ENGAGING PEOPLE IN HEALTH PROMOTION & WELL BEING
New opportunities and challenges for qualitative research

Proceedings of the 2nd Global Congress for Qualitative Health Research
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Qualitative research has for long time considered health as an area of primary interest where to test its capacity to identify new research topics, to develop theoretical paradigms and methods of inquiry, and to generate applications important for individuals and society (Pope, 1995; Jones, 1995; Grypdonck, 2006; Morse, 2007; Morse, 2010). The richness of the results produced is well known and documented, and it is – of this I am certain – confirmed by the papers presented at this Conference.

Nevertheless, this richness has also fostered the growth of a plurality of approaches in the area of Qualitative Health Research (QHR) and a marked fragmentation of the discipline into sub-specialties (Creswell, 1997). In order to support the construction of an effective overview of QHR, it seems that the time has come to “take the bull by the horns”, as Janice Morse (2011) suggested, in promoting the Second Global Congress for Qualitative Health Research (GCQHR) project by, for example, identifying an important topic which traverses the various theoretical-methodological positions, and from which to start in developing broad dialogue between researchers and practitioners working in the area of health.

From this point of view, the theme “Engaging People in Health and Well-being Promotion” (EPH&WBP) seems to have a number promising features which I shall now briefly discuss, focusing on the key words in the conference theme one by one.

“People”→recognizing the ‘lay’ (psycho-socio-cultural) dimension of health

The reference to “people” confronts us with a first feature that seems essential for a psycho-socio-cultural approach to health and, more specifically, for a discipline like QHR.

Historically, the scientific approach to health has consisted in the production of a system of ‘expert’ knowledge alternative to, and dominant over, the ‘non-expert’
(lay, folk, naive) knowledge systems produced by the social field. The bio-medical paradigm – fundamental to Parsons’ (1951) theory of the doctor-patient relation – is the pivotal and prototypical expression of this tendency, even if it is not the only one (analogous attitudes are also to be found in the most recent approaches to the organizational management of health services: see Bosio, Graffigna & Scaratti, in press.

This position has given rise to a clear propensity to scientifically underestimate the importance of interacting with the ‘lay’ health actors (i.e. people) and with their knowledge systems.

For too long the bio-medical sciences have believed themselves able to manage health self-referentially, configuring the relationship with social actors in terms of pure passive adjustment to medical knowledge (Haug & Bebe, 1983; Emanuel & Emanuel, 1992). Only in the past thirty years (Engel, 1980) the proposal of a bio-psycho-social paradigm alternative to the traditional ‘doctor/medicine-centred’ model has fostered the advent of a psycho-socio-cultural approach in the health area also open to the contribution of qualitative research (Morse, Swason & Kuzel, 2001).

This development has come about on the basis of increasing awareness that if medicine is to be efficacious in its action, it must recognize the patient: that is, it must learn to converse and to cooperate with him or her (Kazaree et al. 1978; Friedman & Di Matteo 1979; Zola, 1981).

Openness to the ‘patient’, in fact, has led to scientific analysis of that system of health knowledge expressed by the ‘lay’ actor (people) hitherto largely excluded from scientific inquiry. And this, still today, is an open challenge for the human sciences, and for QHR in particular (Morse, 2011).

2. “Engaging”  

The psycho-socio-cultural analysis of health has generated a wide variety of research programmes concerning - amongst others - : the experiences of health and illness and the subjective construction of such experiences (Pelzang, 2010); the knowledge systems which regulate health (expertise, beliefs, representations...) produced in social contexts (Kleinman, 1988; Leventhal et al., 2006; Betancourt et al., 2000); the social construction of health practices and the participation of lay actors in the construction of those practices (Gruman et al., 2010); information and empowerment strategies in the area of health (William & Pace, 2009).

It would fall outside the scope of this contribute to conduct a systematic review of the principal lines of inquiry in which QHR has produced significant results. However, one tendency is evident: the more knowledge about the lay actors in health area expands, the more obvious is the need to investigate the conditions that
lead to their involvement in health management (Hibbard, 2004, 2007; Cayton, 2006). In short, the reasons for research tend to interweave with applicative reasons, and the need to understand people tends to merge with the need to sustain their proactiveness in health management.

The reference to engagement – for some time increasingly present in the literature (Coulter, 2012; Osborn & Squires, 2012) – seems to take up the challenge to create a synthesis between theory and practice, between knowledge and action, between diagnosis and planning, between scientific discovery and participatory action. Yet still today the challenge appears uncertain in its outcomes. Indeed, the reference to engagement in health, stresses the need for strong applicative commitment by a discipline like QHR, but it leaves entirely unspecified the task of comparison/integration among the various approaches coexisting in this discipline according to their purpose. What linkage can be established among the various theoretical and paradigmatic orientations of QHR so as to meet the challenge of engagement in health satisfactorily?

This is a task that we can all share. On the quality of our responses will ultimately depend the possibility of giving concreteness to a word (“engagement”) that today seems already perilously susceptible to purely rhetorical, suggestive or pragmatically myopic development (Thomson, 2005).

The question now is: how can we best use the multiple theoretical and methodological resources of qualitative research to facilitate the active involvement of social actors as co-constructors of their health?


Finally, the conference theme comprises a third topic of interest. The involvement of people in health entails recognition of a complex set of actors and situations that can furnish decisive stimulus for the development of QHR. This complexity can be divided between two main directions.

a) The first concerns the expansion of the theme from the area of illness to that of the maintenance of health through the active promotion of well-being. This is a well-known movement that has origins both cultural (Gergen, 1991) and political (Reinhardt & Cheng, 2000), and which also has counterparts in science (Monat, Lazarus & Reevy, 2007). One aspect of this tendency should be emphasised: the more the approach to health is configured in the positive terms of promoting well-being, the more attention to the psycho-socio-cultural (“lay”) dimension of health becomes necessary. The locus of reference for well-being is more the social sphere than that of care and the health services.
b) A second direction concerns the specificity of the contributions in which social actors can situate and define themselves. In this regard, it is possible to identify three, increasingly complex, prototypical patterns.

- **The patient dimension.** This is the most historically established and familiar level. Here, the theme of engagement is closely bound up with the practices of diagnosis and medical treatment and with role of patient assumed by the social actor.
- **The network dimension.** The social actor is configured as a diversified collective entity (couple, family, reference group, community, etc.) engaged in different tasks in the health area (care, prevention, promotion of well-being).
- **The extended social dimension.** This is the domain in which public opinion is constructed and consensus on health policies is regulated.

In recent years, QHR seems to have developed specific research agenda at all three of the levels just described. However, research should pay more attention to those situations in which the social actor is categorized as a single individual (patient). In particular, the third level (the more properly social one) still appears to be poor in contributions, although there seems to be no lack of crucial topics; consider, for example, social communication on health, or participatory action in the construction and choice of health policies (see Bosio, Graffigna & Scaratti, *in press*).

**Conclusions**

The EPH&WBP perspective tends today to be both an opportunity and a challenge for QHR.

*How should researchers respond to an issue of major ecological importance by developing scientifically well-founded knowledge? How can they remain faithful to, and consistent with, their own theoretical and methodological lances and at the same time develop good collaboration-conversation with other researchers with different orientations? How can they combine advances in knowledge and practical applications so as to build scientific and social value for QHR?*

It seems to me that these are the important questions for the future of our discipline. The conference programme inspires confidence that this meeting will make a significant contribution in this expected direction.

Prof. Bosio, A.C.
Chair of 2nd GCQHR,
Faculty of Psychology, Università Cattolica del Sacro Cuore, Italy
References


Invited speeches

Key-note lecture

THE GLOBAL DISSEMINATION OF QUALITATIVE RESEARCH

Morse, J.

University of Utah, USA

Social science research is in the midst of an enormous methodological transition, adding to—expanding—our abilities and capabilities as researchers. In the past two decades, qualitative methods emerged from anthropology and sociology into the applied disciplines—especially into education and health—expanding our repertoire of research methods. Qualitative methods provided us with the abilities to elicit the individuals’ experience, to recognize actual patterns of experience. It expanded our abilities to form on one hand, better, and more pertinent concepts and more accurate theory, and on the other, enabled a stronger theoretical base to enhance measurement.

The issue for discussion today concerns us all: How are qualitative methods disseminated globally? How do those with the barriers of language, distance, lack of mentors, and courses, access qualitative methods? Today, taking a slightly historical approach, I will explore the global dissemination of qualitative inquiry. Within this picture, I will “diagnosis” of the state of the art of qualitative health research, and discuss its present and future developmental directions.
**Pre – workshops**

SOFTWARE FOR QUALITATIVE DATA ANALYSIS: TECHNOLOGY AND METHODOLOGY CONVERGENCES ON QUALITATIVE HEALTH RESEARCH

Cisneros Puebla, C.A.  
*Department of Sociology, Autonomous Metropolitan University-Iztapalapa, Mexico*

This workshop focuses on how some specific software such as ATLAS.ti, MAXQDA, QDAMiner and NVivo, among other programs, supports qualitative data analysis in health research. A methodological discussion on how computer assisted qualitative data analysis software is creatively shaping our ways of gathering, classifying, analyzing and visualizing human, spatial and social processes is the main issue to be considered. The sum of diverse sources of data, synchronization of some of them in several ways and integration of geographic dimensions into qualitative analysis projects adds new perspectives to shape contextual and situational angles to a study. The workshop necessarily presents the role and impact of computer assisted qualitative data analysis software on methodologies used by qualitative health researchers; these topics will be presented in a seminar-style by the instructor rather than a hands-on format. Technology and methodology convergences are the scenery to comparatively evaluate the present and the future of qualitative health research assisted by such qualitative data analysis software.

BUILDING THEORIES FROM DATA

Corbin, J.M.  
*University of Alberta, Canada*

This workshop focuses on the use of grounded theory method to develop a substantive theory. It begins with a discussion of why theory is still an important research objective. It presents some of the major components of a theory and differentiates it from descriptive research. It then explains how Corbin constructed the theory of "Protective Governing" starting at the initial question to an overview of the final theoretical formulation. Aspects of the grounded theory method will be
incorporated into the presentation to show how the researcher arrived at her final formulation. Then using a set of evaluative criteria participants will be asked to read and critique published articles that utilized grounded theory methodology.

RETHINKING SAMPLING AND GENERALIZATION IN QUALITATIVE RESEARCH

Gobo, G.
Università degli Studi di Milano, Italy

This workshop deals with three distinct and important issues in qualitative methodology: sampling, representativeness and generalizability. Sampling in qualitative research is contentious. On one hand, it is often neglected by qualitative researchers who deem it as a positivistic worry; on the other hand, it has been undervalued by quantitative researchers because it is a non-probabilistic approach and cannot be used to generalize to a population. Fortunately, in contemporary qualitative research, the problem of representativeness is a constant and growing concern of several researchers. Finally, the issue of generalization is something inevitable: why spend time and resources to conduct a study if you cannot transfer its results to other contexts? Qualitative researchers need to rethink these old issues with a new frame. We can have generalizations without probability.

ONLINE QUALITATIVE HEALTH RESEARCH: INTERNET AS A NEW MEDIUM AND TERRITORY FOR HEALTH RESEARCH

Graffigna, G.
Università Cattolica del Sacro Cuore, Italy

The Internet is acquiring growing importance both as a source of information and as a medium for people with the same illness experiences, feelings and doubts to establish contact with each other. From this perspective, the Internet is a powerful tool where patients (and their caregivers) can build relationships, exchange empathy, empowerment each other, and obtain advice and suggestions to improve their wellbeing. As a consequence, healthcare professionals are paying growing attention to the Internet as a new medium and scope for health intervention.
In particular, the Internet offers important opportunities and challenges to qualitative health research as it generates new objects (and subjects) of inquiry as well as configures itself as a new medium for data construction. In this workshop, the latest technical and methodological developments of online qualitative methods and techniques applied to health issues will be discussed.

COMMUNITY-BASED PARTICIPATORY RESEARCH: ENGAGING PEOPLE AS AGENTS OF THEIR OWN HEALTH

Mayan, M.
University of Alberta, Canada

Community-based participatory research (CBPR) is gaining broad attention as an approach for addressing the complex factors that contribute to the health and well-being of individuals, families, and communities. CBPR is a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR's increasing popularity among researchers from all fields stems from its potential in maximizing the relevance, rigor, and results of research. This workshop will introduce the learner to the foundations of CBPR, terms and definitions, ethics, criticism and current relevance for engaging people as decision-makers in their health and well-being.

QUALITATIVE DRIVEN MIXED-METHOD AND MULTIPLE-METHODS DESIGNS

Morse, J.M.
University of Utah, USA

While mixed- and multiple-method designs have given a new interest and legitimacy to qualitative inquiry, the role of qualitative methods is not appreciated and often mis-represented. In this workshop, I will discuss the contribution(s) of qualitative methods to the project as a whole. We will focus on qualitatively-driven designs, and designs with a qualitative supplemental component. Diagramming the study components, and listing the outcomes of each component, enables the researcher to keep the original aims in the foreground, and enables evaluation of
results as the study progresses. We will specially focus on diagramming, the theoretical trust of the project, the point of interface, and writing the results.

DOING INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS: AN INTRODUCTORY WORKSHOP

Smith, J.A.
University of London, UK.

Interpretative phenomenological analysis (IPA) is an approach concerned with the close examination of participants' lived experience. It has theoretical underpinnings in phenomenology, hermeneutics and idiography. The last of these marks a distinctive feature of IPA as it involves the detailed analysis of particular cases. IPA developed in UK health psychology but has grown to be employed in a wide range of disciplines and geographical regions. This introductory workshop will give a brief overview of IPA's theoretical positioning and then go through the stages involved in conducting a research project using this methodology: research design, data collection, analysis, writing up. There will be time for some hands on practical work during the workshop.

GROUNDED THEORY: STRATEGIES FOR DATA CODING.

Tarozzi, M.
University of Trento, Italy

This workshop will focus on an in-depth examination and application of coding in Grounded Theory Method (GTM), including understanding the logic behind the method. After an introduction of coding procedures in GTM - initial, focused, theoretical - participants will be asked to practice some techniques of analysis on real data provided by the instructor. In particular, the workshop will address, through critical discussion, some initial and focused coding procedures.
Panel discussions

QUALITATIVE HEALTH RESEARCH TRAINING: WHAT MODELS IS NEEDED FOR THE FUTURE?

Convenor: Tarozzi, M.
Università degli studi di Trento, Italy

Qualitative health research is receiving increasing recognition world-wide and across disciplines. This is giving rise to a growing demand for training in qualitative research skills. The proliferation of university programs in qualitative methods, however, requires close consideration of their formative assumptions and aims in order to optimize qualitative teaching and learning across the world and to share best practices. This panel discussion will address the challenges faced in trainings qualitative health researchers: What are the learning priorities? What are the topics that must be covered? What are the strategies best suited to train future qualitative health researchers? The panel discussion will engage experts from different Continents and disciplines in order to cast light on a variety of experiences and perspectives.

HEALTH POLICIES AND GOVERNANCE: AGENDA SETTING FOR QUALITATIVE HEALTH RESEARCH

Convenor: Cicognani, E.
Università di Bologna, Italy

Healthcare organizations and services are facing important reconfigurations in organizational culture, policies and governance across the world. These changes have induced an increasing recognition within the scientific community that qualitative research can contribute significant ‘ecological’ understanding of new emerging phenomena. The changes have also guaranteed a space for qualitative research in the process of good science. This panel will discuss the future agenda that qualitative health research can address given the emerging trends in policies, governance and organizational practices of health care systems and health care providers across the world: What are the new hot issues to be explored? What current topics can qualitative health research
challenge? (e.g., patient engagement, ethics, community participation)? Which new contexts or populations should be studied? The panel discussion will engage experts from different Continents and disciplines in order to cast light on a variety of experiences and perspectives.

“GLOCALIZING” QUALITATIVE HEALTH RESEARCH: HOW TO FIND A BALANCE BETWEEN GLOBAL TRADITIONS AND LOCAL PRACTICES?

Convenor: Gobo G.
Università degli Studi di Milano, Italy

If we agree to consider scientific knowledge as a cultural product, we note that social research methods created by a local culture are transformed into general knowledge products including: journals, handbooks and textbooks. Indeed, social sciences methodology is one of the most globalized knowledge and knowledge product. However these research methods have been tacitly proposed as universal, suitable for every culture, even if they were established in “one” culture only. From 1950s, Western or American methodology was widely developed, but the relevancy of this methodology to the EU and other places never been reflexively explored. Qualitative Health Research is claimed to reflect and find a balance between globalized research traditions and cultural-sensitive practices. For instance, postcolonial methodologies and culturally flexible research methods are becoming new ways of working. On the basis of these premises, the panel will discuss a “glocal methodology”: the possibility and ambiguity of thinking (methodologically) globally and acting (methodologically) locally.

QUALITATIVE HEALTH RESEARCH 2020: OPPORTUNITIES, CHALLENGES, PROJECTS

Convenors: Bosio, A.C. & Graffigna, G.
Università Cattolica del Sacro Cuore di Milano, Italy

Qualitative research has produced knowledge and insights important for healthcare interventions. But today, qualitative research is facing an increasing demand for efficacy and evidence. Furthermore the diffusion of new technologies in society and the emergence of new supports to data construction and analysis force qualitative health research to rethink its practices and to reflect on the emergence of new research strategies and practices. The 2nd GCQHR is conceived as a critical forum
where academics and practitioners, belonging to different disciplines (e.g., nursing, medicine, psychology, sociology, public health...and many others) can share experiences matured in the field and new methodological insight. This panel will thus involve speakers from different countries and disciplines in the aim of addressing the new challenges, opportunities and tracks opened for the future of qualitative health research. It will close the Congress and will symbolically act as a bridge to the forthcoming 3rd Edition of the Congress.
THE PROMOTION OF THE WELL-BEING OF NURSES FOR THE HEALTH PROTECTION OF CITIZIENS.

Chairs: Castaldo A., Mutillo G.
Councilor at the Professional Roll IPASVI of Milan-Lodi-Monza e Brianza, Italy

The Professional Roll Ipasvi, as public corporation, represent registered professionals - nurses, pediatric nurses and health workers - and protects the right of citizens to receive nursing care by professionals with updated skills. The ethical code, framed by the professional community, defines the principles and values which nurses are based at the practice.

Based on these premises, the Professional Roll Ipasvi of the provinces of Milan, Lodi, Monza and Brianza, recognizing the high value of research for the development of knowledge, promoted a series of investigations aimed at citizens, as users of care, and professional community, which providers of nursing care, enabling a network of some professional bodies and involve many health care institutions and scientific societies.

Two studies investigated the phenomenon of restraint, much debated topic in recent decades, because of the implications that arise, in terms of safeguarding the freedom of the person (also declared as a constitutional principle) on the one hand, and protecting the safety of person (such as fall prevention, management of aggressive behavior) on the other.

The other two studies examined the application of ethical principles in clinical practice and professional well-being of nurses, given the fact that the assistance
provided by a professional in good health (both physical and mental), motivated and valued, and that is based on shared ethical values and moral principles, is more appropriate and higher quality.

**Keywords:** well-being; nurse; ethical conduct; best practices; health promotion

**NARRATION AND THE CODE OF ETHICS: THE “INSTRUMENTS” FOR AN ETHIC REFLECTION ON NURSING PRACTICE**

Gobbi, P., Alagna, R., Brunoldi, A., Castaldi, M.G., Gallo, A., Marioni, L., Pari, C., Passoni, C., Rosa, D.

Professional Roll Ipasvi of the provinces of Milan, Lodi, Monza and Brianza, Italy

In the period from October 2009 to February 2011, each month a focus group was carried out at the IPASVI’s venue, for a total number of 12 focus groups. They all were about the narration of nursing clinical cases with an ethic value. All the narrated cases were analyzed and discussed by a group of 20 nurses, using the new Code of Ethics of nurses as the most important point of reference.

The research hypothesis, which guided the entire project, was: “Does the Code of Ethics represent a useful/valid instrument for a nurse who has to take a decision concerning an ethic problem in everyday nursing practice”? Each focus group focused on the written narration of real cases that happened in hospital general units as, for example, medicine/hospice. But also unusual areas of ethic problems, as for example the organizational, the educational and the territorial ones, were investigated.

The participants were asked to describe, through narration, a real, personally experienced clinical nursing situation which generated an ethic problem in the multidisciplinary team. The participants were given specific indications to write their texts, in order to make the different participants’ styles as uniform as possible. Many of the topics were: nursing the preterm newborn, the respect of the living will of a person affected by amyotrophic lateral sclerosis, obtaining the (little) informed consent, the administering of the abortion pill, the role of nurses in clinical trials.

The analysis was conducted using: the Code of Ethics articles related to the problem; the analysis frame developed by professor Spinsanti of the Institute Giano in Rome; other documentations referring to the specific topic (guidelines, scientific societies documents, laws); the personal and professional stories of the participants.

The research hypothesis was confirmed in 9 cases out of 11: we can say that nurses often must take decisions that not only have technical/professional content, but which also create ethic-deontological problems with reference to the relation with
the other person, with the patient, the family and the colleagues. The Code of Ethics represents a useful, valid instrument that can be used in nursing practice. This study was the starting point for a change that is already being carried out: a group of nurses systematically met, wanted to share through narration their professional experience, considering emotions too, which can’t be eluded by nursing profession.

THE NURSES ATTITUDES TOWARDS THE USE OF PHYSICAL RESTRAINT: A FOCUS GROUP STUDY

Castaldo, A. 1, Magri, M. 1, Zanetti, E. 2, Noci, C. 2, Gazzola, M. 3, Gobbi, P. 1, Carniel, G. 1, Crotti, E. 1, Muttillo, G. 1

1 Councilor at the Professional Roll IPASVI of Milan-Lodi-Monza e Brianza, Italy
2 Councilor at the Professional Roll IPASVI of Brescia, Italy
3 Councilor at the Professional Roll IPASVI of Aosta, Italy

This research derives from a first multicentric research that investigated the prevalence of physical restraint in hospitals and nursing homes. The aim of this study was to identify nurses’ motivations, attitudes, values and feelings with reference to the use of physical restraint, and the factors favoring or discouraging it. This qualitative study was conducted through focus groups. The sample, enrolled on a voluntary basis, consisted of 60 nurses, 40 ward sisters and 30 nursing directors working in nursing homes and hospitals in the Italian provinces of Aosta, Brescia, Milan, Lodi and Monza and Brianza, and who had already been investigated in the first research. 16 focus groups, each one consisting of four sessions of two hours, were conducted. The interviews were recorded and transcribed verbatim, with the consent of the participants. The content analysis of the data was validated by the moderators together with the observers.

Nurses experience a variety of emotions, often ambivalent and conflicting, when they apply physical restraint to a patient: anger, compassion, peace, frustration. With regard to the attitudes and beliefs, the groups discussed the following issues: the definition of physical restraint in terms of restriction or safety (for patient, family, other patients and staff), and the frequency and duration of restraint: from extraordinary intervention (as indicated in the nurses Code of Ethics) to mainly ordinary intervention.

The study highlighted the conflict experienced by nurses with reference to the application of restraint, especially when it is used as an ordinary action. Despite the presence of discouraging factors, the research shown the need and intention expressed by nurses to implement every evidence based intervention strategy that can reduce the use of physical restraint.
THE USE OF PHYSICAL RESTRAINT IN HOSPITALS AND NURSING HOMES: A MULTICENTRIC CROSS-SECTIONAL STUDY

Zanetti, E., Castaldo, A., Miceli, R., Magri, M., Mariani, L., Gazzola, M., Gobbi, P., Carniel, G., Capodiferro, N., Muttillo, G.

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Nurses in the Italian Nurses Code of Ethic are committed to make "the use of physical restraint an extraordinary event, supported by documented evaluation or medical prescription". On the basis of this premise, the Professional Rolls of Nurses IPASVI of Aosta, Brescia and Milan-Lodi-Monza-Brianza carried out a study to assess the prevalence of physical restraint in hospitals and nursing homes. The study is an observational cross-sectional study and it was conducted in June 2010. It involved a convenience sample consisting of 39 hospitals (3,281 beds in medicine, surgery, geriatrics, orthopaedics, and intensive care units) and 70 nursing homes (6,829 beds in ordinary and specialized Alzheimer wards). During the survey period, 15.8% of hospital units patients and 68.7% of nursing homes residents was restrained. The prevention of falls, alone or in combination with other reasons, was given as the major reason for the application of physical restraint in 70% of patients in hospitals and in 74.8% of residents in nursing homes. Side rails were the most used means of restraint. The results documented the extent of the use of physical restraint in hospitals and nursing homes. This is a starting point to introduce solutions for the reduction of the use of physical restraints and/or of the duration of daily restraint, through the implementation of evidence based alternatives to achieve the following objectives: prevention of falls and management of patients agitation. These are the main reasons which today lead to the use of physical restraint.

A MOTIVATIONAL INTERVENTION TO IMPROVE PERSONAL AND PROFESSIONAL WELL-BEING OF NURSES: A MIXED-METHODS STUDY

Giordano, A., Magri, M., Cavalieri d'Oro, C., Camerino, D., Conway, P., Melo Ferrari, T., de Angelis, G., Corbo, M., Muttillo, G.

1 Unit of Neuroepidemiology, Foundation IRCCS Neurological Institute C. Besta, Italy  
2 President of the Professional Roll IPASVI of Milan, Lodi and Monza-Brianza, Italy
The aim of this work was to evaluate the impact of a motivational program on personal and professional well-being of nurses, and to explore the experience of the participants in order to better understand the effectiveness of the intervention. In period from January to June 2011, 102 nurses participated in a motivational program (virtHuman©). This program uses a combination of different educational techniques and consists of a two-day educational course, a four-week interval, and another two-day course. The participants received the OSME (Organizational Stress Management Evaluation) questionnaire at the beginning and at the end of the program. A qualitative synthesis of the five editions of the course was also made. Data were collected implementing a summary of work groups held during the program and grouped, through content analysis, into the following domains: intention to change the current behaviour. One-hundred and two nurses successfully participated in the program. Participants demonstrated significant improvements both for OSME personal well-being (mean change 3.9, 7.7 (SD); p<0.001) and for OSME professional well-being (mean change 3.4, 7.4 (SD); p<0.001) subscale scores. The results of the qualitative study showed that the program was useful, increased the participants awareness of their capabilities and potentialities, and reinforced communication and behavioral strategies both in private life and at work (relationships with patients, colleagues and superiors). The results emphasize the potential benefits of the motivational program for nurses and that the program was well-accepted by the participants. The most relevant qualitative findings regarded the participants new attitudes and behaviors.
THE HEALING GARDEN EXPERIENCE. A NATURAL ENVIRONMENT TO IMPROVE HEALTH AND WELL BEING

Chairs: Ginex V.1, Fumagalli, N.2, Senes, G.2, Rodiek, S.3

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2Department of Agricultural Engineering, University of Milan, Italy
3College of Architecture, Texas A&M University, USA

The state of knowledge of evidence-based healthcare design has grown rapidly in recent years. The evidences indicate that well-designed physical settings play an important role in making hospitals safer and more effective in healing patients. In particular, a growing amount of scientific evidence suggests that natural elements are known to increase quality of life and therefore health quality of hospitalized patients. Some author suggests that the nature exposure could help to maintain the level of functioning in patients with disability. We report four works each one is meant to describe the phases of design, construction and use of an healing garden for hospitalized patients. A discussion about the importance of the method used for the design process and about the observations gathered from different groups of patients that have had access to the healing garden is proposed.

Keywords: healing gardens; post-acute patients; rehabilitation; quality of life

HEALING GARDENS: PROMOTING HEALTH QUALITY IN A SPECIALIZED INTENSIVE REHABILITATION HOSPITAL

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A growing amount of evidences suggests that nature elements can increase health quality of hospitalized patients (1). The aim of the study is to investigate the relationship between the characteristics of an intensive rehabilitation hospital environment and the recovery processes of patients in a post-acute phase.
The present study involves two phases. In the first one, now concluded, we attempted to determine the characteristics of the exterior spaces that best fits with needs of our patients: a group of landscape architects visited the site, met the hospital staff, and realized the project of the garden. At the same time, we collected data from 95 neurologic, orthopedic, and pneumologic patients who were hospitalized before the construction of the garden. This group will be considered as a control group for the second phase of the study, in which we will compare patients who did not use garden and patients who will have access to it. The outcome measures are: level of disability, quality of life (QOL) and depression symptoms. Some characteristics of the garden that are thought to be salient for our clinical population have been identified. We are able to show some master plans of the project. Moreover, we found a significant difference in QOL and depression between the three groups of patients. The benefits from a garden should be considered to reducing the disability in post-acute patients in an intensive rehabilitation hospital.

**HEALING GARDENS: THE GARDEN ON THE TERRACE OF THE NATIONAL ONCOLOGY INSTITUTE IN MILAN (ITALY)**

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It has been widely described in the literature that gardens and interaction with natural elements can increase the quality of life in health-care facilities. The former terrace of the National Oncology Institute in Milan (Italy) was used by patients, relatives and medical staff as well, as an environment where to find peace and restoration from pain and stress. The goal of the project was realize a garden specifically-designed for the users of the Institute. The method used for the design process was based on the understanding of the user needs (patients, visitors and staff) through interviews, direct observations and the application of the findings of environmental psychology on the interaction among nature and people. The new healing garden on the terrace of the National Oncology Institute was designed and realized recovering everything possible and trying to increase as much as possible the richness in natural elements (bio-diversity) and the possibilities of interactions among people and nature. Involving people is the key. Staff is planning ever new activities for involving patients in using in different ways and time of the year the garden. They are also
trying to involve patients and relatives in a very base maintenance (watering, cleaning, etc.).

**ELDERLY HEALTHCARE HOUSE: ENGAGING PATIENTS AND STAFF IN HEALING GARDEN DESIGN**

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Patient-specific gardens can provide general benefits related to the restorative effects of nature and respond to the specific needs of a particular patient population. These needs are to be considered in the design of outdoor space for healthcare. Our goal was to design a patient-specific garden for elderly people who live in healthcare house or use day center services (RSA Famagosta, Milano). A participatory design process was used through the organization of focus groups. A focus group is a form of qualitative research in which a group of people are asked about a topic. Focus groups allowed us to study patients, visitors and professionals in a more natural setting than a one-to-one interview. With this approach, users work closely together to create a program that has been implemented by landscape architects to design a patient-specific garden, that includes elements such as different walking surfaces, slopes, steps, parallel bars, differing planter edge heights and plant labels, and other facilities that can be used in rehabilitative activities. The participatory process involving designers, clinical staff, patients and family members has been appreciated because the users felt involved in the decision process. After the garden is built, healthcare professionals, designers and researchers will collaborate to discern the therapeutic benefits of this garden.

**BENEFITS OF HEALING GARDENS IN NEUROPSYCHIATRIC HEALTHCARE FACILITIES**

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Recent literature demonstrates that gardens and natural elements can increase the quality of life of patients and staff in health-care facilities. The study aims to assess the benefits of nature in the interior and exterior environment for a neuropsychiatric nursing home patients. The Study has carried out a prospective open-label trial, among patients with mood disorders, divided into two groups of rooms, according to a randomization list, characterized by presence/absence of green plants inside. The variables investigated are both clinical (clinical course with the Hamilton Depression Rating Scale - HAM-D, the Clinical Global Impression Scale - CGI, and the Symptom Checklist-90, and the level of functioning with the Global Assessment of Functioning Scale, GAF) and nature-related (activities and time spent in the garden, through a daily diary filled by patients with the support of caregivers). Finally, the improvement of the quality of life was investigated by the European Quality of Life Questionnaire (EuroQol or EQ-5D).

