



Abstractbook

Advances in Health Care Sciences Conference 2017
Doctoral School in Health Care Sciences
Stockholm, November 15 & 16



**Karolinska
Institutet**

Schedule poster session 1 Wednesday Nov 15, 10.20 – 11.55

	ROOM 111	ROOM 112	ROOM 101	ROOM 102
MODERATOR:	MARIA FLINK	ZARINA KABIR	CLAUDIA LAMPIC	HANNE KAAE KRISTENSEN
10.20 – 10.35	1. OLDER PEOPLE'S EXPERIENCES OF WHAT INFLUENCES THEIR VITALITY – A STUDY OF 65- AND 75-YEAR-OLDS IN FINLAND AND SWEDEN <i>Söderbacka,, T.</i>	6. ASSESSMENT OF PSYCHOLOGICAL AND BIOCHEMICAL PARAMETERS OF OCCUPATIONAL EXPOSURE TO STRESS AMONG NURSES <i>Domagala, P.</i>	11. (SENSORY) WORKSHOPS AS A METHOD FOR DATA COLLECTION IN A NURSING HOME <i>Palmgren, M.</i>	16. PERSONAL CARE ASSISTANTS' EXPERIENCES OF CARING FOR PEOPLE WITH HOME MECHANICAL VENTILATION <i>Israelsson-Skogsberg, Å.</i>
10.40 – 10.55	2. ADVANCE CARE PLANNING IN CARE-DEPENDENT COMMUNITY-DWELLING OLDER PERSONS – OUTLINE OF A CLUSTER-RANDOMISED TRIAL. <i>Silies K.</i>	7. INTER-HOSPITAL TRANSFERS IN INTENSIVE CARE - OBSERVATIONAL RESEARCH ON THE MOVE IN HIGH-TECH CONTEXTS AND PRELIMINARY RESULTS <i>Karlsson, J.</i>	12. SLEEP DISTURBANCES IN NURSING HOME RESIDENTS WITH DEMENTIA: PREVALENCE AND CHALLENGES <i>Wilfing, D.</i>	17. EVALUATION OF NURSE PRACTITIONER CLINICS – A CASE STUDY IN FINNISH PRIMARY HEALTH CARE <i>Wisur-Hokkanen, C.</i>
11.00 – 11.15	3. WHAT EXPERIENCES DO OLDER PEOPLE WITH COGNITIVE IMPAIRMENT HAVE FROM USING EHEALTH? – AN INTERVIEW STUDY <i>Pettersson, E.</i>	8. NURSE MANAGERS' ROLE IN DAILY UNIT OPERATION IN PERIOPERATIVE SETTINGS <i>Siirala, E.</i>	13. ENABLING AT-HOMENESS FOR RESIDENTS LIVING IN A NURSING HOME: REFLECTED EXPERIENCES OF NURSING HOME STAFF <i>Saarnio, L. - CANCELLED</i>	18. CAREGIVER EXPERIENCE, HEALTH-RELATED QUALITY OF LIFE AND LIFE SATISFACTION IN INFORMAL CAREGIVERS TO PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS) <i>Sandstedt, P.</i>
11.20 – 11.35	4. THE CHALLENGE TO UPHOLD THE RESOURCES OF FRAIL OLDER PERSONS AT THE FRONTSTAGE <i>Mondaca M. - cancelled</i>	9. WORKING IN AN EVIDENCE-BASED DESIGNED ICU PATIENT ROOM – NURSING STAFF'S EXPERIENCES <i>Sundberg, F.</i>	14. HEALTH TEAM FOR THE ELDERLY – A FEASIBILITY STUDY FOR PREVENTIVE HOME VISITS <i>Fjell, A.</i>	19. SWE-ACP: RESULTS OF A FEASIBILITY STUDY INTRODUCING CONVERSATION-BASED ADVANCE CARE PLANNING IN THE ACP-NAÏVE SWEDISH CONTEXT <i>Henriksson, M.</i>
11.40 – 11.55	5. THE NECESSITY FOR SUSTAINABLE INTERVENTION EFFECTS IN DEMENTIA CARE: RESULTS OF AN MHEALTH INTERVENTION BASED ON THE EXPERIENCE SAMPLING METHOD <i>Bartels S.</i>	10. NOVICE NURSES PERCEPTIONS OF ACUTE SITUATIONS - BORN TO RUN OR A THUNDER ROAD? <i>Sterner, A.</i>	15. HOME CARE AS EXPERIENCED <i>Jarling, A.</i>	20. EXPLORING GENERAL PRACTITIONERS' THOUGHTS AND EXPERIENCES OF CARE MANAGERS FOR PATIENTS WITH DEPRESSION. A QUALITATIVE STUDY. <i>af Winklerfelt Hammarberg, S.</i>

Schedule poster session 2 Wednesday, Nov 15, 13.15 – 14.30

	ROOM 111	ROOM 112	ROOM 101	ROOM 102
MODERATOR:	HELENA LINDGREN	SVERKER JOHANSSON	CHRISTINA OPAVA	IDA GOLIATH
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13.35 – 13.50	22. PARENTHOOD AND PARENTAL SUPPORT IN FAMILIES WITH TWO MOTHERS – A GROUNDED THEORY STUDY <i>Appelgren Engström, H.</i>	26. PATIENTS' INFORMATION NEEDS BEFORE AND AFTER DIGESTIVE TRACT SURGERY <i>Gedrime, L.</i>	30. IMPROVING PAIN MANAGEMENT OF NONCOMMUNICATIVE PATIENTS - DEVELOPMENT OF SMART PAIN ASSESSMENT TOOL BASED ON INTERNET OF THINGS <i>Mieronkoski, R.</i>	34. INTERNET-BASED EXPOSURE THERAPY FOR FIBROMYALGIA – A RANDOMIZED CONTROLLED TRIAL. <i>Lagerlöf, M.</i>
13.55 – 14.10	23. PARENTING STRESS AND ITS ASSOCIATION WITH PERCEIVED AGREEMENT ABOUT DISCLOSURE IN PARENTS FOLLOWING DONOR CONCEPTION. <i>Gebhardt, A.</i>	27. AS IF NECK INJURIES DID NOT EXIST: PERCEPTIONS OF ONLINE INFORMATION ON WHIPLASH INJURIES <i>Bernhoff, G.</i>	31. "I KNOW WHAT I WANT BUT I'M NOT SURE HOW TO GET IT"- EXPECTATIONS OF PHYSIOTHERAPY TREATMENT OF PERSONS WITH PERSISTENT PAIN <i>Calner, T.</i>	35. FEASIBILITY OF AN INTERACTIVE SMARTPHONE APP FOR EARLY ASSESSMENT AND MANAGEMENT OF SYMPTOMS FOLLOWING PANCREATICODUODENECTOMY <i>Gustavell, T.</i>
14.15 – 14.30	24. WHAT IS LEARNT FROM MINDFULNESS BASED CHILDBIRTH AND PARENTING – PARTICIPANTS' EXPERIENCES <i>Lönnberg, G.</i>	28. VULNERABILITY IN EVERYDAY LIFE WITH RHEUMATOID ARTHRITIS. PATIENTS' PERCEPTION OF ILLNESS, TREATMENT, SEXUALITY AND SOCIAL LIFE. A MIXED METHOD STUDY. <i>Bay, L T.</i>	32. TRANSLATION AND CULTURAL ADAPTATION OF THE ILLNESS INVALIDATION INVENTORY FOR USE IN SWEDEN. <i>Järemo, P. - CANCELLED</i>	36. DESCRIPTION OF PATIENTS' USE AND EXPERIENCE OF THE APP INTERAKTOR DURING TREATMENT FOR BREAST OR PROSTATE CANCER <i>Crafoord, M-T.</i>

Schedule poster session 3 Thursday, Nov 16, 9.00 – 10.35

	ROOM 111	ROOM 112	ROOM 101	ROOM 102
MODERATOR:	LENA WETTERGREN	ANNA AXELIN	CHARLOTTE YTTERBERG	LISBETH ROSENBÆK MINET
9.00 – 9.15	37. FEASIBILITY OF A SELF-HELP WEB-BASED INTERVENTION TARGETING YOUNG CANCER PATIENTS WITH SEXUAL PROBLEMS AND FERTILITY DISTRESS <i>Micaux OboL, C.</i>	42. POSITIVE ENCOUNTERS WITH HEALTHCARE AMONG WOMEN SICKNESS ABSENT WITH BREAST CANCER OR OTHER DIAGNOSES <i>Söderman, M.</i>	47. SINGLE-LEG SQUAT A SYSTEMATIC REVIEW OF INTRA- AND INTER-RATER RELIABILITY <i>Ressman, J.</i>	52. DISCREPANCY BETWEEN CLIENTS' NEEDS AND SYSTEM NEEDS – A TRANSLATION PROCESS <i>Larsen, S M.</i>
9.20 – 9.35	38. EFFECTS OF A BEHAVIORAL TREATMENT OF ADOLESCENT INSOMNIA ON COMORBID PSYCHIATRIC DISORDERS AD PAIN: A PILOT STUDY <i>Åslund, L.</i>	43. RETURN TO WORK AFTER SPINAL CORD INJURY: EXPERIENCES SHARED FROM A MULTIPLE STAKEHOLDER PERSPECTIVE <i>Holmlund, L.</i>	48. DEVELOPMENT OF A NOVEL EXERCISE INTERVENTION AS PART OF REHABILITATION IN GLIOBLASTOMA MULTIFORME SURVIVORS <i>Hansen, A.</i>	53. ENHANCED MOBILISATION AFTER ABDOMINAL SURGERY DUE TO CANCER, BY SELF-MONITORING AND FEEDBACK – THE ABD MORRE STUDY <i>Porserud, A</i>
9.40 – 9.55	39. REACHING FINNISH SEXUAL MINORITY YOUTH: AN ONLINE QUESTIONNAIRE ABOUT EXPERIENCES WITH SECONDARY SCHOOL NURSING <i>Laiti, M.</i>	44. MEANING OF CHANGE IN WORKING LIFE AMONG PEOPLE WITH MULTIPLE SCLEROSIS <i>Forslin, M.</i>	49. IMPAIRED SHOULDER-ARM MOVEMENT AND MUSCLE FUNCTION IN UPPER AND LOWER EXTREMITY IN SYSTEMIC SCLEROSIS-PATIENTS - A CROSS-SECTIONAL COHORT STUDY <i>Pettersson, H.</i>	54. POSTOPERATIVE COMPLICATIONS IN GASTROENTEROLOGICAL SURGERY <i>Gross-Issajewicz, K.</i>
10.00 – 10.15	40. DIVERSITY IN ADOLESCENTS' SOCIAL RELATIONSHIPS DESCRIBED ON THE WEB-BASED SUPPORT SYSTEM FOR DEPRESSION <i>Anttila, K.</i>	45. BEING A CO-WORKER OR A MANAGER TO A PERSON RETURNING TO WORK AFTER STROKE: A CHALLENGE FACILITATED BY COOPERATION AND FLEXIBILITY <i>Öst Nilsson, A.</i>	50. HOW CAN THE HEALTHCARE PROMOTE PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS? <i>Hafström, A.</i>	55. IDENTIFY THE SEPTIC PATIENT IN THE PREHOSPITAL CARE <i>Olander, A.</i>
10.20 – 10.35	41. RESEARCH DESIGN - CARING AND LEARNING CONVERSATION AS SUPPORT TO YOUNG ADULTS <i>Lundvall, M</i>	46. HIGH ICT DEMANDS AND WORK AND RISK OF SLEEP DISTURBANCES – CROSS-SECTIONAL AND PROSPECTIVE OBSERVATIONS FROM THE SLOSH STUDY <i>Stadin, M.</i>	51. ADENOTONSILLECTOMY VERSUS ADENOPHARYNGOPLASTY IN CHILDREN WITH SEVERE OBSTRUCTIVE SLEEP APNEA: A RANDOMIZED CONTROLLED TRIAL. <i>Fehrm, J.</i>	56. A PATIENT CENTERED, SAFER AND MORE EFFICIENT WAY FOR PRESCRIBING WARFARIN IN PRIMARY CARE – USE OF POINT OF CARE ANALYSIS <i>Fernholm, R.</i>

Schedule poster session 4 Thursday, Nov 16, 11.00 – 11.55

	ROOM 111	ROOM 112	ROOM 101
MODERATOR:	LENA ROSENBERG	CAROLINA WANNHEDEN	HANNAKAISA NIELA-VILÉN
11.00 – 11.15	57. CAN A MOBILE COOPERATION INTERVENTION IMPROVE STUDENTS' COMPETENCE? A RANDOMIZED CONTROLLED TRIAL <i>Strandell-Laine, C.</i>	60. CHALLENGES AND POSSIBILITIES OF USING INFORMATION AND COMMUNICATION TECHNOLOGY IN MULTIDISCIPLINARY REHABILITATION AFTER STROKE – THE PROFESSIONALS' EXPERIENCES <i>Gustavsson, M.</i>	63. PERCEIVED QUALITY OF CARE TRANSITIONS BETWEEN STROKE UNIT AND THE HOME - A CROSS SECTIONAL STUDY <i>Lindblom, S.</i>
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1. OLDER PEOPLE'S EXPERIENCES OF WHAT INFLUENCES THEIR VITALITY – A STUDY OF 65- AND 75-YEAR-OLDS IN FINLAND AND SWEDEN

Söderbacka T*, ÅA, Vasa, FI; Nyström L, ÅA, Vasa, FI; Fagerström L, ÅA, Vasa, FI

AIM: The aim of the study was to explore and describe older persons' vitality and their subjective experiences of what influences their vitality, despite disease and suffering.

METHOD: The study has an explorative and descriptive design. A comprehensive questionnaire including two open-ended questions about vitality was sent to 4927 older persons aged 65 and 75, and a total of 2579 responded to the open-ended questions. Qualitative content analyses were used.

RESULTS: The results show that a safe and confirming communion, meaningful activities that give life content, external resources that provide a sense of security and an optimal state of health and an inner strength are important sources of vitality. Ageing that includes illness or a restricted life, happenings in the world and in one's close environment that threaten inner meaningfulness, and mental burdens that give rise to a feeling of hopelessness or depression decrease vitality. Vitality is an important health resource for 65- and 75-year-olds in that it influences a person's longing for life, love and meaning. Accordingly, it is of fundamental importance that Registered Nurses and other healthcare personnel strengthen older persons' vitality during the ageing process.

CONCLUSION: By taking into consideration that which positively vs. negatively affects the vitality of each unique person, healthcare personnel can strengthen each older person's health resources and attempt to minimise and limit what negatively influences person's vitality.



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2. ADVANCE CARE PLANNING IN CARE-DEPENDENT COMMUNITY-DWELLING OLDER PERSONS - OUTLINE OF A CLUSTER-RANDOMISED TRIAL

Silies K, University of Lübeck, Lübeck, Germany (on behalf of the STADPLAN study group).

BACKGROUND:

Older people appreciate the chance to communicate on future care wishes, but many do not have this opportunity. Advance Care Planning (ACP) is a process of facilitated communication about a person's wishes concerning medical treatment and care in future situations of need, when the decision or expression of one's wishes may no longer be possible.

AIMS: To evaluate an ACP-program in care dependent community-dwelling older persons, which has been proven effective in other settings and countries, compared to optimized usual care. Following the UK Medical Research Council's (MRC) guidance for developing and evaluating complex interventions, we will adapt the ACP-program "Respecting Choices".

