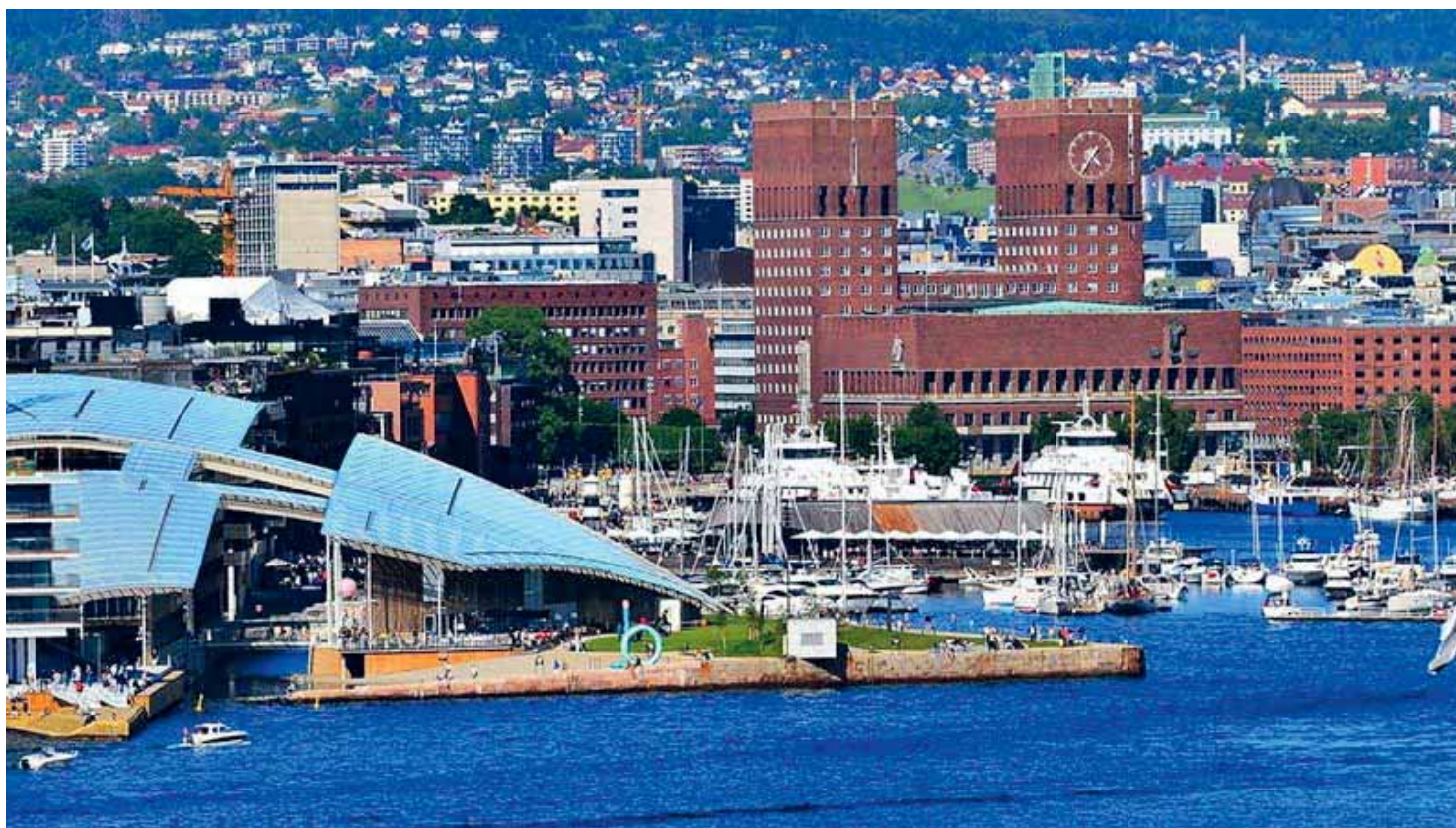




Nordic Conference in
Nursing Research
Methods and Networks for the future

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PROGRAMME - ABSTRACTS



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33. Learning from programme theory : Innovative practices emerging from the field of participatory research

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Background: It is known in public health and population health research that a program theory should guide the development of interventions, their implementation and evaluation. However, complex community interventions highlights a significant challenge in defining this theory and, incidentally, the evaluation based on it; the participatory process and the nature of complex systems can lead to significant changes in program directions.

Objective: Build on the case of a program reinforcing local capacity for action on the upstream social determinants of health, we examine how the implementation of a program can inform this theory.

Method: We base this research on the participative program developed in Redon (Brittany, France) between 2010 and 2014. The framework of the realistic evaluation as defined by Pawson & Tilley was used for data analysis. The collection strategy was based on Carspecken's critical ethnography approach using realistic interviews (n = 12), observations of meetings (n = 6) with field notes and a focus group.

Results: The initial theory became insufficient to capture all the activities and resources carried out to generate the results of the intervention nested into a complex system. Its mechanisms are essential, but not sufficient. The co-reformulation of theory is key to generating synergy between partners.

35. Individuality in the nursing care- how to measure?

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Background: The Common Health Fund presented result from an international survey in which health care in 11 developed countries was compared. Patients' experiences with health care were considerably lower for Swedish population.

Objective: Person-centered care (PCV) focuses on patient participation and that each person's care is planned and

shaped jointly by health care professionals, the patients and the patient's loved ones. The aim was to study how individualized care is from the patients and nurses perspectives.

Method: Baseline assessment of patients and nursing staff was performed by The Individualized Care Scale (ICS) before first introducing and implementing PCV at the in-patient care. ISC captures aspects of care relevant to PCV. It consists of two parts, A; how patients perceive that nursing intervention supports individuality and B; patients' perceptions of individualized nursing care. A corresponding instrument for nursing staff, the ICS-Nurse evaluates how nurses rate to what degree they support their patients' individuality (A) and the maintenance of individuality in the nursing care they provide (B) (Suhonen et al. 2010).

Total 405 questionnaires were distributed to patients before they were discharged from medical and surgical ward. Total 220 questionnaires were distributed for all nursing staff.

Results: The response rate for patients was 73% (n=296) and 67% (n=147) for nursing staff. Mean scale scores for patients and nursing staff ICS part A and B differed in total scale and in all subscales.

34. Early assessment and identification of posttraumatic stress disorder, satisfaction with appearance and coping in patients with burns

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Background: The first year after severe burn is a psychologically challenging period for the patient. Patients may still struggle with burn-related physical and psychological problems such as posttraumatic stress disorder (PTSD) and body image dissatisfaction (BID).

Objective: This study investigates the presence of PTSD and BID, at 3, 6 and 12 months after discharge for early identification of patients in need of focused support during rehabilitation.

Method: Fifty-two adult patients with different degrees of burns were followed up the 12 months after discharge and 36 patients completed all assessment points. A