The presence of green plants in the room seems to be statistically significant in improving the QoL only for patients with an initial small degree of disorder. The possibility to use the garden is appreciated by patients that generally indicate they feel better during and after its use. The benefits of natural elements in the care of mood disorders should be considered as a therapeutic effect of the nature.

S 3

CO-CONSTRUCTING PROGRAMME THEORY: HOW CAN COMMUNITY BASED KNOWLEDGE HELP US TO DEVELOP MORE EFFECTIVE PROGRAMMES?

Chairs: Harris, J. 1, Cargo, M. 2, Rees., R. 3
1University of Sheffield, UK
2University of South Australia, Australia
3EPPI-Centre, Social Science Research Unit, Institute of Education, UK

Health promotion programmes often pursue the elusive aim of facilitating individual behaviour change, but are challenged when they do not work in the way intended across and within different population groups. We need insights from the target population(s) to help develop workable, acceptable and implementable programme theory. Such theory can be developed in two ways: via community-based participatory research and systematic reviews of qualitative research.
Participatory methods for conducting systematic reviews have the potential to aid the
development of programme theory, though truly participative approaches demand
more than a cursory consultation with those intended to benefit from the
interventions. Diverse perspectives to inform theory development may also be found
in qualitative research; and methodological development in this area has advanced
greatly in recent years.

This symposium focuses on the challenges of co-constructing programme theory by
integrating diverse perspectives when synthesizing qualitative research. We will
report on questions and challenges arising from systematic reviews of qualitative
research and the application of community-based participatory research to
synthesize what works for whom, under which circumstances and why in addition to
the added value of integrating emic community-based knowledge perspectives into
evidence synthesis.

**Keywords:** realist review; participation; programme theory; qualitative synthesis

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**CONCURRENT REALIST EVALUATION AND SYNTHESIS: HOW STAKEHOLDER INVOLVEMENT ENHANCES UNDERSTANDING OF THE MECHANISMS UNDERLYING THEORY-BASED HEALTH BEHAVIOUR CHANGE**

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Hameed, W.\(^2\), Hanson, C.\(^2\), Hart, O.\(^3\), Muthana, A.\(^3\), Passey, R.\(^2\), Springett, J.\(^4\), van
Cleemput, P.\(^1\), Williams, T.\(^1\), Wilkins, E.\(^4\)

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The Sheffield Health Trainer Chronic Pain Programme (HT CPP) uses a theory-
based behaviour change intervention that is used in the national UK Health Trainer
programme (Michie et al, 2008). The national programme assesses success
quantitatively through questionnaires measuring goal setting and changes in well-
being and self-efficacy. This presentation will demonstrate how stakeholder
involvement in realist evaluation and synthesis plays a key role in identifying the
underlying mechanisms for promoting self-management of chronic pain.

A realist evaluation is collecting multiple perspectives from Health Trainers,
practitioners and clients via interviews and reflective meetings to explore what
works in terms of helping people to self-manage chronic pain. Participatory,
iterative thematic analysis is identifying the behavioural determinants and
mechanisms that enable people with CP to manage activities that are important to them and set goals for maintaining health and well-being. Mechanisms are being compared with articles evaluating HT interventions from a realist review of community-based peer support initiatives. Findings are being synthesized and compared to the theory-based national intervention. Findings from the literature are ‘thin’ in terms of explaining why HT programmes work. Stakeholder involvement has been instrumental in terms of identifying the underlying mechanisms that promote self-management, clarifying behavioural determinants, and adding explanatory elements to the existing theory. Concurrent realist evaluation and synthesis can produce co-constructed programme theories that can be used to refine theory-based interventions.

ENGAGING STAKEHOLDERS AND INTEGRATING QUALITATIVE EVIDENCE STRENGTHENS THE RIGOR AND RELEVANCE OF PROGRAM THEORY IN A REALIST REVIEW OF ABORIGINAL SOCIAL-EMOTIONAL WELLBEING PROGRAMS

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In his book "Evidence-based policy: A Realist Perspective", Ray Pawson makes explicit the notion that programs are theories, whether the theories are implicit or explicit. This presentation will demonstrate how stakeholder involvement and the integration of qualitative evidence can strengthen the development and testing of program theory. A realist review of Aboriginal social-emotional wellbeing programs targeting children and youth in Australia was undertaken to provide policy-makers with evidence on what programs work for whom and in what circumstances. The initial theoretical framework was informed by qualitative interviews with advisory group members, a review of western and Aboriginal literatures, and advisory input. The framework was iteratively tested using quantitative, qualitative and mixed-method studies. A series of mechanisms related to participant recruitment and engagement emerged as core pathways in the program theory. The pathways to engagement were influenced by program type, program format, and contextual conditions implicating the implementing community, sponsoring organisation, inter-agency collaboration and workforce. Stakeholder insights and qualitative evidence contributed to the rigor and relevance of context-mechanism-outcome configurations in the theory.
Engaging with stakeholders and integrating qualitative studies strengthened the
development and testing of program theory. Given limitations in primary studies, the
theory emerging from this realist review would have benefitted from the further
integration of “live interviews”.

REVIEW OF STAKEHOLDER DISTINCTIONS: HOW SYNTHESIZING
STUDIES OF PERSPECTIVES AND EXPERIENCES CAN IDENTIFY
FACTORS IMPORTANT FOR ‘EVIDENCE-BASED’ THEORY

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This presentation will demonstrate how two syntheses of studies of peoples’ views
identified contextual factors with relevance for programme theory.
The opinions and preferences of children and young people have only recently
begun to be sought by those developing and implementing public health
programmes. With a view to including these stakeholders in programme theory
development, two reviews synthesised the findings of UK-based studies of children
and young people’s experiences of, and views about, being overweight. The
reviewers used an inductive approach (thematic synthesis). Study findings were
examined on a line-by-line basis, so as to produce descriptive codes. These codes
were then modified to produce hierarchical themes capturing related, recurrent or
emphasised ideas across studies.
The syntheses identified a range of perceived influences on children and young
people’s well-being related to body size. These influences were largely social in
nature and included experiences of stigma and discrimination that acted as barriers
to weight-loss. The social context is often missing from weight control programme
theory. Theory development can benefit from syntheses of stakeholder perspectives.
BEYOND THE QUALITATIVE-QUANTITATIVE DIVIDE: THE USE OF MIXED METHODS DESIGNS IN HEALTH RESEARCH

Chair: Morse, J.
University of Utah, USA

Both qualitative and quantitative research are critical resources that can provide multiple perspectives and insights that can serve to direct healthcare interventions. Yet, despite all of our support to the contrary, there continue to be gaps in communication between the qualitative and quantitative paradigms in health research in general and health equity research in particular. What is the problem? This is not a new topic. Why haven’t we moved beyond the divide to form stronger links between the two paradigms? How can we best use the multiple theoretical and methodological resources of qualitative research to facilitate the active involvement of individuals as co-constructors of their health and, at the same time, provide a multi-level approach to the evaluation of health promotion programs? Why is it so hard? The purpose of this symposium is to examine these continuing conundrums from different perspectives, addressing rationales and successful practices of interlacing qualitative and quantitative designs in the planning, evaluation and optimization of health research programs. This symposium, chaired by Prof. J.M. Morse, will host three contributions. The first presentation (Continuing conundrums in communication between qualitative and quantitative paradigms in health promotion and health equity research) will offer insight into mixed methods designs from a dual perspective: one of a researcher whose research career has primarily focused on supporting and implementing qualitative research in health care (Prof. L. Clark) and those of a researcher whose focus in health promotion and health equity research has been mostly quantitative in nature, but which has evolved into a mixed methods approach (Prof. M. Pett). The second contribution (Interlacing qualitative and quantitative methods in applied health research: a “generative” taxonomy), presented by Prof. A.C. Bosio, Dr. G. Graffigna e Dr. E. Lozza will propose a “generative” taxonomy interlacing qualitative and quantitative methods when designing mixed methods inquiries with different finalities (i.e. from the diagnosis/description of a phenomenon, to the interpretation of causal relationships, to the generation of new ideas of services and health programs). The third presentation will be from Prof. L. Vecchio, Dr. M. Miglioretti and Dr. M. Zoppi (Benefits and costs of using mixed methods in quality of health care assessment) who will argue the merit of a mixed methods approach to studying perceived quality of a day hospital for infectious diseases.

Keywords: mixed methods; multi methods; quali-quantitative divide
CONTINUING CONUNDRUMS IN COMMUNICATION BETWEEN QUALITATIVE AND QUANTITATIVE PARADIGMS IN HEALTH PROMOTION AND HEALTH EQUITY RESEARCH

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Qualitative research is a critical resource that provides for direct involvement of participants in the production of knowledge and insights that would serve to direct healthcare interventions. Yet, there continues to be gaps in communication between the qualitative and quantitative paradigms in health research in general and health equity in particular. What is the problem? This is not a new topic. Why haven’t we moved beyond the divide to form stronger links between the two paradigms? How can we best use the multiple theoretical and methodological resources of qualitative research to facilitate the active involvement of individuals as co-constructors of their health as well as provide a multi-level approach to the evaluation of health promotion and health equity programs? Why is it so hard? The purpose of this oral presentation is to examine these continuing conundrums from the perspectives of two colleagues: one whose successful research career has primarily focused on qualitative research to build understanding of disparities in health (Dr. Clark) and one whose focus in health promotion and health equity research has been mostly quantitative in nature (Dr. Pett). Finally, we examine in-depth several successful research programs that have utilized a mixed methods approach to the study of health promotion and health equity.

INTERLACING QUALITATIVE AND QUANTITATIVE METHODS IN APPLIED HEALTH RESEARCH: A “GENERATIVE” TAXONOMY FOR MULTI AND MIXED METHODS DESIGNS

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The different nature and the complementarities of qualitative and quantitative methods has been largely discussed in the literature. Evidences also underline the heuristic value of interlacing these two approaches in the study of health issues. Mixing qualitative and quantitative methods, thus, opens the possibility for greater research creativity and allows to reach a maximum flexibility in the inquiry design. However how to best interlace qualitative and quantitative methods still remain matter to debate. This paper proposes a “generative taxonomy” which can help researchers in positioning themselves according to their research object and to the
main finalities of the study. The taxonomy articulates four different levels of “formalization” that the research design can assume (descriptive, associative, explicative and generative) and describes how each level can be declined according to qualitative or quantitative methods, by generating specific research objectives and methodological paths. The taxonomy appears helpful for analysing and defining the syntax of multi- and mixed- methods design and for managing the process of an applied health research. The paper concludes by commenting on some case histories, exemplificative of different “mixed a multi design syntaxes” generated by the taxonomy.

**BENEFITS AND COSTS OF USING MIXED METHODS IN QUALITY OF HEALTH CARE ASSESSMENT**

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The usefulness of mixed methods approach with reference to quality of health care service evaluation will be discussed, based on results from a study on perceived quality of a day hospital for infectious diseases. In the first phase of the study, both the medical staff and the patients were involved in developing the questionnaires for the assessment of the quality of the health service. In the second phase, the questionnaires were administered to a sample of patients. Qualitative in-depth interviews were used in the first phase. This made it possible to develop questionnaires which considered both aspects of the service relevant for the medical staff and the patient experience in using the services. That is, we were able to define instruments for evaluating the quality of health services based on criteria which reflected the experience and the point of view of service users. Actually, three (partially) different questionnaires were constructed, one for each of the different ways patients accessed the service (i.e., to take a blood sample, to do a medical visit or to be hospitalized for intravenous therapy). Benefits and costs of this approach in questionnaire development for quality of health services and patient satisfaction studies will be addressed.
THE IMPORTANCE OF MOTIVATION FOR BLOOD AND ORGANS DONORS

Chair: Saita, E.
Università Cattolica del Sacro Cuore, Italy

This symposium provides an overview of qualitative procedures used to measure the role of motivation in blood or organs donation. In the modern society, the majority of health donors are unpaid volunteers: they donate blood for community supply or they donate organs if a family member needs a transplantation.

Usually, in literature motivation to donate has been examined with standardized questionnaires that emphasize altruism as the most common reason to donate. In this direction, motivation seems to be originated from a general moral quality of the donor, but it was amply demonstrated that the willingness to donate is higher when the recipient is a known and loved person (as a family member or friends).

For this reason motivation of the donors appears as an important factor to be studied thoroughly, because it seems to be inscribed into important bonds: with the community and with the family.

Increasing the existing literature, that has mainly studied the importance of personality factors of the donors, this symposium focuses also on the relationships that influence and sustain a donation.

It seems to be extremely important to give donors correct and detailed information regarding donation and transplantation, moreover it seems to be important to encourage people to become responsible donors. The comprehension of motivation to donate is necessary and fundamental, in order to stimulate awareness on the importance of organs and blood donation.

Keywords: blood donation; organs donation; motivation to donate
MOTIVATION IN IMMIGRANT COMMUNITIES ABOUT BLOOD DONATION: THE SITUATION IN NORTHERN ITALY

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The aim of this study is to establish which motivational factors could be important for the development of a mid or long-term commitment as a voluntary blood donor in immigrant communities. Blood donations by populations from non-European countries are a public health necessity. Previous investigations in France about this field have shown that blood donors from the Maghreb and Sub-Saharan Africa feel a greater sense of citizenship than non-donors from the same areas. First of all, blood donation by foreign populations could constitute a response to transfusion needs; moreover, blood donation could be used by populations from the Maghreb and Sub-Saharan Africa as an active mean of expressing their sense of citizenship.

Using a tablet-based and web-based survey, data about a sample of immigrants from different foreign communities will be collected in Northern Italy. Data on motivation will be analyzed. Some dimensions of blood-donor motivation will be investigated: altruism and empathy, social reasons (influence of friends and family), strengthening of one’s self-esteem, positive experiences associated with donation, a moral obligation to donate and other more culture-specific dimensions.

This study looked at motivational factors in the decision to donate blood within immigrant communities in Italy, in view of the lack of Italian published research in this field. Developing an intervention that encourages migrants to donate blood seems to be an important modern challenge and needs to be more culturally focused in the Italian Health System. It appears that addressing perceptions based on home country experiences is essential.

This study was supported by the two associations of voluntary blood donors located in Lecco (ALDE, Associazione Lariana Donatori di Sangue Emocomponenti e Midollo Osseo and AVIS Provinciale di Lecco, Associazione Italiana Volontari Sangue della Provincia di Lecco).
BLOOD DONOR MOTIVATIONS: A QUALITATIVE STUDY WITH BOTH NEODONORS AND RETAINED DONORS

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The aims of this study are different. The first one is to establish which Familial Values can be relevant to approach blood donation; the second is to highlight which are the Motivations to start donating blood: are they broader than the ones considered by the international quantitative literature? The last aim is to understand if the Motivations that at the beginning of the process sustained the blood donation change as time passes by or if they are constant.

The study is conducted by interviews to blood donors. The approach is the constructionist revision of grounded-theory approach, from a double point of view: both, theory and data-driven (Gelo, Braakma and Benetka, 2008). They have been conducted 48 interviews to blood donors: 24 to neodonors and 24 to regular donors. The sample has been divided on the basis of the age (young and adult), in 4 Italian regions: 2 Regions from Northern Italy and the other 2 in the South.

The analyses have been conducted by the Software Altas-Ti (version 5).

The data show various empirical evidences.

From the values quoted by donors, there are “others’ care”, “availability” and “regard for other’s”. Some donors told that these values derive from their parents who taught them to care for others. This capability of caring the others allowed them to understand the social importance of this gesture and of the decision of donating blood. The parenthood’s role comes even out in the approach to the donation world through almost all 48 interviews. Many donors have approached the donation due to family members who already were donors (fathers in particular), or due to the knowledge of the structure, or for the awareness of the need of blood.

Among the most listed motivations to blood donation there are “personal benefits”, “altruism”, “social pressure” and the “sense of responsibility for the Others”. According to Lemmens (2005) and Finkelstein (2009), about 24 retained donors, the data clarify, otherwise, in which way motivations change during the time. Some donors say they began donating sustained from self oriented motivations (health control or the desire to meet new people, for example), but they continue giving blood because of other-oriented motivations (civic engagement or interest to the “social good”), or because donation is a routine (a central aspect of their Self, using Piliavin’s words). The important aspect of this study is that motivations are not crystallized and unilateral, but a modifiable galaxy during the process and the experience of Donation.
LIVING KIDNEY DONATION: THE MOTIVATION TO DONATE AND TO RECEIVE

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Aim of the present research is to better understand motivation for choosing to donate a kidney, as well as motivation for accepting to receive from a familiar or from emotionally related (but genetically unrelated) people. Because of the lack in literature, we need to explore recipients and donors’ experiences, examining not only what they think about it, but also how they think that way. Focus groups are particularly useful in this direction. We conducted two focus group, one with 6 donors and the other one with their emotionally or familiar related recipients. The topics investigated in both groups were: thoughts about donation, story of the illness and of transplantation, decision making process and emotions connected, evaluation of the experience of transplantation. The discussions were recorded, transcribed and analyzed with the software T-lab. The data suggested that both the motivation to become a donor and the motivation to receive depended on the familial relationship status between donor and recipient. The intimacy with the recipient is the most important factor in the decision-making process and, the more intimate the donor and the recipient are, the higher is the wish to give.

THE MEASUREMENT AND THE PROMOTION OF HEALTH (WELLBEING INCLUDED) IN PADOVA

Chairs: Turchi, G.P., Celleghin, E.

Dipartimento di Filosofia, Sociologia, Pedagogia e Psicologia Applicata – FISPPA - Università degli Studi di Padova, Italy

Given the civil society demand of effective interventions on Health promotion (wellbeing included), the Symposia aims at becoming a chance to discuss about the “scientific rigor” meant as a warranty of the effectiveness of interventions on the promotion of Health Community.
An action-research project will be presented: the “Kairòs” Project, which started in 2011 from the collaboration between the University of Padova (Philosophy, Sociology, Pedagogy and Applied Psychology Departments) and 21 Municipalities of Padova Province. The project objective is the promotion of the social health and the theoretical assumptions are rooted into the Narrativistic Paradigm (Turchi, 2002; Salvini, 1998) - for which the “health” community is configured by the discursive productions of all social subjects (citizens and Institutions). According to these assumptions the research used the methodology M.A.D.I.T. (Methodology of the Analysis of Computerized Textual Data, Turchi, 2007) for the description of the discursive configuration “community health”; the interventions were managed according to the Dialogical Model, working on how citizens, through dialogue, interact to construct their health. The adoption of a theoretical framework and a consistent methodological approach allowed to measure how much “health” was promoted on the interested territory, that is to evaluate the effectiveness of the intervention.

Keywords: discursive productions; measurement of the effectiveness; theory-application consistency; or scientific rigour

THE DIALOGICAL MODEL: FOR A SERVICES ARCHITECTURE THAT GENERATES HEALTH

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To a scientific rigor a relevant step is the definition of the research object. Since “Health” is a theoretical construct and not a factual-empirical object here it is meant as a discursive production. According to this the use of the bio-psychological-social model into the Health Psychology, since it doesn’t refer to a rigorous definition of the research object (“health”), creates critical aspects, that are linked to the configuration of health as a factual and empirical object. Antinomically, the adoption of the dialogical model is consistent with the “health” meant as a reality configured by discursive productions used by speakers. Furthermore, the adoption of this model allows to get presuppositions to construct a “architecture” that can become the skeleton of a services system that can be founded on a construct of “health” responding to a epistemological consistency criteria. This presentation aims at defining a operative model (the dialogical model) according to which it is possible to construct a scientific founded services architecture that generates health.
Therefore the definition of the research object, “health”, meant as a theoretical construct, defines a theoretical and methodological framework and consistent praxis to provide epistemological founded and methodological correct interventions.

**CONSTRUCTION AND DETECTION OF INDICATORS EVALUATING THE STATE OF THE COMMUNITY HEALTH**

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According to the theoretical construct of Heath defined in the above presentation, and its processual dimension, indicators are defined and collected. Those referring to discursive productions which contribute to maintain/generate health, that is the discursive productions used by citizens to interact either keeping a problem perspective or the chance to face critical aspects.

For defining indicators the ambits told by citizens as the most critical ones were detected. The 6 fields are: security, immigration, territory sources, intergenerational critical aspects, health, role of the citizens and institutions.

The indicators represent the discursive productions through which citizens configure the 6 ambits and they were collected by opened questions questionnaires.

This contribution aims at outlining the methodological steps applied according to the operative model as the reference key of the project in order to detect the community need as discursive processes to be promoted in order to support citizenship to get an active role facing health issues.

**THE RESEARCH APPLIED TO THE PROJECTING OF A HEALTH PROMOTION INTERVENTION**

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The essay aims at presenting a proposal of criteria useful for researchers and practitioners who intend projecting a scientifically rigorous and effective intervention/research. Through an example of a project applied by the University of Padova (Applied Psychology Department) in collaboration with the Padova
Province Administration, the Padova Province Municipalities, the territorial Associations, citizens and users, useful methodological steps will be outlined. These ones will allow to create methodological consistent projects and researches in order to evaluate their effectiveness.

The project framework elements (epistemological and theoretical framework and the project development description), the definition of the general objective (according to the consistent Health epistemological level), the definition of the project strategies pertinent to the project objective will be outlined and discussed. The scientific framework is applied by the methodology M.A.D.I.T. and by the assumptions declared into the above presentation since the projects used the evaluation of the state of the Health Community.

THE METHODOLOGY OF THE EVALUATION OF THE EFFECTIVENESS AND THE ANALYSIS OF COSTS AND BENEFITS OF AN INTERVENTION PROMOTING HEALTH

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As mentioned in the above presentations, the consistency between the definition of health and the applied praxis allows to evaluate the effectiveness of the intervention, that is to state to what extent the defined objective was transformed into results. Since that the indicators which declare the state of health before of the intervention (time at t0) are discursive indicators, the evaluation of the effectiveness shows to what extent the discursive productions changed at the conclusion of the project (time t1). This shift regards how people interact, from a passive role into the community towards an active participation. The adoption of a methodology of evaluation of the effectiveness allows to measure the quantum of health generated by the intervention. The consistency between the definition of health and the applied praxis allows, furthermore, a analysis of costs and benefits of interventions promoting health through the construction of a architecture of services. A analysis of costs and benefits permits to state how much the intervention can save public money, that is to show to what extent the interventions help the community to optimize available sources on the respect of the used ones.
Oral presentations

DISTRIBUTED AND MULTIFACETED DECISION-MAKING IN THE CARE OF CO-MORBID, CHRONIC KIDNEY FAILURE: EXAMPLES AND IMPLICATIONS

Allen, D., Denyer-Willis, L., Badro, V., Ummel, D., Macdonald, M.E., Cohen, R., Pare, A., Hutchinson, T.
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Decision-making in health care is often portrayed as a choice between two medical options, made by a particular individual, at a particular point in time. Health professionals describe treatment pros and cons and patients provide informed consent/refusal. In practice, however, this decision-making model, ubiquitous in health care, is divergent from the complex, non-linear, and non-medical process of care decision-making, and denies patients and clinicians the opportunity to achieve a truly, and mutually, informed decision. Drawing on data from a case-based ethnography of decision-making and communication in the care of patients with co-morbid chronic kidney failure, this presentation exposes the multifaceted, fluid, and distributed nature of seemingly point-in-time medical decisions. We will describe examples in which treatment decisions were (a) informed by social relations and economic issues, (b) distributed amongst several people, (c) shaped by hospital bureaucracy, and (d) repeatedly revisited and questioned by patients and health care professionals. The data suggest that this alternate understanding of decision-making, as process rather than point-in-time, might open the possibility for a more sensitive, collaborative and mutually informed-approach to care.

Keywords: chronic illness; decision-making; ethnography
PRETESTING TOBACCO PACKAGING WARNING LABELS (IMAGES AND MESSAGES)

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Recent research in UAE revealed that smoking is widely spread among youth reaching 14.3% of young males and 2.9% among young females between the age thirteen and fifteen years old. In addition, 42% of men and less than 1% of women are smokers. Furthermore, there is large number of both men and women smoke shisha (water pipe) Smoking is considered as a socially accepted practice among youth. According to a survey conducted in UAE in 2003, some of the important tobacco consumption indicators in UAE are the following:

- 80% of children are exposed to tobacco advertising.
- 30% of children have people smoking in front of them at home.
- 70% of children are exposed to negative smoking in public places.
- 30% of the people have possessions showing tobacco companies logos.
- 30% of children and youth were offered free cigarettes.

World Health Organization calls upon all countries of the Eastern Mediterranean Region to adopt pictorial health warnings not only for cigarettes but for all tobacco products including shisha. Main purpose of this qualitative study is to Pre-test 24 pictorial cigarette pack warning labels (design & language) including reactions of various audience groups (urban/suburban, male/females, young/old), as well as their attitude and level of comprehension of to images and messages. List of Images will be not be sent by email due to size, but will be presented during presentation. The aim is to find out how clients would react to negative imaging for smoking and its effects on health. How much they understand the displayed pictures and which ones they consider most effective. To understand people’s comprehension and attitudes towards new tobacco control messaging. Main data collection technique: organizing 16 Focus Group Discussions using a topic guide. Total participants 128. These groups included a mix of age groups, sex, education, urban/sub-urban, and smoking behaviors, namely Target Audiences were:

- Citizens and Residents: Urban and Suburban.
- Sex: males & females
- Age: Youth & adults
- Smokers and nonsmokers.

Research activity was completed during the period May-June 2011 including
training of moderators and note takers and observers. Three teams were involved in this research. Each team composed of a moderator, a note taker and an observer. All sessions were recorded by a digital recorder, after obtaining audience consent.

**Keywords:** pre-test; pictorial; health warnings; reactions; attitude

**O 3**

UNITI CONTRO IL PREGIUDIZIO. CONDIVIDERE IL DISAGIO DELLA VIOLENZA. EXPERIENTIAL WORKSHOPS TO SHARE AND TRANSFER KNOWLEDGE AND GOOD PRACTICES

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The project Hermes - Linking Network to Fight Sexual and Gender Stigma - aims, among other things, at constructing a network between different services working on discriminations and violence related to gender and sexual orientation. To achieve that, a training of professionals involved is considered fundamental, being carried out through empowering methodologies able to provide efficient tools and practices, transferable into respective intervention contexts. Workshops shaped on learning-by-doing approach and addressed to first responders have employed Social Dreaming Matrix, Role Playing, “Roulette of identities” and a final Application Group. Each of them engaged one or two observers. Participants’ mental representations on discussed issues came out, together with resources and critic aspects of their knowledge and activities. Possibilities of sharing experiences, thoughts and good practices found space, in the perspective of a concrete application of them into each one’s work context. Detecting resources and criticalities of existing local working on women and LGBT people’s health, as well as using methods to share and transfer knowledge and good practices, would make it possible to train more conscious and skilled workers, furthermore supported in their contact with users by a complementary and interacting network.

**Keywords:** good practices; learning-by-doing; empowerment; women and LGBT health; network
SOCIAL AND CONTEXTUAL FACTORS RELATED TO DRINKING PATTERNS IN ITALIAN YOUNG NIGHTLIFE GOERS

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Alcohol consumption among young Italian people frequently takes place in nightlife recreational activities both in formal (clubs, pubs, concerts) and informal (streets, parks, private party) settings. Despite the well-known alcohol abuse-related risks (e.g. traffic accidents, violence, injuries), drinking, and even occasional heavy drinking, is perceived by young people as having social and coping benefits (Shulenberg & Maggs, 2002). Recognizing how drinking fits into young people’s lives may help professionals to design and implement more effective preventive interventions. The present research aims at getting a better view of drinking motives, social and contextual factors that may promote alcohol abuse. Grounded Theory has been the methodological and analytical framework. A pilot focus group oriented the following sampling. So far a purposive sample of 43 young regular nightlife goers (18-28 years old) were recruited through snowball sampling and participated in 4 focus-group interviews. More interviews has been planned. Transcripts of the interviews are being analyzed through NVivo 9.0 software. Alcohol seems to be intentionally used to reach different outcomes in different settings (e.g. disinhibition in clubs). Coherently with the literature affiliation and socialization are, in general, the main drinking motives, while the motive “enjoy the taste of alcohol”, related to moderate drinking, seems to be specific to our Italian sample.

Keywords: alcohol; nightlife; young adults; drinking patterns

FACING ETHNOGRAPHY: NON-CONVENTIONAL METHODS

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Despite being in a competing epistemological ground, sociological ethnography has been gaining more value and acceptance amongst sociologists in the development of
theory, especially in the understanding of everyday life at a micro social level. Following Grounded Theory (Glaser and Strauss, 1967) it can be said that inductive orientation has a role of great importance in theoretical statements formulation as hypotheses emerge continuously during data gathering and processing within the theory-data interplay. Whether or not statements of this kind are cogent shall not be argued here, but we assume reality has no absolute line between particular cases logic and universal patterns. Although systematic observation is by far the main and most common data gathering technique in inductive enquiry, deep understanding requires a set of research tools beyond observation scope, so that non-conventional methods can support this within ethnographic research in a further step to triangulation. Surprisingly, ethnography literature deals disproportionately more with observation technique, lacking full explanation of complementary methods. This fact justifies that some other techniques are needed to complement observation from another angles, in an attempt to better fine-tune meaning. This paper focuses thus on describing non-conventional methods, such as drawings and sociograms made by participants, and how they can support researchers to achieve and fine-tune deeper levels of understanding in ethnography.

**Keywords:** ethnography; complementary methods; alternative methods; fieldwork

**WHAT KIND OF INTEGRATION BETWEEN QUALITATIVE AND QUANTITATIVE MEASURES IN SPATIAL-DEFICIT RECOVERY? NEUROPSYCHOLOGICAL EVIDENCE FOR THE ASSESSMENT AND INTERVENTION**

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Qualitative and quantitative measures to explore the assessment procedures and the intervention strategies for the successive recovery of spatial attentional deficits (such as neglect syndrome) were recollected in the past years within neuropsychological domains. However, whereas the real impact of these two distinct methodologies on the patients' recovery was largely considered, no specific analysis was conducted to directly compare the long-lasting effects of these methodologies taking into account some subjective and contextual main variables, as well as it was not considered the impact of the integration between the qualitative and quantitative
perspective. Firstly, from one side the effective compliance of patients in clinical specific treatments was underestimated or unspecifically considered. From the other side the effective incidence of qualitative (such as psychometric and assessment measures) or the quantitative (such as experimental and behavioural measures) methodology within their ecological context (clinical structure/laboratory setting) was scarcely analyzed. Secondly, a main caveat of the present research domain on spatial deficit recovery was the absence of a systematic survey on the effective applicability of the two measure types in integration each other. Coherence, proficiency and improving of this integrative view, that may include both the clinical and experimental approach, is suggested and discussed at light of the recent introduction of new methodologies. Between the others, brain stimulation (induced mainly by transcranial magnetic stimulation, TMS, or direct current stimulation, tDCS) may offer a unique opportunity to directly observe the effect of a joined strategy of assessment and intervention (quali- and quanti-tative) for the health recovery of patients.

Keywords: recovery; assessment; neglect; spatial; qualitative; quantitative; clinical; experimental

O 7

PSYCHIATRIC ILLNESS AND CARE: LISTENING TO THE MENTAL PATIENTS’ STORY

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The second half of the twentieth century has witnessed major changes in the way mental health care is organized and provided for people suffering from mental illness. Deinstitutionalization and community care became common terms used to define a policy that aims to shift the locus of psychiatric care from large mental hospitals and custodial institutions into community. Deinstitutionalization of psychiatric care requires an empowering approach towards individuals living with mental disorders. Such an approach inter alia means accepting the mentally ill health care service users as active participants in the mental health care system, whose views should be respected and taken into account when developing and providing user oriented mental health care. By drawing on a qualitative study (in-depth interviews) with 20 mental health care service users in Kaunas, Lithuania, this paper explores individual’s subjective experience of psychiatric illness and psychiatric
care. During the last two decades, psychiatric care in Lithuania and in other so-called post-communist countries has also undergone significant changes: a gradual shift from institution based psychiatric care towards the deinstitutionalization and reintegration of the mentally ill into society has been taking place since then. Yet, has this changed the psychiatric and public approach towards a mental patient?