METHODS: A cluster-randomized controlled trial of 12 months duration will be conducted in 3 German study regions. 16 home care services will be included in the intervention group and 16 in the control group (each with 30 participants; n=960). ACP will be delivered by a trained nurse facilitator within the home care service. Communication will include proxy decision makers. Primary endpoint is patient activation, operationalized by the Patient Activation Measure (PAM-13). Secondary endpoints include proportion of people with advance directives, hospitalization, quality of life as well as depression and anxiety. Costs will also be collected alongside the trial for an economic evaluation and a comprehensive process evaluation will be done.

CONCLUSIONS: This will be one of the first randomized-controlled trials on the effectiveness and costs of ACP in community-dwelling older persons and the first one in Germany. The study will start in 8/17, provide new insights about how to implement ACP in the home care setting and support further facilitation of this intervention by policy makers. First data will be presented.



3. WHAT EXPERIENCES DO OLDER PEOPLE WITH COGNITIVE IMPAIRMENT HAVE FROM USING EHEALTH? – AN INTERVIEW STUDY

Pettersson E*, Karolinska Institutet, Stockholm, Sweden; Malinowsky C, Karolinska Institutet, Stockholm, Sweden; Nygård L, Karolinska Institutet, Stockholm, Sweden; Kottorp A, Karolinska Institutet, Stockholm, Sweden.

INTRODUCTION Since healthcare is facing major challenges with fewer caregivers providing care to more clients, eHealth is expected to play a crucial role. With support of eHealth, people are expected to be more involved in their own care. The use of eHealth requires use of everyday technology such as telephones and computers which might be challenging for older people with cognitive impairment.

AIM Investigate experiences of using eHealth in contact with healthcare in older people with cognitive impairment.

METHOD In this qualitative study, with a Grounded Theory approach, nine participants recruited from primary care in Stockholm have been interviewed once each. The participants were between 65-84 years, had cognitive impairments of different origins (e.g. stroke, early/mild dementia), lived in regular homes and had ongoing contact with health care. Data collection and analysis were performed simultaneously based on constant comparative method.

PRELIMINARY RESULTS The result is visualized with a model called *eHealth staircase* with three steps showing different levels of the participants' use of everyday technology (e.g. telephones and computers) in contact with healthcare; 1) *Analogue use*, refers to the use of different phones making calls to the healthcare; 2) *One-way-use*, means using the internet for searching and reading information about e.g. health information and symptoms; 3) *Interactive use*, refers to using on-line services as e.g. booking appointments and renewing prescriptions. Most of the participants were at step 1, some at both step 1 and 2 but none at step 3. The participants location at the *eHealth staircase* were affected by several factors; *Relationship to technology, Significant others, Cognition, Habits and Care is personal.*

CONCLUSION Older people with cognitive impairments can be particularly vulnerable to changes in healthcare. They can have reduced ability to use the technology and services offered. Solutions through eHealth can therefore be a barrier for participation in their own health.



4. THE CHALLENGE TO UPHOLD THE RESOURCES OF FRAIL OLDER PERSONS AT THE FRONT STAGE

Mondaca, Margarita;Rosenberg,Lena;Josephsson,Staffan;Johansson,Karin

INTRODUCTION: Nurse assistants working in nursing homes have progressively been more involved in forming and enabling participation for frail older adults through everyday life occupations as part of their job description. Even though the nurse assistants' educational background varies, it has a clear focus on care activities and does not necessary provide sufficient knowledge about how to promote activities in everyday life. This turns problematic when the policy framework regarding health and well being for frail older adults living in nursing homes aims to uphold participation and influence over everyday life activities. **AIM:** To better understand staff members reasoning and negotiations about frail older adults' participation and influence in everyday life activities in a nursing home setting

METHODS: A participatory approach was applied, using a workshop set of 5 sessions. These workshops were tape and video recorded. Additionally, once the workshops were finished a focus group with the participants was conducted. Field notes, audio and video records were used as sources for data analysis using a Grounded Theory approach as described by Charmaz.

RESULTS: 1) Nurse assistants' motivation to engage in the promotion of a meaningful everyday life for older adults is experienced as stigmatising and taboo among their peers. 2) Practical knowledge and needs for further development about how to promote participation through everyday activities by nurse assistants has no explicit channels in this setting. 3) There is shift in boundaries of care and everyday life activities experiences as in constant adjustment and negotiation by nurse assistants. 4) A perspective that appreciates frail older adult resourcefulness is threatened to be at the front stage by remaining rigid institutional routines.

CONCLUSION: There is a need for nurse assistants to have a stable place to discuss, negotiate and ground their actions regarding the promotion of participation and influence of frail older adults in everyday life activities. It is needed to give opportunities for nurse assistants to develop practical skills regarding how to promote participation in a nursing home setting.



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5. THE NECESSITY FOR SUSTAINABLE INTERVENTION EFFECTS IN DEMENTIA CARE: RESULTS OF AN mHEALTH INTERVENTION BASED ON THE EXPERIENCE SAMPLING METHOD

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AIM: Caring for a person with dementia can be challenging over years. To support caregivers along their entire caregiver career, interventions with a sustained effectivity are needed. A novel six-week mobile health (mHealth) intervention using the experience sampling method (ESM) showed positive effects on caregivers' well-being over a period of two-months after the intervention. In this study, we examined the effects after six-months of the selfsame intervention to evaluate the sustainability of positive intervention effects.

METHODS: The six-week mHealth intervention consists of an experimental group (ESM self-monitoring and personalized feedback), a pseudo-experimental group (ESM self-monitoring without feedback) and a control group (providing regular care without ESM self-monitoring or feedback). Caregiver sense of competence, mastery and psychological complaints (depression, anxiety and perceived stress) were evaluated pre- and post-intervention as well as at two follow-up time points. The present study focuses on the six-month follow-up data (n=50).

RESULTS: Positive intervention effects on sense of competence, perceived stress and depressive symptoms were not sustained over six-month follow-up.

CONCLUSION: The benefits of this mHealth intervention for caregivers of people living with dementia were not found over a long time. Similarly, other psychosocial interventions in dementia care rarely have reported long-lasting effects. In order to sustainably contribute to caregivers' well-being, researchers and clinicians should continuously insure flexible adjustment of the intervention and consider additional features such as boost sessions. In this regard, mHealth interventions can offer ideally suited and unique opportunities.



6. ASSESSMENT OF PSYCHOLOGICAL AND BIOCHEMICAL PARAMETERS OF OCCUPATIONAL EXPOSURE TO STRESS AMONG NURSES

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Aim

The aim of the study will be the estimation of the impact of work environment in oncology units on the level of stress, anxiety, satisfaction with life, and selected blood and urine parameters among nurses.

Methods

To address the objective of the study about 90 people will be enrolled. The study group will consist of 60 nurses who work in oncology units at University Medical Center in Gdansk (Poland), the control group will consist of 30 nurses who work in primary health care. Eligible participants will be nurses with at least one year of professional experience in oncology who voluntarily express their consent to participate in the study. The study will exclude candidates with a history of hyperprolactinemia and adrenal dysfunction, pregnant and lactating women, and candidates with active phase of cancer or autoimmune diseases.

The following blood parameters will be tested: cortisol (at 8 a.m.), prolactin, aldosterone, tumor necrosis factor (TNF - α) and interleukin-6 (IL -6) levels. In addition, morning urine samples will be tested for cortisol level. In order to investigate the psychological variables a standardized questionnaire poll will be used: Inventory of State Trait Anxiety Inventory (STAI), Perceived Stress Scale (PSS-10) and the Satisfaction with Life Scale (SWLS). The collected data will be analyzed statistically using Excel and Statistica 10.

Expected results

Staff with higher levels of stress (resulting from the specific conditions of work) will have more disturbances in biochemical blood and urine parameters, which results in a higher level of anxiety, lower quality of life, lower job satisfaction - and this, in turn, may result in a lower quality of medical services thus compromising the safety for patients. Completion of the study is planned till end of September 2017.

Conclusion

It is very important to obtain reliable test results that would indicate rules of organizing and monitoring of the proper working environment of medical staff.

The findings may contribute to introducing preventive activities by occupational medicine including:

- Systematic training in stress-coping techniques,
- Extending the list of preventive examinations for employees of oncology units
- Preventing burnout.
- Reducing the amount of experienced anxiety,
- Increasing the level of satisfaction with life.



7. INTER-HOSPITAL TRANSFERS IN INTENSIVE CARE - OBSERVATIONAL RESEARCH ON THE MOVE IN HIGH- TECH CONTEXTS AND PRELIMINARY RESULTS

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BACKGROUND

There has been a marked increase in transfers of intensive care patients outside hospitals, so-called inter-hospital transfers, derived from changes in care needs or shortages in terms of intensive care beds and nurses. Transfers are high-risk, due to critical care taking place in a high-tech and mobile context. For nurses transfers can mean extraordinary high level of responsibility and stress. Patients and their families are to be considered as a vulnerable group. There is a significant lack of research focusing on the patient and their family members' unique situation within the transfer process.

AIMS

The overall aim in the doctoral project is to study the inter-hospital transfer between intensive care units, from the perspectives of the patient and their family members as well as the intensive care nurses. However, this abstract and presentation will focus on the specific aim to explore the patient's situation and perspective during transfers.

METHOD

9 intensive care unit to unit transfers carried out by ambulance were included. A purposeful sample was used with emphasis on variation among patient and transfer characteristics. This complex data collection required the researcher to follow the patient throughout the transfer, performing participant observation and video recording. This involved presence from the transfer preparations, during transport and the handover at the new unit. Data collection resulted in 8 hours of video material and field notes, which was analyzed using a hermeneutic approach.

RESULTS

Preliminary results show that the patient is in an extremely vulnerable position during transfer with high risk for discomfort, objectification and during certain phases endure exposure in public spaces. At the same time, there are tendencies to problems around the patient's body being in constant motion while at the same time fettered in a dwindling space.

CONCLUSION

Besides the preliminary results, the presentation will offer unique insights in participant observation and video recording in high-tech contexts. The presentation will further discuss pros and cons with design as well as problematize key issues and ethical considerations.



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8. NURSE MANAGERS' ROLE IN DAILY UNIT OPERATION IN PERIOPERATIVE SETTINGS

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AIM: The aim of this study was to describe the nurse managers' role in perioperative settings according to literature and job advertisements. By clarifying the nurse managers' role, it is possible to distribute the responsibilities between the professionals, develop education, and increase patient safety as well as nurses' wellbeing across the European Union countries.

METHODS: This study was twofold. It consisted of integrative review of current scientific literature and a qualitative content analysis of job advertisements across the EU countries. Five different data bases and manual search were conducted. Eight studies published between the years 2001 and 2014 were included in the final review. Network sampling was used when collecting the job advertisements. Altogether 15 job advertisements published from 2015 to 2016 were received. Data were analysed with content analysis.

RESULTS: The nurse managers' role set requirements for "nurse managers' education and experience" and "nurse managers' skills" that led to the actual role; "nurse managers' tasks". Nurse managers were expected to have skills to coordinate the daily unit operation with nurses and other professionals. In addition, nurse managers' education can be developed in order to answer to the demands of the position better currently. Our results offers themes for education of nurse managers.

CONCLUSION: By unifying nurse managers' role across the European Union, we increase work opportunities among the EU countries. The findings provide information on the job descriptions for nurse managers' positions in perioperative settings. In addition, the findings can be used in job advertisements in order to better answer the current and future demands of the nurse managers' tasks in perioperative settings.



9. WORKING IN AN EVIDENCE-BASED DESIGNED ICU PATIENT ROOM – NURSING STAFF’S EXPERIENCES

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INTRODUCTION: Healthcare environment in intensive care units (ICUs) is proved to have physiological effects and it may worsen the already critical ill patients’ status. The environment can increase the patients’ stress levels, which can lead to serious consequences. The medical and technological developments have evolved enormously during the last decades, but the design of the ICU has not developed in the same pace. Evidence-based design (EBD) is a concept concerning integrating knowledge from various research disciplines and its application to healing environments. Any hospital that is in the planning stage of building new, or reconstructing existing ICUs, need a well-tested basis on which to build and design an optimal environment for patients, their loved ones and staff.

INTERVENTION: A patient room was renovated and furnished, according to the principles of EBD. The room was equipped with acoustic panels on the walls and ceiling. In addition prototype pendulums were installed, equipped with lights, electrical sockets and medical gas supplies. Cyclic light was installed and the medical and technical devices were placed where the patients could see them. The room has a window and door leading onto a patio with furniture and plants, which is accessible to patients and their relatives.

AIM: The aim was to explore nursing staff’s experiences of working in an evidence-based designed ICU patient room.

METHOD: Interviews were carried out with eight critical care nurses and five assistant nurses and then subjected to qualitative content analysis.

RESULTS: Working in an evidence-based designed ICU patient room was experienced as that the room stimulates alertness and promotes wellbeing, fostering the nursing staff’s caring activities but also that the interior design of the medical and technical equipment challenges nursing actions.

CONCLUSION: The room in this study had been rebuilt in order to create a healing environment. At a time when sick leave is increasing and turnover in nurses is high, these findings show the importance of interior design of ICUs. This study showed that the new environment had a great impact on the staffs’ wellbeing and their caring behavior.



10. NOVICE NURSES PERCEPTIONS OF ACUTE SITUATIONS - BORN TO RUN OR A THUNDER ROAD?

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AIM: Describe novice nurses perception of what constitute acute situations.

METHOD: Qualitative descriptive design with a phenomenographic approach. Data consisted of 12 interviews of nurses with less than 1 year of working experience in acute care hospitals in south west of Sweden. The informants were encouraged to reflect and speak freely about their perceptions of acute situations. Follow-up questions were open-ended, individual and dependent upon previous answers.

RESULTS: Novice nurses perceive acute situations as something more than just a medical physical deterioration. Acute situations are also for example challenging interpersonal relations. The acute situation is surprising and happens suddenly, time is insufficient, one's own competence is insufficient, the responsibility feels overwhelming and the organisational deficiencies surrounding the nurse become evident.

CONCLUSION: These perceptions and challenges novice nurses experience in acute situations are important to be aware of. Nurse educators should consider them in their planning of curriculums. Hospital managers should consider these perceptions in their planning of preceptor, residency or introduction programs for new nurses. Together this could be a step in the important work to bridge the education practice gap.



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11. (SENSORY) WORKSHOPS AS A METHOD- FOR DATA COLLECTION IN A NURSING HOME

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Sweden as well as other European countries is in the middle of a community development and population growth, where a larger proportion of the population reaches a higher age and consequently will be in the need of assistive living such as nursing homes (NH). It is well known that private spaces design in (NH) has an impact on wellbeing, but there is still lacking knowledge of how shared spaces can be used to encourage participation and a sense of home among residents. Shared spaces such as dining- and living rooms, corridors and balconies are places that not only has practical features, but that also can support social interaction and activities.

AIM

The aim is to explore how sensory workshops can be used with health care staff in a (NH) in order to understand how the shared spaces in the (NH) are used in every day situations as well as identify advantages and challenges of the existing shared spaces. This knowledge will be used as a base in a participatory intervention aiming to contribute to thriving and a sense of home for the residents in the (NH).

METHODS

The project has an ethnographic approach and is based on a combination of participatory methods (PAR). A (NH) in south Stockholm are serving as a "living lab". The collaboration with the staff, N=20, has started in March 2017 and are performed through workshops and seminars over one year. Multiple sensory triggers have been used in the workshops. Photos, plans and objects that connect to different senses have served as starting points for discussions and data collection.

