arts activities designed to assist groups of potentially vulnerable people to manage their circumstances and improve their lives.

**Method:** A participatory approach was used including collection of qualitative data across the projects from group members engaging in the art activities, people who accompanied them, the artists who facilitated sessions and, in the case of the dancing, volunteers who assisted.

**Results:** Preliminary analysis of the data across the three art projects suggests that common and important factors leading to the art and dance sessions’ success include the qualities of the teachers and the environments they created.

**Conclusion:** The evaluation offers insight into factors leading to successful community arts-based activities for health and wellbeing.

**Implications for caring in a changing world:** The qualities of the teachers and the environments they create appear to be important factors in the delivery of successful community activities for potentially vulnerable people and this learning can inform the social prescription agenda.

### 33. The impact of the COVID-19 pandemic on Swedes' physical activity and sedentary behavior

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**Background:** Despite the proven health benefits of physical activity (PA), more than a quarter of the world's adult population is insufficiently physically active, which increases the risk of diseases and premature death. During the COVID-19 pandemic governments have implemented enforced measures to limit the spread of the virus, which could affect people's PA.

**Aim:** This study aimed to examine changes in PA levels, types of PA, and sedentary behavior in the Swedish population before and during the COVID-19 pandemic. Associations between demographical and behavioral determinants, and changes in PA were also investigated.

**Method:** In December 2020, 1,035 individuals (18-79 y) completed a survey about PA and sedentary behavior, at present and before the pandemic. Factors influencing their PA were also explored.

**Results:** Fifty-one percent of the sample reduced total PA, 18% had no change and 31% increased PA. Overall, organized PA, for example at fitness centers and sport training, decreased the most, and sedentary behavior increased. The youngest and the oldest age groups reported the greatest reduction of PA, while the middle age groups reported the most increased PA. Mental and physical capability was associated with PA change.

**Conclusion:** During the pandemic, most of the Swedish population have decreased PA levels with a concurrent increase in sedentary behavior. This may have both a short- and long-term negative health impact on individuals' and populations' health.

**Implications for caring in a changing world:** As physical inactivity already is a global public health problem during non-pandemic circumstances this study's findings call for further actions during and after the pandemic to support people in maintaining or increasing daily PA and decreasing sedentary behavior. Interventions in health care are recommended to strengthen peoples' ability to perform PA, focus on the youngest and oldest age groups, and be applied on an individual basis as well as in organizational contexts.