By analyzing individual’s subjective experience of psychiatric illness and psychiatric care, the author of the paper attempts to show how continuing over-reliance on the biomedical model in contemporary psychiatric care in Lithuania and prevailing paternalistic approach towards the mentally ill individuals may continue to sustain their dependency, vulnerability and powerlessness. It is argued that qualitative research is very well suited to uncover existing power relations within medical care that in turn may inhibit development of an adequate and user oriented mental health care. It may not only serve as a tool in engaging mental health care users in the construction of more suitable interventions but also contribute to positive changes in the public approach towards people suffering from serious mental illness.

Keywords: mental illness; psychiatric care; mental patient’s perspective

EMERGENCY MENTAL HEALTH HOSPITALIZATION AS MORAL DISCOURSE: ANALYSIS AND IMPLICATIONS FOR PRACTICE

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The Baker Act is Florida’s involuntary treatment statute. It provides for emergency mental health examinations of up to 72 hours in designated facilities in case of harm to self, others, or self neglect. The phrase “the revolving door” has been coined by the mental health sector to identify problematic patients; revolving door patients are poor, cycle in and out of emergency inpatient care, and take up valuable resources. At the same time, these patients reveal the complexities and systemic limitations of the Baker Act, as well as its enmeshment with issues of substance abuse, for which it is not designed. This paper investigates how mental health providers account for the revolving door problem in their everyday experiences with the Baker Act. Using a blend discourse analysis and membership categorization analysis (MCA), I analyze interviews (recorded and transcribed at an intermediate level of detail) with sixteen staff members responsible for 72 mental health emergency hospitalizations
from 5 Florida counties. I show how staff accounts of Baker Act use and abuse involves moral categorization of patients and community (what they should and should not do, their responsibilities, issues of blame), as well as reflexive constructions of staff as moral agents, that have surprisingly little to do with the Baker Act itself and much to do with upholding traditional accounts of psychiatry and mental illness. This study adds to the literature on psychiatric discourse as a form of moral accounting, and sheds light on how the discourse of legislative change may in fact reveal as much as it conceals. I propose implications for mental practice and policy of employing this sort of qualitative analysis to health communication.

**Keywords:** mental health; emergency hospitalization; moral discourse; accounts; discourse analysis

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**SHARED DECISION-MAKING AND DISCOURSE ANALYSIS: THE CO-CONSTRUCTION OF PATIENT PARTICIPATION IN DECISION-MAKING**

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The aim of this paper is twofold: (1) to review empirical evidence using discourse analysis as a theoretical/methodological approach to study shared decision-making (SDM), and (2) to reflect on the ontology of SDM as a discursive event. A literature search in major databases was carried out to identify studies using discourse analysis to study SDM. The conceptual models of SDM and their ontological and epistemological assumptions were also assessed to evaluate their suitability for discourse analysis. Despite the critical role played by language-in-use in the interactions that constitute the SDM clinical encounter, there are few empirical studies using discourse analysis. While there are good empirical measures of certain aspects of SDM, such as patient preferences for decision roles, we argue that a constructivist ontology can address the co-construction of patient participation in decision-making as a discursive event. Conceptual models of SDM adopt an ontology that is poorly suited for qualitative methodologies. Rather than viewing
patient preferences for participation as pre-existing and stable, a discourse analysis of SDM would conceive of patient participation as a process constructed through talk in social interactions. A discursive perspective on decision-making is closer to everyday clinical conversations than empirical measurements scales.

**Keywords:** shared decision-making; discourse analysis; conceptual models

### O 10

**PATIENT'S CHOICE OF OBSERVATIONAL STRATEGY FOR PROSTATE CANCER**

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Active surveillance is an observational strategy for low risk, potentially indolent prostate cancer that is obtaining consensus in urologic oncology. AS may represent for selected patients a viable alternative to radical therapies, thus reducing the risk of over-treatment and the psychological distress related to side effects that negatively impact quality of life. We aimed to assess what factors could lead patients to elect AS among different therapeutic options. Patients entering the AS protocol at our Institution were administered a semi-structured interview asking to explain the reasons for choosing AS. Two independent raters conducted a paper-and-pencil text analysis. The most relevant meta-codes that emerged were as follows: 1) patients’ story (medical history, prostate cancer as the critical event), 2) information acquisition (based on relationships with physicians and family/friends) 3) pros and cons of AS (side effects such as incontinence and erectile dysfunction, trust in the medical team, reversibility of the choice). In conclusion, patients are motivated to opt for AS, rather than radical therapies, based on the subjective evaluation of a number of factors that include medical information as well as characteristics of their psycho-social context. Understanding patients’ motivation for AS will help clinicians to present this innovative approach.

**Keywords:** prostate cancer; patient’s choice; observational strategy
THE EMOTIONAL PERFORMANCE IN VIDEO AND AUDIOVISUAL ANALYSIS: TOOLS FOR THOUGHT, OR THOUGHT FOR TOOLS?

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Video is not a new media in health research. Ethnographers in anthropology initially, and in sociology and psychology later on, have been using for decades the photographic camera, the video next, and digital software most recently, to capture and analyze raw emotional performance. Still, a heated debate on the validity and representativity of video analysis prevails in labs and seminars. In contemporary terms, video analysis is an embodied activity that involves a medium, the video camera. If we take the presence of the ethnographer body as an observing function, we can consider that the camera becomes an extension of her body, just as computers, phones and cars are active artifacts in our everyday activities. One the one hand, this paper claims the need to take current methodological debates from the instrumental level to that of theory. Both reification and intrusion can be avoided or diminished with the assumption of epistemic reflexivity all along the research process, and not only as a formal append previous to publication.

Keywords: emotion; performance; ethnography; video and audiovisual analysis; critical discourse analysis

UNDERSTANDING MEDICAL HUMANITIES THROUGH A MULTI-METHOD COMPARATIVE RESEARCH DESIGN

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This research aims to identify the Medical Humanities’ constitutive elements and their operational role in the development of professional skills for healthcare practitioners. Within a sequential multi-method design it is possible to identify – through a grounded theory research – an empirical theory of the MH in Italy, which is then compared with the meaningful English experience. To this aim data are
collected and analyzed by adopting a phenomenological approach. The results reveal that MH in Italy are still in their infancy and require a more systemic approach that includes all the actors of the healthcare community. MH projects in the United Kingdom follow two branches of development: on one hand the core of MH is moving from interdisciplinarity to a democratization process; on the other the research dimension seems to prevail on the educational one. To improve the quality of life of patients and healthcare professionals by supporting a scientific epistemology which includes a socio-cultural perspective, MH professionals need to follow a more rigorous methodology and evaluation, to reflect on their hidden personal intention going beyond the moralistic idea of a necessary humanization of healthcare services, and work on practices to reach a knowledge alive to the present.

**Keywords:** medical humanities; medical education; medical research; caring practices; interdisciplinarity

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**LOOKING FOR DATA IN DIABETES HEALTHCARE: SELF-MONITORING AS DISTRIBUTED AND FRAGMENTED PRACTICE**

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In the contemporary logic and rhetoric of patient empowerment, self-monitoring and the delegation of a series of tasks and measurements traditionally associated with healthcare work constitute one of the most evident forms of the endeavour ‘to enlist’ ordinary citizens in the management and organization of healthcare services. From this point of view, diabetes is an interesting example of a healthcare sector where patient empowerment has become prominent, and self-management is seen as a key determinant of health outcomes. Drawing on the results of a broader research project on diabetes services in Italy, the paper illustrates (by mean of ethnographic excerpts) the importance for practitioners of not only collecting the data provided by patients but also of understanding how these data have been produced. Interpreting the self-monitoring practice within a framework between Science and Technology Studies and sociology of medicine, our contribution addresses the contradictory aspects of Patient 2.0, showing the invisible work performed by various other (human and non-human) actors.

**Keywords:** self monitoring; distributed and fragmented practice; doctor-patient interaction
PROMOTING HEALTH AND SAFETY IN HEALTH CARE: A BOTTOM-UP TOOL DEVELOPMENT

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The objective of this project was to develop a tool for safety and health monitoring in operating theatres that tried to overcome the limitations of existing methods. Sixty health care operators (nurses and physicians) of six ligurian hospitals joined the project in 2010-11. Following the action-research methodology, we facilitated them in developing a tool - tailored on their cultural and operational environments - for the detection and solution of issues related to health and safety at their early stage. The tool is composed of three parts: (1) anomaly detection (problem description, potential consequences and proposal solutions); (2) problem setting and problem solving (definition of timeline and roles for problem management); (3) solution process monitoring (effectiveness assessment and new actions to do). The tool has several strengths both at the organizational and individual level: it enhances interaction and information sharing, improving organizational health, it empowers operators self efficacy and locus of control in influencing organizational processes, it can become a database of already solved issues concerning safety and well-being, allowing operators to learn from these experiences, it can also afford a clear monitoring of processes that are generally long and tortuous due to the organizational complexity of health care units.

Keywords: organizational health; action research; operating theatres

WOMENS MANAGING GENETIC RISK OF CANCER IN EVERYDAY LIFE. A CONCEPTUALIZATION

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Since fifteen years, genetic tests are available to identify the predisposition for
breast and ovarian cancer due to specific gene mutations. Sometimes healthy women get tested. In case of adverse results they receive a probabilistic information: they know that they carry the mutation associated with the illness, but they don’t know if the illness is going to develop. Once the at-risk health status has been determined, then, these women are required to manage it. Yet, the way they are supposed to do it is unclear. The at-risk label places them in an ambiguous position, somewhere between health and illness. Moreover, a closer analysis of the at-risk role shows that its ambiguity is due to an excess of contradictory norms simultaneously promoted by different social institutions. This paper provides a conceptualization of the process of self-management of genetic risk in everyday life, based on a critical review of the literature. Specifically, it explores the paradoxical situation of being genetically at-risk and it presents the concept of “legitimization” as a heuristic tool for understanding it. These considerations, drawn from a qualitative study on self-management of genetic cancer risk currently ongoing in Switzerland, suggests suitable interventions to support genetically at-risk individuals.

**Keywords:** predictive medicine; genetic risk; uncertainty; self-management; lifestyle; legitimization

O 16

**FROM THERAPY TO HEALING: A PHENOMENOLOGICAL STUDY ON MEDICAL DOCTORS ENCOUNTERING TRADITIONAL HEALING TECHNIQUES**

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This qualitative phenomenological study was undertaken to describe the experience of traditional healing techniques for medical doctors. Medical doctors use the scientific paradigm to deal with disease and therapy (Wulff H.R. et al., 1995) and apply the neuroscientific paradigm to explain shamanic phenomena (Krippner, S.C., 2002). Primitive culture people use a different paradigm when they apply their knowledge for healing purposes (Wulff H.R. et al., 1995). I was interested in the change of paradigm needed when these two cultures meet each other. Using the phenomenological approach developed by Moustakas (Moustakas, C., 1994) I analyzed the data collected by interviewing six doctors. The experience would trigger a paradigm change only in association with a process of epoche (Moustakas, C., 1994). This process was facilitated by either a critical
position toward the academic and institutional environment where doctors were already practicing or by a personal crisis due to life event. There was a sense of dichotomy between medicine as a science based on technological development and medicine as a humanistic science. The experience raised doctors’ awareness about the therapeutic relation with the patient. Technological development and management organization has changed medical practice leaving behind human aspects. The experience of healing paradigm may challenge a paradigm shift which would be helpful to re-consider on human terms the therapeutic relation.

**Keywords:** health care system; therapeutic relationship; patient care & cure experience; healing techniques; phenomenological study

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**THE STUDY OF MORAL CAREERS OF ILL PERSON AND OF PATIENT FOR THE IMPLEMENTATION OF PARTICIPATED CARE PATHS**

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This paper presents the advantages of using the perspective of the life course and, in particular, the reconstruction of the moral career (Goffman 1961) from the subjective point of view in researches that involve health and illness. This theoretical perspective shows how the concepts of health and illness are socially constructed. The process of defining these concepts involves the cultural baggage of social actors, or better the set of shared norms, values and practices that they are also behind the construction of the perception of the state of health and illness and of well-being and malaise. The reconstruction of the moral careers of ill person and of patient, through the use of qualitative research techniques, such as biographical interviews, makes it possible to investigate the construction of identity, with particular attention to aspects concerning the identity’s negotiation, the co-construction of the path of care, and the self-perception. This kind of researches, adopting a perspective that might be called “bottom-up”, may be a useful tool for institutional structures that are responsible for the care in order to identify co-construction paths of healing and of sharing health decisions in a more general perspective of improving the relationship between healthcare providers and patients.

**Keywords:** moral career; co-construction; biographical interview
“CAM’ PROGRAM: THE IMPORTANCE OF CREATING BALANCE BETWEEN BODY, MIND AND SOUL

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Following the way of active listening, you develop an emotional and sensory listening: this, in addition to the consciousness of your own beliefs, strengthens oneself knowledge. The aim of this study is to give self cognition including: the emotional lived, self beliefs and knowledge of the body. Who is it turned to: to anyone who lives situations of change, crisis, has problems in managing his own emotions or is looking to find his way. The system: Sessions focused on questions and exercises developed in order to train people to listen to themselves on the three levels: body, mind and soul. Application example: After a course titled “BODY – SOUL – MIND, effective approach to the profession” a participant writes: “Just at the age of 25 years old I found out that till now I’ve only been an onlooker instead of the absolute protagonist of my life, acting in the name of other people’s motivations and beliefs that reflected the “perfectly respectable girl model” that I have made mine. Consequently in me a sense of total estrangement and alienation has continuously grown. I can’t manage to feel myself as a union of these three aspects: I constantly feel them as detached. The question is: how to come out of this situation and try to connect these three dimensions?”. At the end of the course the girl was acquiring an increasing self consciousness, together with a renewed enthusiasm. Currently the girl is finding out how to operate in her job coming out of the mental numbness that inhibited her.

Keywords: active listening, self-cognition, emotional managing

EXPERIENCES OF THE CARING FAMILY IN THE TRANSITION TO DEPENDENCE OF AN ELDERLY RELATIVE

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To develop a theory which explains the phenomenon of the transition to dependence
in the elderly person and in the family who cares for them.
Grounded theory study. The sample consisted of both dependent elderly who were assessed according to Navarre’s Law on the Promotion of Care for Dependent Persons, and their relatives. The core category of this study, called “dependent’s dependence”, emerges as a substantive theory that accounts for the experiences of these caring families. Data show that the families are not able to find a balance between the dependent’s needs and the needs of the rest of the family system. The dependent person and the situation of dependence become the centre and core theme of their family life. The main problem these families are struggling with is to be able to “carry on with their own lives”. These findings support the need for promoting sustainable caring families, which are able to “carry on with their lives” and, at the same time, who are able to provide the best care possible, and that this caregiving becomes a positive family reinforcement. Family nursing interventions may have positive outcomes for these caring families.

Keywords: family; dependence; elderly; grounded theory

O 20

FACILITATORS AND BARRIERS TO PARTICIPATION IN HEALTHY LIFESTYLE BEHAVIORS THROUGH THE EYES OF ADULTS WITH INTELLECTUAL DISABILITIES: A PHOTOVOICE STUDY

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People with intellectual disabilities (ID) have been identified as being more sedentary and having more health concerns than people without intellectual disabilities. Although the health conditions recorded in this population are largely preventable, evidence-based health promotion interventions have been slow to meet these needs. The aim of this study was to identify facilitators and barriers to participation in healthy lifestyle behaviors through the direct solicitation of the participants, 26 adults with intellectual disabilities. Photovoice, a community-based participatory research method, was utilized to include participants in the research process and solicit their insights and lived experiences, thereby co-creating knowledge. The results combine data from photo-elicited individual interviews, group discussions, and contextual observations. The results reflect facilitators and barriers to healthy behaviors in the areas of content-driven health knowledge, participation, and environment. The International Classification of Functioning,
Disability and Health is used to highlight clinical application of the results. The insights and experiences of people with ID are necessary in order to develop effective health promotion programs. This study begins that process by offering a voice to a community that often goes unheard.

Keywords: intellectual disability; photovoice; health promotion; ICF

O 21

“PROMOTING PSYCHOLOGICAL WELL-BEING GLOBALLY” PROJECT: PRELIMINARY FINDINGS FROM ITALY

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This contribution represents the Italian part of Promoting Psychological Well-Being Globally, a large international project being conducted in several countries around the world, under the guidance of Dr. Bonnie Nastasi (Tulane University, USA). The purpose of this international project is to develop definitions of psychological well-being and psychologically healthy schools/communities, based on perspectives of key stakeholders (teacher, student, school, community) within participating countries. Each research partner, collected data in their local community through qualitative data collection techniques including focus group and individual interviews, and structured activity related to stress and coping. The presentation will concentrate on describing some findings derived from focus group interviews and Ecomap activities with students from primary and secondary grade levels (ages 6-8, 9-11, 12-14, 15-17). Focus group interviews with parents and teachers, followed by individual interviews with administrators and mental health support staff. Data collection activities involved: sixty-four students (8 groups of 6-8 each); thirty-two parents of primary and secondary grade level students (4 groups of 6-8 each); thirty-two teachers of primary and secondary grade levels (4 groups of 6-8 each); five school administrators and five psychologists (TOTAL SAMPLE = 64 students; 74 adults). Data collection activities were audio-taped, transcribed and translated into English. A shared predetermined coding scheme was applied to the data. It was used as a tool to face the ambiguities of the psychological well-being definition, and to investigate the opportunities to contextualize more effectively environmental factors involved in children and adolescents psychological well-being. These preliminary findings represent an attempt at understanding students psychological well-being and psychologically healthy environment.

Keywords: well-being; ecological model; qualitative method
KNOWING YOUR COLLEAGUES AND THEIR PRACTICE THROUGH INTERPROFESSIONAL LEARNING

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Explore how interprofessional education (IPE) and collaborative practice (IPCP) improve relationship for health professionals through an understanding of roles, values, communication and collaboration.

Thirty-three nursing and thirty-two social work students were recruited voluntarily. The study is descriptive with two phases. In phase one, students attended two interprofessional reflective seminars where they shared their views on decision-making and caring practice. In phase two, they participated in a two-week collaborative community practice. The seminars and post-practice focus group interviews were videotaped and transcribed verbatim for thematic analysis.

Four themes were identified. 1. Role clarification and enhancement; 2. Conflict management through which various patterns of resolution emerged as explaining, appreciating, incorporating and wishing to learn more from each other; 3. Understanding the issue of assumption, the values of observation and blurred role boundaries for communication in teamwork; 4. Recognition of interdependence in providing better care through practice. Students’ openness and reflection played a crucial role in the development of interprofessional competence. Their participation in IPCP provided them with further insight into teamwork and collaboration. Students’ continuous interprofessional learning about, from and with each other for team communication and interdependence will enhance their relationship in practice.

Keywords: interprofessional; collaboration; practice
EXPLORING FAMILIES’ EXPERIENCE IN PRACTICING POSITIVE COMMUNICATION TO PROMOTE HEALTH, HAPPINESS AND HARMONY: A COMMUNITY-BASED PARTICIPATORY PROJECT

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A community-based participatory research (CBPR) project, ‘Happy Family Kitchen’ (HFK) was initiated to promote family communication and health, happiness, and harmony (3Hs) using a positive psychology approach among families in a district of Hong Kong. This qualitative study aims to explore participants’ experiences in practising positive family communication through eating and/or preparing meals together with family members. Twenty-one semi-structured focus group interviews involving 207 programme participants were conducted after their participation in the HFK project. Purposive sampling was adopted and families who have (1) mothers, (2) parents, (3) elderly, (4) new immigrants, (5) children who required special care, and (6) physically/mentally challenged members were selected to participate in the interview. The focus groups were conducted by one moderator and two note takers. All interviews were audio-taped and transcribed verbatim. Content analysis was performed and themes identified. A total of 207 participants of the HFK joined 21 focus group interviews from April to August, 2011. The majority of focus group participants were female (87%), aged between 35-54 years old (67.1%), married (80.1%), and majority (81.2%) had been living in Hong Kong for seven years or more. A total of five themes were identified: the families had become more aware of the importance of family communication after the intervention, and its quantity and quality of were improved. Moreover, empathy among family members as well as some changes in parenting styles and practices was observed. Challenges to achieving family communication and 3Hs were highlighted including busy life rhythm and difficulties to mobilize passive family members. Cooking and dinning seems to be a useful platform to enhance communication among family members, and improve family 3Hs. The CBPR programmes seemed to have raised the awareness and changed behaviours in improving communication practices among most participated families. The overall context of a fast-paced and busy work life in Hong Kong and the presence of passive family members have posed some challenges in attaining quality communication and further innovative and targeted interventions are needed.

Keywords: family communication; community-based intervention; focus group
WORKING WITH YOUNG ADOLESCENTS ON PREVENTION OF AND DEALING WITH TEENAGE PREGNANCY: AN ACTION RESEARCH IN NORTHEASTERN THAILAND

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This study explores the situation of teenage pregnancy in Thailand and demonstrates the participation of teenagers and multi-disciplinary approach on the prevention of and dealing with teenage pregnancy in Khon Kaen city, Thailand.

An action research using a mixed method of qualitative and quantitative approach was employed during April 2011-February 2012. In the situational analysis stage, 3,114 girls aged 9-19 participated in the quantitative part and 451 boys and girls in the qualitative part. In the implementation and evaluation stage, 80 participants including 25 girls, 15 boys and 40 parents joined the activities and were interviewed. Descriptive statistics and content analysis were used for data analysis.

It was found that sexual activities of teenager were accepted by young adolescents. Forty percent of pregnant girls did not use contraceptives or condoms, while boys did not like using condoms.

Pregnant girls were condemned and had to drop out from school. Working with teenage boys and girls lead to organize a “Warm family camp”. The camp’s activities, provided by a multi-disciplinary team encouraged both young adolescents and their parents to communicate about sexuality issues and be aware of gender sensitivity.

The key findings suggest that a qualitative approach allow researchers and young adolescents to gain deep understanding and create successful strategies in dealing with teenage pregnancy issues.

Keywords: teenage pregnancy; gender; action research; Thailand
COLLEGE STUDENTS’ PERCEPTIONS ABOUT SUICIDE AWARENESS VIDEO

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This Internet-based study was conducted to describe Asian American (AA) and non-Hispanic White (NHW) college students’ suggestions regarding the changes they believe are needed to increase the clarity, credibility, and cultural relevance of the video, the Truth about Suicide: Real Stories of Depression in College (Truth about Suicide), delivered via the Internet. After students were recruited from one University in the U.S., by logging in to the study website they completed a baseline survey, watched the 27-minute video, and completed debriefing/video evaluation questions. All the answers were read, coded, and then sorted into categories. A total of 301 NHW and 349 AA students answered the 8 debriefing/video evaluation questions. Participants were impacted most by personal stories and statistics about depression and suicide presented in the video. They were able to relate to the video because of the similarities in experiences and situations between presenters and themselves and the genuineness of content. The participants reported that the video should include more diversity and address the cultural influence on suicidal tendencies and suicide prevention. This study highlights the strengths of the Truth about Suicide video and the need for and importance of addressing cultural influences on suicide.

Keywords: suicide; college students; video; culture

SOCIAL SUPPORT IN AN INTERNET FORUM FOR PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

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Systemic Lupus Erythematosus (SLE) is an autoimmune disease which leads patients to live with a variety of unpredictable symptoms. The consideration of
psychosocial factors, such as social support, is critical in order to understand their disease experience. Internet support represents a potential but largely understudied resource for persons with SLE. This presentation reports the findings of a qualitative study aimed to describe the type of support that patients seek through internet forums. 119 posts were collected from an online forum which represents a source of support and information for the Italian community of people living with SLE. The posts covered a time span of 12 years (2000-2011) and were authored mainly by women, from 15 Italian regions. Messages were analyzed combining qualitative content analysis with the use of statistical tools for textual analysis. Results showed the presence of different purposes for posts, which included seeking information, emotional support, psychological relief, starting new relationships and offer a contribution. The content of the posts is discussed describing the relationship between the kind of requested support, illness representations and coping strategies. Implications include suggestions for the development of supportive online and offline communities of patients with SLE.

Keywords: lupus; social support; internet; chronic illness and disease

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FACILITATING CONVERSATIONS ABOUT HEALTH PROMOTION WITH PEOPLE WITH INTELLECTUAL DISABILITIES

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Health Promotion is an abstract topic for many people. Our objective was to engage 30 overweight/obese young adults with intellectual disabilities in a health promotive lifestyle. A grounded theory methodology accompanied the twice-weekly physical activity and nutrition intervention. Field notes and informal interviews recorded individual experiences and group interactions and dialogue about health promotion. Results describe a process of dialogue among participants and researchers about the nature of health and health promotion. Researchers aimed to make health promotion tangible for people with intellectual disabilities. Weekly weights and blood pressure measures were ritualized and individual choice-making emphasized. Research participants chose photographic poses as one means of representing their health promotion identity. Other expressions of health promotion concepts were evidenced in group and family interactions and stories about healthy activities. Participants variously depicted health promotion as having, doing, and getting. Their photos
showed having beauty and self-esteem, doing activities for fun, and getting along, getting noticed, or getting past bad experiences. Future efforts to develop health promotion interventions for people with disabilities can incorporate more disparate processual definitions of health promotion to fully engage this community in realizing their goals.

Keywords: grounded theory; intellectual disability; photography; interviews

PATIENTS AND THERAPIST’S PERSPECTIVE/VIEW ON PSYCHOTHERAPEUTIC CHANGE AND OUTCOMES: A FOLLOW-UP STUDY

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This follow-up study presents a helpful factor design to compare patients and therapist’s experience of change and outcome in 8 systemic-oriented individual, marital and family psychotherapies completed with the same therapist in an Italian public mental health service. 16 follow-up semi-structured interviews (8 with patients and 8 with their therapist) were conducted by 2 trained clinicians 2 years after the end of each treatment. All interviews were transcribed and analyzed using Interpretative Phenomenological Analysis (Smith, 1996) to compare the outcomes and the helpful factors identified by patients and therapist. The master themes identified in the two main areas (outcomes and helpful factors) are shared by both patients and therapist. Client-identified important outcomes in psychotherapy are the same 8 pointed out by their therapist. Another significant finding concerns the therapist-patient matching: each dyad highlight some factors rather than others. Our findings support the hypothesis that the follow-up is experienced according to a pattern which connects it to the previous negotiation process of terminating therapy and not as a separate and independent evaluation context. Cautions about ways of conceiving and implementing follow-up and clinical implications for systemic theory of co-constructing therapeutic change and end of treatment will be addressed too.

Keywords: follow-up study; helpful factor design; Interpretative Phenomenological Analysis; systemic psychotherapy
ELONGATION OF THE LABIA AIMED TO SUCCEED GREATER SEXUAL SATISFACTION AND CONSEQUENTLY, INCREASED SELF-ESTEEM AND QUALITY OF LIFE: VISION MOZAMBIQUE

Costa-Reis, A.
Portugal

In Mozambique is basically carried out in parts of central and North of country. It is a process of self-manipulation, based on massages that stimulate the small labia. This work aimed to understand the purpose of carrying out this modification. To this end, thirteen individuals’ interviews were collected from Mozambicans, of both sexes. The subjects were living in Portugal, in the regions of Lisbon, Porto and Braga. The data indicate that emerged a procedure aims to achieve more sexual pleasure for both. Usually, the procedure requires the inclusion in a group of girls who are experiencing the same process. Strengthen cohesion of the group and, in simultaneously the psychological, social and community support. The results show that this process aims to effectively achieve greater pleasure. At the same time, due to fact that this procedure is accompanied by teaching, there is an increased self-esteem, which provides better quality of life in individual and community terms. It is concluded that obtaining greater pleasure is obtained either by the greater coverage of the area of physical pleasure, information and empowerment acquired during instruction, as all the education that is provided the girl / woman.

Keywords: modification of the sexual organ; sexual minority; stretching; Mozambique; cultural diversity

PERPETUATION OF FEMALE CIRCUMCISION IN THE EYES OF MEN OF THE REPUBLIC OF GAMBIA

Costa-Reis, A.
Portugal

The innovation of this work relates both to the lens that was used in the interpretation of Female Genital Mutilation and the focus on the male opinion on
this procedure. This report proposes the exploration of the theme according to the Gambian androcentric vision. The information was obtained by using qualitative methodology. For that, were interviewed eleven men in Banjul. In collecting the data I used an intermediary. The results point to the development of a mindset based on cultural and religious beliefs. This mindset is considered beneficial and essential for the psychological balance of a woman; family stability; for the control of sexually transmitted diseases; prevention of early pregnancy; and therefore for the welfare and community members. Given this, there is a value for the circumcision implications of achievement, even by those who have knowledge that the practice can cause serious physical implications. A conclusion is reached that the painful experience of the cut is offset by the positive emotions that go with it. In Gambia, the eradication of the practice is an unrealistic and an unattainable goal in the near future. As a result, it is advisable to review how to approach the subject.

**Keywords:** female genital mutilation; circumcision; sexual minorities; Republic of Gambia; sexuality

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**STRUCTURAL VIOLENCE, BODY POLITIC AND WOMEN'S HEALTH IN NEPAL**

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This paper aims to analyze gender based violence enacted against women in Terai region of Nepal. It is based on data acquired from an in-depth ethnographic study carried out to examine how gender based violence affects the health of women who have to undergo through, stay in or bear this situation. This paper aims it examine it from a social constructivist framework. Instead of focusing on merely any incidence as a form of violence, this paper deals with structural violence, enacted and manifested in different forms, against the women. In this way, it examines how powerful social bodies exercise body politic over the less powerful bodies of these women. Various socio-cultural processes have been found as mechanisms through which gender-based violence is enacted. This study highlights that gender based violence is embodied in the everyday life of women, such as, in the sphere of socialization, space usage in the house and marital practices and making them vulnerable to and embody a locally construed illness -Man Kharab Hune- a psychosocial uneasiness which may accompany with some bodily disease. Different
empirical evidence provided me sound basis to conclude that health is a socially constructed entity. In exposing the mechanisms, processes and consequences of Nepalese women’s oppression, marginalization and exclusion this paper/issue has significance not only in academia but also in practical and policy arena.

**Keywords:** embodiment; gender based; violence; women’s health; Nepal; Man Kharab Hune

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**O 32**

PERSONALITY PROFILES AMONG BULLIED WORKERS CLAIMING FOR A COMPENSATION: A GROUNDED THEORY STUDY

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The present study is a grounded theory research among bullied workers claiming for a compensation. This study focuses on personality profiles and developmental patterns and lead to new hypothesis on the role of personality and resilience in early intervention, consulting and psychotherapeutic intervention. The results are compared with existing literature on the same topic showing remarkable differences between different methodological approaches.

**Keywords:** bullying; grounded theory; personality; resilience

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DISTANCING ONESELF FROM A CARE GIVING IDENTITY: THE EXPERIENCE OF FAMILY CAREGIVERS AND MIGRANT PAID CAREGIVERS RELIEF OF BURDEN

De La Cuesta-Benjumea, C.1, Roe, B.2,3

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Caregivers comprise about 12% of the Spanish labour population and increasingly migrant women from developing countries care for our older adults. The present
study aimed at knowing, from family caregivers and migrant caregivers’ points of view, the experience of relieving the burden of care. Categories that emerged from a larger study into the relief of burden were contrasted using comparative analysis. The larger study was guided by constructivist grounded theory. Data came from 51 semi-structured interviews, 12 written testimonies collected and one group discussion to validate results. To leave the life of care giving is the strategy that family caregivers use to rest from care giving while turning to one’s own world describes the way migrant caregivers seek to relieve the burden of care. The comparative analysis shows that migrant and family caregivers need to distance themselves from a care giving identity and that, both employ strategies that are false exits to their care giving identity. Health care professionals must promote caregivers’ leisure activities and their involvement is different social roles, as well as raise general awareness of paid caregivers needs for rest. Attention must be given to those strategies that, disguised as rest, add burden to caregivers.