RESULTS

Preliminary findings show that the methods to use sensory triggers support discussions about complex and situational events in a (NH) context. The staff have identified unexpected advantages and challenges in the everyday life of the (NH) connected to the environment. After 6 occasions, we could see changes in the staff engagement of the subject as well as in physical re-arrangements of their working environment.

CONCLUSIONS

The (sensory) workshop method support theories that participatory activities and co-creation in the design process create engagement and shared responsibility for a sustainable transformation of the environment.



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12. SLEEP DISTURBANCES IN NURSING HOME RESIDENTS WITH DEMENTIA: PREVALENCE AND CHALLENGES

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BACKGROUND: Sleep disturbances and insomnia occur frequently in people with dementia. Prevalences of up to 40% have been reported in different settings. Common problems are an increase in duration and number of awakenings and an increased percentage of time spent in stage 1 sleep (first period of light, easily disrupted sleep). Sleep disturbances are associated with a number of problems for the affected persons, their relatives and caregivers. In people with dementia it may lead to worsening of cognitive symptoms, challenging behaviors like restlessness or wandering, and further harms, such as accidental falls. Because little is known about the circumstances of sleep disturbances in people with dementia in nursing homes, there is a need to assess prevalence and describe nurses' attitudes and perception.

AIM: To illustrate challenges in the process of caring for people with dementia and sleep disturbances and to assess the prevalence of sleep disturbances in German nursing home residents.

METHODS: Between May and July 2017, we will conduct a survey of nursing staff to describe challenges and difficulties in caring for people with dementia and sleep disturbances. For inclusion, nurses must have worked at least 3 night shifts in the last 3 months. To assess caregiver distress, a subscale of the Sleep Disorder Inventory (SDI) is used. Additionally, the proportion of nurses' total burden caused by residents' sleep disturbances is assessed. A population of 100 nurses is targeted. For assessing the prevalence of sleep disturbances in nursing homes, we are using nurses' proxy ratings, based on the SDI. For inclusion, nursing home residents must have cognitive impairment. Here, a population of 1000 nursing home residents is targeted.

RESULTS: Results will be presented at the conference.

CONCLUSION: Considering the lack of high quality data especially in Germany, the results of this research will importantly contribute to an evidence-based clinical practice for people with dementia and sleep disturbances.



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13. ENABLING AT-HOMENESS FOR RESIDENTS LIVING IN A NURSING HOME: REFLECTED EXPERIENCES OF NURSING HOME STAFF

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Background

At-homeness can be described as wellbeing in spite of illness and it has been regarded as one of the goals in palliative care. Older people are often living the last period of their lives in institutions such as nursing homes. Knowledge of this period and as related to at-homeness is sparse researched in the context of nursing homes and the experience of nursing home staff.

Aim

The aim was to explore nursing home staff's experiences of how to enable at-homeness for residents who are living in a nursing home.

Design and Method

Qualitative interpretive description methodology guided the design, the data generation and the analysis of the study. Repetitive reflective group discussions with nursing home staff in a nursing home were held in winter 2014-2015.

Results

Five patterns characterized how health care staff enabled at-homeness for the residents: Striving to know the resident, Showing respect for the residents integrity, Creating and working in family-like relationships, Helping to find a new ordinariness and Preparing and making plans to secure the continuity.

Conclusions

Nursing home staff seem to have collegial knowledge of how to enable at-homeness for the residents in a nursing home. The relationship to the residents stands out both as a tool for how to enable at-homeness and as giving a meaning to the residents' lives.



14. HEALTH TEAM FOR THE ELDERLY – A FEASIBILITY STUDY FOR PREVENTIVE HOME VISITS

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Aim: Older people >65 years will rise significantly in coming years. Increased age is associated with risk of disability, illness and need for public health services. Preventive home visits is assumed to help older people to maintain their functional level longer, delaying disease and thus delaying the need for health care. The aim was to describe the development, utilization and feasibility of a model of preventive home visits, in an urban and a rural municipality in Norway.

Method: Descriptive explorative design describing the development, utilization and feasibility of preventive home visits in two different settings. All 77-year-old persons living at home in an urban municipality and all 75 years and older in a rural municipality were invited to participate. A questionnaire including a substantial number of tests concerning; fall, nutrition, polypharmacy and cognitive impairment was used by Health Team Nurses as base for a risk assessment. Pilot studies were conducted to validate the questionnaire including an inter-rater reliability study of the risk assessment tool. A multiprofessional team, Health Team for the Elderly met each week to evaluate risk assessments and make recommendations to be sent to each respective general practitioner. Data were analyzed using descriptive and inferential statistics.

Results: 167 persons participated (60 %). 49 % in the urban and 71 % in the rural municipality (57.8 % women and 42.5% men). Of the 114 persons who declined participation 45 (39%) were men and 68 (60%) women (1 unknown). The main reason for declining participation was perceiving to be too healthy. The inter-rater reliability of the risk assessment level was very high (Cohen's kappa =.912). Mean time for the visit was 108 minutes (SD 20). In total, 36 persons (21.7%) were identified with increased risk for developing illness and receive a multiprofessional assessment.

Conclusion: We suggest that a structured model of preventive home visits and collaboration between highly specialized health care professionals are important factors for reliable health promoting risk assessments of elderly home dwellers.



15. HOME CARE AS EXPERIENCED

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The demographic structure in Sweden has changed over the past decades; the number of elderly citizens is increasing rapidly and is expected to continue to increase. People are living longer which correlates with an increased risk of complex medical conditions. The older population is, and will be, affected by the new challenges in structures of caring for elderly.

AIM- The aim is to describe elderly's experiences of home care

METHOD- A lifeworld approach was used in this study. Lifeworld interviews were conducted with elderly living in home and receiving home care. They were all living alone and had severe needs of social and medical care. Data was analyzed using qualitative content analysis resulting in sub-themes and one general common theme. Ethical approval was obtained and the ones who met the criteria's were informed verbatim and asked to sign an informed consent.

RESULTS- Elderly experience care as life changing in many ways while more and more of the caring moves in one's home. Elderly needs to adapt to a new way of living, a way that is difficult to predict. It also means to be open and having to change daily routines. Being cared for also needs to stand back and to put requests and needs of others first while making room for accepting a changed life situation. The situation means a dependency that is unavoidable when others have considerable influence over the actions and how home care should be implemented. The possibility to be cared for in the own home is at the same time appreciated and the new relationships that enriches daily life are estimated.

CONCLUSION – This study highlights the complexity of living in home and being in need of help from the society. Home care shall be conducted according to the law based on needs of each individual. Despite this, elderly people feel they are not involved which infringes on the desire to live life as wanted. It implies a power relationship to deal with as this is the choice that exists when they cannot choose to be cared for, even though care is to be conducted as individual and person-centered. Professional caregivers need to be aware of how difficult this situation is for elderly receiving home care.



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16. PERSONAL CARE ASSISTANTS' EXPERIENCES OF CARING FOR PEOPLE WITH HOME MECHANICAL VENTILATION

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BACKGROUND

Research which focus personal care assistants' (PCA) experience of caring for people with HMV are sparse. Today's trend to move advanced care from hospital to home will continue to expand. This study will create knowledge about a growing group of PCAs working within this area.

Developments in medical technology, care and treatment have increased the survival of people with serious illnesses or injuries which have contributed to a shift of health care interventions. This means that a raising numbers of technology-assisted people with chronic illnesses can live their lives in their own homes. One such group comprises those using HMV. Ventilator support may be required either during sleep or over 24 hours invasively (with tracheostomy) or non-invasively (with a facemask).

AIM

The aim of this study was to describe PCAs' experiences of working with a ventilator-assisted person (adult or child) at home.

METHOD

Fifteen semi- structured interviews with PCAs supporting a child or adult using home mechanical ventilation (HMV) were conducted. Two men and thirteen women participated. Their working experience with HMV users ranged from one to 17 years (median 6 years). The analysis has an inductive and interpretive approach to qualitative content analysis as described by Elo and Kyngäs.

RESULTS

The results are presented as five categories: Being part of a complex work situation; Taking on a multidimensional responsibility; Caring carried out in someone's home; Creating boundaries in an environment with indistinct limits; and Being close to another's body and soul.

CONCLUSION

There is international consensus that advanced home care will continue to expand. Well-prepared PCAs is a prerequisite in this development which brings into focus issues concerning organization, management and the field of knowledge and responsibilities of the PCAs. It is important to gain more knowledge and understanding of the field in order to plan and perform good quality care.



17. EVALUATION OF NURSE PRACTITIONER CLINICS – A CASE STUDY IN FINNISH PRIMARY HEALTH CARE

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AIMS:

Healthcare is changing due to the aging population in Finland. Professionals are struggling to do more with less, and still deliver high quality of care. Over recent decades, Nurse Practitioner (NP) roles have been implemented in several countries, to provide better access to care. The aim of this study was to explore the content of the NPs' clinical work and to assess and evaluate the content at the NP clinics by analyzing health record documentation.

METHODS:

This descriptive study was conducted at a primary healthcare center in Western Finland. Data was collected in 2014 from eight NP clinics and consisted of 87 patient records. The NPs had developed three different NP clinics (acute patients with minor health illnesses, chronic diseases and home-dwelling palliative patients).

The material was analyzed by two independent researchers, with the main focus on the relevancy of the NPs' patient documentation. The following parameters were reviewed: patient history, status, action, and advice, with grades from not relevant (1) to most relevant (5). Missing information was classified as 0.

RESULTS:

The preliminary results show that the NPs' documentation at the clinic for acute patients was most relevant. The mean for patient history, status, and action was between 4.5 and 4.7, and for advice between 4.0 and 4.6. NPs' documentation at the other two clinics was evaluated as slightly less relevant. Analyses are still on- going.

CONCLUSIONS:

Implementation of the NP role in primary healthcare has started successfully, and this study's preliminary results show that the quality of the NPs' documentation is at a good level.



18. CAREGIVER EXPERIENCE, HEALTH-RELATED QUALITY OF LIFE AND LIFE SATISFACTION IN INFORMAL CAREGIVERS TO PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS)

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AIM: To describe caregiver experience, health-related quality of life (HRQL) and life satisfaction in informal caregivers to patients with ALS and to explore associated factors with informal caregivers' HRQL and life satisfaction.

METHODS: Forty-nine informal caregivers were included in this cross-sectional study. Data were collected with questionnaires during home-visits. Descriptive statistics were used to present data on caregiver experience, HRQL and life satisfaction. Multivariable and logistic regression analyses were conducted to explore associations between independent variables and HRQL and life satisfaction.

RESULTS: Informal caregivers reported both positive and negative caregiver experiences. Male sex and high impact on health in informal caregivers were associated with worse HRQL assessed with EuroQol Visual Analog Scale. Possible or probable anxiety and/or depression in patients with ALS were associated with worse, whereas high impact on schedule in informal caregivers was associated with better HRQL assessed with SF-36 physical component summary. Older age and high impact on caregiver's esteem were associated with better, whereas high impact on health and schedule in informal caregivers were associated with worse HRQL assessed with SF-36 mental component summary. Older age and not cohabitating with the patient with ALS were associated with life satisfaction assessed with LiSat-11.

CONCLUSION: Person-centered care is important, not only for patients with ALS but also for their informal caregivers as factors related to both patients and caregivers were associated with informal caregivers HRQL.



19. SWE-ACP: RESULTS OF A FEASIBILITY STUDY INTRODUCING CONVERSATION-BASED ADVANCE CARE PLANNING IN THE ACP-NAÏVE SWEDISH CONTEXT

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BACKGROUND

Early conversations on values and preferences for end-of-life (EoL) care rather than document-based advance directives are increasingly common in advance care planning (ACP) internationally. However, no form of ACP is systematically practiced in Sweden today.

AIM

To test a systematic approach to promote early conversations about values and preferences for future EoL care before death is imminent.

METHODS

This action research project has been designed and carried out in partnership with patient and retiree organizations. Actively volunteering participants were recruited through the organizations to generate a broad sample of individuals without known impending EoL care needs. Focus groups and semi-structured individual interviews addressed two main questions: *Who matters?* (using eco-mapping) and *What matters?* (using GoWish cards) at the EoL. Ecomaps support identification of individual supportive networks including family, significant others and professional/community resources. American GoWish cards were translated and adapted to the Swedish context by the Swe-ACP team through a participatory, collaborative process. The Swedish GoWish cards consist of 37 items, e.g, 'to be free of pain' and 'to die at home', which may be complemented by wild cards. Cards are sorted and ranked to clarify values and preferences for future EoL care and stimulate conversation about relevant issues.

RESULTS

Analysis is ongoing; data from four pilot focus group discussions (n=16) and from the feasibility study's first 34 participants, comprising 35 women and 15 men aged 51-95 will be presented. The number of resources stated in Ecomaps ranged from 1 to 20, with a median of 9. Thirty-five of the 37 GoWish items were endorsed among participants' 10 most prioritized items, with 8 items ranked as first priority by \geq two participants. Wild cards were used in 14 of the individual interviews, but not in focus groups.

CONCLUSION

Ecomaps and GoWish card rankings have shown broad individual variation, thereby potentially providing support for person-based EoL care.



20. EXPLORING GENERAL PRACTITIONERS' THOUGHTS AND EXPERIENCES OF CARE MANAGERS FOR PATIENTS WITH DEPRESSION. A QUALITATIVE STUDY

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BACKGROUND: Care managers for patients with depression in primary care have recently been implemented and evaluated in a randomized controlled trial in Dalarna County and the Southwest County (Gothenburg area). Care manager is a new role for nurses at the primary health care center that includes regular follow-up of patients with depression, support and monitoring of depression status, and reporting back to the general practitioners (GPs).

AIMS: To explore general practitioners' (GPs) thoughts and experiences of implementing care managers for patients with depression in primary health care.

METHOD: GPs from five primary health care centers where care managers had been implemented participated in focus groups at their workplace. Focus groups varied between three and seven participants, working experience varying from a few to twenty years, both men and women. Convenience sampling based on accessibility, willingness to participate, and experience of working with care manager. Focus groups were recorded and transcribed verbatim. Qualitative content analysis was performed according to Graneheim/Lundman individually and in group discussions of the authors.

RESULTS: Four categories emerged from the interviews in relation to GP's experience of working together with care manager. The GPs experienced positive effects in being able to provide more support for patients with depression and a relief in their own work. They also expressed a more urgent need for therapists and psychological treatment for these patients as well as for other patients with more complex mental health problems. Many of the GPs had not changed their own way to work and felt a need and responsibility to provide support and continuity to these patients themselves. Some GPs expressed a negative effect with too many contacts and GPs already with high availability expressed less need of adding a care manager.

CONCLUSIONS: The GPs express a need for help with patients with mental health problems, where a care manager could be that help. But they also express a wish being able to provide follow-up and continuity themselves.



21. PARENTS' ADVICE TO HEALTHCARE PROFESSIONALS WORKING WITH CHILDREN WHO HAVE SPINAL MUSCULAR ATROPHY

AUTHORS

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AIM: To explore parents' advice to healthcare professionals working with children with spinal muscular atrophy (SMA).

METHODS: This study derives from a Swedish nationwide survey and uses content analysis to make inferences from answers to an open-ended question concerning parent's advice to healthcare professionals. Of eligible parents who had a child born in Sweden between 2000 and 2010, diagnosed with SMA type 1 or 2, and for whom respiratory support was considered in the first year of life, 61 participated in the study (response rate: 87%). Of these, 51 parents answered the question about advice to healthcare professionals working with children with SMA.

RESULTS: More than half of the advice from parents was related to professional–family relations. The second most frequent type of advice related to two aspects of knowledge about SMA: desire that healthcare professionals possess knowledge, and desire that they provide knowledge. The parents also had advice concerning support in daily life, both to the parents and to the affected child. Other pieces of advice were related to organization of care and the parents' desire to be involved in the child's care.

CONCLUSION: Parents advised healthcare professionals to increase their disease-specific knowledge, to treat the parents as experts on their child, and to treat the family with respect, particularly in situations where the child's case is used as an opportunity to improve healthcare professionals' competence. Increased practical support in daily life and a case coordinator is also among parents' advice to healthcare professionals.



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22. PARENTHOOD AND PARENTAL SUPPORT IN FAMILIES WITH TWO MOTHERS – A GROUNDED THEORY STUDY

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AIM

The aim of this study was to gain a deeper understanding of how mothers in same-sex relationships, experience the process of forming a family through assisted reproduction technique (ART) from planning the pregnancy to parenthood and their experience of parental support from health care professionals.

METHOD

Grounded theory methodology was chosen as the aim was to explore a relatively unknown area, aiming at explaining social issues and to formulate a preliminary model, grounded in empirical data (Corbin & Strauss, 2008).

Nurses at child health care centers assisted in the recruitment, which also took place via internet. Participants were birth-mothers and non-birth-mothers in a same-sex relationship that had had a child through ART at a Swedish clinic, the child being about 1-3 years, parents having joint custody and lived in mid-Sweden. The sampling method was both purposeful and theoretical.

Twenty mothers in a same-sex relationship, who were fertilized through ART at Swedish clinics participated. Semi-structured interviews were performed and open questions about *planning for parenthood, pregnancy, childbirth and parental support from health care professionals* were posed. The interviews were tape-recorded and transcribed verbatim. Data collection and data analysis were performed in parallel. The analyze strategy was constant comparative analysis.

RESULT

The findings showed that mothers in same-sex relationships, experienced the process of forming a family through ART, as stressful and with a lot of choices to be made. Health care organization, with its booklets, journals and language was perceived as heteronormative. The participants had similar thoughts about gender equality and shared parental leave quite similarly. The mothers in this study had varying experience of parental support from health care professionals.

CONCLUSION

Mothers in a same-sex relationship expressed that health care was perceived as heteronormative. We suggest that health care professionals reflect upon their norms and values toward “new” family forms. All parents need to feel welcomed and affirmed in their role as parents and have access to parental support.



23. Parenting stress and its association with perceived agreement about disclosure in parents following donor conception.

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AIM(S): For many heterosexual parents following treatment with donor oocytes or sperm, the process of deciding whether and what to tell children about their genetic origin is challenging. We hypothesized that incomplete couple agreement about disclosure could be associated with parenting stress. The aims of the study were to investigate (1) parenting stress levels among heterosexual parents of young children following donor conception and (2) whether parenting stress is related to perceived agreement about disclosure of the donor conception to the children.

METHOD(S): This study is part of the longitudinal multicenter Swedish Study on Gamete Donation and included a total of 213 heterosexual parents with children age 1-4 years following oocyte donation (n = 103) and sperm donation (n = 110). Parents individually completed a questionnaire that included validated instruments on parenting stress (SPSQ) and relationship quality (ENRICH), as well as a study-specific measure on disclosure agreement. Multiple regression analysis was applied to investigate whether perceived agreement on disclosure accounts for variation in parenting stress levels by controlling for parents' sex, child's age, type of donation, and relationship satisfaction.

RESULTS: General parenting stress levels among the donor-conceiving parents in this study were found to be in a normal range. Incomplete couple agreement on disclosure to the children was not statistically significantly associated with increased levels of parenting stress. Relationship satisfaction consistently accounted for statistically significant variation in parenting stress levels, indicating that relationship satisfaction had a buffering impact on parenting stress.

CONCLUSION: Parenting stress does not appear to be negatively influenced by incomplete couple agreement about disclosure to children. As children grow up, reaching agreement about what to tell the child about the donor conception might become more relevant for couples' parenting stress.



24. WHAT IS LEARNT FROM MINDFULNESS BASED CHILDBIRTH AND PARENTING – PARTICIPANTS’ EXPERIENCES

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INTRODUCTION

In the search for effective interventions aiming to prevent perinatal stress, depression and anxiety, we are evaluating an antenatal group-based intervention: Mindfulness Based Childbirth and Parenting (MBCP).

AIMS

In this qualitative study we aim to gain a deeper understanding of the participants’ experiences of the intervention, as well as their experiences of mindfulness; both in general as well as more specifically—during pregnancy, birth and when caring for an infant.

METHODS

The participants, who took part in the antenatal MBCP-intervention, were expectant couples among which the pregnant women had an increased risk of perinatal stress, anxiety and depression. Four to six months post partum, ten mothers and six fathers were interviewed, individually and in depth. Transcripts were analysed with thematic analysis.

RESULTS

The main theme is “a new way of relating”. In this overall theme the following subthemes are embedded: 1) Helpful or airy-fairy 2) Improved intrapersonal relation– self-knowledge, insight and self-compassion, 3) Help with coping with challenges during childbirth and early parenting, and 4) Improved interpersonal relations–Being with the baby, with others and in nature.

CONCLUSION

To various degrees, the participants experienced feeling more resilient, gaining skills for coping with pain, stress and difficult emotions, as well as increased self-compassion and capacity for meta-cognition and emotional regulation. Our findings demonstrate that MBCP can be experienced as salutogenic.



25. REFLECTIONS ON DEVELOPING A COMMUNITY-BASED PROGRAM TO STIMULATE INTERGENERATIONAL CONVERSATIONS ABOUT DEATH AND LOSS

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Dying, death and loss are intrinsic, although often distant parts of people's daily lives in many societies today. In Sweden most people die in old age. Children often have limited experience of death, and elderly may have limited opportunity to talk about these issues. In this project, we work within the field of Health Promoting Palliative Care (HPPC) to develop ways to facilitate preparation for encounters with the end of life. In collaboration with three community organizations in a multicultural suburban area of Stockholm, we are using Community Based Participatory Research (CBPR) to develop an arts-based project for children (9 years old) and elderly (65+) to stimulate conversations related to dying, death, and loss. Even though similar projects exist, we found little to guide us on the collaborative development process in existing literature.

AIM: To identify challenges and enabling factors in collaborating with community organizations to develop intergenerational and arts-based projects about dying, death, and loss.

METHODS: We are guided by CBPR principles e.g. about engaging stakeholders in the research process. We draw on transcripts of 13 planning meetings and field notes from the development phase of our project, complemented by 14 interviews exploring the experiences of others who have developed projects sharing some elements of our ambitions. Inductive qualitative analysis is ongoing.

RESULTS: Preliminary analysis shows challenges related to, for example, preconceptions from representatives of community organizations about how children and elderly deal with death and loss, and an expressed insecurity about how to facilitate an arts-based project about these topics. Enabling factors included for example the importance of building relationships between different age groups and using themes for the art works as metaphors for death and loss.

CONCLUSION: To date, we have identified two central themes: one being the implications of power dynamics between people of different ages and the organizations that represent them, and the other the unanticipated sensitivity of the topic of death and loss for representatives of community organizations.



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26. PATIENTS' INFORMATION NEEDS BEFORE AND AFTER DIGESTIVE TRACT SURGERY

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AIM

The study sought to explore patients' information needs before or after digestive tract surgery in order to find ways to meet patients' needs.

METHODS

Qualitative descriptive design was conducted. Adult patients (n=52, 56% women) from three hospitals in Lithuania participated in individual interviews during hospitalization. Data were analyzed using content analysis.

RESULTS

More than 25% of the respondents had received information about their disease while approximately half of the respondents had not received such information; 50% had received information about their treatment. With regard to nursing care, 25% described that they had received information while most respondents had not been informed about nursing care.

More than half of the sample thought it was important to be able to choose treatment and care and also wanted to be included in planning of treatment and care.

Participants preferred written information even though some considered oral information to be enough. Patients did not think that they had received enough information about their treatment and nursing care. Taking into consideration the respondents' education, it was found that the higher the patients' education, the greater the need to be included in treatment/nursing processes. Besides, the demand for information was more relevant for patients with higher education.

CONCLUSION

Many patients lack knowledge about their disease, treatment and nursing care. Patients express need of more information, orally and written, about management of symptoms and self-care at home after surgery. Thus, patients undergoing digestive tract surgery want to be involved in the process of decision-making solutions concerning their care and treatment.



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27. AS IF NECK INJURIES DID NOT EXIST: PERCEPTIONS OF ONLINE INFORMATION ON WHIPLASH INJURIES

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AIM

By focusing on respondents' perceptions, this research aims to reveal how patients and relatives perceive online information about whiplash injuries from the county councils in Sweden. The goal is to contribute to improvement of such patient information.

METHOD

Five interviews were made with patients (n = 10) who had had a whiplash injury and with relatives (n = 3) of such patients, until no more categories appeared and we estimated that saturation was reached. The interviews were taped, transcribed verbatim and analysed by means of conventional content analysis.

RESULTS

Two themes emerged from the latent content analysis: on the one hand, a confidence and trust in the public health care system, and on the other, a disappointment with health care encounters.

CONCLUSION

We found that taking part of the information had caused distress to most of the study participants because of discrepancy between the sender's authority and deficient patient information. The county councils' online information on whiplash injuries may greatly impact patients' care decisions as well as their physical, mental and social well-being. Further studies are needed to learn how forms of address and level of abstraction, for example, can contribute to more purposefully written patient information and improved patient empowerment.



28. VULNERABILITY IN EVERYDAY LIFE WITH RHEUMATOID ARTHRITIS. PATIENTS' PERCEPTION OF ILLNESS, TREATMENT, SEXUALITY AND SOCIAL LIFE.

A mixed method study.

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AIM:

To gain knowledge about patients' experiences of vulnerable situations in life with rheumatoid arthritis (RA). A central focus is the adult patient's perspective of lifelong treatment, social life and sexuality in life with RA, and how these elements possibly influence the patient's everyday life.

METHOD(S).

Design: The study is set up with hermeneutic-phenomenology as framework and a sequential explanatory mixed method will be used in the first and third study, the second uses a qualitative design.

Methods: Study one combines retrospective reviews of medical records with individual semi-structured interviews to examine how outpatient's care and treatment are documented and performed by health professionals, and experienced by the patient with emphasis on adherence to Methotrexate. Jointly, the two designs will point to connections between guideline adherence and patient adherence and patient's (subjective) reasons for non-adherence to medication.

Study two consists of semi-structured individual interviews and examines how social support and perceived loneliness influence patients' everyday life with RA.

Study three combines questionnaires and focus-group interviews to examine the importance of sexuality, sexual function, masculinity and body image in everyday life with RA seen from the male patient's perspective. In combination, the two designs will contribute to the understanding of possible associations between male coping patterns and gender, body and sexuality domains.

RESULTS & CONCLUSION. The study will give insight into the complexity that surrounds the everyday life of patients with RA, and how the care trajectory is experienced from the patient perspective. Furthermore, the study will provide knowledge on the underexposed impact of sexuality and social life when living with RA, and how these aspects can influence the way medication is handled by the individual patient.



29. DESCRIPTION OF CARDIAC SURGERY PATIENT'S PAIN PROCESS BASED ON SEMANTIC ANNOTATION OF ELECTRONIC PATIENT RECORD DATA

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AIM: The aim was to describe the cardiac surgery patients' pain process through nurses' and physicians' documentations in the electronic patient record data.

METHODS: The data consisted of electronic patient records of 26 922 patients with a heart disease, admitted to one university hospital in Finland during the years 2005–2009. A total of 1818 care episodes of coronary artery bypass graft and valve replacement patients were selected from the data. Random sampling was used to obtain 280 care episodes for manual annotation. The final sample consisted of 2156 physician reports and 1327 days of nursing notes. An annotation manual were developed and used as a framework for constructing an annotation schema. Semantic annotation on clinical care episodes was conducted, using the Brat annotation tool. Also deductive and inductive content analysis were used to analyse the annotated expressions.

RESULTS: Six different aspects of patient's pain process were recognized: 1) cause 2) situation 3) features 4) consequences 5) actions and 6) outcomes. The aspects of pain were considered to exist simultaneously and to be present in every phase of the pain process. However, the features were considered to exist simultaneously; they indicated location, quality, intensity and temporality of pain. The aspects did not appear systematically in all patients' records, nor did they appear in systematic order. Cardiac pain and postoperative were described differently and with a diversity of expressions.

CONCLUSIONS: The annotation manual and schema were proved to be useful reviewing this research topic and they can be used also in the future. Patient's pain process is not seen in individual patient documents. It is difficult to get a comprehensive vision of the patient's pain or the pain process by reviewing an individual patient's records. Patient's pain process described in this research widens the perspective of pain care process, by noticing both physicians' and nurses' documentations. Documentation of pain should exceed professional boundaries and be more patient-oriented. Patient's perspective of their pain is lacking in the documentation, it should be studied in the future.



30. IMPROVING PAIN MANAGEMENT OF NONCOMMUNICATIVE PATIENTS - DEVELOPMENT OF SMART PAIN ASSESSMENT TOOL BASED ON INTERNET OF THINGS

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AIM

The aim of the research is to develop an automated Internet of Things based tool with emphasis on facial muscle activity detection to recognize pain in noncommunicative patients. The hypothesis is that combining the detection of chosen physiological and behavioral parameters can be used as an indicator of pain. The ultimate goal is to promote the pain management and the quality of care in patients that are likely to experience pain but not able to self-report it.

METHODS

The developed system collects continuous data simultaneously from chosen physiological parameters and facial muscle activity using electromyography (EMG). The data collected from multiple sources is transmitted wirelessly to the smart gateway and further the cloud to store and analyze the real-time data. The smart tool automatically analyses the pain using advanced data analytics and machine learning. The research project follows the steps of medical device development guidelines set by the European Commission and it will be conducted in three clinical phases. The Phase I study aimed to test the feasibility and usability of the prototype.

RESULTS

The research results will contain the wearable device for measurement and monitoring, personal health data management, algorithms, modelling, analysis, and visualisation, and pain intensity measuring system. By learning from the pattern of pain in electrical biosignals and their features, pain assessment model has been first established based on the database from healthy volunteers under experimental pain stimulus in phase I study. In the study the preliminary algorithm was able to differentiate the pain intensity in three levels: no pain, mild pain and moderate to severe pain.

CONCLUSION

Changes in parameters showed that it is possible to differentiate pain intensities by using machine learning algorithms and assess pain automatically. The research findings in these three clinical phases will be merged into an Internet of Things based remote healthcare monitoring system, which is aiming at benefiting clinical patient monitoring.



31. "I KNOW WHAT I WANT BUT I'M NOT SURE HOW TO GET IT"- EXPECTATIONS OF PHYSIOTHERAPY TREATMENT OF PERSONS WITH PERSISTENT PAIN

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AIM

The aim of the study was to explore and describe the expectations people with persistent pain have prior to physiotherapy treatment.

METHOD

Ten participants with persistent musculoskeletal pain from the back, neck, or shoulders were included in the study. Data were collected by interviews using a semi-structured interview guide and were analysed with qualitative content analysis.