**Keywords:** grounded theory; family caregiving; immigrant caregiving; burden of care; respite care

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**WHICH TOOLS FOR MENTAL HEALTH PRACTICE AND RESEARCH?**

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The study regards the evaluation of supervision group; this kind of research fit in with the field of the effectiveness’ evaluation that concerns the treatments’ efficacy inside public or private Health Services.

The research aims to detect the process of two different supervision groups inside a therapeutic community and a Public Department for mental health services. The groups were led by an expert group analyst and they met ten times in one year. The objectives of the group were: to make better the quality of health workers’ relationships, to improve self esteem, to increase the reflection about the emotions and affects connected with their job and - indirectly – to improve the quality’s care for patients. The meetings of the groups were recorded and analyzed through the software for statistic text analysis “Taltac2” (Bolasco, 2007). The process analysis shows interesting data regarding the different role and importance give to institutional framework and patients’ background by health workers. Another important aspect concern the ability to reflect on their emotions connected with patients’ relationship: this skill represents a fundamental tool in the field of mental
health, but at the same time it’s one of the main difficulty for workers inside mental health services.

**Keywords:** supervision; mental health service; groups

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**UNDERGRADUATE NURSING STUDENTS LEARNING EXPERIENCES OF CLINICAL PLACEMENT: A QUALITATIVE EXPLORATION**

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Nursing is a practice-based discipline and clinical practice is considered to be a very important part of the nursing education. Through clinical placements, students are exposed to different clinical fields through which the professional socialization is facilitated. The aim of the study was to explore undergraduate students’ experiences in the context of the clinical placement. The data was collected from 12 undergraduate nursing students in two large nursing and midwifery schools located in Tehran, Iran. In-depth semi-structured individual interviews were conducted with a purposive sample of undergraduate nursing students during their clinical placements. Three main clinical themes emerged from thematic analysis: "clinical poverty", "clinical distress" and "clinical pride", all of which are interrelated with relatively chronological order in nature. Students begin learning in non-educational, non-conducive and non-supporting clinical environment. They suffer from types of distress in their clinical teaching period. During the last year of their courses, Internship program, students gradually achieve a sense of control and satisfaction for their own learning status. The importance of providing a supportive clinical learning environment to enhance clinical teaching and learning is crucial. Faculties, students, and preceptors involved in the selection and preparation of clinical placements for nursing students should collaborate to ensure that the environment is conducive to learning and promotes the personal and professional development of students.

**Keywords:** nursing student; learning experience; clinical placement; thematic analysis
EXPERIENCE, NARRATIVE AND KNOWLEDGE: THE PERSPECTIVE OF USERS DIAGNOSED WITH SCHIZOPHRENIA

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The general objective of this research was to know if the experiential knowledge of people diagnosed with schizophrenia can instruct psychiatrists’ medical knowledge and to know if psychiatrists’ medical knowledge on schizophrenia can modify the experience people diagnosed with schizophrenia. The specific objectives were to know users’ experience of crisis, treatment and the changes after the onset of illness and to know psychiatrists’ knowledge, by their narratives, about the experience of the crisis, treatment and the changes after the beginning of the mental suffering. In this presentation we will focus on users’ narratives (first specific objective).

This is a qualitative study, based on users and psychiatrists’ narratives, analyzed from the theoretical framework of Interpretative Phenomenological Approach. Three series of focus groups were done: T1 - focus groups with users and psychiatrists, separately, investigating in a temporal perspective, the illness experience of the first, and the experience of diagnosing and thinking about prognosis of the second; T2 - the narratives of one group was presented to another group; T3 - one focus groups was done with users and psychiatrists together. The narratives obtained were analyzed focusing on the content, following an analysis tree. Concerning users’ experience of illness some of our findings were the overlap between life experience and illness experience; differences in the perspectives of 1st and 3rd person about the “experience of the illness”; impact of the experience/stigma”; coping strategies (1st person perspective) x therapeutic resources (perspective of the caretakers).

Keywords: schizophrenia; experience; narrative
UNDERSTANDING RECRUITMENT TO RANDOMISED CONTROLLED TRIALS: CLINICIANS' PERSPECTIVES

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Recruitment to randomized controlled trials (RCTs) is acknowledged to be difficult. A program of qualitative research has been undertaken using interviews and focus groups with trial organizers (TOs) and recruiters to understand reasons for levels of patient recruitment. Data from six RCTs has been synthesized to produce a detailed and nuanced understanding of the recruitment process from the perspectives of those designing and recruiting to RCTs and to identify the key factors inhibiting or promoting RCT recruitment. Interviews and focus groups were analysed using constant comparison techniques (content and thematic approaches), and synthesized using meta-ethnography. Data were available from 74 interviews (57 individuals). TOs and recruiters identified practical/organisational difficulties that acted as barriers to recruitment. They reported that patients often seemed to have strong preferences for one trial arm or another. TOs were very committed to the RCT, but many recruiters expressed uncertainty about treatments in the RCT. Clinicians had mixed feelings about being involved in RCT recruitment, and many described issues with their roles as doctor/nurse, scientist/researcher, or patient advocate or manager/carer. Qualitative research methods can be used to understand the process of recruitment to RCTs and indicate areas for improvement.

**Keywords:** interviews; focus groups; recruitment; clinicians’ perspectives; randomised controlled trials

USING QUALITATIVE RESEARCH METHODS TO IMPROVE RECRUITMENT TO RANDOMIZED CONTROLLED TRIALS OF HEALTHCARE INTERVENTIONS

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Randomized controlled trials (RCTs) are the design of choice for evaluating the effectiveness of healthcare interventions, but many RCTs fail to recruit sufficient
patients. We embedded the feasibility phase of an RCT of treatments for localized prostate cancer comparing surgery, radiotherapy and conservative management (ProtecT trial) within qualitative research to investigate recruitment issues. In-depth interviews explored clinicians’ views about the design of the RCT and recruitment difficulties; and patients’ experiences of recruitment. Appointments where patients were asked by clinicians to take part in the ProtecT RCT were audio-recorded. Content, thematic and conversation analysis techniques were used to explore RCT information delivery and interpretation. Findings from the qualitative research included that surgery was presented more enthusiastically than radiotherapy; the conservative arm was unattractive to patients; and terms such as ‘random’ were misunderstood by patients. Changes were made to the recruitment process: the order of presenting treatments was reversed to ensure equivalence; misinterpreted terms were avoided or carefully defined; and the conservative arm was redefined as “active monitoring.” Levels of consent to randomization increased from 30% to 70% within eight months. Embedding RCTs within qualitative research can improve recruitment and may enable the most difficult evaluative questions to be tackled.

Keywords: qualitative research methods; health research; recruitment; randomized controlled trials

A RETROSPECTIVE ON A NARRATIVE STUDY OF CLINICAL TEACHING

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“What brought you to graduate school?” asked the professor in my first teacher education curriculum class. “I want to know why my teaching works well with some students and not with others?” I replied. My participation (1990-1993) as researcher in a SSHRC sponsored narrative inquiry into teacher knowledge and curriculum development (Connelly and Clandinin, principal Investigators), and our in class process of thinking narratively about our practice as educators and practitioners were critical to the direction of my thesis work. The research in nursing by Benner (1984), Bevis and Watson (1989) and Tetz Neal (1989) informed my decision to enter graduate studies. Later, narrative research with colleagues and students in clinical teaching led me to think about theory practice tensions in nursing and the
connecting teacher and student narratives across time and place in curriculum situations. In this paper, through a retrospective on narrative as methodology and my doctoral thesis work, (2004) I come to terms with the question posed in that first class. I will share stories of practice and narrative inquiry into experience as schooling (Dewey, 1938), the “learning stories” in my teacher narrative and an understanding of teaching as a complex experience, shaped in and across life stories of caring in relationship with self and others in professional health care situations.

**Keywords:** narrative; nursing; caring in relationship

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**FACILITATING THE ACTIVE INVOLVEMENT OF SOCIALLY DISADVANTAGED WOMEN AS CO-CONSTRUCTORS OF THEIR MATERNITY CARE**

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Socially disadvantaged women have less choice and control over their maternity care than more advantaged women. Although midwifery literature suggests that woman-centred care can improve the birthing experiences and birth outcomes of women, challenges have been identified in supporting socially disadvantaged women to engage in choice and attain a sense of control within their maternity care encounters. Interpretative Phenomenological Analysis, a qualitative research approach was used to gain an understanding of the elements of woman-centred care as experienced by socially disadvantaged women, midwives and student midwives. This presentation reports specifically on findings that relate to the elements of woman-centred care – choice and control and the socially disadvantaged woman’s ability to be involved in her maternity care encounters.

Socially disadvantaged women do not feel safe to engage in choice or seek control within their maternity care encounters. Inadequate information, perceived risks in not conforming to routine procedures and the actions and reactions of midwives, when choice or control is sought by women, results in silent compliance. This action is a consequence of women accepting the responsibility for their baby’s wellbeing. Midwives however, do not recognize that the women have made a considered decision to shift the responsibility for their maternity care choices. Women and midwives have different understandings of what constitutes involvement and active
decision-making within maternity care encounters. While socially disadvantaged women want to engage in, and be informed of their maternity care choices, inadequate information and facilitation of choice by midwives compels women to delegate responsibility for maternity care choices that are outside their scope of practice as a mother to the maternity care expert – the midwife. Midwives need to understand that while decision-making can be hidden, women are never passive in their choices.

Keywords: involvement; control; socially disadvantaged women; maternity care

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THERAPEUTIC COMPLIANCE IN CHRONIC DISEASES. EXPERIMENTAL QUALITATIVE QUANTITATIVE RESEARCH

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Pharmacological research aims at offering therapies that can ensure the best compliance on the part of patients through reduction of the side effects, ease of administration, lower number of administrations, preconstituted combinations in order to guarantee maximum therapeutic continuity. The degree of compliance which a treatment can ensure has thus become one of the indicators in assessing its efficacy. Despite these improvements, today a part of patients still do not properly comply with the treatments prescribed. This problem is what led to our interest in studying non compliance, understanding how it manifests itself and identifying possible solutions. A method-related problem regards whether online research on access panels created for market research can effectively support exploration into the health and therapies sphere.

Two research stages were conducted: a quantitative stage and a qualitative, methodological stage. Quantitative stage: 331 individuals affected by at least one chronic pathology, selected from a master sample of the CE&Co. Web panel. May 2011; 791 diseases observed, classified into 51 types. Treatments prescribed and behavioural analysis. Qualitative stage: online forum on 20 individuals chosen from the respondents of the previous stage. Analysis of the causes underlying failure to comply with the therapy. Control of the motivations for participating in the research. The results are encouraging from the methodological viewpoint: the feasibility of this type of research on online panels is confirmed. High response rate: 50%, and good reception by the panelists, appreciation: 80%. Good sample quality:
satisfactory distribution by stratification cells, possibility of filtering by pathology and specific behaviors, consistency of the results with the epidemiological data. Significant limitations for age threshold, however (up to 65 years old). High response quality also confirmed by the qualitative exploration. The results of the quantitative stage will be provided upon request.

**Keywords:** compliance; quali/quantitative approach

**WHAT DO YOU DO TO BE WELL? PRINCIPLES AND METHODOLOGY ON CHILDREN’S HEALTH PRACTICES**

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Definitions of health/illness and of being well/unwell are conceived today as the result of an elaboration not only by adults, but also by children who are seen as competent social agents in their health care. The children’s social competence stimulates questions about which methods should be adopted to facilitate the development of their view health and health care.

These themes were the objects of three qualitative, pilot studies. In the first study, parents’ and pediatricians’ points of views on knowledge and practices related to children’s health care were compared. Results showed that adults did not acknowledge the status of children as competent subjects. The other two studies focused on the youngsters’ competences on health, and on the most appropriate methods to point out their views. Youngsters’ competences and representations will also be discussed, based upon results of interviews aimed at their interpretation of the etiology of certain health problems, treatment practices that they consider as effective, and the sharing of social work by gender (among parents and peers) that they consider as adequate in case of disease.

**Keywords:** children’s well-being; health’s representation; children’s social competence
THE WEAKEST LINK: PATIENTS’ INVOLVEMENT IN QUALITY PROCESSES IN ACUTE HOSPITAL TREATMENT

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To examine perceptions of clinical teams in general hospitals regarding patient’s involvement in the context of quality treatment. Senior Physicians and Head Nurses from General Surgery and Orthopedics departments (N= 30) were interviewed using open ended, semi-structured questionnaires including questions about teams overall attitude towards quality treatment and processes, their measurement, and quality benchmarking. The interviews were recorded and transcribed verbatim. Data was analyzed in the spirit of grounded theory, using Narralizer software for qualitative data analysis. Patients’ involvement was not acknowledged as a parameter when defining quality treatment. However, it was perceived as an enabling factor in reaching patients’ clinical goals. In most nurses’ and few physicians’ interviews patient involvement was reported, and described as initiated by the medical teams, not patients. Perceptions of patients’ involvement in quality processes differed between physicians and nurses. Hospital teams perceive that in clinically acute care, patients are not considered an essential active partner for the provision of quality treatment and for the development and measurement of quality processes. This stifles patient involvement in hospital care. Future qualitative research can elucidate those factors that enable patients’ involvement in other contexts that may be “translated” into acute situations.

Keywords: patients’ involvement; hospital acute quality care; quality perception

THE EMOTIONAL-INTERACTIVE LOOPS IN NARRATIVES OF WOMEN WITH POSTNATAL DEPRESSION

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The aim of this presentation is to investigate the emotive-relational context of Postnatal Depression (PND). Despite the wide number of studies on PND, there is a
lack of qualitative empirical material that explores the contextual and phenomenological experience of women diagnosed with PND. We adopted a systemic-constructionist hermeneutics to analyze through Interpretative Phenomenological Analysis (Smith, 1996) the self-narratives posted by 13 mothers on an Italian PND-dedicated web forum. We will discuss six of the ten master themes identified, selected for their relevancy to the emotional-relational context in which the PND developed and is maintained. The most significant findings concern three main areas: The emotional loops related to the interactive dynamics; the relationship with the newborn; the marital relationship. Confronting our findings with the literature on depression, some common points emerge: Concerning the emotional-interactive loops, some similarities have been found with Ugazio’s (2010) theory on depressive organizations; and, about the marital relationship, with Linares and Campo’s (2003) patterns of depression and dysthyemia. Limitations and future perspectives will be addressed too.

**Keywords:** Postnatal Depression (PND); Interpretative Phenomenological Analysis (IPA); web forum; emotive-relational context

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**PRACTICAL AND EMOTIONAL EXPERIENCES IN THE CARE PATH OF TUMORAL ILLNESS: QUALITATIVE ANALYSIS OF AUTOBIOGRAPHICAL NARRATIVES**

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The present study aims to investigate the lived experiences of a family with a children affected from cancer, in order to understand and deepen, through a textual analysis of a qualitative nature, the emotional dynamics and practices related to confront and fight experience of illness. The research involved four members of a Florentine family in which the younger son of nine years has been affected by a rare form of cancer at the age of 4 years. Each member of the family, father, mother, the young patient and the older brother of 17 years, have taken part individually in an autobiographical interview in which have reconstructed their own story and that of the family from the time of diagnosis to the current one. The interviews have been subsequently submitted to text analysis with the aid of word processing software LIWC and TLAB, to identify the categories of words common to the interviewees or specific of each of them. The textual analyzes conducted show how, despite
differences in gender, age and role within the family unit, the narratives of some stages of the disease are characterized by similar terminology, while other phases, such as the communication of the diagnosis, showing a significant difference in the rates of terms related to the presence of therapeutic practice. In general, the higher the levels of first-person singular pronouns, designed to recognize the disease as a personal experience, at the expense of first-person plural. By sharing fully the assumption that cancer emerges as a disease “family”, this study aims to provide scientific input to the analysis of the experiences of illness of several members of a family.

**Keywords:** cancer; autobiographical narrative; family involvement; text analysis

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ADVANTAGES OF AN ADHD DIAGNOSIS IN ADULTHOOD: A GROUNDED THEORY STUDY OF ONLINE NARRATIVES

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This study explores the impact of a diagnosis of attention deficit hyperactivity disorder ADHD in adulthood on coping among the diagnosed adults. I used grounded theory to examine seventy-one biographical narratives, self-published on the Internet by adults with AD(H)D. The findings illuminated a three-segment continuum. In the first segment the narrators had suffered from lack of self-confidence accompanied by functional difficulties, stress, and guilt feelings. The second segment began after the diagnosis. They began to believe in their ability to lead meaningful lives, they found life more manageable. The third segment reflected an additional effect of the diagnosis: realizing or thinking that AD(H)D may have a positive impact. Some narrators subscribed to the belief that their traits as persons with AD(H)D help them to cope better than others. An ADHD diagnosis seems able to defeat unnecessary negative emotions distancing the diagnose adults from the destructive cycle of amassing unfulfilled tasks and indulging in self-blame.

**Keywords:** adult; diagnosis; ADHD; Salutogenic theory
DO THAI PARENTS REALLY KNOW ABOUT SEXUAL RISK-TAKING OF THEIR CHILDREN: A QUALITATIVE STUDY IN BANGKOK

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This qualitative study explores the perceptions of parents and adolescents toward sexual risk taking behaviors. In-depth interviews were conducted with 30 parents and 30 adolescents aged 13-14 in Bangkok, and were analyzed by using coding and thematic analysis. Results showed that even though parents believed in general Thai teens begin having sex at an early age and engage in sexual risk behaviors, they trusted that their teens would follow parental guidance and rules and not engage in sexual activity at this age. Meanwhile, most Thai youth reported that their parents were not really aware of their teen’s sexual behaviors because of their tendency to keep their sexual stories secret, for fear of being scolded, blamed and punished. Teens also reported that they want their parents to listen, give them warmth and more freedom, and be more in touch with their activities. Parents expressed their need for knowledge and skills that could help them in guiding their adolescent children so as to avoid sexual risk behaviors. A family intervention specifically to empower Thai urban parents is needed.

Keywords: family; Thailand; sexual risk behaviors; qualitative study; Thai urban parents

PROCESS OF COPING AND ACCEPTANCE OF MASTECTOMY BY BREAST CANCER PATIENTS

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Breast cancer with %22.6 is the most prevalent cancer among Iranian women and mastectomy comprises %81 of surgeries done for treatment of breast cancer. Mastectomy may create feelings such as deformation or impairment in patients,
cause body-image disorder, and reduce sexuality and sexual activity, subsequently may prone to other disorders. 

A grounded theory method was used to guide this study. Twenty participants were recruited. Open, semi-structured questionnaire were conducted. Data analysis was carried out with the constant comparative method using Strauss-Corbin method. Seven main categories was administered from the collected data; reactions to mastectomy, apposition of lose and death, re-evaluation of evaluation system, consent for undergoing mastectomy, reactions and troubles after lose, confrontation of lose and health, compatibility withy changes and reorganization all of which affected the coping process in patients with breast cancer. The results of the study indicated that patients were informed on their breast cancer and the necessity of mastectomy as the treatment, they passed the seven categories to adaptation with mastectomy.

Keywords: breast cancer; mastectomy; coping; acceptance

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MEDITATION FOR HEALTH PROMOTION AND WELLBEING EDUCATION. A QUALITATIVE APPROACH

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The scientific interest in meditation is rapidly growing in recent years and its role in health promotion and wellbeing education is now actively in discussion (Kabat-Zinn, 2005; Siegel, 2007; 2010). The Embodied Theory (Varela et al., 1991) has here a crucial role because it merges meditation, phenomenology and western scientific approach into the study of the “body-mind problem”. Meditation can be considered a “body-mind practice” and a specific kind of experiential learning aimed to develop, among other characteristics, wellbeing, awareness, metacognition and bodily consciousness (Francesconi, 2009). This paper presents and discusses two topics emerging from two qualitative phenomenological studies on the effects of meditative practice on wellbeing perception in adults: 1) the promising alliance between meditation and health promotion, 2) the fundamental role of qualitative research in studying the meditative experience within healthcare and medical fields. In particular, the main categories relating to wellbeing which emerged from the data will be shown, namely awareness, metacognition, proprioception (intero- and exteroception), nonreactivity, emotion recognition, empathy, bodily consciousness,
body scan, body mereology, self learning. Finally, scientific and applicative relevance of meditative practices for health promotion and wellbeing education programs will be discussed.

**Keywords:** health education; meditation; embodiment; qualitative methods

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**DECONSTRUCTING ADHD: A CRITICAL ANALYSIS OF PROFESSIONAL, SCHOLARLY AND PARENTAL NARRATIVES ON CHILDREN HYPERACTIVITY AND INATTENTION**

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Attention Deficit and Hyperactivity Disorder and its treatment have primed a profound controversy involving a confrontation of competing discourses. The research analyses the social construction of ADHD in the Italian context within a Discourse Analysis frame. In order to compare different stakeholders’ discourses and to explore the interplay of professional, scholarly and parental narratives, the research design involves diverse social actors (professionals, teachers, and parents) and employs different forms of data collection (in-depth interviews, focus groups and observations). Regarding the analysis method, we use a variety of resources derived from Critical Discourse Analysis, integrated with Positioning Theory and Bakhtinian dialogical approach. The analysis shows that each group is characterized by a peculiar interplay of the socially available discourses regarding ADHD. These discourses contribute to construct ADHD in relation to the position taken by the speaker and the position she/he attributes to the child and to other relevant social actors.

**Keywords:** ADHD; critical discourse analysis; positioning theory
EXPERT PATIENT ENGAGEMENT IN THE ASSESSMENT AND REORGANIZATION OF CLINICAL PATHWAYS

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The presentation describes how the use of a participative method of analysis of practices can lead to changing the clinical pathways of two chronic diseases and to promoting a different relationship between patients and organization. The focus is on the critical step between the data gathering phase and the phase of shared sense making, as a basis for the transformation of practices.

In collaboration with the relevant stakeholders (healthcare personnel, expert patients and hospital bioethical researchers) two instruments were chosen to analyze practices: a revised version of Proactive Analysis and the Analysis of Decision Nodes of the clinical pathway. The integrated use of both instruments highlighted a) certain ambivalences in the representation of the chronic patients as adults, and their consequences in the choice of treatment; b) the sense of belonging to the community of care as an important construct for the patient’s quality of life. Regarding the research process, we analyzed the group dynamics with reference to acquiescence and acting out behaviors on maintaining the collaborative framework of the research.

The results are relevant to the design and maintenance of collaborative management of adult chronic patients who are high users of healthcare services.

Keywords: chronic illness and disease; patient engagement, clinical pathways; participative research

A QUALITATIVE ANALYSIS OF ELFOSS COMMUNITY OF PRACTICE

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In 2007, the Autonomous Province of Trento (Italy) decided to expand its training offer for health workers through a distance learning network. For this purpose, they
sought the University of Trento’s help to coordinate and organize a project known by the acronym eLFOSS - eLearning Training for Operators of Health Services. The eLFOSS goal was to create a community where the “practice” would be that of designing socio-constructivist eLearning modules using new teaching/learning strategies (i.e. scripted collaboration, role playing, etc.) and the access to innovative training tools (i.e. wiki, concept maps). This paper presents the factors that made the community of practice birth possible and the analysis of this process evolution through the qualitative data collected by means of a focus groups and the messages posted in the community’s forums.

**Keywords:** case study; community of practice; eLearning; health; lifelong learning; qualitative research

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**JOURNALS AS A KEY TOOL IN WAKEFUL INQUIRY. A TRANSDISCIPLINARY APPROACH TO SMOKING EXPERIENCE**

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Journals are a key tool of the AURIGA action research program for smoking cessation and reduction implemented in 2009-10 and involving 25 health workers of the main Health District of Torino (IT). The program is characterized by the interplay between clinical methods, contemplative practices and sociological tools in order to help participants to quit or reduce smoking. The specific definition of experience characterizing contemplative practices challenges the current concepts of self and action in social sciences and the methodologies orienting their empirical understanding as it opens the door for a broader conceptualization and practice of well being. In this presentation I deal with the use of journals as first-person methods enabling the emergence of participants’ experience, hence representing a powerful tool for the co-construction of health promotion. The strategy adopted to develop a second-person understanding of their lives is grounded on the dynamic integration of the sensorial, emotional and cognitive dimensions and includes the aim of alleviating human suffering through a social transformation from within (wakeful inquiry).

**Keywords:** contemplative practices; first-person methods; grounded theory; journals; smoking cessation; transdisciplinary approach; wakeful inquiry
ENHANCING CONSUMER AND CARER PARTICIPATION IN MENTAL HEALTH SERVICES

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This paper reports on the findings of a study which examined the role of psychiatric nurses in enhancing participation of consumers of mental health services and their carers in treatment. The study explored the experience of consumers and carers of participation, via focus groups and interviews. The experiences of nurses were considered, as were those of significant key informants. The study findings indicate the importance of mutual respect, support and encouragement in the therapeutic relationship, and the existence of attitudinal and systemic barriers to participation. While nurses considered there was potential for consumers and carers to hold conflicting agendas, this was not viewed as a barrier by consumers and carers in the study. Recommendations include a call for greater involvement of consumers and carers in the preparation of nurses.

**Keywords:** mental health; consumers; carers; mental health nurses

MANAGING SUSTAINABLE INNOVATION IN HEALTHCARE: THE START-UP MANAGEMENT OF AN INNOVATIVE HEALTHCARE SERVICE IN ITALY

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The paper presents a case study on innovation management in healthcare. More specifically, it aims to explore the management processes involved in the start-up of an innovative healthcare model, by focusing on the challenge of safeguarding the social sustainability of such a new organizational design. The case is a network of healthcare services based in Italy, whose mission is to provide high quality services with economic viability, by positioning itself “in between” the private and the public offer. Through a qualitative and interpretive research framework, the study explores
the management practices involved in the start-up of the new organization, by focusing on their perceived social sustainability according to the managers’ and the stakeholders’ perspectives. The methodology presents a variety of tools taken from the ethnographic tradition, as ethnographic interviews with the Board and the local management, observation sessions of daily activities in two pilot centers, the shadowing of a manager involved in the start-up of the centers, and document analysis. The results highlight the central role of managerial practices related to participative knowledge circulation and sharing. The study provides indication around how to prompt sustainable and innovative healthcare systems through effective cooperative processes of knowledge management.

**Keywords:** innovation management; sustainability; ethnography

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**ACCOUNTS OF MALE DEPRESSION: A CRITICAL SYSTEMATIC REVIEW OF QUALITATIVE RESEARCH**

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It is increasingly suggested that the low number of men receiving formal help for depression-related disorders is a result of widespread under-diagnosis, rather than sex-differences in actual prevalence. This is variously attributed to the concealment or atypical presentation of symptoms by men, resulting from social identity performance or biological sex-related aetiology. In this paper we present a systematic review 25 contemporary qualitative research papers focusing on men and depression. Instead of highlighting key themes, however, we point to common theoretical and methodological problems which limit the utility of this research. In particular, our critique reveals the reification of researcher categorizations, such as ‘male’ and ‘depressed’, which subsequently necessitates the treatment of ‘deviant cases’ as troublesome. We suggest that the reciprocal relationship between membership of multiple dynamically constructed categories and the concept of ‘normality’ is considerably more complex than that assumed by such a narrow pre-determined categorical focus. To overcome these difficulties, we propose that future research should examine how such categories are constructed by participants themselves within ‘naturally occurring’ interactions, so that they might be leveraged within future interventions.

**Keywords:** men; masculinity; depression; help-seeking; discourse; online support
THE CONTRIBUTION OF THE PROFESSIONAL LIFE SPACE DRAWING (PLS) TO THE STUDY OF PROFESSIONAL WELL BEING. A STUDY ABOUT PROFESSIONALS OF THE ITALIAN JUSTICE SYSTEM

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This work has been carried out within the framework of the Italian justice system, characterized by a very critical situation. It deals with two specific professional groups: freelance lawyers and prison police officers. These professionals have to face important challenges related to the social context every day, for this reason their professional identities are at risk. The research herewith described aims at presenting the contribution of the Professional Life-Space drawing (PLS) to the study of professional wellbeing. The PLS, an adaptation of the individual version of the Family Life Space (Gozzoli, Tamanza, 2008), is a graphic-symbolic tool which aims to catch the representation made by a single professional on his professional world and the relevant relational network. In particular the research aims to monitor the professional wellbeing / malaise of two professional groups. Twenty police officers of a “casa circondariale” in Lombardy Region (Italy) and twenty freelance lawyers have been involved. Both groups filled the Organizational Check-up System (OCS) by Leiter and Maslach (2005), in order to measure the workers burn-out level and their relation with their own job. Afterwards they compiled the PLS. The OCSs were analysed with the support of SPSS software, while the drawings were analysed at a phenomenological-interpretative level. The first analysis shows that most of the professionals are in a situation of considerable burn-out. Their graphic representations are extremely lacking in elements and bonds. Many individuals drawn themselves at the margins of the sheet, surrounded by their family members. They also put their colleagues far from themselves in the sheet, underlying their distance from a very hard working framework. With these two pilot studies we want to show that the data collected using the PLS may complete the ones about the professional burn-out, introducing the aspect of the representation of their professional relational network. We think that it is an important aspect to be monitored and supported, as a protecting factor in promoting wellbeing in professional setting.

Keywords: professional well-being; burnout; professional life-space
ITALIAN CHILDREN’S PERCEPTIONS AND INTENTIONS ABOUT HEALTH AND HEALTHY EATING: A FOCUS GROUP STUDY

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The purpose of this study was to investigate the effectiveness of a school-based media education curriculum on the promotion of fruit and vegetables consumption to prevent childhood obesity. The target population for the study was 10 years old Italian children (n=60) and their parents. The study utilized a mixed-method approach, with a quasi experimental design (with one intervention group and one control group). During pre-test and post-test and delayed post-test(after three months), psychosocial determinants (i.e. self efficacy, motivation, parental support) and fruit and vegetable intake were measured. Upon completion of the intervention, focus groups were conducted with children in the intervention group. During the focus group, children were asked to express their health and media beliefs and knowledge, and nutritional behavior intentions, as well as their opinions/satisfaction with the intervention. The purpose of this presentation is to present the results from the focus groups. 21 children (7 female and 14 male) participated in 3 focus groups. The focus groups were recorded and transcribed. The transcripts are currently being coded and analyzed following standard qualitative analyses protocol. Data interpretation will be completed by the end of May 2012.

Keywords: healthy nutrition; media education; children

BEYOND THE SILENCE: LISTENING TO THE STORIES OF ABUSE AND VIOLENCE SURVIVORS

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In 2010-2011, a research team of the Centre of Excellence for Culture and Research
of the Nurses Board IPASVI of Rome (Italy) realized the narrative-based action research project "Listening to the silence: women victims of violence stories of contacting health facilities". The main objective was to collect women stories of their experience with health facilities in order to assess women’s needs and healthcare workers' skills needs. The research team asked a group of women of four shelter centers to write a letter directly to the health personnel they met. 37 letters were collected and then analyzed with an hermeneutic-phenomenological approach. Nurses appeared as background figures: unable to speak up for a respectful treatment, uncertain about a comprehensive care and, overall, unable “to listen”, beyond the silence of the women. Caring for vulnerable subjects requires leadership, ethical sensitivity, deep listening, suspension of the judgment and overcoming stereotypes with critical thinking. Narrative Based Research can help to gather interesting material that can be also exploited in Education, to learn how "to acknowledge, absorb, interpret, and act on the stories and plights of others", that is, as Rita Charon defined it, to develop a narrative competence.