RESULTS

The analysis resulted in one main category: "*The multifaceted picture of expectations*" and four categories: Standing in the doorway: curious and uncertain; Looking for respect, confirmation and knowledge"; "Expecting treatment, regular training, and follow up"; and "Having dreams, being realistic, or feeling resigned". The main category and the categories describe a multifaceted picture of the participants' expectations, gradually developed and eventually encompassing several aspects: good dialogue and communication, the need to be confirmed as individuals, and getting an explanation for the pain. The results also show that the participants expected tailored training with frequent follow-ups and their expectations of outcome ranged from hope of the best possible results to realistic or resigned regarding pain relief and activity levels.

CONCLUSION

The results show a multifaceted picture of the participants' expectations, which encompass several different aspects: good dialogue and communication, the need to be seen and confirmed as an individual, and a desire to receive an explanation for the pain. The result also shows that the participants expect individually tailored training programs with frequent follow ups as part of the treatment and that they have ideal as well as realistic expectations regarding the outcome in terms of pain relief and increased activity. We believe that it would be of interest to study patient expectations further by repeated interviews during a treatment process to explore how patients' expectations are met and change throughout the course of treatment.



32. TRANSLATION AND CULTURAL ADAPTATION OF THE ILLNESS INVALIDATION INVENTORY FOR USE IN SWEDEN.

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AIM

Invalidation includes responses to negative social interactions and to the lack of positive social interactions, responses that can negatively affect health and suffering. Although invalidation is a recognized phenomenon, no instrument exist that measure invalidation experiences in Swedish. Hence, the aim of this study was to describe the translation and cultural adaptation procedure and guidelines for the Illness Invalidation Inventory as an instrument for measuring invalidation in a Swedish context.

METHODS

Internationally recognized ten-step guidelines proposed by ISPOR were used. Both forward and backward translations were performed. Eleven patients from a patient organisation for chronic pain were recruited and cognitive interviews were performed using concurrent think aloud protocols, probing techniques and observations of behavior. Analysis of data from cognitive interviews was inspired by a method based on the generic response model. A centralized review procedure and thorough documentation was emphasized.

RESULTS

Although difficulties regarding concepts were found, these issues were solved during the process. The Swedish version contains the same number of items as the original questionnaire. Four of eight items required revision after cognitive interviews.

CONCLUSION

The study highlights the importance of using guidelines to produce translations and to ensure validity and results. The results indicate that the Illness Invalidation Inventory can be used in Sweden to measure invalidation.



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33. SLEEP QUALITY AFTER MODIFIED UVULOPALATOPHARYNGOPLASTY: RESULTS FROM THE SKUP³ RANDOMIZED CONTROLLED TRIAL

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Study Objectives: To investigate whether uvulopalatopharyngoplasty (UPPP) improves sleep quality in patients with Obstructive Sleep Apnea (OSA), by using Functional Outcomes of Sleep Questionnaire (FOSQ) and Karolinska Sleep Questionnaire (KSQ).

Methods: Single-center randomized controlled trial to compare modified UPPP including tonsillectomy with controls at baseline and after six months. The controls received delayed surgery with a six-month postoperative follow-up. All operated patients were offered a 24 months follow-up. At each follow-up, patients underwent polysomnography, vigilance test and filled out questionnaires. Nine scales were evaluated; five subscales and the total score in the FOSQ, and three subscales in the KSQ.

Results: 65 patients, mean 42.3 years (SD 11.5), Friedman stage I and II, BMI <36 kg/m², moderate to severe OSA, were randomized to intervention (n= 32) or control (n= 33). The mean rate of missing values was in the FOSQ 6.2% (range 0-19%), and in the KSQ 20.5% (3-38%). There were significant differences between the groups in 8 of 9 scales, in favor of UPPP. There were significant correlations between results from the questionnaires and objective measures from polysomnography as well as vigilance test. At six and 24 months postoperative follow-ups, 8 of 9 scales were significantly improved compared to baseline. **Conclusions:** In selected patients with OSA, subjective sleep quality was significantly improved six months after UPPP compared to controls, with stable improvements 24 months postoperatively. The correlations between subjective and objective outcomes and the long-term stability suggest a beneficial effect from surgery, even though a placebo-effect cannot be excluded.

Trial registration number: NCT01659671. <http://www.clinicaltrials.gov>



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34. INTERNET-BASED EXPOSURE THERAPY FOR FIBROMYALGIA – A RANDOMIZED CONTROLLED TRIAL.

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AIM

Fibromyalgia (FM) is a common and disabling pain disorder that is associated with great suffering for the individual and large societal costs. The role of avoidance behaviour in the maintenance of chronic pain is well acknowledged, why exposure therapy could be a reasonable treatment alternative. Although a few studies have evaluated exposure therapy for chronic pain with varying results, it but has not been studied in FM in a randomized controlled trial. Our research group has previously conducted a pilot study (N=41) where we investigated feasibility and acceptability of an exposure treatment for FM. The aim of the present study was to further investigate these results in a randomized controlled study.

METHODS

We conducted a randomized controlled trial (N=140) with participants with a FM diagnosis. Participants were randomized to either a therapist-guided 10-week Internet- delivered treatment based on systematic exposure to FM symptoms and FM-related situations, or to a waitlist control condition. FM symptoms and severity, fatigue, disability, quality of life, pain-related fear and negative thoughts, depression, anxiety and insomnia were assessed at baseline, post-treatment and at 6- and 12-month follow- up.

RESULTS

Pre- to post-treatment between-group effect size was large on the primary outcome; FM symptoms and severity (Cohen's $d = 0.90$) and in the moderate to large range ($d = 0.66-1.24$) on measures of FM symptoms including pain, fatigue, disability, quality of life, pain-related fear and negative thoughts, depression and anxiety; all favouring the iExp group. Attrition rates were low, with 100% completing the post-treatment assessment of the primary outcome. Results were stable at the 6-months and 12-months follow-up.

CONCLUSION

To our knowledge, this is the first time Internet-delivered exposure-based treatment of this kind is tested for FM. Results are very promising, with large effect sizes on FM symptoms including pain, that are long-term stable. Exposure-based treatment delivered via internet has the potential to increase treatment accessibility and alleviate suffering for the many individuals affected by FM.



35. FEASIBILITY OF AN INTERACTIVE SMARTPHONE APP FOR EARLY ASSESSMENT AND MANAGEMENT OF SYMPTOMS FOLLOWING PANCREATICODUODENECTOMY

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BACKGROUND

Patients who have undergone pancreaticoduodenectomy due to pancreatic cancer experience distressing symptoms and unmet supportive care needs after discharge. Mobile Health (mHealth) apps can make patients participate in their own health management and make them feel secure and taken care of.

AIM

The aim of this study is to test the feasibility of an interactive mHealth app (Interaktor) adapted for patients who have undergone pancreaticoduodenectomy.

METHODS

The main components in the app are 1) daily assessment of self-reported symptoms and problems, 2) access to self-care advice and 3) a risk assessment model for alerts on frequent or distressing symptoms. All reports and alerts can be viewed in a web-interface. The app was tested for feasibility in 6 patients who had undergone pancreaticoduodenectomy due to cancer. The patients used the app for 4 weeks starting the first day after discharge. One nurse at the Gastro clinic monitored and responded to alerts. Logged data from the app were analyzed with descriptive statistics. All participants were interviewed about their experiences and the interviews were analyzed with qualitative content analysis.

RESULTS

The patients (n=6) had in total sent in 141 reports and reported in total 652 symptoms. Adherence of reporting daily was in average 84 %. All symptoms included in the app were reported. Alerts were generated in 58 (41 %) reports. The patients described that the app was easy to use, had relevant content and functioned with few technical problems. The patients also felt reassured, cared for and got support for symptom-management. The nurse was positive to the app.

CONCLUSION

Interaktor is feasible, acceptable and easy to use with few technical problems, for patients after discharge following pancreaticoduodenectomy. Using the app was valuable for patients since they felt reassured, cared for and got support for symptom-management. The study indicates that technical interventions can be used by patients with severe diseases. To evaluate the long-term effect on patients' quality of life and symptom distress, the app needs to be tested by a larger sample of patients and during a longer time after discharge.



36. DESCRIPTION OF PATIENTS' USE AND EXPERIENCE OF THE APP INTERAKTOR DURING TREATMENT FOR BREAST OR PROSTATE CANCER

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BACKGROUND: Mobile/web-based technologies for symptom monitoring and self-care within cancer care have been found user-friendly, clinically feasible and favorable for increasing patient-clinician communication. Studies of such apps have been described, however few are evidence-based. An interactive smartphone/computer tablet app (Interaktor) has been developed based on literature reviews and in co-design with patients and healthcare providers. It comprises a symptom questionnaire, self-care advice, and an opportunity to add a text message.

AIMS: The aim of this study is to describe how patients use and experience the app during neo adjuvant chemotherapy treatment for breast cancer and curative radiotherapy treatment for locally advanced prostate cancer.

METHOD: 300 patients will be recruited from two Stockholm County Council clinics in a randomized control trial. The study will be based on the patients in the intervention arm. Inclusion criteria are; >18 years, scheduled for curative radiotherapy for at least five weeks for prostate cancer or neo adjuvant chemotherapy for breast cancer. Exclusion criteria are: Inability to read or understand Swedish or known severe cognitive disability.

Patients report symptoms daily in the app during and up to three weeks after treatment regarding occurrence, frequency, and distress level. E.g. *“Do you experience urinary difficulties?”* rated as: almost never, sometimes, rather often, or very often. Reports can be viewed by the health care providers in a monitoring web-interface. Specific symptoms generate an alert, on defined frequency or distress levels, to the nurses. The levels are based on a risk assessment model developed in collaboration with clinicians. Alerts can either; request a nurse to contact the patient during the day, or within one hour. Data consists of logged data on distribution of symptoms, alerts and self-care advice, information from the web-interface and interviews with the patients.

RESULTS: Preliminary results from the study will be described in the poster supplied in November 2017.

CONCLUSION: Results will generate knowledge valuable for developing supportive cancer care using mobile technology.



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37. FEASIBILITY OF A SELF-HELP WEB-BASED INTERVENTION TARGETING YOUNG CANCER PATIENTS WITH SEXUAL PROBLEMS AND FERTILITY DISTRESS

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AIM: To evaluate the feasibility of a self-help web-based intervention to alleviate sexual problems and fertility distress in adolescents and young adults with a cancer experience.

METHODS: Twenty-three persons with cancer (19 women and 4 men, aged 18-43, 1-5 years post-diagnosis) were recruited to test a two-month web-based program targeting either sexual problems or fertility distress. The programs were organized in modules with content aiming at improving problem-solving skills and acceptance, including educational articles, video vignettes featuring survivors, exercises, and a discussion forum. Feasibility, with regard to demand, acceptability, preliminary efficacy, and functionality, was evaluated by system data (log in-log out), continuous online evaluations (comment field after each article), telephone interviews at midpoint and one week after finishing the program, and a study-specific instrument measuring adequacy of content and preliminary efficacy.

RESULTS: Fifteen participants completed more than half of the modules and were considered to have completed the program as 'committed participants'. Reasons stated by those eight who were less active included lack of time and currently not perceiving any need for support (demand). The committed participants used and appreciated most parts of the program. The web-based format with responsive design enabled flexible use by participants with diverse needs. Interactive components i.e. exercises and the discussion forum were used to a variable extent but generally appreciated (acceptability). Preliminary efficacy of the program was indicated by self-reported increased knowledge and improved skills to handle sexual problems and fertility distress. The website was easy to use and had good technical functionality.

CONCLUSION: The present study indicated that this web-based intervention was feasible for adolescents and young adults with cancer. The effectiveness of the intervention to decrease sexual problems and fertility distress following cancer will be tested in a population- based RCT.



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38. EFFECTS OF A BEHAVIORAL TREATMENT OF ADOLESCENT INSOMNIA ON COMORBID PSYCHIATRIC DISORDERS AND PAIN: A PILOT STUDY

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AIM(S) The aim of this project is to investigate the effect of insomnia treatment in adolescents on psychiatric comorbidities, such as depression and anxiety, and pain.

METHOD This pilot (n=15) has a pre/post design with participants recruited from child- and adolescent psychiatry and a pediatric pain clinic. Patients with self-reported clinical levels of insomnia are included in the study. The intervention consists of six individual CBT sessions (e.g. psychoeducation on sleep, sleep restriction, stimulus control and relaxation) with homework exercises between sessions and feedback from a therapist. Outcomes include, apart from sleep parameters and insomnia severity, measures of anxiety, depression, emotional regulation, functional disability and pain intensity.

RESULTS The study is ongoing, but intermittent analyses indicate positive effects of treatment on psychiatric comorbidities. For example, participants reported lower levels of anxiety, depression and functional disability post treatment, and these results were maintained at the 3 months follow-up. No effect was found on emotional regulation.

CONCLUSION Intermittent data support the intervention as an effective way to treat insomnia in adolescents and by doing so, also improving participants comorbid psychiatric dysfunctions. This will be further tested in a larger randomized study and if expected results are achieved, this study may contribute to the development of much needed national guidelines for treatment of sleep disorders among adolescents.



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39. REACHING FINNISH SEXUAL MINORITY YOUTH: AN ONLINE QUESTIONNAIRE ABOUT EXPERIENCES WITH SECONDARY SCHOOL NURSING

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AIM

The aim of this qualitative study was to describe the significance of secondary school nurse for sexual minority youth in their process of learning about sexual orientation and gender identity.

METHOD

A self-administrated online questionnaire was shared in Finnish social media groups. The questionnaire consisted of: 1) demographic questions: *age*, *gender identity* (possible to choose several), and *identity as a sexual minority person* (possible to choose several), 2) open-ended questions regarding youth's experiences about *the competence and attitude of secondary school nurse to meet sexual minorities; information about the development of sexual orientation and gender identity and information that the youth would have desired during secondary school from the school nurse*. Participant inclusion criteria were: age between 16-19 years, mother tongue Finnish or Swedish, self-defined identity was sexual minority youth, experiences from secondary school nursing, and voluntariness to participate in the study. Ethical approval was secured from Turku University Research Ethics Committee. Data collection was done during September and November 2016.

RESULTS

Data consisted of 35 sexual minority youth. Youth's mean age was 17 years, gender identities *girl* and *other* were equally most frequent (n=14), and sexual minority identities were diverse for many participants e.g. *panromantic asexual*. Sexual minority youth's process of learning about sexual orientation and gender identity consists of youth's inner world and interaction with environment. One significant environmental actor is a school nurse and youth see nurses as promoters of their process by giving professional support and individualized information to youth. However, youth experienced that sometimes the school nursing practice did not response to their needs for information and support.

CONCLUSION

In this study, sexual minority youth felt that school nurses are important actors in their life but that nurses could have better competence in matters of sexuality and gender. Results can be used in developing secondary school nursing in a direction, where youth's diversity in sexuality and gender can be recognized better.



40. DIVERSITY IN ADOLESCENTS' SOCIAL RELATIONSHIPS DESCRIBED ON THE WEB- BASED SUPPORT SYSTEM FOR DEPRESSION

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AIM: To describe diversity of social relationships in adolescents provided by using a web-based support system. Social relationships have an essential meaning for mental health. Peer support increase adolescents' well-being, while a lack of friends or quarrels at home decreases their happiness. However, it is still unknown how social relationships between adolescents could be described by using web.

METHODS: The mixed methods were used to form a picture of adolescents' social relationships. Participants were adolescents (15-17 years) visiting at adolescent psychiatric outpatient clinic because of depressive symptoms. They took part in the Depis.Net randomized controlled trial. In the intervention group, 75 adolescents had a possibility to use the web-based support system besides their usual care, and 39% (n = 29) described their social relationships on the network map and by written descriptions. Quantitative data were analyzed by counting frequencies, and qualitative data by inductive thematic analysis.

RESULTS: The number of social relationships ranged from 2 to 21. The adolescents wrote about a lack of people, having superficial relationships, and thoughts to feel them as outsiders. Out of 29 respondents, friends (n=19) and mothers (n=18) were mentioned mostly. More than half (59 %) of relationships were described as positive connotation based on 99 smileys; 10 % of relationships were still negative. The adolescents described trustful relationships with family members and friends with understanding and getting concrete help. In contrary, they also had difficult relationships with jealousy, anger and lack of understanding.

CONCLUSION: Adolescents described the great variety of extent and quality in their social relationships by using web-based support system. Professionals need to be aware of challenges of adolescents' social relationships, and have ways to support them in this field. Web is one possibility to provide channel to discuss about strengths and difficulties of social relationships and to support adolescents' mental health but also as a part of psychiatric care.

Abstract is based on an article in Patient Prefer Adherence. 2017; 11: 343–352.



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41. RESEARCH DESIGN - CARING AND LEARNING CONVERSATION AS SUPPORT TO YOUNG ADULTS

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Studies show that young adults (16-25 years) lack support when they have existential concerns. Unless the existential concerns are highlighted, it can be an obstacle in daily life, and it may lead to psychological distress in the future. In order to develop care for young adults, a research project is currently being carried out with the aim of studying how caring and learning conversations can strengthen and support health processes in young adults with existential concerns.

AIM

The aim of this presentation is to describe a research project with the overall aim to investigate and create knowledge about how conversations can support and strengthen the health process of young adults expressing existential concern.

METHOD

The present research project relies on reflective lifeworld research (RLR) based on Dahlberg, Dahlberg and Nyström. RLR is phenomena-oriented and characterized by the fact that the phenomenon of the study is in focus in both data collection and analysis. A phenomenon should be understood in such a way as "something as it is experienced". Methods of application when applying RLR are transparency, compliance with the phenomenon and "bridling" of the understanding process throughout the entire research process.

RESULT

At the present, no studies have yet been analyzed, but the following studies from the caregivers' and young adults' perspective are planned.

- Caregivers who have or have had conversations with young adults who express existential issues in various healthcare contexts such as; Primary care, Youth guidance centers, Student health in high school and Student health at university.
- Young adults who sought care and expressed existential concern during the conversation.

CONCLUSION

By examining how caregivers in different healthcare context experience conversations with young adults with existential issues and to describe what support young adults consider to be in the form of conversations, the intention is to strengthen and support health processes in young adults.



42. POSITIVE ENCOUNTERS WITH HEALTHCARE AMONG WOMEN SICKNESS ABSENT WITH BREAST CANCER OR OTHER DIAGNOSES

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Background:

Experiences of encounters from healthcare are of importance for return to work (RTW) among sickness absentees, knowledge is needed on the types of positive encounter that can affect RTW. In Sweden, half of those diagnosed with breast cancer (BC) are of working age and most state that paid work is an important part of their lives. Aim: to investigate how women sickness absent due to BC, or other diagnoses, respectively, experienced encounters with healthcare and how that impacted RTW.

Methods:

Survey data regarding experiences of different types of encounters with healthcare from 6197 women, aged 19-65 year, in a sick-leave spell that had lasted 4-8 months (response rate 55.4%). Of those, 187 (3%) had a BC sick-leave diagnosis. Descriptive statistics, logistic regression, and Chi-square analysis were conducted comparing BC women with women sickness absent due to other diagnosis.

Results:

The women on sick leave due to BC were generally older and had less depressive symptoms than the others. In both groups, most were born in Sweden and did not have college/university education. Women with BC and the others were relatively similar in respect to having experienced positive encounter by healthcare professionals (BC 95.2%, others 95.1%). Exception to this were the specific types of encounters; “allowed me to take responsibility for myself”, “encouraged me to find my own solutions”, “made appropriate demands”, and “defended me/stood on my side”, which women with BC had experienced to smaller proportion. Fewer women with BC had stated that positive encounters promoted their ability to RTW (OR 0.7; 95% CI 0.5-0.9) compared to other sickness absent women. Conclusion: The majority in both groups had experienced positive encounters. Some specific types of positive encounters were experienced by a smaller proportion of the women with BC, also fewer women with BC stated that positive encounters had promoted RTW.



43. RETURN TO WORK AFTER SPINAL CORD INJURY: EXPERIENCES SHARED FROM A MULTIPLE STAKEHOLDER PERSPECTIVE

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Aim:

In Sweden there is an abundance of resources in return to work, although there are no guidelines for how to support persons with spinal cord injury (SCI) in the return to work process. To develop interventions for return to work it is important to include the perspective of the professional stakeholders working with return to work. The aim of this study was to explore organisation of resources from a stakeholder perspective among employers, health care, as well as representatives from the social insurance office and the employment agency.

Method:

Data from seven focus groups interviews were analysed using thematic analysis. Employers for persons living with spinal cord injury were recruited together with representatives from the multidisciplinary SCI rehabilitation team within health care, the Social Insurance Agency, the Employment Agency into concurrent or separate focus groups. In order to build a comprehensive map of the return to work process, the focus group participants were asked to discuss different scenarios, for example situations that enabled or challenged successful return to work. Further triggers were used based on previous studies on experiences of barriers and possibilities from a perspective of persons living with spinal cord injury.

Findings:

Preliminary analysis show conflicts in relation to the understanding of regulations in return to work in Sweden and difficulties to find paths in return to work applicable for persons living with spinal cord injury. Early interventions, coordination between stakeholders and close collaboration with the employer are highlighted as critical factors for success in return to work. However lack of coordination of resources is identified as a barrier in the return to work process.

Conclusion:

Interventions for return to work need to utilise the existing resources for return to work more effectively by for example the use of a specialised coordinator based in health care.



44. MEANING OF CHANGE IN WORKING LIFE AMONG PEOPLE WITH MULTIPLE SCLEROSIS

Forslin M*, Johansson U, Johansson S, all from Karolinska Institutet, Stockholm, Sweden.

AIM

Most people with multiple sclerosis (MS) receive their diagnoses at 20 to 40 years of age. Since life expectancy is reduced only to a limited extent, people with MS (PwMS) usually live a long life with the disease in working age. Problems in working life are however common, manifested by difficulties in getting and keeping an employment, repeated sick leave, changed roles at work, decreased working hours and early retirement. Not working is also associated with reduced health-related quality of life and cause increased burdens for society. Increased knowledge of how changes in working life are perceived by PwMS is needed for improved support for PwMS in working life. The aim of this study is therefore to describe and explore which meanings PwMS give to changes in working life.

METHOD

In total, 15 PwMS of working age were included in this qualitative study. The interviewees were selected with the intention to represent a wide range of demographic characteristics, functioning, and states of employment among PwMS, from a cohort of PwMS who had participated in a 10-year follow-up study. Semi-structured interviews were conducted by the author and a co-researcher, after receiving informed consent. The interview guide was developed with the intention to explore the PwMS lived experience of changes in working life and to explore factors affecting this experience such as personal and environmental factors. The interviews were audio recorded and transcribed verbatim.

The interviews are currently being analyzed with a phenomenological approach using the Empirical Phenomenological Psychological (EPP) method. In this method the aim is to describe an overall meaning structure of the studied phenomenon, based on the participants' description of their experiences. Identifying sub-characteristics of the phenomenon serves to gain a deeper understanding of variations of phenomenon in study.

RESULTS

The interviews analyzed so far have presented with a high level of data richness. Analyses are expected to be complete with results ready for presentation during the conference in November 2017.

CONCLUSION

Conclusions are yet to be drawn when the analyses are completed.



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45. BEING A CO-WORKER OR A MANAGER TO A PERSON RETURNING TO WORK AFTER STROKE: A CHALLENGE FACILITATED BY COOPERATION AND FLEXIBILITY

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INTRODUCTION:

Several actors are involved in the process of return to work (RTW) after stroke. Co-workers and managers are some of the key players in this process during work trial at the workplace. There is limited knowledge on their experiences and their role in the RTW process of a colleague with stroke. The objective of this study was to explore and describe how co-workers and managers experience the RTW process involving a colleague with stroke, participating in a person-centred rehabilitation programme focusing on RTW.

METHOD:

Seven co-workers and four managers were interviewed during the early process of RTW of a colleague with stroke. Sixteen semi-structured interviews were conducted and analysed using a grounded theory approach.

RESULTS:

The experience of providing support to the colleague in the RTW process was expressed as a balancing act dealing with one's own insecurity and lack of knowledge. Frustration and worries were expressed as well as a need for new strategies to be able to provide support, and the coordinator played an important role in this respect. The challenge of being a co-worker or a manager during the RTW process is described in three categories: *the emotional challenge of being a supportive co-worker or manager, the challenging experience of having too much responsibility, and being supportive despite lack of knowledge.*

CONCLUSION:

This study contributes with new knowledge regarding the demanding role of being a co-worker or a manager to a colleague with stroke during the actual work trial. The role is challenging, which involves handling various practical and emotional obstacles. Close cooperation at the workplace is highly recommended, where the support of someone knowledgeable can be of great importance.



46. HIGH ICT DEMANDS AND WORK AND RISK OF SLEEP DISTURBANCES – CROSS-SECTIONAL AND PROSPECTIVE OBSERVATIONS FROM THE SLOSH STUDY

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AIM

Self-reported sleep disturbances are common in the working population, and the prevalence is about 20%. Several studies have identified factors in the work environment that increases the risk of sleep disturbances. However, how some aspects in the modern working life impacts on the risk of sleep disturbances, e.g. stress related to information and communication technology (ICT), have been scarcely examined. Consequently, the aim of this study is to examine the association between ICT-related stress operationalised as high ICT demands and sleep disturbances in the working population, and if such associations differ between the sexes and in different SES strata.'

METHODS

A quantitative design will be used, including both cross-sectional and prospective analyses. The data will be obtained from the Swedish Longitudinal Occupational Survey of Health (SLOSH). The cross-sectional analyses will be based on SLOSH data that were collected in 2014 (n≈14 750). The prospective analyses will be based on SLOSH data collected in 2006, 2008, 2010 and 2012. Based on these data collections, two separate study samples will be created (based on participants that either started at 2006 or 2008), which afterwards will be merged into a single, total study population (n≈4 460). Only participants that reported no sleep disturbances at baseline (T1) will be included in the analytical study sample. The main measures will be ICT demands and the Karolinska Sleep Questionnaire (KSQ). Covariates will be age, sex, SES, lifestyle factors (smoking and physical exercise), BMI, job strain, and social support. The analyses will be conducted on the total study sample, and stratified by sex, and by SES. The prospective analysis will analyse exposure to high ICT demands at one, or two points in time, two years apart, and the association with sleep disturbances at follow up, two years after the second time-point. Ordinal Regression Analyses will be used to calculate the results.

RESULTS

The results have not been calculated at time of writing, but the preliminary results will be presented at the conference in November.

CONCLUSION

The preliminary conclusions will be presented at the conference in November.



47. SINGLE-LEG SQUAT - A SYSTEMATIC REVIEW OF INTRA- AND INTER-RATER RELIABILITY

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AIMS:

Functional movement screening is proposed to anticipate sports injuries; one such test is the Single-Leg Squat (SLS). Tests used in clinical settings need to be reliable and valid. The aim for this systematic review was to investigate the intra- and inter-rater reliability of the Single-Leg Squat test.

METHOD:

Four databases (PubMed, Embase, Cinahl and Web of science) was searched, and further a hand search was conducted up to 2017-05-20. Risk of bias of the included studies was studied with an appraisal tool for reliability studies (QAREL).

RESULTS:

56 titles and abstracts were read, 21 full text studies investigated the reliability of SLS and were included. Of those, 13 studies were included in the review examined for inter- and intra-rater reliability, quality and risk of bias. Eight additional studies will be included and assessed. For the first 13 studies the intra-rater reliability varied between $\kappa=0.18-0.94$ and $ICC=0.55-0.81$. The inter-rater reliability varied between $\kappa=0.00-0.95$ and $ICC=0.41-0.71$. Seven of the first 13 included studies showed a low risk for bias, two a moderate risk of bias and four a high risk of bias.

CONCLUSION:

Even though the present review of the Single-Leg Squat test demonstrates an intra- and inter-rater reliability which is mainly fair and published in studies with low/moderate risk of bias, no concurrence is held with regard to the tests performance, assessment and purpose. Thus, the Single-Leg Squat test cannot be considered as fully reliable. As further studies will be included the results are preliminary.



48. DEVELOPMENT OF A NOVEL EXERCISE INTERVENTION AS PART OF REHABILITATION IN GLIOBLASTOMA MULTIFORME SURVIVORS

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AIM:

The effectiveness of exercise rehabilitation has not been investigated in strong methodological designs of patients with brain tumours. To recommend exercise interventions, as part of rehabilitation for future use, we need detailed descriptions of the exercises included in such program. This case report aims to describe the rationale and development of a novel exercise intervention in a malignant brain tumour survivor and to discuss potential relations of observed effects in functioning and quality of life.

METHOD/CASE DESCRIPTION:

A 54year old male Glioblastoma Multiforme survivor presenting with impaired functioning of vision, orientation, and balance entered a novel supervised exercise rehabilitation intervention. He performed 6 weeks of exercise rehabilitation (Monday, Wednesday and Friday) during active anticancer treatment of concomitant chemo- and radiotherapy. Assessments were performed at inclusion and conclusion of the rehabilitation intervention. Exercise modalities of cardiorespiratory-, resistance-, and balance training were based on generic recommendations from various cancer populations and literature review.

RESULTS:

The case attended all sessions without experiencing adverse effects to the exercises. Improvements in aerobic power (24%), muscle strength (0-38%), standing balance (75%), walking ability (9%) and quality of life estimates of Global health status (8,4%) and Physical functioning (6,7%) were observed. This implicates that patients with Glioblastoma Multiforme presenting with a “good” performance status may acquire physical- and psychological improvements of exercise rehabilitation, as see in various cancer populations, despite heavy medical treatments.

CONCLUSION:

The results, however impressive, cannot demonstrate causal effects, as we cannot rule out the influence of other factors as spontaneous remission or other unknown factors. Randomised controlled

trials of patients with brain tumours presenting with "good" performance status are highly anticipated to evaluate the effectiveness of exercise, as part of rehabilitation.

Conflict of interests: none declared



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49. IMPAIRED SHOULDER-ARM MOVEMENT AND MUSCLE FUNCTION IN UPPER AND LOWER EXTREMITY IN SYSTEMIC SCLEROSIS-PATIENTS - A CROSS-SECTIONAL COHORT STUDY

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Aims. We aim to examine active range of motion (AROM) in the upper extremity and repetitive muscle endurance in the upper and lower extremities in patients with systemic sclerosis (SSc) and to explore differences depending on skin involvement (diffuse cutaneous SSc/limited cutaneous SSc, dcSSc/lcSSc) and lung function (normal-mild/moderate-severe lung disease).

Methods. A population-based cohort of 160 patients fulfilling the EULAR/ACR criteria of SSc was assessed between 2006 and 2015. Upper extremity AROM (Functional Shoulder Assessment, FSA) and muscle endurance (Functional Index-2, FI-2) and muscle function (Timed-Stands-Test, TST) were assessed and compared with reference values.