Keywords: violence against women; abuse survivors; narrative based research; healthcare assistance; nursing;

NEW BOUNDARIES IN BREASTFEEDING SUPPORT IN ITALY: A PILOT STUDY

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Health promotion policies today face new challenges and qualitative research can be a helpful tool to explore the patterns of a phenomenon by helping developing hypothesis useful to improve services. In this perspective, this action research was generated by the interest of an association of health care providers (International Board Certified Lactation Consultants –IBCLCs-) to identify strategies to develop new services useful to fulfill individuals’ needs and to improve cooperation with other health care providers already working in the field. According to this request a preliminary research has been realized aiming to understand the characteristics of the phenomenon and to assess the opportunity of a wider research on the topic with the client. Audio-taped in-depth face-to-face interviews to explore physicians’ representation of breastfeeding were completed with 30 physicians.
gynecologists (9 women), 15 pediatricians (8 women); practice (30% hospital, 34% NHS community services, 36% private). Transcriptions underwent a text analysis with a computer software package (T-Lab), to identify factors (t-value; p<0.05) and clusters (Chi2, p<0.01) characterizing breastfeeding representation and relating them with the willingness in collaborating with an IBCLC (Favourable, Against, Hesitant). The results show four different clusters characterizing physicians’ narrations, which represent breastfeeding as a complex phenomenon, leading to a variety of perspective, each one perceiving a different target, professional function and process. Moreover professionals’ breastfeeding representation influences physicians’ willingness to collaborate with IBCLCs. When the perspective gets more complex, accounting on medical and relational factors, physicians feel the need to better understand and to build a relationship with the IBCLCs in order to accept and collaborate with him/her. This need could be taken into account by the IBCLCs in the construction of specific strategies to improve professionals’ cooperation and to offer customers integrated services.

**Keywords:** breastfeeding; health care providers; healthcare services improvement; text analysis

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**STUDYING ADDICTION: THE CHALLENGES, ETHICS, AND OPPORTUNITIES OF QUALITATIVE HEALTH RESEARCH**

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Previous research has indicated the failings of the existing studies of addiction and recovery, such as the absence of the patient’s view, neglect of relationships in favor of techniques, and overlooking modern developments in the philosophy of science. The literature suggests that qualitative health research can address these shortcomings. Drawing from earlier research, the presentation will focus on how qualitative research can generate change in the field of addiction. First, in addition to representing the patient’s view, such research also enables drug-dependent research participants to be experts regarding their experiences, enhancing the ability of qualitative studies to serve as a basis for more adequate therapeutic tools. Second, in light of the stigma attached to addiction, it should be classified as a socially sensitive research topic, requiring special focus on ethical issues, a characteristic unique to the qualitative research of addiction. Finally, qualitative health research may have
advantages for the evaluation of therapy issues from the perspective of drug-dependent individuals and for producing applied theories of addiction and recovery.

Keywords: addiction; recovery; qualitative approach

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BEYOND THE NUMBERS: INTEGRATING QUALITATIVE RESEARCH INTO THE AUSTRALIAN MATERNITY OUTCOMES SURVEILLANCE SYSTEM (AMOSS)

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Severe acute obstetric complications or maternal near misses are described as ‘very ill pregnant or recently delivered woman who would have died had it not been but luck and good quality care was on her side. These events are unexpected and extremely distressing for women and the obstetricians involved, particularly if the woman or her child dies. AMOSS is a proven system for epidemiological surveillance of severe maternal conditions and interventions during pregnancy and childbirth in Australia and New Zealand. However, due to the nature of quantitative surveillance data, divergence among populations, process details, actual experiences and situated meanings of these events are currently largely unknown. Interviews with patients and obstetricians, recruited from the AMOSS network of almost 300 hospitals in ANZ. Scientific and applicative relevance. Conceptually, by incorporating a complimentary qualitative component alongside the existing epidemiological data collected the breadth, depth, and scope of knowledge about severe maternal conditions in Australia and New Zealand will be enhanced, with increased potential to address complex questions and to determine the nonmedical effects of maternal complications on the long term, enduring psychosocial and emotional health of women and clinicians. Beyond the numbers, exploring and determining the experiences of women and the perspectives of the health professionals who provide care, are critical to understanding some of the non-medical aspects that contribute to the long term burden of these events.

Keywords: patient experiences; maternal health, qualitative reserach; surveillance
THE LIVED EXPERIENCE OF OSTEOPOROSIS

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Non-adherence to medical treatment of chronic diseases remains unclear. People with osteoporosis are mostly unaware of the disease, until bone fractures may occur. The medical treatment might be the manifest of the disease before fracture. However, it is unknown how this is experienced and affects the individual’s life situation. The aim is to illuminate the human experiences and perspective in relation to living with osteoporosis without fractures, but with prophylactic treatment. It is a descriptive, longitudinal study that used a phenomenological-hermeneutic approach. Sixteen women with osteoporosis and in prophylactic treatment were included. Data was obtained using individual interviews three times during one year. Data were analyzed at three levels: naive reading, structural analysis and critical interpretation and discussion. The preliminary findings indicate that there are three categories of lived experiences of osteoporosis: 1) accepting the diagnosis and embracing the medical treatment, 2) seeking knowledge about the disease and the medication during embracing, 3) alarmed by the diagnosis and of any adverse effect of the medication. The project provides new basic research to be used in the efforts to enhance patient participation and to provide health professionals improved opportunities to support, guide and inform the individual patient.

Keywords: lived experience; osteoporosis; phenomenological; longitudinal study

CRISIS... WHAT CRISIS? WOMEN'S EXPERIENCE OF THE WITHDRAWAL OF VIOXX AND DISCREDITING OF THE COX-2S

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To examine the impact of the withdrawal of Vioxx (rofecoxib) and issuing of safety
warnings on other COX-2s, on the medication behaviours and attitudes of female consumers. Qualitative in-depth telephone interviews and intensive analysis of interview transcripts to derive thematic codes. Participants were part of the Australian Longitudinal Study on Women’s Health (ALSWH) who had been taking COX-2s. Emergent themes related to women’s reactions to the withdrawal of Vioxx and issuing of safety warnings regarding other COX-2s. Interviews were conducted with ten (10) women from the Mid-aged (born 1946-51) and 15 from the Older-aged (born 1921-26) cohorts of the ALSWH who had been prescribed a COX-2, and consented to linkage to Pharmaceutical Benefits Scheme data. Reactions to the Vioxx event were largely calm. Women sought information from their GP and made treatment decisions with the GP based on that information. The media was the key source of information of the withdrawal event. Women were skeptical of the long term use of prescribed medication while they were happy to be using complementary alternative medicine (CAM) and to manage CAM treatment on their own. Results for women in the Mid cohort were highly similar to those for women in the Older cohort. The older cohort voiced equal use of CAM but more reliance on the GP for decision making. Overall these results suggested that women taking medication for arthritis will react calmly in the event of a medicine recall, and will consulting their GP to discuss the event. The media is the key source of information regarding such an event. A tendency to focus on complementary alternative medicine (CAM) independently as a way of managing symptoms was evident and, more so in younger women. These findings will offer guidance in the future for the management of such large scale withdrawal events.

Keywords: women; longitudinal study; discredited medicine; arthritis; anti-inflammatory

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THE BENEFITS AND CHALLENGES OF USING LIFE HISTORY TO EXPLORE THE EXPERIENCE OF WOMEN LIVING WITH A RARE CHRONIC ILLNESS (LYMPHANGIOLEIOMYOMATOSIS, LAM)

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LAM is a rare, incurable, chronic condition characterized by progressive cystic lung disease affecting 3-5 per million women, usually during their childbearing years. This study aims to explore the experience of women living with LAM over the life
course to understand the impact of LAM as a rare disease on their lives, identify their needs, and recommend ways to improve support. Life history methodology examines the illness experience within a whole life. Nineteen women aged 36 to 64 years were recruited through an Australian hospital and LAM organization. Data was obtained from two semi-structured interviews and the medical record of each participant, and analyzed using Rosenthal's (1993) method of narrative analysis. The benefit of life history was its ability to explore and represent the process of reflection, decision making and action as women constructed their lives and health in response to the challenge of being diagnosed with a rare incurable condition. It linked physical reality, critical events, social context and personal meaning across time to reveal women's complex experiences and support needs. Challenges for this study related to recruitment, ethical considerations, distance, time and cost.

Keywords: life history; lymphangioleiomyomatosis; LAM; rare; chronic; incurable

CO-CONSTRUCTING THERAPY: REFLECTIONS OF LATINAS ON ENGAGING IN A DEPRESSION INTERVENTION

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To describe the perceptions of 8 low-income, second generation Latinas 3 months after completing an 8-week individual intervention for depression about what they found desirable, useful, and effective to decrease depression symptoms. As part of a mixed-methods study, constructivist grounded theory (CGT) guided collection and analysis of data. Interviews were conducted by a researcher previously unknown to the participants who was a psychotherapist trained in CGT. The open ended CGT interviews allowed the women to freely share why they engaged in treatment and why they chose to complete the program rather than dropping out. Through the constructivist process, women described gaining a “tool belt” of useful techniques for reducing confused thoughts, clarifying the cause of angry/sad feelings, analyzing what they could do in response, and gaining confidence in healthy responses. By engaging in the co-construction of their experiences, this CGT interview was also therapeutic; women felt empowered to give advice on why and how specific activities should be included in future treatment programs with other depressed women. By participating in this study, women had the highly gratifying experience
of sharing personal advice for developing future interventions to increase Latina’s engagement in and completion of depression treatment.

**Keywords:** depression; treatment; Latinas; resilience; constructivism; grounded theory

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**DISCOURSES ABOUT SUFFERING: MYTHS AND REALITIES OF CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS IN ANDALUSIA (SPAIN)**

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To understand the discourses of suffering in people diagnosed of “Severe Mental Disorder” in Andalusia and in its reference sociosanitary context. From a constructionism, hermeneutic and phenomenological framework, we used Critical Discourse Analysis (CDA) from the sociolinguistic approach of Teun A. Van Dijk on the discourses of patients, families, professionals and managers into sociosanitary mental health system of Andalusia. These communication presents the different topics, themes, discursive strategies and other argumentative resources surrounding the emerging discursive category called “disease versus suffering”. We analyze the main differences of this category in the discourses of their key protagonists (patients, relatives, professionals and managers) contextualizing these differences in their sociocultural, political, economic and, fundamentally, ideological context. Suffering and disease are two concepts with clear ideological implications that affect different forms of caring and assigning the social-health resources. It is necessary to analyze these implications from the Social Determinants of Health sponsored by World Health Organization, focused on equity, knowledge and universal health care.

**Keywords:** suffering discourses; mental health patients; autonomy of patients; social exclusion
ENGAGING ALL RESEARCH STAKEHOLDERS. CLOUD- BASED TOOLS FOR COLLABORATIVE QUALITATIVE PROJECT MANAGEMENT, DATA COLLECTION AND SHARING

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The benefits of collaboration in health related research are well known and include: greater access to specialized knowledge and expertise; greater cross discipline awareness and discoveries; and increased translation outcomes. It is also acknowledged that active engagement of all stakeholders in the research process including researchers, health professionals and patients can maximize research outputs and translation if appropriately managed. Despite the recognition of such benefits, little innovation has occurred in the development of qualitative specific software to streamline collaboration, data collection and sharing. This is particularly important for collaborative qualitative research projects which often involve the management of sensitive data across multiple stakeholders and data collection sites. This presentation will detail findings from research conducted to develop ‘Quadrant’ an online software tool designed to enable qualitative researchers to collaborate, collect and store sensitive data in a secure and ethically sound environment. It will be demonstrated how the software assists in efficiently conducting qualitative research projects and in fostering research stakeholder engagement (including individual participants).

Keywords: electronic collaboration; data management; participant engagement

THINKING OUTSIDE THE (BMI) BOX: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF HEALTHY WOMEN WHO LIVE OUTSIDE THE BIOMEDICALLY DEFINED IDEAL WEIGHT RANGE

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This paper presents findings and applications of a study using interpretative
phenomenological analysis (IPA) to explore the lived experiences of women classified as overweight or obese on the BMI charts. In semi-structured interviews, women from the US and UK aged 40-55 discussed received messages around food, body, health and weight, and their paths to health, well-being and non-dieting. Influenced by feminism and positive female role models, respondents found ways to insulate themselves from the battle with bodies that their culture imposes on them, reinterpreting family and peer pressure to be thinner as they reached adulthood. They articulated the benefits of movement and healthful eating and practiced these behaviours without weight loss as a goal. The interviews reveal women who have increased self-esteem, take good care of their bodies and are resilient to media messages that often lead to body dissatisfaction. The paper addresses ways that health providers can positively work with “overweight” populations and demonstrates the role qualitative research can play in balancing the biomedical paradigm of health that leans heavily on measurements such as the BMI.

Keywords: interpretative phenomenological analysis; body esteem; women

DIFFICULTIES IN CARING FOR PEOPLE WITH DEMENTIA AT A GROUP HOME: UNDERSTANDING THROUGH REFLECTING ON DATA THROUGH INTERVIEWS AND PARTICIPANT OBSERVATIONS

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Providing care for the demented elderly is a serious problem in Japan, where the population is aging rapidly. This study was designed to develop a psychological understanding about caring for elderly people with dementia at a group home where they are utilizing surviving abilities, from the perspective of the interactions between care workers and users. Exploratory analysis was conducted with data on care workers talking about their work that was obtained through participant observations. Then, a structural model was constructed and analyzed using qualitative research methodology, because the context of dementia care was considered to be important. Therefore, “reflection in action”, the practical epistemology developed by D. A. Schön was adopted as the framework for analyzing the complex practical problems involved in care work. Care workers placed importance on offering quiet hours. They felt that elderly people with dementia spend the daytime calmly. Care workers however, had difficulties in understanding the elderly people with dementia that manifested Behavioral and
Psychological Symptoms of Dementia (BPSD). They felt to manage care work during the daytime with colleagues, but inadequate and need support at night because they have to take care of elderly people with dementia all alone. Nighttime BPSD aggravated problems and lead to stress, fear and breakdowns in care workers. As a result, they felt that the most significant source of difficulties in caring for people with dementia were elderly people with midnight BPSD. Results were examined from the perspective of “reflection in action”. A gap was created between their intentions and practice of care, and care workers were unable to pay attention to the structure of the gap, as a result, they couldn’t control their care strategies, setting goals, conducting and modifying strategies, and examining the results. Furthermore, how to deal with BPSD varied depending on their individual experiences, therefore it was difficult to sufficiently generalize the strategies, to share effective methods. It is suggested that supporting care workers psychologically can play a role, so that they are able to control care strategies under changing conditions.

Keywords: demented elderly caring; group home; psychology; reflection in action; interaction

ROLE OF CURRICULAR ELEMENTS IN IRANIAN NURSING STUDENTS’ PROFESSIONAL IDENTITY DEVELOPMENT

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As nursing students’ professional identity has been declined, it could be profoundly understood and identify its effective educational components using qualitative evaluation. In this study, Criticism and Connoisseurship of Eisner has been used for qualitative evaluation of nursing education system. This model includes four steps of descriptive, interpretative, evaluative and thematic. Data sources were in-depth interview with students and faculty members and observation of educational environments (theoretical and clinical). At first, components of professional identity and its present situation were selected by semi-structured interviews with 10 nursing students and faculty members using accessible sampling and educational environment observation. Then, data were analyzed by content analysis and coded by mining themes. Four fundamental components include shortcoming in student
admission with lateral themes of gender-oriented admission, failure of educational system for presenting nursing discipline with lateral themes of inconsistency between theory and clinical practice and awareness of background of profession, reality shock with lateral themes of uncertain task, role overlap and inequality, self-stem with lateral themes of body of knowledge and role modeling, were effective educationally on nursing students’ professional identity. It seems, changing admission process as well as presentation nursing discipline to students as much as possible, more realistic education and making exclusive body of knowledge and successful role models are helpful in students’ professional identity development.

Keywords: education; nursing graduate; professional curriculum identity

IRANIAN WOMEN AND LIVED EXPERIENCES OF DOMESTIC VIOLENCE: A HERMENEUTIC STUDY

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Domestic violence towards women is a damaging experience which deserves to be studied and a way to control and hopefully destroying it as to be found. This hermeneutic study has been done to understand the Iranian women’ lived experiences dealing with domestic violence. Participants in this study are Iranian women from a small town. This research was conducted by in–depth unstructured interview, with eight women who have experienced a domestic violence from 2008-2009. Data Analysis was performed based on interpretation technique of Van Manen’ content analysis. The women described experiences in five themes of tolerating it, deprivation, being confused, feeling of ignored and self – blaming are the ways these women described their experiences. Women had been exposed to domestic violence through social pressures, culture and gender based values. They believed that, domestic violence is very common and normal in society, and it was accepted as a male behavior. However, all participants experienced physical violence they believed that psychological and emotional was the worst alternative. The life experience these women have gone through concludes their experience as a damaging effect on Iranian women lived experiences.

Keywords: lived experiences; domestic violence; women
PHILOSOPHICAL HERMENEUTIC RECKLESSNESS: UNDERSTANDING THE UN-METHOD FOR SOCIAL AND HEALTH SCIENCE RESEARCH

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The purpose for preparing this presentation is to contribute to the conversation about qualitative research methods and approaches with specific consideration of philosophical hermeneutics as a research approach within the social and health sciences context. Philosophical hermeneutics may somewhat misunderstood and misinterpreted as a research approach, because of its apparent lack of repeatable and structured method with exact steps and processes. Through this presentation, the author will provide an overview of philosophical hermeneutics and why it should remain the un-method among other qualitative research methods. As well as to explore why philosophical hermeneutics is not a method per se but rather an approach that the researcher evolves with time and commitment to the philosophy underpinning hermeneutics. In this research, context philosophical hermeneutics becomes a means to gain an understanding of complex social-relational, cultural, and historical human experiences of health within an interdisciplinary framework for research in practice. The presentation will incorporate research findings as examples from several philosophical hermeneutics research projects that span topics such as, patient safety, osteoporosis, diabetes within an Aboriginal context and patient / medical education.

Keywords: philosophical hermeneutics; Hans George Gadamer; research approach; interdisciplinary collaboration; chronic illness; patient centered care; education

TRANSITION FROM SELF-SUPPORTED TO LIVING: OLDER PEOPLE’S EXPERIENCES

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To become dependent on professional support to accomplish the daily activities of
life can be considered a turning point, involving a range of challenging changes in life. The purpose of the study was to describe the experiences of older home-dwelling individuals in transition from self-supported to supported living from a lifeworld perspective. Five women and five men were interviewed, and a descriptive phenomenological design was used. The findings showed that an attitude of acceptance was an essential characteristic for this group. An attitude of acceptance comprised: flexibility and tolerance, recognition and hopes, and valuation of self and situation. Finding themselves in a situation they had to submit to, they took an attitude of acceptance. An attitude of acceptance implied acknowledgement of the situation as well as positivity and desires to manage. This attitude may represent a significant potential for improvement. Awareness of this is crucial to support older individuals in a healthy way through the transition process. An attitude of acceptance, however, also implied an acceptance of discontinuity in their lives, renunciations, and denigration of own needs. But this aspect of the acceptance was trivialized by the participants and not equally obvious. Insight into this complexity is vital to avoid ignorance of older individuals’ vulnerability in the transition process.

Keywords: lifeworld; elder; phenomenological approach; support; transition

WHAT PEOPLE LEARN FROM ANIME AND MANGA AS VISUAL LIFE STORIES: VISUAL NARRATIVES FOR QUALITATIVE RESEARCH

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The purpose of this study was to explore the impact of anime (Japanese animation) and manga (Japanese comics) on young people. In the first study, 992 online narratives mentioning the influence of manga were extracted and analyzed on the basis of the KJ-method (a common methodology for analyzing qualitative data in Japan, categorizing text data without losing their original nuances). The following five main topics were observed: (1) the meaning of love, (2) the importance of true friendship, (3) the value of effort, (4) the meaning of life, and (5) useful/practical information. In the second study, 28 Japanese and 16 American young people participated in a semi-structured interview that explored what and how they learned from anime and manga. The results revealed that anime and manga improved young people’s mental health because they derived not only information but also
motivation and relaxation from anime and manga as the hero/heroine’s visual life stories and some of them intentionally used anime and manga to control their negative feelings such as anxiety and stress.

Keywords: visual life story; narrative; model of life; anime; manga

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NURSES’ LIVED EXPERIENCE OF THE DEATH OF THEIR PATIENTS

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Understanding of Nurses’ experiences about death and dying can lead to knowing this phenomenon appropriately. Then, this can help nurses to find suitable approaches to cope with the aspects of death. In addition, nurses’ conception of death can help them emotionally and psychologically. Finally, delivering an acceptable care for patients depends on nurses’ knowledge about this phenomenon. Nurses cannot make good decision about this complex phenomenon, if they have not enough knowledge about their experiences regarding death. In addition, knowledge deficit about death affect other roles of nurses. To describe and interpret Nurses’ Lived Experience of The Death of Their Patients to gain in depth insight to this phenomenon. Phenomenological approach was used to conduct this study. Individual interview was convened with 12 nurses for data gathering. Contemporaneous notes were taken and the interviews were tape-recorded and later transcribed verbatim. Transcriptions were analyzed by using the Van Manen procedures. Data from the interviews developed into 4 themes: losing oneself life, deficit communication process, caring with stress, and feeling grief. Findings showed that increasing of work experience and frequent encountering with patient death, promotes coping approaches of nurses. Although, losing of the sensitivity to death of patients has useful effects for nurses, but the patients’ family reactions to nurses must be considered. Results show that nurses need organizational and family supports to cope with the death of their patients. Neglecting of nurses’ needs may have unwanted effects on patients and nurses.

Keywords: nurse; lived experience; death; phenomenology
EXPLORATION OF THE TRIADIC COMMUNICATION IN HEALTHCARE

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To explore and understand the dynamics of triadic communication between a specialist, a patient and a companion. An innovative combination of grounded theory text analysis and the use of graphics developed for this study focused on illustrating triadic communication and the dynamics within them. Twenty-five real-time observations of actual triadic encounters in memory clinics by six different physicians were analyzed. The graphic analysis illustrated that the triadic communication was actually a series of alternating dyadic exchanges where the third person tries, with inconsistent degrees of investment and success, to become actively involved. The core dyad shifts from physician-patient (during the introductions and assessment) to physician-companion (during the diagnosis disclosure and treatment discussion). The focus of communication shifts within these encounters: from talking with the patient to talking about him or ignoring him. These shifts may be experienced as offensive and paternalistic. Effective and empathic management of a triadic communication that avoids unnecessary interruptions and frustrations requires the professional to acquire specific communication skills (e.g., explaining the rules and order of the conversation). The use of graphics seems helpful for qualitative researchers in untangling the complex phenomena of triadic communication.

Keywords: triadic communication; graphic analysis; communicating bad news/diagnosis; Alzheimer's and dementia; observations
USING DIGITAL STORYTELLING TO PROMOTE RECOVERY CONVERSATIONS

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Community involvement in healthcare is enshrined in international policy, with policy indicating that individuals must be involved as co-constructors of their health. The challenge is to develop ways for consumers to directly influence healthcare design and delivery. Australian mental health policy focuses on recovery and wellness oriented services; however, the lack of shared understanding of recovery impacts on service delivery. To identify health professionals and consumers shared understanding of mental health recovery, using digital storytelling to promote recovery conversations. As part of an action research study, health providers and mental health consumers shared their recovery experiences in a digital storytelling workshop. Data included ten digital stories and discussions that emerged through the process. Consideration of the data resulted in a shared view that recovery is a threshold concept. A threshold concept has the potential to transform understanding. The group contended that without the development of a shared understanding of recovery, services will remain acute focused, rather than wellness oriented, supporting people to live meaningful lives. Digital storytelling is an empowering tool that can be used to facilitate the active involvement of consumers and healthcare providers in co-constructing wellness focused health care.

Keywords: recovery; digital storytelling; consumers; health providers

“STRENGTHENING MY FAMILY FOUNDATION”: A THEORETICAL SCHEME OF COUPLES’ FIRST CHILDBEARING EXPERIENCE IN URBAN SOCIETIES

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Having a child is a major experience in human life. The process of forming first
childbirth experiences has a little attention in empirical researches on fertility, especially in socio-cultural context of Iran considering the great variations in fertility indicators in recent decades. Therefore, this qualitative study was conducted to develop a theoretical scheme on the process of couples’ experience of having their first child in urban society of Iran. In this Grounded theory study in-depth interviews were performed with 24 fertile women living in urban society of Masshad. Data analysis were carried out adapting Strauss and Corbin mode of analysis through constant comparative analysis applying methods of open, axial and selective coding using MAXqda software and continued until development of theoretical scheme. Study rigor was verified via prolonged engagement, member validation of codes and deep description of the study. The core category that describes couples’ experience of having a child was “Strengthening my family formation”. The categories were presented into a paradigm consisted of 1) Cognitive-affective stimulus for having a child, 2) Evaluation of circumstantial conditions and making a decision, 3) Managing the course of having a child and 4) Parenthood role attainment. In condition of “being ready”, couples might enjoy the sense of achieving to aims of everlasting, strengthening the foundation of their new built family and satisfying parental instinct. Un-readiness mostly led to poor adjustment with playing the parenthood role and sometimes to seek for abortion. Couples’ fertility decisions and behaviors are influenced by their cognitions and emotions and also a variety of circumstantial conditions. It is important to comprehend this process and apply it in reproductive health care delivery system.

**Keywords:** child bearing; fertility; parenthood; theoretical scheme

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**QUALITATIVE RESEARCH: PSYCHOSOCIAL PROBLEMS OF SPINAL CORD INJURY PATIENTS**

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Medical management of spinal cord injury (SCI) patients has now shifted from physical measures outcome to attempt to better understand factors that affect their quality of life. The aim of this study is to describe the psychosocial outcomes of SCI patients to help rehabilitation group to recognize and solve the patients’ problems...
and their demands, in order to have a healthy and happy life. We evaluated SCI patients and the specialists and nurses who are related to them. They were requested to report and write about the cause of injury and psychosocial problems which these patients were coping with. The problems were financial problems as a result of losing their jobs, the lack of diagnostic and therapeutic facilities in their towns, transportation in or out of their houses, marriage state, education state, insufficient entertainment and psychological problems, depression, plan or attempt to suicide and contact with others. Careful planning by the spinal unit staff, and the staff who are responsible for community services, in conjunction with the patients and their family or community, is essential. Coping with a chronic physical condition like SCI requires daily, ongoing self-care, exemplified by conscious, instrumental efforts.

**Keywords:** psychosocial problem; spinal cord injury; education; suicide

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**CONSENSUAL QUALITATIVE RESEARCH (CQR): A NEW METHOD IN QUALITATIVE RESEARCH**

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Consensual Qualitative Research (CQR) is a comparably new inductive research method first introduced to the research field in 1997 by C. E. Hill, B. J. Thompson, and E. N. Williams (1997), intending to integrate the best features of the existing qualitative methods and also to be rigorous and easy to learn. CQR lies between constructivism and post-positivism in terms of philosophical stance (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005) and incorporates elements from phenomenological, grounded theory, and comprehensive process analysis, ultimately aiming for generating theories (Hill, Thompson, & William, 1997). The essential components of CQR are (a) the use of open-ended questions in semi-structured data collection techniques to collect consistent data across participants and to examine their experiences more in-depth; (b) the consent of at least three judges including the researcher and one auditor in order to establish the trustworthiness and accuracy of the results throughout the data; and (c) the use of domains, core ideas, and cross-analyses in the data analysis. Throughout the consensual process CQR requires mutual respect, equal involvement, and shared power among the team members. CQR is ideal for comprehensive studies of the inner experiences of individuals in various filed, because it involves consensual data
analysis that reduces the biases inherent with one researcher analyzing the data, and also because it acknowledge the relationship between the participant and the researcher (Hill et al., 2005).

**Keywords:** consensus; domain; core ideas; cross-analysis; constructivism; post-positivism

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**FROM PATIENT TO MENTOR: THE EXPLORATION OF NEW ROLES AND UNDERSTANDING - EXPERIENCES FROM PARTICIPATING IN DESIGNING A NEW EDUCATION PROGRAMME FOR PEOPLE DIAGNOSED WITH RHEUMATOID ARTHRITIS**

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This fieldwork followed a project which aimed to develop education for people with rheumatoid arthritis (RA). Health professionals from two hospitals, two community health care centers and five persons with RA took part in the project.

The objective was to explore how participation was experienced from the point of view of those people living with RA. The fieldwork was carried out from November 2010 till January 2012 and consisted of both participant observation and individual interviews. The study took inspiration from a social-phenomenological framework, situated within everyday life sociology, aiming to explore the subjective experiences of the participants. Internal and external factors affecting the possibilities and challenges to participation will be investigated, both exploring the individual narratives of the five persons with RA and analyzing across the individual cases.

The possibilities to participate changed over time. As a general tendency the role of the people with RA changed from “patients having a right to be heard” to “professionals possessing expert knowledge” equal to the knowledge of the health professionals. The insights from this fieldwork can contribute to enhance the empirical and theoretical knowledge in the field of patient participation.

**Keywords:** chronic illness; participation; education; fieldwork
END OF LIFE IN THE PEDIATRIC INTENSIVE CARE UNIT: THE PARENTS' EXPERIENCE

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There is a considerable variability among European countries on the management of end-of-life care in intensive care. In Italy, the physicians’ attitudes have been explored but no study has investigated the parents’ perspective to improve end-of-life care. The objective of this study was to explore the experience of parents who lost a child in the pediatric intensive care unit (PICU). Parents whose children had died between 2007-2009 in the PICU at Policlinico Hospital, Milan, were recruited. Upon approval of the Ethical Committee, parents were mailed a presentation letter and were later called to verify their willingness to be interviewed. Parents who participated in the study were asked to tell the story of the hospitalization of their child in the PICU including the final moment. The interviews were analyzed according to the hermeneutic-interpretive approach which aims to highlight the founding elements of the parents’ experience. We conducted 8 interviews. Parents’ experience was characterized by: 1) An expropriation of parental role and practices. The expropriation of parenting aspects and of physical intimacy was bearable only when there was the hope of a cure; 2) An alternation between delegating an assuming responsibility. An initial delegation of the child care to clinicians, was followed by an assumption of responsibility by parents at the home transfer or in the final moment; 3) An appropriation of the child only at the moment of death. The dying process was lived by parents as a moment that belonged to them but that in some cases was ‘stolen’ by clinicians. Our findings suggest the need to integrate medical and parental priorities in a process of shared care that allows parents to preserve their role. The most critical aspects for parents were not related to the involvement (or not) in end-of-life decisions but rather on the management of the dying process.

Keywords: end-of-life care; parents’ experience; hermeneutic-interpretative approach
USING WRITTEN REFLECTION ASSIGNMENTS TO ENCOURAGE GAINS IN BODY IMAGE AND SELF-EFFICACY IN COLLEGE WOMEN

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In an effort better understand the impact of written reflection assignments in the context of a women’s health course on female college students’ attitudes about body image and their strategies for promoting a healthy body and positive body image, we conducted qualitative analysis of response papers asking students to share “something they like about themselves,” reflect on ways to encourage positive body image, and evaluate themselves on efforts to make a personally important health behavior change. We compare these findings with analysis of pre- and post-test scores of two body image scales, and pre- and post-analysis of a measure of self-efficacy, and behavioral outcomes. Content analysis of student response papers focusing on self-efficacy and external vs. internal solutions for modifying body concept highlighted barriers to fostering a healthy body image as well as strategies to address these perceived obstacles. Sixty percent of the students considered themselves successful at changing one or more health behavior some by using the technique of reframing the project. On average students made gains in body image and a subset made significant gains in health self-efficacy. Written reflections in the context of a college class may improve women’s self-efficacy, body image and health behaviors.

Keywords: body image; self-efficacy; college students

SOCIAL NETWORK INFLUENCE ON COUPLES’ INTENTIONS FOR HAVING THE FIRST CHILD, A QUALITATIVE CONTENT ANALYSIS STUDY OF MASHHAD URBAN SOCIETY

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There is a lack of information with regard to quality of social network’s interaction
with couples’ intention with regard to their fertility in Iran, so this qualitative study was conducted to explore the influence of social network on couples’ decisions to having their first child in urban society of Mashhad. In this exploratory study in-depth interviews were performed with 25 fertile women, 5 midwives and 5 other informed persons living in Mashhad. Sampling began purposively and continued until data saturation. Data analysis was carried out adapting content analysis approach through constant comparative analysis giving analytical codes. Determination of categories was performed using MAXqda software. Study rigor verified via prolonged engagement, validation of codes through participants’ confirmation and peer debriefing. Findings from data analysis demonstrated four major categories about social network’s influence on couples’ intention to have their first child. 1) Construct and meaning of fertility relevant social network, 2) Mechanism of social influence “including social learning, social support, social services and social pressures”, 3) Subjective analysis and judgment about its benefit and fitness to life, 4) Couples’ interaction (OR complying) with social network (including complying or not and network re-adjustment. Managing the fertility behaviors need to include the consideration of personal social network surrounding the couples. The study findings should be applied in providing family planning services and dissemination of fertility behaviors through community based reproductive health care delivery system.

Keywords: fertility; childbearing; social network; couples; qualitative; content analysis; explanatory

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**CHRONIC PAIN AS A NARRATOLOGICAL DISTRESS**

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This paper reports findings from a phenomenological study that aimed to explore the experience of women living with chronic pain. Following Arthur Frank’s argument about the illness experience as a postmodern experience, the paper presents chronic pain as a quintessential postmodern illness. The paper presents an interpretative phenomenological analysis of two interviews with women living with chronic pain. The interviews were taken from study about life with chronic pain. Each interview had two parts: an open request to tell their own story of chronic pain and a semi-structured interview about specific details of their experience. Chronic pain is a
double faced experience, constituted by the tension between the vivid and evident personally felt pain, and the interpersonal and public ignoring, denying and delegitimizing of the pain. The encounter between these two faces creates a narratological distress, which is the result of not having a supportive echo or reflection in public discourse to the individual personal experience. A website resource is planned that will be based on this research and will bring the analysis of patients’ experiences together with audio and video clips from the interviews, to provide a source of information and support for people who live with chronic pain, for their circles of support and for professionals.

**Keywords:** chronic pain; patients’ experiences; narrative; on-line resource

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**MEETING A CANCER PATIENT IN PAIN: HISTORIES OF DIFFICULTIES**

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The aim of the study was to explore the oncologists’ internal representation of a difficult encounter with a patient in pain. Using a written open narrative format, 46 oncologists were asked to tell “About an history in which you feel in difficulty during a meeting with a patient who was in pain”. The narrations were analysed in accordance to Interpretative Phenomenological Analysis (IPA), through an inductive process aimed at gaining an holistic understanding of narratives. The data storage was supported by the software N-Vivo8. Three main issues were identified each with sub-issues: 1. The “unwritten” histories: similar to medical records. 1.1. the oncologist as a professional that doesn’t get him/her self in the game; 1.2. the oncologist as a vain artist that lets the reader to understand the untold. 2. The “written” histories: 2.1. Histories of doctors: the doctor as the “human-divine” who saves the patient from the destroying oncologic pain; 2.2. Histories of pain: the pain as a “devil” that cancels the patient’s humanity and makes the “divine” doctor powerless, humanizing her/him; 2.3. Histories of difficult, if not impossible, encounters: the meeting between a “human divine” and an inhuman subject, the pain, makes the relation paralyzed. 3. The relative: is the third person that could permit the relation: 3.1. The relative as a patient’s amplifier; 3.2. The relative as a witness and a judge of the relation.
The study showed the difficulty for the oncologist’s profession to be patient centred, in a context in which the pain is central, forbidding a relation between human beings. An alternative to the all-powerfullness of the doctor, should be that of tolerating the limits of medicine. The third party could be an interesting medium to consent a possible, and difficult, human relation.

**Keywords:** interpretative phenomenological analysis; oncologists’ representation; pain; qualitative research

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UNDERSTANDING CHILDHOOD ASTHMA IN FOCUS GROUPS: PARENTS’ EXPERIENCE

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Asthma is among the most prevalent chronic illnesses in school-aged children and adolescents worldwide. The incidence of asthma has risen steadily over the past 20 years and approximately 20% of school-age children have asthma. Its affects not only the children but also parents’ quality of life. This research reports parental experiences with their children with asthma, specifically their beliefs, knowledge, and attitudes about asthma management, including medication use. To allow parents of children with asthma to understanding their concerns, needs and perceptions. A qualitative research of four-times focus group will be conducted, to invited 24 mothers and 1 father to explore the experience of living with asthma child. A semi-structured interview guide was used to allow for consistency of format and sequencing of questions for each group. No modifications to the discussion guide were made during the study period. All facilitators had previous experience leading group discussions. Each 90-minute session was audiotaped and transcribed verbatim then sorted by qualitative software of Nvivo 8.0. All parents were aware of some of the risks their children faced at home. Common parental fears included uncertainty, long-term effects of medication, and concern that the condition would not go away or improve. Five main themes within the domain of asthma management and medication use were identified: need more information; trial and error; parents are scared and fearful; living with asthma is difficult, and this stress affects the parents’ behavior; and parents know what is best for their child.
This study illustrates how strongly parental perceptions of illness and medication influence adherence to health care providers’ advice and that such perceptions can be modified within a strong doctor-patient partnership, improving adherence.

**Keywords:** children with asthma; parent experience; focus group

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**GENERATING WISDOM IN PALLIATIVE CARE**

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Dying is the process to experience the death. For a patient, it could be a suffering process. During the past two decades, medical care has been started to focus on the spiritual needs of patients receiving palliative care. However, not much attention has been drawn to explore the spiritual needs of nurses performing palliative care. Death is a critical issue about existential for both patients and nurses. Therefore, if we can understand the experiences of palliative nurses, it could help the palliative care with spiritual entity which can improve the quality. The purpose of this study is using both perspectives including practical wisdom and face the other to understand the experiences of palliative nurses when they care the dying patients. The methodological approach in this qualitative study is interpretive hermeneutic. A purposive sample was taking from each five palliative nurses who worked in hospice settings including palliative care unit, and home-base hospice. Data were collected through in-depth interviews between the participants and researcher. Data were analyzed using thematic analysis. Findings can be categorized into three themes: (1) Being aware of the harm in caring-for; (2) understanding the self-limitation; (3) tuning in to the patients. Each moment in dying could be a chance to transform and grow spiritually for both dying patients and nurses. Palliative care can inspire nurses to be aware of the ethical responsibility for patients, generate the wisdom for care-giving with compassion attitudes. These findings suggest using the concept of practical wisdom and face the other for clinical education and basic nursing education. It will enrich the nursing quality and deepen the meaning of palliative care.

**Keywords:** palliative nurse; practical wisdom; face the other
THE LIVED EXPERIENCE OF CERVICAL LEVEL SPINAL CORD INJURY PATIENTS WITH ASSISTIVE TECHNOLOGY

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With an annual incidence of spinal cord injury (SCI) throughout the world at 15−40 cases per million, promoting well-being in these cases can be a particular challenge. Assistive Technology (AT), i.e., products and services designed to enable independence for disabled and older people, such as infrared devices to operate televisions, telephones, etc., are an important rehabilitation approach for SCI cases. Previous research results suggested success requires matching the characteristics of users and the AT. However, these studies failed to acknowledge that for some individuals, independence may not be a priority and there may be a preference for social support and interpersonal interaction.

To investigate such psychological factors, nine individuals with a range of cervical level spinal cord injuries who were users or non-users of AT were recruited through a local spinal cord injury centre. Transcriptions of semi-structured interviews addressing these individuals’ experiences of AT, were subjected to Interpretative Phenomenological Analysis.

This revealed seven themes: the process of decision making, learning experience, coping, the double edged personal meaning of AT, relationships, safety and security, and community context and understanding. Clinical implications, drawn from these findings, related to increasing the person centred approach and psychological awareness of multi-disciplinary teams within SCI services.

Keywords: spinal cord injury; assistive technology; clinical psychology; health psychology
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SHARING THE FULL STORIES ABOUT CHRONIC DISEASE: IMPROVING COMMUNICATION WITH AUSTRALIAN ABORIGINAL CONSUMERS

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In the Northern Territory of Australia more than 30% of the residents are Aboriginal and more than 70% of Aboriginal people do not speak English as a first language. However, few health service providers share the cultural and/or language background of their clients and research has shown that ineffective communication is pervasive. The prevalence of preventable chronic disease is extremely high in this population and improving communication in both clinical and educational contexts is crucial to improving health outcomes.

We conducted a collaborative project to explore the strengths and limitations of communication and education related to chronic disease and to identify strategies for improvement from the perspectives of Aboriginal consumers. This paper reports on the initial research and a subsequent chronic disease education project that was developed in response to the research findings. A key feature of this work is the high level of community participation and control in developing an approach to health promotion that is responsive to the specific cultural and linguistic needs of this population. This approach integrates Aboriginal and Western knowledge and practice, sharing the ‘full and true stories’, that is, detailed explanations about causes, prevention and management of chronic conditions in local languages.

Keywords: communication; intercultural; Aboriginal; chronic disease

O 92

THE ILLNESS NARRATIVES OF TAIWANESE WOMEN WITH OSTEOARTHRITIS

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Osteoarthritis (OA), with estimated prevalence between 10 to 20% in Taiwan and
women outnumbered men by 2:1, has been recognized as a significant problem by WHO by designating the years of 2000-2010 as the Bone and Joint Decade. Illness narratives from the lay view have been recognized to assist biomedical professionals providing the holistic care to enhance the quality of life of OA sufferers, while both lay and professionals have been frustrated with ineffective treatments.

The purpose of this study was to ascertain the meanings of OA and the strategic management among Taiwanese OA women through their life course narratives. The life history approach was used to conduct in-depth interviews with women of 55 years of age diagnosed with OA without joint replacement and without life-threatening illnesses. Narrative analysis was applied to discern various “genres” and the meanings of the account in the context by identifying stories organized around a specific time and consequential events in a life world of an OA sufferer and also compare the entities of accounts within each individual.

The results showed that the illness narratives of OA sufferers in the Taiwanese society can be categorized into three types as Bury (2001) suggested namely, contingent, moral, and core. While contingent narratives describe life events, illness causes and unfolding effects in relation to the performances in everyday life, moral narratives introduce an evaluative dimension into the links between the personal and social.

Core narratives represent various genres that were constructed by women’s cultural linguistic resources to present their everyday experience and themselves. For instance, physical discomforts and increased limitations as biographical disruption gradually led to women’s re-examination of personal, family or work conditions and viewed as the integral part of aging.

Expression of worries being others burden reflected in telling stories of engaging in healthy lifestyle in order to be carer rather than cared for. Biographical reflection revealed that the narration of wearing and tearing of OA simultaneously brings out the threatened or already injured women’s self and in turn opens up the chances for self reconstitution with new surrounding and resources.

**Keywords:** illness narratives; osteoarthritis; biographical disruption; story-telling
DIPEX PROJECT: DATABASE OF INDIVIDUAL PATIENT EXPERIENCES. AN INTERNATIONAL COLLABORATION TO UNDERSTAND HEALTH EXPERIENCES

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DIPEX UK was established in 2001 by General Practitioner Dr. McPherson and Dr. Herxheimer (HYPERLINK:http://www.healthtalkonline.org www.healthtalkonline.org). Since then other countries have joined this group to develop DIPEX in Australia, Canada, Germany, Israel, Japan, Korea, Netherlands, Palestine and Spain. The main goal of DIPEX is to promote the spread of accessible, well researched illness and health related personal experiences and information throughout the world for the support of patients and the benefit professionals, students, health services, health care providers and carers. A maximum variation sample of approximately 30-50 respondents is recruited for each health condition, to identify the widest practical range of patient/carer experiences within the project. Recruitment continues until ‘data saturation’ is achieved. Qualitative semi-structured audio or video recorded interviews using a narrative approach are collected and transcribed verbatim. Through the constant comparative method the interviews are analysed and summaries representing the full range of the data in the interviews, not just the most frequent experiences, are included. Illustrative clips are chosen to represent the main points included in the summary and to ensure that the best sections from each interview are used. Lincoln and Guba’s credibility criteria and techniques to enhance rigour are used. In this presentation we will show the palliative care module developed in DIPEX Spain as an example of a module within this project (HYPERLINK "http://www.dipex.es" www.dipex.es). Patients’ and carers’ experiences with health care services and beliefs about health care information and difficulties in decision making processes are presented. By providing highly reliable data on patients’ experiences, we believe that these perspectives help people to make better informed decisions backed by personal experiences of other people suffering from the same condition and to cope with the impact of their illness.

Keywords: internet; health personal experiences; qualitative methods
STRENGTHS AND CHALLENGES OF SYNTHESIS OF QUALITATIVE STUDIES. A SYSTEMATIC REVIEW

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The objective of this presentation is to analyze and reflect about how to solve the questions of why, when and how to incorporate qualitative studies in evidence-based practice.

The method used was a systematic review about synthesis of qualitative research in systematic reviews, complemented by international expert feedback. Search strategy was developed and applied through Ovid platform to Medline, Embase, PsycInfo, EBM and Cinhal, including studies published in Spanish or English from 1988 to May 2005. Ninety-one studies were included. The challenges identified are related to access and retrieval of qualitative studies, quality evaluation and synthesis process. The results of our work provide information about how researchers have overcome these difficulties.

We classified and describe in detail the methods identified:

• Specific techniques (meta-synthesis, meta-ethnography, meta-study, meta-interpretation and aggregation review)
• Generic techniques (Reviews, Bayesian synthesis, Cooper’s framework)
• Methods in primary qualitative research applied to synthesis of qualitative studies (Grounded theory, Ritchie & Spencer Framework and feminist model).

Different options in accessing qualitative studies are described. Some researchers have used exhaustive searches and others a convenience sample.

There are no clear guidelines about quality evaluation of qualitative research. Some researchers suggest avoiding excluding papers based on the quality evaluation, and on the other extreme there are researchers who suggest the use of checklist similar to traditional systematic reviews. Although there are many challenges exposed, it seems that we can keep the hope of achieving the capacity of solving some of these problems, especially by learning from each other and having multidisciplinary teams. We must reflect on the values of synthesis of qualitative studies, for instance qualitative studies have increased and some subjects are widely explored and need to be summarized in order to identify future research and avoid unnecessary or
unethical repetition. In addition, there is a growing interest in including qualitative results to answer or to contribute in evidence-based practice.

**Keywords:** synthesis methods; quality evaluation; search strategy; evidence-based practice

O 95

**HUMANIZING THE HEALTH CARE SYSTEM FOR CREATING A SUITABLE ENVIRONMENT FOR CARING COMMUNICATION: INSIGHTS FROM A GROUNDED THEORY STUDY IN INDIA**

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Despite various preventive programs, pharmacological inventions, and state-of-the-art medical technologies, there is and probably will always be bad news in the field of patient care. A patient’s capacity to accept bad news depends not only on his or her personal make up, but presupposes professionals well-trained to break the bad news. Unfortunately, the extant models produced for guiding the health care professionals in the most challenging contexts of clinical communication, restrict the concept of bad news to unfavorable medical information and communicative competence to a set of skills related to delivering the distressful ‘truth’ and dealing with emotional responses. Such myopic view privileges the interpersonal aspect and precludes the socio-structural dimension of truth telling. Hence, a grounded theory study was conducted in India, for examining both the psychosocial and socio-structural processes impacting on truth telling. The analysis of the narrative data collected from 27 physicians working in three types of hospitals has generated a theory that draws our attention to the socio-political meanings of bad news and the adverse effects of a fragmented system of health care on truth telling. In consonant with the principles of Health Promoting Hospitals, the emergent theory suggests that the ability to humanize the culture of health care systems is integral part of communicative competence. In a quantitatively dominated research world, invariably, this study highlights the usefulness of grounded theory methods for unraveling the less recognized processes of clinical communication.

**Keywords:** clinical communication; breaking bad news; truth telling; communicative competence; health promoting hospital; grounded theory
PERSON-CENTERED HEALTH CARE AND RESEARCH USING EVENT HISTORY CALENDARS

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The event history calendar (EHC) method designed to elicit holistic histories necessary for person-centered health care and research will be described. EHCs actively engage people in co-constructing their health with clinicians using open-ended questions about individual/family events, behaviors, and goals in a time and context-linked history graph that shows interrelationships, patterns, and triggers. The underlying theory and evidence will be presented, including Conway’s autobiographical memory concepts, Cox’s Interaction Model of Client Health Behavior, the author’s grounded theory and descriptive studies. EHCs and interviews with adolescent patients and clinicians will be presented to illustrate the EHC method. Constant comparative analysis revealed that EHCs are easy to use and helpful for history-taking, discussion, and identifying events that are temporally linked to risk behaviors. Adolescents reported the EHCs they completed made them more aware of their risk behavior and were a reflection of their “whole life on paper.” Clinicians noted the EHCs help adolescents to see their actual risk behaviors, “think maybe [they] should change and make better choices.” Implications for use of EHC methods to enhance person-centered health care and research with people of a variety of ages, cultures, and health needs will be discussed.

Keywords: person-centered; history; calendars

THE BALANCING ACT REQUIRED OF QUALITATIVE RESEARCHERS WHO ARE SEEKING ETHICAL REVIEW

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The “Tri-Council Policy Statement: Ethical Conduct for Research Involving
Humans" is the gold standard for research and ethical conduct involving humans in Canada. Yet, for qualitative researchers these guidelines present challenging situations. The requirement to identify risks and benefits in qualitative research designs that are emergent in nature is contrary to the meaning of an emergent design; leaving researchers to predict risks and benefits that might be experienced by participants based solely on the researchers’ values and beliefs. Sometimes privacy and confidentiality can be compromised by small sample designs, rare populations, and rich descriptions of environmental contexts. These ethical quandaries are compounded when members with expertise in quantitative research designs are overrepresented on Research Ethics Boards; creating the potential for biased assessments of qualitative research applications. As a result, the experience of qualitative researchers when seeking ethical review can be liken to “a balancing act” or “walking a tight rope”.

**Keywords:** qualitative research; ethical review; emergent design; research ethics boards; small samples; rare populations; rich descriptions

THE EXPERIENCE OF PROVIDING INFORMAL SUPPORT TO CHEMOTHERAPY OUTPATIENTS: AN EXPLORATORY STUDY

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This paper presents findings from a qualitative project exploring the experiences, particularly during the days immediately following chemotherapy administration, of primary support persons of chemotherapy outpatients. Experiences of these informal carers of cancer patients are well researched, but less is known about their experience of actively providing ongoing support to loved ones during chemotherapy trajectories. In-depth interviews were therefore conducted with seventeen information-rich participants to increase understanding of their experiences of providing this support, and also their views about how they might be best supported in this role. Three emergent themes conceptualize significant experiences common to most participants. From the moment of diagnosis it was clear to participants that they must, with the utmost urgency, shift their positioning in the world from ‘frightened novice to reassuring expert’. ‘Watching and waiting’
encapsulates ongoing experiences, from intense vigilance (fearful of serious side effects) following chemotherapy administration to continuous, often secretive, monitoring of physical and emotional wellbeing. ‘Discordance’ expresses the overriding emotional experience for participants in this study. This paper explores these themes, highlighting the importance of this new knowledge for health professionals concerned with facilitating active involvement of informal carers in ongoing care provision and as co-constructors of their own health.

**Keywords:** informal carer; chemotherapy outpatient; discordance; novice to expert; watchfulness

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**POTENTIALITIES AND FRAGILITIES OF CARE NETWORK OF PEOPLE WITH HIV/AIDS**

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It is a qualitative research whose goal is to know the potentialities and fragilities of care network for people with HIV/AIDS. The scenario of the research was an infectious disease reference service, in the State of Santa Catarina - Brazil. Participants were eight people with HIV/AIDS and its network of care, totaling 18 participants. Data were analyzed through content analysis, supported by the theoretical framework of the Symbolic Interactionism. The research resulted in the following categories: The network offering care to people with HIV/AIDS and Addressing barriers to care in HIV/AIDS. These reflects their potentialities and fragilities, where respectively, the first depicts the provision of emotional care, humane and quality and the second is limited, basically with part of health professionals and one or other family member. The role of members of the professional and institutional care network are important in front of a large demand for care in a small physical structure and a limited number of professionals.

**Keywords:** health care; nursing; HIV; symbolic interactionism
O 100

NURSES’ MEANING OF CARING WITH PATIENTS IN ITALIAN HOSPITAL SETTINGS: A PHENOMENOLOGICAL STUDY

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To improve a good quality in the health environments it is important to understand what are the practicalities of the nurses which produce a good caring.

To identify the essential qualities of a good nursing caring. This paper presents a qualitative research framed in a naturalistic epistemology. 203 Italian hospital nurses were asked to write narratives on the practice of good care. The narratives were verbatim transcribed and then analyzed according to a phenomenological approach. All the data has been codified, individually, by two inside-researchers and then the results has been confronted and through a dialogical analysis the researchers elaborated a new kind of coding system; then an outside-researcher analyzed the accounts and restructured the coding system to have an instrument of analysis which is faithful to the data. The research lasted 36 months. The research produced a formal result, which consists in a inductively constructed coding system and a content result, emerged from the application of the coding system on the narratives, which identifies the essential structure of a good caring. To improve a good quality of life in a healthcare environment it is necessary to implement a good caring approach to the patients. The results of the research help to reflect on a new approach to nursing daily practice.

Keywords: caring; nursing practice; phenomenological approach

O 101

A COGNITIVE ETHNOGRAPHY OF MEDICAL EXPERTISE: HOW DOCTORS AND NURSES MAKE DECISIONS AT WORK

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This paper discusses how cognitive ethnography can be an adequate method for understanding the social dimension of medical teamwork. Our working hypothesis is
that medical expertise can be better explained through video-aided analysis of narratives; gestures and other distributed cognitive phenomena. We recorded the communication patterns of doctors and nurses, setting up cameras in an angioplasty unit of a Spanish public hospital for 3 months, taking daily fieldnotes and interviewing the participants regularly. Analysis of activity episodes (Barab, Hay & Yamagata-Lynch, 2001) with Transana & Atlas.Ti allowed us to put together a new methodology for expertise in real work settings. Our results include the detection of the information path for errors and other unexpected events, and the understanding of the complexity of decision-making, including multitasking and synchronization. Our findings make visible the embodied and distributed nature of medical decisions, specifically in gestures, multimodal interactive systems and negotiated narratives among doctors and nurses. The observation of physical and interactive context of medical decision-making shows how the system’s performance shape the outcome of the process. In all, we believe cognitive ethnography is a tool that allows us to access the distributed cognition of expertise.

Keywords: cognitive ethnography; expertise; distributed cognition

HEALTH PROVIDERS’ VIEWPOINTS ABOUT NEONATE’S NEEDS DURING TRANSITION FROM NICU TO HOME: A CONTENT ANALYSIS

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Health professionals try to provide the neonate a safe transition from neonatal intensive care unit to home. Identifying neonate’s needs through staff’s viewpoints facilitates the transition. A qualitative study helps obtaining comprehensive and rich description about neonate’s needs. The aim of this study was to explore health providers’ viewpoints about neonate’s needs while being transited from NICU to home. A content analysis approach was carried out for identifying neonate’s needs. Data collection was done by interviews with sixteen nurses and physicians in the neonatal intensive care units of university hospitals in Iran. MAXQDA 10 software, a qualitative data analysis package, was used for coding and categorizing. The cognition and the barriers to meeting neonate’s needs were the two major themes resulted by the data analysis. There were also six categories named as: knowing, noting, perceiving, reasoning, training, and managing that influenced neonate
transition. The result of the study helped further understanding the elements of cognition of neonate’s needs that facilitate or hinder transition of neonate from neonatal intensive care unit to home. The positive aspects of the cognition must be improved and some policies should be made to decrease the barriers.

**Keywords:** barriers; content analysis; need; neonate; NICU

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**ALZHEIMER’S DISEASE: CAREGIVER AND PHYSICIAN TESTIMONY FROM THE WEB**

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The epidemiological data indicates that there are 800 thousand people in Italy who suffer from Alzheimer’s; more precisely, it should be said that 800 thousand families suffer from this disease, bearing, with little or no institutional or social support, the terrible burden of the practical problems involved in caring for the patient, and the pain of seeing him transformed “into a shell that looks like my father, but he’s not in there anymore”.

The research analyzes, in a qualitative key, the testimony the caregivers left on the web, and especially in the forums in which they compare experiences, and in the medical advice columns:

- the attitudes are compared of the caregivers and specialists on the assessment criteria in determining disease severity level, on the pharmacological and cognitive-behavioural therapies, on prevention, on experimental drugs
- the day-to-day experiences of the caregivers are reported, their feelings, the fear of falling ill themselves in the future, the conflict that occurs relative to the possibility of hospitalization.

This methodology is a new qualitative Web listening practice, the fruit of original experimentation; it represents an evolution of netnography: kindred to it insofar as it demonstrates how Web listening can go well beyond the study of reputation and sentiment, but significantly different in its psychological approach, focused on the individual, rather than ethnological and social approach. The testimony is gathered through a technique of progressive generation of the research keys; then processed and interpreted by applying tools deriving from those of motivational research to the online ‘conversations’. Especially on health-related topics, people pour a tale of exceptional interest into the Web: research has shown that qualitative Web listening
can constitute a passkey particularly suited to understanding this tale; few other research tools allow ‘sitting and listening’ while the caregivers speak freely amongst themselves, and gathering fragments of their discussion with the physician. In the case of Alzheimer’s, the aspect that emerges most dramatically is the overall picture of the families’ needs for assistance, beyond the purely pharmacological sphere, and the almost complete absence of answers from the health institutions. As the daughter of one patient writes: “Maybe the most terrible thing is not even that there aren’t medicines, but that if you have someone with Alzheimer’s you are completely alone, facing a thing that is far too much bigger than you.”

**Keywords:** web listening; Alzheimer’s disease

**O 104**

**CAUGHT BETWEEN ILLNESS, DISEASE, AND SICKNESS. A QUALITATIVE STUDY OF THYROID DISEASE AND WORK LIFE**

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The aim of this study is to examine how the experience of thyroid disease influences work life. Seventeen medically treated patients with thyroid diseases (autoimmune hypo- and hyperthyroidism) were strategically selected for semi-structured interviews from two main hospitals in Denmark. Interviews were concerned with how the patients experienced their health, work and daily life. Interviews were analyzed applying Interpretative Phenomenological Analysis.

Three main themes of importance to the patients’ work life:

1. Thyroid diseases were not experienced as a disease, rather as a diffuse mental state primarily with psychological limitations to work life (e.g. fatigue, foggy mental state).
2. Patients doubted that their diffuse state of mind was a valid manifestation of thyroid disease, which created a demand for an objective validation of symptoms via biomedical tests.
3. A discrepancy between the manifestations of thyroid disease and the results from the biomedical tests rendered the experienced work disability and sickness behavior invalid. This study illustrates how conflicting perceptions of illness complicates identification of work disability and limits the rehabilitation for some people with thyroid disease. This complication can be handled applying the quality of life methodology, thus securing better identification of rehabilitation needs.

**Keywords:** thyroid disease; qualitative approach; work life

**O 105**

ENGAGING YOUNG WOMEN WITH SKIN CANCER PREVENTION; UNEXPECTED LEARNING FROM A GROUNDED THEORY STUDY

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In this paper I discuss how a qualitative research process involving female adolescents unexpectedly provided insight into what may ‘work’ when health professionals seek to engage young women in health promotion. An unintended and surprising outcome of using semi-structured interviewing during a qualitative grounded theory study was evidence to support health promotion concepts including empowerment, media literacy and partnership working. Exploration of the reasons behind the sun-related behaviours of the young women in the study apparently raised their consciousness of the factors affecting them. For example they realized the influence of media, peers and celebrities and it seems that I was inadvertently involving the participants as co-constructors of their health through the research process. On reflection it seems that simply talking with, and listening to, the participants in the exploratory, non-judgemental and respectful way afforded by qualitative methodology and method, facilitated their engagement with the health issue of sun exposure. It seems that participants began to comprehend the broader contextual issues that could impact on them and this has implications if they are to resist cultural norms that impinge on their health.

**Keywords:** health promotion; qualitative method; female adolescents
O 106

HAWAIIAN WELLNESS: BELIEFS AND BEHAVIOR

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The aim of this study is to address health disparities in the Native Hawaiian population, through honoring Native perspectives; to develop authentic information to inform practice and adapt research-based evidence to fit with cultural belief systems. It has become somewhat common to acknowledge the importance of clinicians and researchers listening to individual client’s needs. Less commonly recognized is the importance for researchers and clinicians to understand the belief system and the values of the local society, and how practice may be adapted to fit with the health beliefs of the clients. Learning the societal origins of the health beliefs will help the researcher and clinician to best collaborate with the client. This study used a grounded theory approach to analyze data collected using focus groups with elderly Native Hawaiians, key interviews, and document reviews. The meaning of wellness, the importance of returning to Native life style as much as practical, and the concept of balance in life were key findings. The embeddedness of the individual in Native society, as a strength and as a responsibility, was very clear. Collaboration of client and clinician, enhanced through knowledge developed with this approach, will lead to improved health outcomes.

Keywords: client-clinician collaboration; transformative paradigm; grounded theory

O 107

THE DEVELOPMENT OF A CLINICAL INTERVENTION MODEL FOR COMMUNICATION AND INFORMATION – A PARTICIPATORY ACTION RESEARCH PROJECT IN THE FIELD OF PALLIATIVE CANCER CARE

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The specific aim was to develop a model for person centered information and
communication to enhance patients’ knowledge seeking in order to handle daily life related to treatment and illness. A participatory action research project was designed by means of qualitative outcome analysis. Initially, bimonthly focus groups with one palliative care team at a palliative oncology outpatient unit were performed. Previous major results, from qualitative studies into patients’ knowledge seeking and experiences of communication and information in palliative cancer care, were used as facilitators for discussion. Collaboratively, the researchers and the team worked on developing an intervention model for communication and information. A preliminary model was developed and refined by means of focus groups with additional palliative care teams and patients. A model of person centered communication and information in palliative cancer care aimed for clinical intervention was developed, including concepts, strategies and outcomes. The model involves four interrelated core concepts: the patient, the provider, the family and the communicative arena put in the context of progressing advanced cancer. Different layers of the components are discriminated in order to explain how person centeredness is to be created. The next step is to further evaluate the model clinically.