Results. Of the 160 patients, 18 % were men, 83 % had lcSSc, median (IQR) age was 61 (53-69) years, 82 patients were classified as having a normal-mild and 64 as having moderate-severe lung disease. SSc-patients had lower FSA-scores (4-item subscale) in shoulder-arms md (IQR) 44 (39-47) compared with reference values 46 (44-48) ($p<0.001$). DcSSc-patients had lower FSA-score (5-item subscale) 52 (48-57) compared to lcSSc-patients 56 (51-59) ($p=0.01$). SSc-patients had 50 (23-100) % of upper extremity muscle endurance and 42 (23-79) % of lower extremity muscle endurance (FI-2) compared with reference values ($p<0.001$). Patients with moderate-severe lung disease had worse upper extremity muscle endurance with 37 (22-71) % of predicted FI-2 score compared to patients with normal-mild, 52 (32-95) ($p<0.05$). SSc-patients had reduced lower extremity muscle function (TST), 22 (17-29) vs reference values, 18 (16-18) ($p<0.001$) and those with moderate-severe lung disease needed longer time to complete the TST, 24 (18-30) than their counterparts, 20 (16-25) ($p<0.05$).

Conclusions. Patients with SSc have a markedly reduced muscle function in both upper and lower extremities as well as an impaired AROM in the shoulder-girdle. This study highlights the importance of identifying patients with an enhanced risk of developing severe muscle impairments. We suggest using tests not only assessing muscle strength but also dynamic muscle endurance, especially in patients with moderate-severe lung disease.



50. HOW CAN THE HEALTHCARE PROMOTE PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS?

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AIM

To gain a deeper understanding regarding the possibilities and barriers of using the method Physical activity on prescription, *Fysisk aktivitet på Recept, (FaR)* directed to children and adolescents.

METHOD

This was a descriptive qualitative study using a deductive approach. Interviews were conducted with

37 health care professionals, 36 women and one man (21 school nurses, 10 physiotherapists, 2 pediatric doctors and 4 midwives), purposefully sampled for the study. Fourteen of them had either

earlier experience from prescribing FaR to children, or had been specifically educated in the “FaR to

children method”. Six focus groups and two individual interviews were conducted by two interviewers. Each interview lasted around an hour. The interviews were recorded, transcribed, categorized and analyzed using six pre-defined categories based on the FaR-method:

1. Person centered interviewing technique, with focus on listening and motivation
2. FaR prescription, the agreement on a physical activity plan
3. FYSS, the scientific handbook for evidence based dose of physical activity
4. Collaboration with the sports`organizers, in the Stockholm County
5. The crucial follow-up of the patient
6. Future possibilities for making FaR for children an accessible tool

RESULTS

A broad picture of the possibilities and barriers of using FaR was explored by the informants with creative approaches for using FaR more abundantly. The complexity of working with children and their families, and giving it ample time in dialogue were pointed out. The perspectives that physical activity enhances empowerment and self-esteem for the individual were other aspects. The informants were overall positive for FaR becoming a more frequent tool within the healthcare arena for children and adolescents both now and for the future.

CONCLUSIONS

The 37 informants contributed with their experiences regarding FaR to children in lifting the aspects for it to be implemented in the Swedish healthcare. They expressed frustration seeing the problem with increasing sedentary behavior for young people and not being able to influence it, and thus found that FaR was one way to go.



51. ADENOTONSILLECTOMY VERSUS ADENOPHARYNGOPLASTY IN CHILDREN WITH SEVERE OBSTRUCTIVE SLEEP APNEA: A RANDOMIZED CONTROLLED TRIAL.

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AIM:

Obstructive sleep apnea (OSA) is a common disorder among children and is characterized by obstruction of the upper airway during sleep. Polysomnography (PSG), a sleep study, is the golden standard method to diagnose OSA and surgery with adenotonsillectomy (ATE) is the primary treatment. Adenopharyngoplasty (APP) is a modified ATE, with closure of the tonsillar pillars. In this study, we aimed to evaluate if APP is a more effective method to treat children with severe OSA than ATE.

METHODS:

A single center, blinded, randomized controlled trial (RCT). Polysomnography (PSG) was used to score an obstructive apnea-hypopnea index (OAHl). 81 children, 2 to 5 years of age, with an OAHl of ≥ 10 , were randomized to APP (n=36) or ATE (n=45). PSG and OSA-18, a quality of life survey, were performed preoperatively and 6 months postoperatively. The postoperative change in OAHl was the primary outcome.

RESULTS:

71 patients (APP=30, ATE=41) have performed the follow-up (88%). The mean (\pm SD) preoperative OAHl was 23.5 (11.7) for the ATE group and 23.8 (11.5) for the APP group. The results show a mean postoperative decrease in OAHl of 20.6 (11.4) for ATE and 21.7 (12.2) for APP, with no significant difference between the groups (p=0.69). Further, no significant differences could be observed regarding OSA-18 or other PSG parameters. One patient in each group was readmitted due to postoperative bleeding, but no other complications were seen.

CONCLUSION:

This RCT could not show that APP is more effective than ATE to treat children with severe OSA.



52. DISCREPANCY BETWEEN CLIENTS' NEEDS AND SYSTEM'S NEEDS – A TRANSLATION PROCESS

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AIM

Existing research suggests that occupational therapists (OTs) find it challenging to combine the needs of their clients with the needs of the service organisation, by which they are employed (1). Knowledge about the clients' experiences with the service system, as part of their assistive technology service delivery process, seems to suggest, that the clients do not consider themselves actively involved in the process (2). The aim of this paper was to explore how older adults' experienced needs are met by the service system during the assistive technology service delivery process.

METHOD

This longitudinal qualitative study investigated how older adults experienced the assistive technology (AT) service delivery process. Eight older adults were followed, using participant observation (3) and semi-structured interviews (4), starting when they applied for an AT, and ending when the AT was an integrated part of their everyday life. The analysis was based on Ricoeur's theory of interpretation carried out on 3 levels: Naïve reading, structural analysis and critical interpretation and discussion (5).

RESULTS

Through the structural analysis two themes emerged: need quantification and translation of needs. During the assistive technology delivery process the OTs try to quantify clients' needs by asking questions like *"how many times would you use the bicycle"*. Some clients respond by quantifying their needs while others focus on their lived experiences with the meaningful activity causing their needs. When the clients' needs do not easily fit the demands of the system, the OTs use different arguments and methods, like monitoring the clients' use of a borrowed assistive technology, in attempt to translate the clients' needs into needs understandable and acceptable to the service system.

CONCLUSION

Throughout the assistive technology delivery process gap between the clients' lived experience of needs and the organisational understanding of needs exists. This emphasises the OTs' role as translator of clients experienced needs to fit the organisational understanding of needs.

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53. ENHANCED MOBILISATION AFTER ABDOMINAL SURGERY DUE TO CANCER, BY SELF-MONITORING AND FEEDBACK – THE ABDMORRE STUDY

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AIM

Minimising postoperative complications after surgery is important in today's health care, and early mobilisation at the ward is thought to be one of the key factors. Patients often have the knowledge of the importance of mobilisation, but motivation is lacking. Self-monitoring and instant feedback is a promising technique to enhance motivation and support behaviour change. Self-monitoring tools have now been developed for use also in hospitals, but have not been evaluated.

The specific aim of this project is to evaluate the effects of enhanced mobilisation using an activity board, after major abdominal surgery due to cancer.

METHODS

In total 90 patients who are planned for elective abdominal surgery due to cancer, from two wards at Karolinska University Hospital Solna will be included. The patients should preoperatively be scheduled for at least three days of postoperative care at a ward, being able to talk and understand Swedish and be mobile.

The activity board will be compared to physiotherapy care as usual. The methods will be circulating at two wards. The activity board consists of a white board with red/green magnets. Goals for each patient is set by the Physiotherapist and patient together. The patients turn the magnets from red to green after goal achieved. For comparison of the methods an accelerometer, ActivePAL, will be worn on the thigh and chest, after surgery to discharge. Time spent sitting, standing and walking will be measured. In addition, a questionnaire for postoperative recovery, PRP, will be used. The effect will be evaluated using ANOVA.

RESULTS

Until this abstract submission, 27 patients have been included in the study (18 men) with a median age at 74 years, range 31 - 92. No adverse effect has been reported and the activity board is well accepted by the patients. Upon the date of the conference preliminary findings of the effect will be presented.

CONCLUSION

The long-term goal of this study is to improve patient care after major abdominal surgery due to cancer, by more effective mobilisation. In the short term the project will result in increased physical activity level and improved postoperative recovery for the included patients.



54. POSTOPERATIVE COMPLICATIONS IN GASTROENTEROLOGICAL SURGERY

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AIMS

The aims of the research were following:

1. Prospective evaluation of the incidence and character of the postoperative complications in gastroenterological surgery.
2. Demonstration the dependency between complications' incidence and perioperative risk.
3. Analysis of factors for postoperative complications in gastroenterological surgery.
4. Analysis of factors for relaparotomy necessity.
5. Analysis of death among patients after gastroenterological surgeries.

METHODS

The research encompassed 257 of patients which underwent laparotomy in the Department of general surgery in one of the Tricity's hospitals in a period from December 1st 2009 to April 30th 2010. A document analysis was used as a research method. To verify the hypotheses, structure's indicators equality test (based on „U” statistics) was used.

RESULTS

- The highest percentage of postoperative complications in gastroenterological surgery occurred after surgeries on the lower gastrointestinal tract. Among complications the surgical wound infection and respiratory and circulatory failure were dominating.
- Patients at high perioperative risk needed relaparotomy more often and more often developed respiratory and circulatory failures. However ASA scale did not correlate with the frequency of therapy in Intensive Care Unit.
- Factors for postoperative complications in gastroenterological surgery were following – an urgent mode of operation, cancer, age > 65 and male gender.
- Factors for relaparotomy were – age > 65 and male gender. An unambiguous impact of cancer and operation's mode on frequency of relaparotomy was not demonstrated.
- Deaths in this study group occurred most frequently after urgent surgeries, at male gender and in age higher than 65. Cancer did not have fundamental influence on early postoperative mortality.

CONCLUSION

In spite of the huge progress in medicine we are not able to eliminate all of the postoperative complications. Nonetheless medical staff should be able to prevent them and diagnose them very early. To achieve it, the therapeutic team cooperation is essential – especially professional and astute postoperative nursing care. Nurses have to be able to distinguish patients with the higher risk of postoperative complications and monitor them very carefully.



55. IDENTIFY THE SEPTIC PATIENT IN THE PREHOSPITAL CARE

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AIM

The aim was to determine the sensitivity of the new symptom based index test Altered Signs and Symptoms Emerge Sudden in Sepsis (ASSESS) in order to identify sepsis and compare it with four established index tests in the prehospital care.

METHOD

This is a quantitative study where the researchers collected data from medical records, and tested whether a new symptom based index test ASSESS was significantly better to identify sepsis compared to Rapid Emergency Triage and Treatment System (RETTS-ESS 47), BAS 90-30-90, Quick Sequential [Sepsis-related] (qSOFA) and The prehospital severe sepsis screening tool (PSSST). According to the Standards for Reporting of Diagnostic Accuracy (STARD-concept), a retrospective diagnostic accuracy and cohort study was conducted. The participants were 380 consecutive adult patients (age >18 years) who activated the Prehospital care-system and were transported to Skaraborgs County Hospital in west of Sweden, and subsequently discharged with an ICD-10-code consistent with sepsis, during a three-month period between January through April, 2012.

RESULTS

Of 380 patients 180 (47%) were female and 200 (53%) were male and with a mean age of 74±15 years. The ASSESS had a higher sensitivity to all four established index tests. Of the included symptoms in ASSESS the most common were sudden fever (63,9%), sudden breathing difficulties (60%), sudden muscle weakness (23,9%) and sudden gastrointestinal symptoms (20,2%).

CONCLUSION

ASSESS showed a higher sensitivity compared to the other four index test, which could in turn enable an earlier identification of sepsis patients in the prehospital care. Symptom presentation is included in the ASSESS index test as compared to the other four index tests which focus in major on vital signs alone. An inclusion of symptom presentation in a prehospital screening tool may thus increase the identification of sepsis. However, evidence on clinical benefit of the ASSESS index test need to be prospectively validated.



56. A PATIENT CENTERED, SAFER AND MORE EFFICIENT WAY FOR PRESCRIBING WARFARIN IN PRIMARY CARE – USE OF POINT OF CARE ANALYSIS

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BACKGROUND

The process of giving prescription (dosage instructions) of warfarin to the patients at the primary care centre were afflicted with several risks of error. There were many steps and several participants in the process. The patients didn't meet the doctor and they had to wait 2 days for a letter with the prescription. If an acute change had to be made, we called the patient but sometimes we did not get hold of them the same day.

AIMS

- To shorten and simplify the process flow for patients with warfarin
- To evaluate impact on patient safety
- To evaluate effect on quality, time and costs for the new process flow
- To evaluate how personnel and patients experienced the new process

METHOD

This was an intervention study in which devices for quick analysis (Point of Care, POC) was obtained in the form of CoaguChek and the process flow was shortened. The doctor was moved into the sampling room, in the laboratory, in order to prescribe directly to the patient. Patients were booked in 5-minutes modules 2 hours per day. We evaluated TTR, costs, time and adverse events. Questionnaires were used to explore views of patients, physicians, nurses and laboratory personnel.

RESULTS

The time until the patients received the prescription were reduced from 2 days to 10 minutes. Adverse events decreased slightly. TTR improved from 75% to 81% (n.s.)- probably thanks to close interaction and increased patient participation. The surveys showed that an overwhelming proportion of patients, doctors, nurses and staff in the laboratory were satisfied with the change. Time required for staff fell for all involved staff groups. The running costs fell from about 7,600 €/month to approximately 6,800 €/month.

CONCLUSION

To start with POC enabled a drastically shortened process flow with a higher patient participation and increased patient safety. The changes also resulted in increased quality, reduced time required for both patients and staff, and reduced running costs. Both patients and staff were satisfied with the changes. Karolinska University laboratory is positive to expand the technique to more primary care centres. The warfarin clinic is now permanent in the health care centre.



57. CAN A MOBILE COOPERATION INTERVENTION IMPROVE STUDENTS' COMPETENCE? A RANDOMIZED CONTROLLED TRIAL

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AIM: The aim of this study was to examine whether a mobile cooperation intervention has an effect on students' self-assessed level of competence.

METHODS: This randomized controlled two-group pre-test–post-test trial was conducted in seven hospitals during January–March 2015 in Southwest Finland. Voluntary second-year bachelor's degree nursing students ($n = 102$) from one educational institution were randomly allocated to either the control group ($n = 50$) or the intervention group ($n = 52$). The 5-week mobile cooperation intervention included use of a mobile application in the nursing student–nurse teacher cooperation during one clinical practicum and application functionality training before the intervention. Control group engaged in standard cooperation with no intervention components. The same nurse teacher delivered the intervention for both groups. The Nurse Competence Scale with seven sub-categories using the Visual Analog Scale from 0 to 100 was used to measure the competence at baseline and after the intervention. Hierarchical linear mixed models were used for intention-to-treat analysis. **RESULTS:** Together 102 students were included in the analysis. There were no statistically significant differences between the groups in mean changes in the overall competence ($p = 0.49$) or in the seven sub-scales (all $p > 0.26$). However, a significant improvement ($p < 0.001$) was shown in both groups in the overall competence, from 38.5 (SD 16.1) to 45.6 (SD 18.5) in the intervention group and from 40.9 (SD 17.3) to 49.2 (SD 21.8) in the control group. Older age was the only significant factor associated with higher overall competence ($\chi^2_1 = 0.6, p < 0.001$) after the intervention.