Keywords: participatory action research; qualitative outcome analysis; palliative; cancer care; information; communication

O 108

AN INTERDISCIPLINARY EXPLORATION OF ETHICAL GUIDELINES AND POLICIES RELATED TO ONLINE HEALTH QUALITATIVE RESEARCH AND WEB 2.0

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The Internet has become a ubiquitous source of health information and a space for social support for millions of people who are affected by illness or want to improve their health. The Internet also represents a rich source of data for qualitative health research, due to its richness in user generated content. Qualitative analysis of user generated content can provide information to increase compliance, can foster relationships between health care consumers and health care professionals and can provide insights into the sociological construction of disease and health. However, the ethical issues around health qualitative research using the Internet needs to be revisited due to advances in web technologies (Web 2.0) and due to increased focus
on interdisciplinary research. This work contributes to previous knowledge on the ethics of internet-based qualitative health research (Eysenbach & Till, 2001) by comparing and contrasting guidelines from health, social science, psychology, and business. Furthermore, this work analyses the most recent privacy policies of three major players in the Internet space: Facebook TM, Google TM (including YouTube TM), and Twitter TM and their potential impact on previously developed ethical guidelines for online qualitative research. The results suggest the following: (1) some of the previously developed ethical guidelines are still valid for use with Web 2.0 and user generated content; (2) some of the existing ethical guidelines are transferrable across disciplines; and (3) the privacy policies of major Internet players are a valuable source of information for enhancing the existing ethical guidelines for online qualitative research.

**Keywords:** online qualitative research; ethics; ethical guidelines; health research; interdisciplinary research; web 2.0

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**O 109**

THE USE OF UNCERTAINTY MANAGEMENT THEORY IN ONLINE QUALITATIVE HEALTH RESEARCH – METHODOLOGICAL AND PRACTICAL CONSIDERATIONS

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With the advent of the Internet a lot of health information exchanges moved in virtual spaces, often outside the boundaries or control of health institutions (Weitzman, Cole, Kaci & Mandl, 2011). The systematic research of such information can contribute greatly to our understanding of the reality and needs of patients and their caregivers, thus improving compliance and the quality of relationships between healthcare providers and patients. However, systematic research functions best if it is theoretically based, while contributing to theory. As a result, qualitative research methods and the Uncertainty Management Theory (Brashers, 2001), focusing on the role of communication in the management of health and illness, were employed to explore and describe the information requested and provided in a large online social support community by caregivers of children affected by clubfoot. Clubfoot (Talipes Equinovarus) is a common congenital deformity affecting one in 1000 live births across the globe. Due to its visual nature, clubfoot diagnosis is often accompanied by high levels of uncertainty and stress for
parents. Uncertainty management theory provided a relevant framework for the study of information behaviour in this population and its use in online environments was relatively new. In addition to highlighting the need for future investigation of user managed virtual support communities this study shifted in a profoundly theoretical activity. From a methodological perspective, the presentation will discuss the role of theory in expressing and explaining subjective realities. From a practical perspective the presentation will describe the formation of the research question, sampling methodology for online qualitative health research, approaches to coding data and results of the study. Theoretical and practical implications will be discussed as potential gains in knowledge and methodology; including the fact that theory based qualitative research offers logical and structured lenses through which we can explore subjective realities. The aim is to add to the knowledge base regarding the mutually beneficial relationship between theoretical underpinnings and contributions of qualitative research studies to theory development in response to new challenges in health promotion, education and communication.

**Keywords:** online qualitative health research; online social support; management of health and illness; health promotion; theoretical contributions; qualitative research methodology

**O 110**

**USING QUALITATIVE RESEARCH TO EXPLORE AN ONLINE COMMUNITY DESIGNED TO REDUCE ALCOHOL MISUSE AND IMPROVE HEALTH AND WELLBEING**

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Sixty percent of young men and 44% of young women in Australia engage in risky levels of alcohol consumption every month (Australian Institute of Health and Welfare, 2010) the resulting cost (direct and indirect) due to alcohol were estimated to be over 15 billion dollars (Collins, 2008). Harms associated with alcohol misuse by young people include passing out, memory loss, accidents, injuries, crime, unwanted/unprotected sex, financial difficulties, social conflicts, low self-esteem and poor performance in school and outside school (Rickwood, Goerge, Parker & Mikhailovich, 2011; Kypri, Paschall, Langley, Baxter, Cashell-Smith & Bourdeau, 2009). Hello Sunday Morning (HSM) is an Australian web-based alcohol reduction online community that has been lauded by the National Cooperative Research
Centre for Young People, Technology and Wellbeing (Burns, 2011) as an exemplary and innovative health promotion initiative that is resulting in positive health related outcomes for many individuals, who would otherwise be at high risk for alcohol misuse, addictions and other risk behaviors associated with binge drinking. To learn more about the community and what makes it a success a qualitative research methodology based on social constructivist theory has been employed to explore the content of 200 randomly selected first blog posts. Results indicate that HSM has been successful in engaging its members in generating a social interpretation of alcohol (mis)use that can encourage healthy behaviors. A combination of real life user generated content, peer to peer social support and public goal setting contributes to the attractiveness and sustainability of the initiative. It is suggested that qualitative health research can generate valuable evaluation data, a better understanding of the social construction of alcohol consumption and positive health promotion messages while posing no burden on online community members.

**Keywords:** qualitative health research; internet based health promotion; health communication; behavior change; health behavior

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O 111

GLOBAL AGEING EXPERIENCE-DRIVEN SUSTAINABLE INNOVATION IN PRODUCTS, SERVICES, CARE OPTIONS, LIVING ENVIRONMENTS

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“Global ageing” is a reality that we must be prepared to face in a responsible way. It is also a great opportunity for change, cultural and social integration, and innovation. We decided to look at ageing from a fresher, future-oriented and project-oriented perspective, and contribute with different fresh and workable ideas and solutions to address the needs and demands of “current agers” as well as those of “future ageing” generations.

We orchestrated a multi-phase, hybrid approach study; combining different research methods, from the classic to the most unconventional, mixing off-line and on-line

- Interviews: one on one, paired, triads.
- Groups: focus groups, creative/interactive, some pre-tasked, some re-convened, and fluid groups
- Panel interviews and forums

We interviewed individuals (from Young adults to Old-oldies 80+); families (with
an elderly in their care); caregivers (private, professional, institutional).

Sensibly designed engaging research methods help develop engaging relationship in
the research process, which can spark deeply felt creative ideas. And solutions to
deeply felt problems. Which can hopefully, stimulate the engagement of private,
social and institutional players, and of all stakeholders in the AGE, HEALTH,
WELLNESS sector, and related industries.

Keywords: ageing, online research; stakeholder engagement

O 112

MANAGING UNEXPECTED EVENTS IN ICU’S VIA INFORMAL PRACTICES - AN ETHNOGRAPHIC STUDY

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Apart from applying standards, ICUS’s are driven by frequent unexpected events.
Therefore, medical practitioners develop practices to handle the unexpected studied
in a field marked by extensive uncertainty: The ICU. Our exploratory study based
on semi-structured interviews identified a complex interplay between formal and
informal spheres to be central in managing the unexpected. Its results tell us that
practitioners facing the unexpected do not strictly adhere to formal hierarchical lines
but instead utilize personal networks including experts from other units or hospitals,
private or even patients’ contacts (e.g., relatives, legal spokespersons). The complex
combinative processes of formal and informal elements will be subject to an in-
depth case study. Implications for qualitative research and practices are drawn and
are currently picked up on. Following an ethnographic approach, we momentarily
conduct a participant observation, studying the combination of formal and informal
communication and decision processes that occur during unexpected situations,
complemented by a social network analysis and further in-depth interviews. We
hope to learn more about successful cooperation and communication practices when
facing the unexpected complementing the application of standards and consequently
improving quality of care.

Keywords: informality; unexpected; semi-structured interviews; ethnography; in-depth
case study
O 113

HOSPITAL SURVEY ON PATIENT SAFETY CULTURE (HSOPSC): A CROSS-CULTURAL TARGET-LANGUAGE INSTRUMENT TRANSLATION STUDY

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The Agency for Healthcare Research and Quality (AHRQ) developed the English language psychometrically validated instrument called the Hospital Survey on Patient Safety Culture (HSOPSC). The instrument is used in multiple countries; however, studies do not report translation validation and provide limited psychometric analysis. This study intended to produce a target-language Spanish instrument that asks the same questions as the English instrument.

A mixed method, target-language translation study with 9 participants (3 per round for 3 rounds). The study developed and tested a two-step mixed analytic methodology for survey and cognitive interviews. The research protocol for this study was approved by the A.T. Still University Institutional Review Board.

Data were collected and compiled for each participant. We examined each participant data for each item during each round. Progressive changes to each item were reviewed and the rationale for changes coded and categorized.

The mixed method approach, using survey and cognitive interviews, found Round 1 had 33 problems (translational 43%, cultural 33%, and general design 24%) but the number decreased to 1 problem in Round 3. The majority of the issues were attributed to negatively worded questions.

This study produced the first target-language HSOPSC translation study reported in the literature and validated the effectiveness of the mixed-method approach. Also, we determined cognitive interviews are critical to correct issues with negatively worded questions.

Keywords: qualitative methods; mixed methods; cognitive interview; target-language translation; hospital survey on patient safety culture; safety culture; patient safety; Spanish
O 114

APPLYING THE BROKERED DIALOGUE METHOD TO EVALUATE CITIZEN ENGAGEMENT IN HEALTH POLICY-MAKING IN ONTARIO

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Objectives: 1) To evaluate a complex Canadian health policy intervention aimed at incorporating citizens’ values into public health-funding decisions. 2) To explore the feasibility of applying our new Brokered Dialogue (BD) method to evaluating this process. Informed by narrative theory, BD can reveal unique insights and pathways for improvement. Participants engage in filmed interviews offering their perspectives, then share their views with, and pose questions of, one another through film. Participatory editing creates a ‘safe’ space for respectful interaction. Through narrative analysis, layers of accounts are assembled to approximate dialogue.

Interim analysis reveals four themes: 1) implications of the political context for the council; 2) role of dialogue in shaping recommendations; 3) roles/responsibilities of private industry; 4) council processes. BD revealed a tension between council members’ expectations regarding their role in health-system reform and their perceptions of government’s intentions for using their input. The empowering experience of council participation was seen as at odds with identified inefficiencies in the process (e.g. member selection, meeting frequency), which they interpreted as lack of clarity from the government regarding its goals for the intervention. BD identified opportunities for practical improvements, exposed axes of differences/disagreement, and reinforced agreement, by providing a ‘safe space’ in which to forge common understandings.

Keywords: dialogue; narrative analysis; visual methods; health policy; citizen engagement

O 115

CHILDREN AND YOUNG PEOPLE WITH CHRONIC ILLNESS AS CO-CONSTRUCTORS OF THEIR HEALTH - REFLECTIONS TOWARDS A PARADIGM OF RIGHTS IN HOSPITAL CONTEXT

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Recognizing the emergency of social, cultural, economic, etc. implications resulting from daily life with chronic illness, it is essential to review priorities and paradigms (Paterson, 2003; Stanton et al., 2007). In fact, the literature reveals that children and young people with chronic conditions face a diversity of situations, namely integration, indifference and, unavoidably, discrimination in various contexts in which they operate (Sutherland, 1981). Thus, their families acquire new roles and tend to become, on the one hand, experts in the health challenges management and, on the other hand, interveners of their children’s rights (Lister, 2003). In this respect, and admitting the contribution of community groups in promoting more equitable and fair living conditions, the chronic disease support associations are often ways to meeting emotional and instrumental support, claiming rights and questioning instituted paradigms (Menezes, 2007).

In this line of thought, in view of the hospital setting and attending to the health professionals’ action in monitoring children and youth with chronic illness and their families, there are some aspects to register. See, for example, the practical and the discursive dimensions of these professionals. Both literature and practices show that health professions are, not always, adequate given the fact that these people are in vulnerable conditions. Such results have disempowering effects for families, inhibiting them from participating actively in both processes and decisions related to their children health (Lear, 2006).

In fact, that remains to a symbolic heritage that emphasizes an asymmetric relationship between professionals and families based on paternalistic assumptions (Costa, 2009). It is clearly of framing this issue in a rights paradigm that, more emphasizing needs, assumes that promoting health and fair living conditions is a the responsibility for of all. The idea of placing this issue about chronic disease in a public dimension refers implicitly to a question of citizenship. In this sense, this study highlights the importance of recognizing children and adolescents with chronic diseases as citizens who should be treated differently so that their needs are met (Stainton, 2005; Barnes, 2007).

The aim of this study is to know the main difficulties and strategies in living with chronic disease, particularly in hospital context. In this sense, it is intended to realize the role of children and adolescents with chronic disease, families, health professionals and community members in promoting the well-being of children and adolescents with chronic illness. Although this study is based on a mixed methodology, data presented in this paper result from qualitative approaches recognizing them as essential strategies for understanding and producing valid knowledge, particularly in studies such as this one. Including interviews, narratives and focus group discussion our research considers the perspectives of multiple agents whose role is essential in the promotion of quality of life of people with chronic diseases.
The data collected reveals many aspects concerned with the obstacles and strategies in children and adolescents with chronic disease daily life, particular in their relationship with hospital context. The results will enable a better understanding about the daily experiences of children and adolescents with chronic disease and their families, unveiling the power relationships in hospital context. Similarly, the results also focus on dimensions of communication and practices of these professionals. Finally, the results emphasize the role played by families in the management of discrimination situations, pointing out the possibilities inherent to the participation on support associations.

Keywords: chronic disease; children and adolescents; well-being; empowerment

"NOT IN OUR REMIT": COMMUNICATION CHALLENGES AND OPPORTUNITIES IN DEMENTIA CARE

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To explore caregivers’ perceptions about communication in dementia care. Dementia is a challenging, progressive set of conditions which present a large care burden to informal, familial carers. A complex array of health and social care services are needed to support people living with dementia (PWD). Qualitative comments from a mixed-method questionnaire (n=185), focus groups (n=15) and interviews with informal carers of people with dementia (n=12). Of the twenty-seven qualitative participants: 63% were women and participants cared for a spouse (55%) or parent (42%) with various dementias including: Alzheimer’s (35%) and vascular dementia (35%). Data were analyzed using thematic discourse analysis. Navigating “the system” and accessing appropriate care and support for PWD was described as a considerable challenge by most carers. We focus our analysis on three interlinking themes: 1) services as a ‘maze’; 2) services as overly limited – ‘not in our remit’; and; 3) battle and fighting discourse deployed by these carers. Our analysis highlights that systemic issues in dementia care present communicative challenges and opportunities. Qualitative health researchers can critically engage with the complexities of dementia discourse. We offer some recommendations for improving caregivers’ experiences of navigating health and social care services.

Keywords: dementia; care; caregivers; communication; health services
FROM PARENTS TO PATIENTS: HIDDEN STORIES OF ASSISTED KINSHIP BETWEEN BODIES AND POLITICS

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Assisted reproductive technologies (ARTs) developed quickly and broadly in the last decades, producing a number of new options that changed the definition of kinship and parenthood, as well bodies and gender relations, and even culture and life itself. ARTs, in fact, often question the traditional (and taken-for-granted) meaning of kinship, shifting the attention towards the hegemonic medical-technological device and its monitoring, management and supervision. According to the Italian law, however, these techniques are available only for infertile stable heterosexual couples. All other aspiring parents (singles, homosexual couples, people with genetic diseases, sterile heterosexual couples) do not have access to health care in national health facilities. In this paper we will present stories of “assisted kinship” from aspiring parents belonging to those categories, who have used these techniques in foreign centers to carry out their parental project. Using episodes of in-depth interviews this paper will explore the personal reproductive choices of many aspiring parents, which are hidden from the public representation. Our aim is to discuss this phenomenon in terms of biological and reproductive citizenship, since it produces new kinds of individual governance of the self rather than direct management of life through public health.

Keywords: assisted reproduction; biopolitics; reproductive citizenship

USING QUALITATIVE METHODOLOGICAL STRATEGIES TO ENHANCE STUDENT LEARNING IN A UNIVERSITY-LEVEL WOMEN’S HEALTH CLASS

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Our study reports on findings of a study we conducted with students in a women’s
health class that employed qualitative methods as a pedagogical tool to enhance student learning. The class itself was transformed from a more classical pedagogy that emphasizes the delivery of information into one that used a more holistic pedagogy that invites students to engage in a series of reflection-action exercises. Using retrospective health inventories and reflection, student writing about their body image, creative projects about their self care, and focus groups with students during the semester, we infused the course with practices of qualitative research. We report on the content of student reflections and learnings during the course and how these relate to student perception of self-efficacy and body image. We make recommendations for using qualitative methodologies as pedagogical strategies integrated within learning and discuss the challenges and benefits of this approach.

**Keywords:** college learning; women’s health; holistic pedagogies

O 119

CLIENT SATISFACTION AND PHYSICIANS’ QUALITY PERCEPTION IN AMBULATORY CARE. EVIDENCE OF THE IMPACT OF DIFFERENT ORGANIZATIONAL MODELS

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Client satisfaction is relevant for quality health-care delivery besides objective outcomes. The Italian primary care sector has undergone several changes aimed to improve efficiency in service provision. Particular emphasis has been placed on promoting various forms of collaboration, and financial incentives have been provided to physicians to join these new organizational arrangements. The network implies sharing the electronic patient records, network connection of the ambulatories, working in the same facility and sharing administrative and clinical staff. However, few research studies have analyzed the impact of collaborative organizational arrangements on quality perception. The aim of this study was to examine client and physicians’ quality perception in ambulatory care within the different models. The survey consists of 20-minute interviews with a random sample of adults age 19 and older. Clients and physicians answered 22 questions (6 point Likert scale) subdivided into four factors (i.e. client-physicians relation, organization, physical environment, competence). We analyzed the psychometric properties of our questionnaire compared with the EUROPEP-ITA administered
only to the clients. We found moderately high level of satisfaction with care. Results show significant association for age classes with several dimensions. The client-centred approach is seen as an effective way to provide effective patient care.

Keywords: perceived quality; client-centred approach; ambulatory care

FOLLOWING PREFERENCES FOR DYING AT HOME AND THE INTERPLAY BETWEEN PATIENTS, FAMILIES AND PROFESSIONALS IN THE PROCESS OF RECOGNIZING DYING

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Good end-of-life care has a huge potential to contribute to the public health and wellbeing of people. This is most evident in the field of palliative home care, where preferences of patients and their families are valued most. This study aimed at putting light on the process of negotiating issues of death and dying throughout the process of care at home. It focused specifically on the interplay between patients, families and professionals in recognizing dying.

An ethnographic study was done in the field of specialist palliative home care. Data collection included observations of palliative care specialists’ visits at home from patient’s admission to the service until death of patient (n=15). Interviews with service professionals and bereaved carers and an analysis of records complemented data collection. Sampling and data analysis followed Grounded Theory and an approach of case-reconstruction.

While family carers as well as professionals tended to identify a certain “turning point” of recognizing dying when asked in retrospect, observation data and documentation did not support such clarity. Ambiguities of caring for a dying relative at home between maintaining hope and letting die turned out as key factor. A sensitive approach and high communication skills are necessary to provide care which contributes to the wellbeing of dying patients and their families. The potential of a rich data set informed by several collection strategies is underlined.

Keywords: end-of-life care; interface between professionals and family carers; home death; palliative care; recognizing dying
AGGRESSION IN THE SOUTH AFRICAN SOCIETY: TWO CONTEXTUAL SNAPSHOTS

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Research worldwide indicates that educators and learners experience aggression in the secondary school setting. The objectives of this research project were to explore and describe the experience of learners and educators of aggression in secondary schools in South Africa and to describe strategies to manage aggression in secondary schools. The research design was qualitative, explorative and descriptive and contextual. A purposive sample was taken from secondary school learners and educators in four provinces of South Africa. The final sample consisted of 554 learners and 63 educators. Data was collected using in depth phenomenological interviews, diaries, naive sketches, observations and field notes. The identified themes from the learners’ experiences were: personal experiences such as negative feelings and negative perceptions and ideas; and interpersonal experiences such as physical actions, verbal actions, indirect actions, disrespect and distrust. Identified themes from educators’ experiences are personal experiences of irritation and frustration and interpersonal experiences such as actions by learners, learners not used to being treated with respect; educators loose their temper and beat the learners, passive aggressive from colleagues. Personal and interpersonal strategies were described to manage aggression.

Keywords: aggression; learners experience; phenomenological interviews

ROMANIAN NURSES PROFESSIONAL STRATEGIES AND THEIR IMPACT ON THE QUALITY OF HEALTHCARE DELIVERY

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The aim of this study is to identify and describe the professional strategies adopted by the Romanian nurses in the effort to adapt to the changing healthcare system and
to comply with the European professional standards and regulations. Individual interviews were performed with nurses from various nursing specialties and healthcare units and examined with qualitative content analysis. A qualitative software-based data analysis was also used. The main findings show: labour migration for a similar or lower skilled position, transfer from a public to a private healthcare provider, early retirement or becoming a free-lancer, as being the nurses’ main strategies to overcome the difficulties from the health system. The need for professional autonomy and recognition, the motivation for choosing and practicing the profession, as well as the self-perception of the profession proved to be important for the choice of the nurses’ professional strategies and practice. Burnout, powerless feelings and lack of group cohesion decrease work effectiveness and satisfaction and have deteriorating impact on patients’ care and on the healthcare delivery. The potential of the present analysis lies in providing data for further research and for nursing and healthcare decisions and policies.

**Keywords:** nurses; professional strategies; labour migration; autonomy; recognition

O 123

**WHAT EVERY WOMAN KNOWS – TRADITIONAL ARAB WOMEN HEALERS IN ISRAEL**

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Over the past few decades, complementary medicine of various types has been increasingly integrated into health care provided by established biomedical organizations. By contrast, treatment methods commonly known as “folk” or “traditional” medicine remained at the fringes of established care or outside it altogether.  
The above mentioned claim was analyzed in this study by examining the activity of traditional Arab women healers in Israel, who treat physical and mental problems, to which conventional medicine offers no adequate solution. They also address various hardships of life, such as poverty, barrenness and spinsterhood, along with problems of “supernatural” origin, such as the evil eye and spells.  
The study included ten Muslim Arab women who are recognized by their communities as traditional healers. Contact with the relevant informants was made using the "chain sample” method, and included observations and in-depth interviews, which were analyzed thematically.
To treat their patients, traditional Arab women healers in Israel prepare amulets, spells and counterspells, love charms and herbal potions. They massage patients, pray for them, console them and advise them about the hardships of life. Healers attempt to reintegrate patients within their families. They direct patients to adopt their traditional gender roles as wives and mothers. Finally, the healers help patients bond with their culture by imparting a collectivist conception, rooting out manifestations of individualism that may have caused rifts between patients and their families, and consolidating patriarchal values.

The healers thus constitute an alternative to the biomedical establishment. Instead of turning outside the community to the Western, Jewish, modern and secular world – as the public medical system in Israel is sometimes perceived by the Arab minority – they provide an inward-oriented, traditional, local and Muslim alternative. The solutions proposed are indeed outside the purview of the professional biomedical establishment and may not be readily discernible to researchers. Nevertheless, they provide a significant alternative to biomedical treatment, whose attraction may exact a heavy personal price from Arab women in Israel.

**Keywords:** traditional healing; women; minority; Arabs; Israel

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**THE EXPERIENCE OF INFERTILITY AMONG RELIGIOUS JEWISH MOTHERS**

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The negative economic, physical, social and psychological effects on women who are coping with infertility has been well documented (e.g. Cousineau & Domar, 2007). However, the medicalization of infertility often inadvertently leads to a disregard for women’s emotional responses. In addition, once the infertility is successfully treated, health service professionals may assume that the psychological and social sequelae dissipate. Finally, there has been little attention given to possible positive growth experiences that infertility engenders.

The objective of this qualitative study was to understand how religious Jewish women construct the meaning of primary infertility after they have given birth to one or more children. In-depth, semi-structured interviews were conducted with ten religious, Jewish-Israeli married women of child-bearing age who had experienced primary infertility and had subsequently given birth. The interview texts were...
analyzed using Interpretative Analytic Phenomenology (Smith & Osborn, 2004). The analysis yielded rich results around the meaning-construction of the women’s infertility experience through their interactions with various eco-systemic levels—a woman’s inner experience of infertility and internalized identity of “barrenness” even after the birth of child(ren), the existential limits of “togetherness” in the marital relationship, the extended family and community as the social/cultural/contextual voice that is both jarringly dissonant with the woman’s experience as well as an echo that resonates with her own values and aspirations. This study expands and deepens our understanding of women’s contextual experience of infertility and indicates directions for effective psychosocial interventions during and subsequent to biological infertility.

Keywords: infertility; meaning construction; religious Jewish women; cultural context

O 125

PSYCHOLOGICAL PROBLEM SOLVING IN MULTICULTURAL HEALTH ORGANIZATIONS – THE CASE OF LACOR HOSPITAL IN GULU (UGANDA)

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Moving from a socio-constructionist theoretical background (Gergen, 1999; Gergen & Thatchenkery, 2004), we propose a model for interventions in multicultural health organizations. Cultural and ideological systems of knowledge, interpersonal processes and pragmatic practices constitute forms of knowledge that construe the representation of the organization, or in other words, its pragmatic meaning. The way in which these forms of knowledge interact generates the “field” of effective or ineffective actions, decisions or individual positioning. The main dimensions of this model represent three intertwined fields of analysis that need to be taken into consideration when planning interventions in multicultural contexts. We will particularly focus on a specific case-study: the intervention that CFI-Multicultural and Organizational Psychology carried at the St. Mary’s Hospital in Lacor - Gulu (Uganda). After many years of civil war in the “Acholiland” (a region in the north-east of Uganda), a former “family-run” missionary hospital founded by two doctors from Italy and Canada, turned into a big multicultural organization. This rapid and profound change involved (and is still involving) more than 400 Ugandan
employees, many international donors and organizations, some Italian representatives of the Italian/Canadian foundation that sustains the hospital, as well as a larger community of people who daily refer to Lacor hospital for health cares. Since 2009, CFI has been involved to help handling some managerial and organizational issues, with specific attention to the empowerment of a new Ugandan middle-management. Preliminary interviews and focus groups helped us to show that different roles within the hospital convey conflicting and contradictory representations of the emerging middle-manager. Training, consultancy and appreciative inquiry sessions were then carried on at different levels of the organization in order to promote a more functional (in terms of responsibility and autonomy) role of middle-manager. Main changes promoted in the context as well as implications for the organization and for future developments of multicultural health organizations projects will be discussed.

Keywords: multiculture; psychology; social-constructionism

O 126

PATIENTS OF ALTERNATIVE MEDICINE

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My exposition aims to illustrate the results of a research carried out in the field of alternative medicines in order to understand which kind of people approach them and their motivations to do so. This research has been conducted (particularly but not only) gathering the life stories of these patients. I choice this technique because it provides a specific interaction between researcher and interviewee that allows his/her to be a testimonial of life experiences (own, but also of other people) and not as simply interviewee. Data analysis show that these patients fall into very different types: some of them haven’t a specific disease; some of them are desperate ill who haven’t get answers from traditional medicine; some of them approach these therapies to found a personal path of well-being (more psychological than physical). Everybody is joined by an extreme trust towards alternative therapist: the patients often follow his or her recommendations and guidelines for treatment even going against the advice of their doctor. It follows that there should be greater controls on alternative therapists so as not to allow “quack” to harm patients.

Keywords: patients; alternative medicines; alternative therapists
EMPOWERMENT IN ALCOHOLICS ANONYMOUS GROUPS

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Our exposition aims to illustrate the results of a research carried out among members of Alcoholics Anonymous (AA) in order to understand if they achieve a path of empowerment.

Our study, carried out in Italy, aims at emphasizing how, within AA groups, the empowerment process represents a true development process by which individuals who are in trouble gain a better control over their lives and their environment, improving significantly their quality of life with positive effects on the group they belong to and the surrounding community.

The study was conducted empirically through focus groups and life stories of members of AA belonging to 5 different groups located in the north-east of Italy. We have also analyzed the documents published by the AA General Services and the documents created specifically by the association (statute, guide for the associations and the groups, minutes of national conferences of the Italian General Services.

The social activity attached to AA, which is based on the empowerment of individual abilities, has a strong political value because it has significant effects at community level. Unfortunately, public institutions and health care organizations sometimes do not encourage these activities because, in Italy, AA is still not very well-known.

Keywords: empowerment; alcohol; quality of life; health promotion

THE USE OF PHOTO-NOVELLAS IN HEALTH RESEARCH

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This paper aims to illustrate two case studies in which conventional ethnographic techniques of participant observation and interviews have been complemented by the use of photo-novellas. Using this method, the researcher asks to research
participants to take pictures with regard to a specific theme. Subsequently, the pictures provide a means of facilitating discussion and exploring alternative ‘ways of seeing’. Photo-novella is a creative and innovative method for understanding and describing health experiences, especially when working with young people, immigrants, heavy disabled people or people with mental illnesses. Moreover, methods of visual practice are attentive to the embodied, material and affectual register of experience and can counter the traditional power dynamics of interview. The first case study refers to recovery from mental illness in Melbourne (Australia), while the second explores how Ecuadorian immigrants in Trentino (Italy) enhance and maintain their wellbeing. These two case studies are similar in establishing a connection between place (understood as an assemblage of resources) and wellbeing. Photo novella allows to identify how people find informal resources (non state-led) for health and wellbeing and to explore the tension between formal (state-led) and informal resources.

**Keywords:** photo-novella; space and wellbeing; informal and formal resources

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**O 129**

**A REFLEXIVE METHODOLOGY FOR ACTION-RESEARCH WITH DISADVANTAGES STUDENTS IN HIGHER EDUCATION**

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The growing phenomena of disadvantaged and non-traditional students increases the risk of educational underachievement and drop-out in university context of the European countries. Within European funded project INSTALL (Innovative Solutions to Acquire Learning to Learn), to be developed over the next two years in Italy (lead partner), Romania, Denmark, Ireland, and Spain, this paper discusses the effectiveness of the use of qualitative tools to promote a reflexive competence on the formative experience and so a functional adjustment to the university context. The Narrative Mediation Path (NMP) is an innovative and qualitative methodology that develops a group training process targeted to disadvantaged students. NMP, based on the psychological concept of mentalization, also known as reflexive competence (Fonagy & Target, 1997; Allen & Fonagy, 2008), combines into one methodology four discursive modules: Metaphoric, Iconographic, Writing and Bodily. The use of “multidimensional” narrative (Hermans, 2001), promote a progressive cognitive and
emotional involvement of the student; a gradual transition from exploration of the entire university experience to a specific and individual experience and a gradual evolution from a reconstructive function of the formative experience to a planning function that allows students to act in an effective way in the university context. The results suggest that the use of different discursive modules supports the students in the recognition of different abilities.

Keywords: narrative; reflexive competence; higher education

O 130

FACTORS RELATED TO SEEKING CERVICAL CANCER SCREENING: AN ACTION RESEARCH APPROACH

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Cervical cancer is a condition that can be successfully treated if identified early. In Clay County, Indiana (US), there was a very low rate of screening for cervical cancer. Two related question arose in relation to the issue. First, what are the barriers to preventive health care in the county, and second, how do women in the county generally access health care. As a part of the project, a mobile unit to provide health education and health screening was to be taken to the community. Initial conversations were held with local health related community leaders and their input used in designing the project. The methods used were key informant interviews and focus groups. The information obtained was organized using an ecological model. The results of the research suggested that the barriers to preventive care were not different from those found in other geographic areas. Financial issues related to health care and the organization of health care services were two of the major contributors to not seeking preventive care. The scarcity of health care resources for women in the county will require new solutions if women’ needs are to be met.

Keywords: community engagement; preventive health care; women’s health
PUTTING THEORY INTO PRACTICE: NURSES NEGOTIATING INFORMED CONSENT WITH VULNERABLE AND COMPROMISED PATIENTS

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The concept of consent provides nursing with both theoretical and practical challenges. Nursing ethics theory addresses issues raised by patients who are unable to provide implied, informed, voluntary, or competent consent. What is less clear is how nurses in carrying out their professional responsibilities negotiate the question of consent with patients who have limited scope to negotiate their own nursing care.