CONCLUSION: The mobile cooperation was shown to be as effective as the standard cooperation in improving students' competence. More studies are needed to offer robust evidence for addressing developments in the emerging area of nursing education with respect to mobile technologies.



58. HOW STUDENTS' COMMUNICATE IN AN INTERPROFESSIONAL SETTING

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ABSTRACT AIM

Communication skills and professional language are essential when communicating with patients and professionals both professionally and interprofessionally. Today, there is limited experience of how students learn to communicate in an interprofessional setting. In order to facilitate students' communicative learning process knowledge is needed about how students communicate with each other. The aim of this study is to explore occupational therapist- and physiotherapist students' communicative learning process working together with virtual patient.

METHODS

In a virtual patient setting occupational therapist and physiotherapist students carried out a simulated patient encounter in pairs of two, using one computer each, sitting side by side. The students' conversation was recorded in video films and the oral communication was transcribed. Discourse analysis (Fairclough, 2003) was used to analyse the data.

RESULTS

Working with the simulated patient encounter the students created a reciprocal learning situation with two dimensions; one cognitive and one social merging together during the session. The social learning environment was created through posing questions and acknowledging each other. They clarified their own profession using familiar concepts. When comparing their professional views they related the peers' statements to their own profession. The communication was characterized by a meaning making process aiming to understand each other's perspectives.

CONCLUSION

Observing and analyzing students from different professions working together in a virtual patient setting revealed communication patterns that can be facilitated to enhance professional and interprofessional learning. The results can be used to improve the design of the patient encounter in terms of stimulating professional and interprofessional communication. These learning activities could also be used as preparation for interprofessional clinical practice.

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59. DEVELOPMENT OF A RUBRIC TO AESS NURSING STUDENT'S CLINICAL REASONING WHEN ENCOUNTERING VIRTUAL PATIENT CASES

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Background: Clinical reasoning is a vital skill that is required for professional nursing practice. Training with virtual patients has been proposed as a suitable learning activity to improve clinical reasoning skills. However, there are few instruments that have the capacity to objectively visualise and evaluate the clinical reasoning process for learners that encounter virtual patients.

Objectives: The objectives of this study were (a) to develop an assessment tool guided by the Lasater Clinical Judgment Rubric (LCJR) to assess nursing students' clinical reasoning skills when encountering virtual patients, and (b) to test the new assessment tool's ability to capture the nursing students' clinical reasoning processes as they encounter virtual patients.

Methods: A two-phase design was used. The LCJR provided the basis for the adaptation of a new rubric. In phase 1 the LCJR was adapted to assess nursing students' clinical reasoning skills in the encounter with virtual patients using deductive and abductive analysis. In phase 2 the newly developed tool's ability to capture nursing students' clinical reasoning processes during virtual patient simulation was tested using deductive analysis. Also, the students' clinical performances were calculated and the results were quantified.

Results: A grading rubric, called vpLCJR was developed. In order to test the vpLCJR (n=28) nursing students' performance was scored using the vpLCJR. The result was calculated on a group level. Cronbach's alpha showed 0.892, indicating good internal consistency.

Conclusions: We developed a grading rubric vpLCJR and used the rubric to evaluate nursing students' clinical reasoning abilities. This rubric holds promise as a useful tool that can visualise and evaluate nursing students' clinical reasoning skills in their encounters with virtual patients.



60. CHALLENGES AND POSSIBILITIES OF USING INFORMATION AND COMMUNICATION TECHNOLOGY IN MULTIDISCIPLINARY REHABILITATION AFTER STROKE – THE PROFESSIONALS' EXPERIENCES

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INTRODUCTION: This study was based on experiences from our previous research with the long-term goal to develop a model for person-centered rehabilitation after stroke using Information and Communication Technology (ICT). Within rehabilitation after stroke and other chronic conditions the use of ICT has proven to be cost-effective and enable communication and feed-back between health professionals and patients. However knowledge about how ICT is used within stroke rehabilitation in Sweden today and the potential benefits and obstacles for using ICT throughout the rehabilitation process after stroke needs to be further explored. *The aim of this study was to examine how multidisciplinary stroke teams used and could use ICT throughout the rehabilitation process to enable a person-centred rehabilitation.*

METHOD: This study was performed within Stockholm county council in Sweden. A qualitative method with a grounded theory approach was used during the gathering and analysis of the data. Six individual and two focus group interviews were performed with a varied group of professionals working within rehabilitation after stroke. A constant comparative method was used during the analysis which resulted in one core category: *The professionals' vision of sharing through ICT.*

RESULTS: The professionals in this study described that ICT could enable them to work more effectively and more person-centred. ICT could be used to create common grounds with the patients, share information and to include significant others to a greater extent. It could also be used to monitor and collaborate with the patients from a distance. They also described that there are obstacles for using ICT such as the reimbursement system and lack of hardware, software and secure ways of communication online.

CONCLUSION: Well-designed ICT solutions could help bring the professionals closer to the patients and thereby enhance their collaboration and increase the patients' participation in the rehabilitation process. ICT could also become a valuable tool in addition to regular therapy for improving function and promote meaningful and engaging activities.



61. RECORDING A DIAGNOSIS OF STROKE/TIA OR MYOCARDIAL INFARCTION IN PRIMARY CARE AND THE ASSOCIATION WITH DISPENSATION OF PREVENTIVE MEDICATION

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AIM: The aim of this study was to explore whether recording in primary care of a previously recorded hospital diagnosis was associated with increased patient utilization of recommended medications.

METHODS: Registry based prospective cohort study. 19 072 patients with a hospital discharge diagnosis of transient ischemic attack (TIA), stroke or acute coronary syndrome (ACS) from hospitals in Stockholm County 2010-2013 were included in the study. The outcome of the study was medication dispensation as a marker of adherence to recommended medications. Adherence was defined as having had at least two filled prescriptions in the third year following hospital discharge.

RESULTS: Recording a diagnosis was associated with higher utilization of all recommended medications with the exception of antihypertensives in patients with TIA. Dispensation of antithrombotics was high overall, 80-90% in patients without a recorded diagnosis and 90-94% for those with a diagnosis. Women with recorded ischemic stroke/TIA/ACS (56-71%) were dispensed more statins than those with no recorded diagnosis (46-59%). Similarly 68-83% of men with a recorded diagnosis were dispensed statins (57-77% in men with no recorded diagnosis). The difference between the groups with and without a recorded diagnosis remained after adjusting for age, sex, index year, and visits to private practitioners. The rate of diagnosis recording spanned from 15-47% and was especially low in TIA (men 15%, women 16%).

CONCLUSION: Recording a diagnosis of TIA/stroke or acute coronary syndrome in primary care was found to be beneficial for patient dispensation of recommended medications. Further study is necessary in order to determine the mechanisms underlying our results and to establish the utility of our findings.



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62. ETHICAL ISSUES OF PATIENTS WITH STROKE – CONSTRUCTING THE ETHICAL PATHWAY

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AIM

The aim is to chart ethical issues of patients with stroke (PwS) and construct them to an ethical pathway of PwS. The ultimate goal is by an exploration and evaluation of ethical pathway of PwS to enable health care personnel to understand the development and change of ethical issues of PwS.

METHODS

In the theoretical background with a descriptive design, the theoretical construction of dignity of PwS in hospital care was created interviewing 16 PwS while in hospital care. The data was analyzed using the constant comparison of Grounded Theory. The theoretical background continues with a scoping review of ethical issues of PwS. The scoping review is under construction and will be finished in autumn 2017.

In the empirical research with a longitudinal design, the ethical pathway will be constructed and the role of significant other as an advocate explored. The data to the ethical pathway construction will be collected during the years 2018–2019 from PwS and their significant others in four measurement points during the year post-stroke. Of the role as an advocate, significant others' are interviewed in two focus group interview times during the year.

RESULTS

As a result of the theoretical construction, 'The Theory of Dignity Realization of Patients with Stroke in Hospital Care' was created. The theory revealed possible special characteristics of dignity of PwS. The theoretical background concerning ethical issues of PwS is fulfilled with the results of the scoping review.

As the result of the empirical research, the ethical pathway will be constructed. In the ethical pathway, it is followed how ethical issues of PwS are developed and changed from the viewpoint of the patient. The association of ethical issues and self-perceived health status will be explored as well social support from the viewpoint of significant other's role as an advocate.

CONCLUSION

The construction of the ethical pathway of PwS will conduct new knowledge of ethical issues of PwS in a longer time period. In practice, the knowledge constructs the possibility to stroke patients' ethically high-level care. In research, this may be used as a basis for intervention study for ethical issues of PwS.



63. PERCEIVED QUALITY OF CARE TRANSITIONS BETWEEN STROKE UNIT AND THE HOME - A CROSS SECTIONAL STUDY

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AIM: The aim was to explore the perceived quality of care transitions between stroke unit and the home for patients with mild stroke.

METHODS: A total of 80 patients with stroke referred from stroke unit to home rehabilitation were included in the study. One week after discharge, the perceived quality of care transitions was assessed with the Care Transitions Measure (CTM) The CTM consists of 15 items covering different areas such as critical understanding, preferences important, management preparation, and care plan. Baseline data on age, sex and stroke severity were collected from medical records.

RESULTS: The participants had a mild stroke and comprised 53 men and 27 women, mean age 70 years. A majority perceived a high quality of care transitions regarding most areas. However, 21 participants (26%) did not perceive that they had clear health goals and knew how to reach them; 24 participants (30%) did not know what warning signs and symptoms to watch out for monitoring their health; and 16 participants (20%) lacked a readable and understandable written plan that described how further health care needs would be met. At discharge from hospital 19 participants (24%) perceived they had a poor understanding about their health and what could worsen or improve their condition. Further 23 participants (29%) lacked a written understandable information about what appointments or tests were planned after discharge. In addition, 37 participants (46%) had not clearly understood the possible side-effects of their medications.

CONCLUSION: These findings stress the importance of preparing the discharge from the stroke unit to the home. Although the participants had a mild stroke, the results show that there is room for improvement regarding the transition process. Extra attention should be made stating clear health goals and informing about how further health care needs can be met. Staff at stroke units should also acknowledge the importance of informing about subsequent care after discharge. Specific attention should also be drawn towards self-monitoring and increasing patient knowledge about potential side-effects of their medications.



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64. RELATIONS BETWEEN HIV-RELATED STIGMA AND HEALTH OUTCOMES IN A POPULATION UNDER FULL ACCESS TO ANTIRETROVIRAL TREATMENT

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AIM

The aim was to empirically test Earnshaw and Chaudoir's HIV stigma framework, in a cohort of people living with HIV under full access to antiretroviral treatment.

METHOD

Based on the HIV stigma framework, a path model was constructed with hypothesized relations between HIV stigma mechanisms and outcomes of health and wellbeing for persons living with HIV. Experiencing enacted stigma was hypothesized to be related to lower physical wellbeing. Anticipated stigma was hypothesized to be related to lower physical wellbeing and lower adherence to antiretroviral treatment. Internalized stigma was hypothesized to be related to lower adherence to antiretroviral treatment and to lower emotional wellbeing. The model was tested using survey data collected from 173 people living with HIV in Sweden (57% female and 51% born in countries other than Sweden; ages ranged from 19 to 83 years, mean age 48.1 years (SD 11.4)).

RESULT

Only two out of five hypothesized associations between HIV-related stigma and health-related outcomes were confirmed. To have internalized stigma was, as expected, related to lower emotional wellbeing. To anticipate stigmatizing actions from persons aware of one's HIV status was, as expected, associated to physical functioning, but in the opposed direction; persons who anticipated stigma to a higher extent rated better physical functioning. In contrast to what hypothesized in the framework, we found no relation between enacted stigma and lower physical wellbeing and no relation between anticipated and internalized stigma and low adherence to treatment.

CONCLUSION

In contrast to the results of the present study, a majority of hypothesized relations in the HIV stigma framework have previously been confirmed in a cohort of people living with HIV in the New York Bronx, United States. The Swedish cohort had, however, a substantially higher rate of people with successful treatment, than the U.S. cohort where the framework was previously tested. A hypothesis generated from the present work is that HIV-related stigma may have fewer or alternate health outcomes for people living with HIV in contexts where effective antiretroviral treatment is generally accessible.



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65. VALIDATION OF THE 10-ITEM MEASURE OF CONNOR-DAVIDSON RESILIENCE SCALE (CD-RISC) IN PEOPLE WITH TYPE 2 DIABETES

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AIM: Resilience is the capacity to recover from harmful and negative effects. It has been a hot topic in research and clinical practice. However, it was not largely applied in chronic disease fields. In this study, we aimed to evaluate if resilience scale had good reliability and validity among people with type 2 diabetes for further application and evaluation for the resilience.

METHODS: Survey method was used in the study. Cronbach's alpha was used in SPSS 23.0 to evaluate the internal consistency reliability. Confirmatory factor analysis was conducted with 305 participants in AMOS 23.0 to confirm the construct of this scale. Hu and Bentler (1999) recommend: RMSEA (Root Mean Square Error of Approximation) values lower than 0.06 suggest a good fit, 0.06 to 0.08 as a moderate fit. CFI (Comparative Fit Index) values of 0.90–0.95 indicate acceptable fit, greater than 0.95 suggesting good fit. TLI and NFI value also should be greater than 0.90.

RESULTS: The Connor-Davidson Resilience Scale has good reliability and validity with originally single dimension version. The Cronbach's alpha was 0.95 in the present study. Item-total statistics of resilience was shown in table 1. The CFA demonstrates the acceptable fit to data in the one-factor model: Chi-Square = 65.052, df=28, P < 0.001, TLI = 0.977, CFI= 0.985, NFI = 0.975, RMSEA = 0.066 and RMR= 0.027 (Figure 1).

CONCLUSION: Overall, the Chinese 10-item CD-RISC can measure resilience among people with type 2 diabetes efficiently.

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Item1	27,9443	2	,681	,9
Item2	27,9344	2	,806	,9
Item3	28,0787	2	,668	,9
Item4	27,9344	2	,836	,9
Item5	27,9672	2	,837	,9
Item6	27,9246	2	,798	,9
Item7	28,0098	2	,741	,9
Item8	27,8623	2	,816	,9
Item9	27,8557	2	,807	,9
Item10	27,9016	2	,754	,9

Table 1 Item-total statistics of resilience

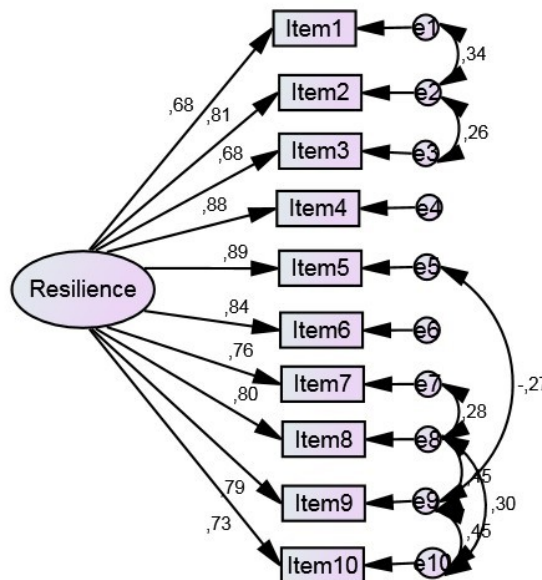



Figure1 : final CFA model of 10-item measure of CD-RISC: covariance paths between the error terms were added based on the modification index to improve the fit.



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