This explorative, qualitative project used interviews within a critical incident framework to examine how nurses undertake negotiating and obtaining consent from compromised patients. The project collected data from nurses working within psycho-geriatric wards and perioperative areas in an acute public hospital in Melbourne, Australia. The project used ‘consent episodes’ as units of data, and explored these with 16 nurses. Participants were asked to focus on daily tasks of nursing associated with these areas of practice, including for example the use of restraints, the use of monitoring equipment, use of analgesics, loosening or removal of gowns, and lifting and moving of patients. Findings indicate that verbal communication plays a minor role in consent negotiation with these patient cohorts.

The project has sought to articulate a wide range of nursing skills that are employed in the negotiation of consent with vulnerable and compromised patients beyond verbal communication. These are examined in relation to current nursing ethics theory, as well as feminist discussion regarding the value of feminine communication practices. The paper will include discussion of the challenges of a more extensive and transparent inclusion of non-verbal communicative practices in nursing theory, teaching and practice.

Keywords: nursing; communication; consent; compromised
HEREDITARY THROMBOPHILIA – LIVING A CONTEXTUALISED LIFE

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A constructivist grounded theory interview study was carried out to explore the problematic journey of individuals diagnosed with hereditary thrombophilia. This inherited condition leads to an increased risk of inappropriate blood clotting and potentially to deep vein thrombosis (DVT) and pulmonary embolism. Diagnosis may result from a clot, diagnosis of another family member or experience of certain symptoms. The findings demonstrated that individuals made informed choices regarding medications, non-medical treatments and activities they were or were not prepared to undertake, in order to reduce their risk of having a clot (for example, taking blood-thinning medication, wearing compression stockings, adopting advice about immobility or healthy eating). Some of the behaviour contradicted medical advice and led to an increased risk; in particular, eating unhealthily and taking long haul flights were mentioned as ‘risky’ activities. This study has found that individuals’ choices focus strongly on personal wellbeing, though this may be in conflict with advice and the principles of health promotion. Individuals have personal reference points regarding what activities and treatments are personally acceptable. Health professionals need to be aware of this contradiction between health promotion and wellbeing as it may explain patients’ adoption of ‘risky’ behaviours.

Keywords: thrombophilia; grounded theory; health choices; deep vein thrombosis; DVT

BODY WORK AND AGING: THE BIOMEDICALIZATION OF NUTRITION PRACTICES

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In recent years, a lot of changes have taken place in health care facilities for elderly people. Residents’ age and their physical and mental problems have increased, and recipients are more and more dependent. The setting and many working practices
have adapted to this new situation, creating new strategies of care and cure, often based on new kind of tools and technologies. In this context, the process of nutrition assumes a relevant role. The common practice of artificial nutrition, in particular, moves the process of nutrition from the field of assistance to the medical one, creating a distance between bodies and modifying the social meaning of a meal. Drawing on a participant observation of 4 months in two Italian facilities for older people (a public nursing home and a private care home), this article intends to explore the organizational changes in the setting of care for older people, by studying the geriatric care and medical practices enacted by health care professionals. Discussion focuses on the physical and relational transformations of recipients’ bodies caused by the nutrition work and on the perception of bodies as “bodies at risk” and as “risky bodies”. Conclusion will focus on the different meanings of the processes of medicalization inside facilities for the elderly, on the “false” rational solutions offered by new forms of nutrition, and on the “securitarian” character of risk management by professionals.

Keywords: aging; medicalization; artificial nutrition; body work

O 134

YOUNG MEN'S AUTOBIOGRAPHICAL ACCOUNTS OF RECOVERY AND SELF-CHANGE FROM ADDICTION

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Recovery from addiction encompasses dramatic changes in a young person’s life. The availability of favorable psychosocial conditions for change influences the individual’s ability to sustain resolution from addictive behaviour and create meaningful identity. In this presentation I discuss young men’s self-change and identity transformation in light of their emotional development during recovery. The discussion is built upon findings from a qualitative study that investigated how young men worked through the process of recovery from addiction (from alcohol and drugs) whilst participating in 12-step fellowships. Autobiographies from ten participants were analysed with interpretative phenomenological analysis (IPA). Examining the participants’ experience of recovery exposes the vital significance of the interpersonal and affective patterns of relating within their masculine life-world; such understanding is essential for the creation of intervention programs that incorporate the developmental challenges faced by young adults. I suggest that qualitative approaches such as IPA can make a valuable contribution towards further
understanding the experience of recovery and how successful self-change unfolds in this season of the life course.

**Keywords:** young adulthood; addiction recovery; IPA

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**O 135**

**QUALITATIVE METHODS 2.0: INNOVATIVE APPROACHES TO SAMPLING, FIELD MANAGEMENT AND ENGAGING COMMUNITIES IN SOCIAL AND HEALTH RESEARCH**

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This research considers two questions involving qualitative methods and demonstrates how community engagement and innovative web-based technologies were used to conduct large-scale data collection.

The first topic addresses closure of a 160-year-old hospital in NYC and its impact on the community. We participated in a Steering Committee that developed the plan for assessing the effect of the hospital closure. Mixed-methods data collection included key informant interviews; focus groups; and, a web-based survey. Data included demographics/health status; experiences accessing health care pre/post closure; access to medical records, prescriptions; hospital utilization patterns; relationship with primary-care physician, appointments, travel to health care visits; unmet health care needs; most significant effect of the closure; and, recommendations for improving health care in the community. A community-based participatory research (CBPR) paradigm was utilized to define the research questions, design the data collection instruments, identify study participants, and interpret the results.

The second topic addresses changing family demographics in the US. Specifically, declining marriage, and increases in divorce, cohabitation, and non-marital childbearing have troubled social observers who worry about ‘loss of the family,’ as well as public health professionals who consider better availability of reproductive health services as a logical solution to unintended pregnancy. The Social Position and Family Formation (SPAFF) study collected information on the factors that adult men and women consider when making decisions regarding family formation (ie, nature of intimate relationships; childbearing) to better understand changing family demographics. This large-scale qualitative research study involved 200 in-depth interviews in New York and New Jersey, and employed several web-based technologies to assist with a community-based sampling frame, recruitment, data
collection, and field management (e.g., Google Earth/Maps, Skype, Google Docs, Dropbox, SurveyMonkey).

These two studies demonstrate the value of both traditional and innovative qualitative research methodologies and show how the inherently reflexive nature of qualitative research is suited to collaborative work with health services providers, community stakeholders, and policymakers.

**Keywords:** in-depth interviews; focus groups; survey; web-based tools; family demography; community-based sampling; Community-Based Participatory Research (CBPR)

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**QUALITATIVE RESEARCH ON PREGNANCY AND POSTNATAL CARE IN HIV-ENDEMIC RURAL SOUTHERN ZAMBIA**

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In Southern Province, Zambia, the HIV rate among adults aged 15-49 exceeds 15%. Antiretroviral (ARV) medication for adults has become widely available. However, uptake of Nevirapine for prevention of mother-to-child transmission of HIV (PMTCT) during delivery has been slow.

This study uses qualitative research methods to examine women’s choices and interactions with the formal and informal health care system based on their serostatus during pregnancy. It compares the experiences of a group of 12 women who were HIV+ and a group of 12 who were HIV- during pregnancy to understand the frequency and type of care received, throughout the pregnancy and postnatal period. Additional in-depth interviews with 52 women and care providers in the community were also conducted, focusing on the general perception of HIV during pregnancy and birth. Women identified and ranked challenges and barriers and highlighted community and familial practices that were beneficial for care and care seeking. HIV generally did not rank high on these lists; the first listed concerns were almost always about prolonged or difficult labors. Traditional caregivers did not rank HIV high on their lists of concerns and often did not refer patients to the hospital solely based on a positive HIV status.

This study found that stigma still remains high, largely as a local understanding about contagion, in which is it is thought that healthy babies may become sick with chibele (a fatal, febrile illness) if they are exposed to another infant who is taking
“strong medicine,” which includes ARVs. Thus, HIV- women are vocal in their objection to sharing clinics with women and infants who are medicated or perceived to be medicated. Due to these tensions, HIV+ women are less likely to visit a clinic for newborn care if the clinic or clinic waiting area is a common space dominated by HIV- women. In rural Zambia, HIV is not necessarily perceived as the greatest threat to a newborn; other illnesses are identified as more threatening to the mother and baby. Birth has long been understood as both a medical event and a cultural tradition, imbued with meaning for women and their families. In focusing exclusively on PMTCT as a medical event, the context of other choices and negotiations made during pregnancy and birth are missed. The use of in-depth qualitative interviews is essential for understanding the ways in which community members practice and negotiate health and health care, especially in cases where stigma around HIV remains strong.

**Keywords:** newborn health; HIV endemicity; in-depth interviews; Zambia; sub-Saharan Africa

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**O 137**

**CTI-REPERTOIRE: A TOOL FOR FLOURISHING COMMUNITIES**

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The inclusion process is considered as a fundamental aspect of health, a dimension of well-being, and a valuable condition for individual happiness. The question would be: Does seem plausible to argue that an inclusive education system promotes children’s developing capabilities and so considered as co-constructors of their well-being? (Biggeri e Bellanca, 2010). The main purpose was to move from a descriptive to a prescriptive level in order to offer a pro-active tool (within the Capability Approach (CA) (Sen, 1999a, 1999b) and the International Classification of Functioning (ICF) (WHO, 2007) rather than just a monitoring procedure. The *Commitment toward Inclusion Repertoire* (CTI-Repertoire) is presented as a new tool to implement individual and social commitment toward inclusion and to stress good practices. A first part of the study is already concluded: the modification of the *Index* for inclusion (Booth, Ainscow, 2002, 2006) into the “CTI-Repertoire” that presents itself as a platform accessible on the web by communities. It offers different versions of 29 commitments/functionings according to the users (academic staff, technical and administrative, auxiliary, executives, students and families). Each user, using the grids of the Directory, is called to choose the commitments
which recognizes by detailing the relevant activities in terms of responses/opportunities to the next sets of questions/demands/opportunities/capabilities (10) for each commitment that represent the feedback for the institutions’ work toward inclusion. To close, even temporarily, the path of self-monitoring and evaluation of efforts toward inclusion, the system needs to “load” in the CTI-Repository, materials (documented through video, images, texts...) by witnessing the communities inclusive agency of belonging towards that commitment. The CTI-Repertoire offers a multidimensional approach to the evaluation of commitments toward inclusion, in which quantitative feedbacks regarding the level of persistency, intensity, and investment are complemented with qualitative feedbacks elaborated by registered peer-communities review of the actions upload in the Repository. The evaluation procedure is regulated by shared criteria and dimensions of analysis available in the system. The criteria are coherent with the assumed Capability Approach and has to do with internal/external capabilities, conversion factors, and choice opportunities which are offered by the community agency. The dimensions of analysis are declined into six facets, following the structure of understanding proposed by Wiggins and McTighe (1998): explanation (accurate, coherent, justified, systematic, predictive) interpretation (meaningful, insightful, significant, illustrative, illuminating), application (effective, efficient, fluent, adaptive, graceful), perspective (credible, revealing, insightful, plausible, unusual), empathy (sensitive, open, receptive, perceptive, tactful), self-knowledge (self-aware, metacognitive, self-adjusting). The discussion highlights these main potential of the CTI-Repertoire and focuses on analyzing its implications in educational contexts. Finally, the role of education as fundamental vector for converting children’s capabilities into “flourishing” functionings within developmental communities is also pointed out.

**Keywords:** repertoire; well-being; diversity

**THE IMPACT OF HEALTH CONDITIONS ON PERCEIVED HAPPINESS, MEANING AND GOAL PURSUIT. A COMPARATIVE STUDY**

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Theoretical advancements and empirical evidence support the role of perceived happiness, goal setting and meaning making processes in promoting well-being even under suboptimal health conditions.
This study aimed at comparing the perception of happiness, goals and meaning between healthy participants and people with chronic diseases through a qualitative approach. 30 healthy participants and 30 persons with a neuromuscular disease provided their own definition of happiness and listed the most important goals and meaningful things in their life through the Eudaimonic and Hedonic Happiness Investigation (EHHI). Answers’ content and frequency were compared between groups. Participants reported situational and psychological definitions of happiness. People with disease more frequently described it as a transient emotion, healthy participants as a psychological condition of balance and growth. In listing their goals, both groups referred to work and family, but healthy participants’ goals were more realistic and attainable. No group difference emerged instead for meaningful things, with participants mostly reporting family and relationships. The pursuit of meaning and attainable goals, together with constructive family and social relations can represent useful tools to support individuals in the process of adaptation to disease.

Keywords: neuromuscular disease; happiness; meaning making; goals

O 139

PATIENT-SCARING ANTIGEN? EMOTIONAL RESPONSES OF JAPANESE PROSTATE CANCER PATIENTS TO POST-TREATMENT PSA MONITORING

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The use of prostate-specific antigen (PSA) for monitoring recurrence and metastasis in patients with prostate cancer is a standard practice in Japan today. Patients under monitoring often become preoccupied by the ups and downs of their PSA level. The goal of this paper is to analyze the anxiety and distress caused by PSA testing, find patterns and causes of such emotional response, in order to improve patient-doctor communication with respect to post-treatment PSA monitoring. The study is based on narrative interviews with 49 Japanese men with prostate cancer, varying in age, cancer stages, and choices of initial treatment. A qualitative, interpretive approach was taken, combining thematic analysis with constant comparison. Those who had “definitive therapy” for clinically localized prostate cancer were keen of the post-treatment PSA level, because they saw it as the
primary indicator of the success of the treatment. Some of the participants were confused by the information on expected PSA levels after surgery and radiation therapy which differ widely. Men who chose hormonal therapy because of their advanced cancer stage tended to have a more relaxed attitude toward the results of PSA testing, because their initial PSA levels were extremely high. Most of our participants eventually overcame the anxiety by developing their own standard for defining the “danger zone”; however, some were still haunted by the image of “invisible enemy” creeping up, as their PSA levels rose in spite of the absence of confirmed metastasis. The results suggest that at the beginning of monitoring period, patients should be given information on how to interpret the PSA levels according to the treatment they had. Doctors should also discuss with their patients the clinical significance of “biochemical recurrence” (which does not necessarily develop into actual metastatic disease).

Keywords: PSA; prostate cancer; patient reaction; information communication; distress; anxiety

EXPLORING THE HUMANNESS OF CARE IN THERAPEUTIC RELATIONSHIPS THROUGH THE NARRATIVE REFLECTIVE PROCESS

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There is a growing recognition that illness narratives are a rich source of information for caregivers who wish to enhance the quality of caregiver-carereceiver relationships. Stories are mechanisms through which we articulate ourselves, thereby giving meaning to our illness-disordered lives. Illness narratives, the reconstructed stories of experience, are multidimensional, consisting of internal conditions of feelings and hopes, situated within an external environment over time. By reconstructing our past in the present moment personal illness stories are given voice through creative self-expression, such as Narrative Reflective Process (Schwind, 2008), which encompasses storytelling, metaphors, drawing and writing. As a nurse-teacher and a researcher, who was also a patient, I explore, using Narrative Inquiry (Clandinin & Connelly, 2000), the notion of what it means to be in a caring therapeutic relationship. Reflecting narratively on my own illness experience I have come to understand that we feel cared for when we connect with one another on a human level; more specifically, when we are seen and valued as
human beings. This recognition prompted further reflection and realization that this humanness of care, in addition to theoretical knowledge, in order to be embodied, may be elicited through the thoughtful creativity of the Narrative Reflective Process.

**Keywords:** therapeutic relationship; humanness of care; narrative reflective process; illness narratives; narrative inquiry

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**O 141**

**POST-TRAUMATIC GROWTH: REALITY OR ILLUSION? THE CRUCIAL ROLE OF NARRATIVE AND LINGUISTIC APPROACH**

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There are a recent interest in the post-traumatic growth (PTG) reported after medical illness (Park et al., 2010). The identification of PTG in the accounts of those that have survived medical illness is beyond question, but there is a controversy concerning the nature of PTG: real (i.e identity change) or illusory (i.e. a coping strategies)? (Sumalla et al., 2009). The aim of this study was to examine this issue moving both from the theoretical as well as methodological assumptions of Pennebaker’s differential emotion model (1997) and that of McAdams’s identity narrative model (2001). Autobiographical sequences (means of words = 1095) of 40 mixed cancer patients were codified.

100% used redemption sequences. 26% used both positive and negative emotion words, 37% used more positive emotion words and the other 37% used more negative emotion words. Surprisingly only the redemption sequences with more negative emotion words correlated with linguistic indicators of cognitive change (r =.82) (i.e. real PTG) while the redemption with more positive emotions did not correlate with linguistic indicators of cognitive and emotion processes (i.e. illusory PTG). These results highlighted the crucial role of narrative and linguistic approach to disambiguate the real vs illusory side of PTG.

**Keywords:** post-traumatic growth; identity; narrative model; emotions words; adjustment
EXPLORING SUPPORT SERVICES FOR EATING DISORDERS IN IRISH FEMALES: AN EXPLORATORY STUDY

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The paucity of qualitative research investigating eating disorder (ED) patients’ experiences of health care remains a critical area of enquiry. The purpose of this study was to investigate qualitatively ED patients’ perspectives on their treatment experiences and expectations, within the Irish context. Semi-structured interviews were conducted with a purposive female sample of 17 current and discharged ED service users, ranging in age from 14 to 51 years. An interpretive thematic analytic approach was employed to identify key themes in the data. Participants described the importance of treatment approaches that addressed the emotional aspects of an eating disorder and reflected on perceptions of autonomy and support for motivation and collaboration. All participants identified instances where they had encountered lack of ED specific expertise and reflected on the implications of these experiences for the recovery process. The role of treatment expectations in therapeutic engagement and the importance of continuity of care were other key findings. The results of this study highlight the often complex and dynamic nature of the treatment process for eating disorders. An in-depth understanding of sources of both resistance and change in ED patients can inform health policy and future service development, enhancing the quality of care provided.

Keywords: eating disorders; patient experiences; health care journey; Interpretive Thematic Analysis
HEALTH-CARING NEEDS OF THE FIRST DIAGNOSED YOUNG SCHIZOPHRENIC PATIENTS AND THEIR MOTHERS IN TAIWAN: A PROSPECTIVE STUDY

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3 National Taiwan University, Taiwan

Early intervention had done for many years. However, the patients with Schizophrenia and their mothers in Taiwan while first diagnosed, they still felt uncertainty to face their symptoms of illness and intervention at hospital. Therefore, the aim of this research attempts to explore what health-caring needs of first visit with schizophrenia and their main family in Taiwan looking for among 6 months. The data collection sessions were conducted individually and were tape recorded for later coding and analysis. I took the cases after their agreement in one medical center of Taipei in Taiwan. The cases are 7 patients with schizophrenia and their mothers, and I collected the data by in-depth interview. I took the experience of health care needs with the cases at entry, 1 month, 3 months, and 6 months. In this study, via the illness experience of the patients with Schizophrenia and their mothers in Taiwan while first diagnosed, the results showed that the change of attitude from primary symptom confirmation to primary diagnosis confirmation, and therefore understand the health-caring needs from them. Moreover, these results may be explained by considering the young patients with growth, role, and major caregivers, we understand the different need and illness experience from them. Such findings underscore the importance of recognizing timely accurate and useful information, reorganized daily life, sufficient support system, and chance of holding the hope. These results show the difficult position and need between the patients with schizophrenia in this study. Besides, we could offer our results on clinic, teaching, research, in order to reach the good communication with the patient.

Keywords: schizophrenia; help-seeking behavior; health-caring needs; early intervention; first diagnosed
WHAT PROFESSIONAL COMPETENCES ARE RELEVANT FOR TOMORROW’S HEALTH CARE PROVIDERS IN CONVERSATIONS ABOUT LIFE AND DEATH?

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In Denmark the Health Board in 2012 has made a program for rehabilitation and palliation as a specific part of the general cancer treatment plan. In this program a holistic perspective is presented, including increased focus on the collaboration between health care providers, patient and relatives. The plan focuses on a physical, a psychological, a social and an existential/spiritual perspective. Research and published narratives indicates that a cancer diagnosis often incites questions of an existential nature. This paper is based on an ongoing qualitative study of 28 nurses’ perspective on skills required in dialogues about life and death anxiety, and on experience with teaching a master class in humanistic palliation. Staff meets psychological and spiritual needs in hospice but how will this communication take place within the interdisciplinary hospital team? The presentation leads to a discussion of what is needed to make nurses capable of balancing between different values and norms. How can they be trained to reflect on existential/spiritual issues? And how can existential conversation be part of interventions that facilitate the active involvement of individuals and groups as co-constructors of their health?

Keywords: existential/spiritual; palliation; rehabilitation; cancer; health care providers

THE FAMILY PHYSICIAN AND THE PSYCHOLOGIST TOGETHER IN PRIMARY CARE: A FRUITFUL SYNERGY

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It is well known that motives for consulting the family physician, though expressed as physical symptoms, often derive from problems needing a psychosocial,
approach. Progressive differentiation between medicine and psychology makes cooperation through referral to the psychologist by the physician quite problematic. Acceptance of psychological referral may anyhow be difficult, due to the social stigma that still surrounds mental distress.

As a possible solution 13 psychologists attending the postgraduate School in Health Psychology of the Sapienza University of Rome have been present during consultations, one day a week for 3 years, in the office of a family physician. This allowed a) direct access to a psychologist in the absence of any filter and without the need for a formal request on the patient’s part and b) a biopsychosocial approach to any form of distress reported. Patients have welcomed the presence of the psychologist and, as expected, took a broader approach in reporting their distress.

Each psychologist in three years met about 700 patients, implemented meaningful intervention in about 120, had separate consultations in about 12. Only about 6 were referred to mental health specialists. In two cases where data were available, drug prescription on part of the physician showed a 17% decrease (75,000 euros in one year) in one case and 14% (55,000 euros) in the other. An illustrative clinical case will be presented.

**Keywords:** family medicine; first-level psychologist; somatic symptoms

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**O 146**

**CHALLENGING SOME OF THE DISCOURSE ON LOW-INCOME LONE MOTHERS: STEPS TO EMPOWERMENT**

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Attitudes towards low-income lone mothers have improved in many circles with generally a more positive view of members of this group and the group as a whole. However, in health and social care there is room for improvement if we are to work more effectively with lone mothers. The objective of this presentation is to identify some of the negative stereotypes that still prevail when we talk about low income single mothers and what they would see as a more positive way to view their situation. Discourse if it presents a negative view can be quite disempowering. Four focus groups were held with 20 low-income mothers and five individual interviews were held with selected women from the focus groups. The women felt that much of the discourse around reasons why they were single parents, their attitudes and decisions towards work and education, time use, balancing scarce resources, and
how they were compared to men in parallel situations were barriers they needed to overcome. The findings from this research have relevance for policy makers and providers of health and social care to this group of women so that services may be improved.

**Keywords:** lone mothers; stereotyping; focus groups; empowerment

### O 147

**DEVELOPMENT THROUGH DISABILITY: A CROSS-CULTURAL INVESTIGATION**

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According to the bio-psycho-social model any health evaluation should consider, besides biological aspects, cultural beliefs concerning health, disease and the impact of impairments, as well as individual’s values, goal hierarchy and quality of daily experience.

This study aimed at identifying individual and contextual dimensions of well-being in daily experience and in the long-term developmental perspective among people with motor disabilities in Italy and Nepal.

Data were collected among 100 participants (40 in Nepal and 60 in Italy) through: a) Flow Questionnaire, to assess the occurrence of optimal experience - a positive and complex condition of engagement and well-being - and the associated activities; b) Life Theme Questionnaire, to explore past life influences, present challenges, and future goals. Answers to open ended questions were categorized within life domains and their content and frequency were compared between groups.

Regardless of socio-cultural conditions and disease severity, participants reported optimal experience in their life, associating it to challenging and complex tasks. Substantial congruence was detected between perceived present opportunities for engagement and future goals.

Models of optimal functioning based on perceived well-being and development can be useful in designing person centered interventions in the disability domain.

**Keywords:** disability; development; culture
FROM LAB TO CLINIC: THE ROLE OF THE NEUROPSYCHOLOGIST IN A REHABILITATION TEAM

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Taking care of a patient in a rehabilitation unit after a neurological disease entails great multi-professional intervention. Actually patients may show complex disability involving at the same time motor, communication and cognitive abilities. For this reason rehabilitation practices involve a wide range of specialists: physiotherapists, speech therapists, occupational therapists, physicians and neuropsychologists as well. In last years neuropsychology saw a wide develop in clinical practice, a number of scientific publications describe neuropsychological syndromes such as visual-spatial neglect, aphasia, disexecutive disorders etc. and their rehabilitation procedures. Nevertheless one of the main problems in rehabilitation units consists in finding a functional role of neuropsychologist amongst the team. It is assumed that neuropsychological assessment concerns an analysis of cognitive impairment in neurologic patients but no contribution illustrates how this information about patient disability can be used in rehabilitation by other healthcare providers. Aim of this work is to show an integration of neuropsychological intervention in a rehabilitation team by means of multiprofessional equipe discussion. In particular we will describe a single case discussion throughout a clinical audit procedure in order to illustrate a method to manage rehabilitation cares. Moreover practical effects on motor training, speech therapy and nurse care will be discussed as well.

Keywords: neuropsychology; healthcare; providers; team work; rehabilitation

USING POETRY AND INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS TO EXPLORE THE LIFEWORLD OF A DIALYSIS PATIENT

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The experience of living with end-stage renal disease is complex and multi-faceted.
Patients may have to deal with the restrictive regime of dialysis as well as living with the uncertainty of life on the waiting list for a kidney. This paper uses the autobiographical poetry of a renal patient to explore these experiences. There is a growing tradition for the use of poetry within qualitative social science research. Some authors have turned data into poetry (Willig 2007), while others have used poetry as data (Furman et al. 2007). The poems in this paper, by Jon Seaman, explore life on dialysis and on the waiting list for a kidney, and look at wider themes including mortality and self. These poems were analysed from a psychological perspective, using Interpretative Phenomenological Analysis (Smith, Flowers and Larkin 2009). The presentation will set the context for the use of poetry as data within health psychology, explore how this poetry illuminates themes such as loss of self and examine one man’s experiences of living with kidney disease and dialysis. It will also present some of the communication with the poet himself about the researcher’s interpretation.

**Keywords:** IPA; renal disease; poetry

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**O 150**

**NORMALCY FROM THE PERSPECTIVES OF CHRONICALLY ILL CHILDREN**

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Normalcy is a concept describing illness in a holistic aspect. However, there is no clear body of knowledge in this concept. This qualitative study aimed to understand normalcy of chronic ill children from the family's perspectives. Research participants included 24 parents of children with cancer or blood diseases. Data were collected through interviews, and analysed using content analysis techniques. It was found that normalcy of the children was perceived as being happy despite of illness; and living as usual, as needed, or like others. Abnormalcy of the children included 5 dimensions: 1) psycho-emotion, such as irritable, fussy, stressful, bored, etc.; 2) physical health, such as weak, slim, easily infected, etc.; 3) decreased intelligence, thinking, and memory; 4) activities, such as no schooling, no playing, etc.; and 5) daily living, such as inconvenience, non-tasty food, etc. It is suggested that nursing personnel take care of chronically ill children by balancing between therapy and living a normal life as usual or like other children, as much as possible.

**Keywords:** normalcy; abnormalcy; chronic ill children

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HEALTH IN VALUE SYSTEM AMONG PATIENTS WITH DIABETIC FOOT SYNDROME

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Nowadays health plays a basic role both for people free from any kind of disease, and for those suffering from chronic and incurable ones. Diabetes is an illness, which requires the change of life priorities, expectations, values, ambitions and aims. Diabetic Foot Syndrome (DFS) is a complication of diabetes, of angiopathic and neuropathic background with coexisting infection. Very often it leads to severe foot ulcerations, what results in amputation and invalidity/disability at the end.

The aim of this research was to estimate the character and quality of changes in value system among patients with DFS. The outcome was related to patient’s sex, education, resilience, knowledge about illness, attitude towards alcohol, smoking, pharmacological and dietetic treatment.

The research was carried out in 2009-2010 in Public Hospital in Melbourne. There were 48 patients: 20 women and 28 men in the age between 25 and 84 years with average of 63 years. All of them were hospitalised in the hospital at that time because of DFS.

In order to collect all necessary data, several methods were used, such as: participating observation, questionnaire and document analysis.

Conclusions:

Despite of incurable illness, which diabetes undoubtedly is, and its chronic results leading to lower limb amputation (DFS), health in patient’s value system occupies the first place.

Low level of education among patients has the influence on the awareness of possible complications (DFS) which have direct influence on health.

The level of knowledge was subjectively insufficient, and as the consequence of this, disobedience to recommended lifestyle was observed.

Very characteristic is 2-grade classification: because of the diabetes and DFS.

Keywords: health; diabetes; diabetic foot syndrome
THE SPATIAL DIMENSIONS OF THE RIGHTS IN HOSPITAL. A QUALITATIVE RESEARCH IN THREE CASE STUDIES IN TUSCANY

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This paper presents the first findings of the project “Spaces. The space of rights”, an interdisciplinary research for the evaluation of spaces in hospitals, carried out in three case studies in Tuscany.

The project aims to explore the relationship between space configuration and quality of environments on one side and use of space and patients’ accessibility, equality and empowerment on the other. The first research phase is adopting a qualitative approach, using techniques such as observation and in depth interview.

The observation of practices along typical patients’ itineraries (such as emergency, outpatient and hospitalization) allows to investigate the spatially located actions that are related to accessibility to healthcare and other aspects of rights to health in hospitals.

Through observation and the involvement of patients and hospital staff, the first qualitative phase of the research allows findings from the field about the relevant dimensions of patients’ experiences that are related to their rights and to the new ones that are emerging in a changing society. In particular the analysis focuses on spaces that are particularly significant for the protection of social rights but that gained less attention from researches in this field, such as reception spaces, waiting rooms, spaces of transitions and thresholds along them, where social relationships are developed.

The paper will also propose a methodological analysis of the strengths and weaknesses of qualitative approach research in this research area.

Keywords: space configuration of hospital; accessibility to healthcare; quality of environments; patients’ itineraries; social rights; reception spaces waiting rooms; observation and in depth interview
PROMOTION OF NURSING CARE AMONG CANCER PATIENTS THROUGH APPLICATION OF ELECTRONIC RECORDING SYSTEM BASED ON NURSING PROCESS: AN ACTION RESEARCH STUDY

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One of the methods that can organize nursing activities systematically with a common language is nursing process. Since electronic recording system of nursing care based on nursing process is utilized in some countries, with regard to existing facilities, application this system was done in Iran. In the first cycle of action research, research idea discussed by nurses in selected hospital. Then, nursing process was designed in a software program and the facilities needed were provided. In the second cycle, the participants’ experiences were measured through focus group discussion during the project for evaluation the clinical effect of the program in promotion of nursing care. Data were analyzed by content analysis. Main emerged themes included: saving time, ease in patients’ information access, holistic care provision, changing duty oriented nurses to nurses with creative thinking, change in patients’ attitude toward nurses, conflict between electronic and traditional care programs, human obstacles in program administration and operational obstacles in administration of interventions. This program is an efficient and functional tool, and a guarantee for holistic care provision. It acts as a way to promote nurses’ knowledge and experiences to develop their judging skills in description of patients’ problems and caring strategies.

Keywords: cancer patients; nursing process; action research

CONTINUITY AND CHANGE: LIVING WITH CANCER IN OLD AGE

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“I am the same and yet forever changed” writes Elisabeth Simpson at the end of her cancer memoir (“Perfection of Hope,” 1999), articulating one of the many paradoxes
of life with cancer. It I obviously an experience that is enormously difficult to put into language: how should the lived experience of suffering, uncertainty, and the fear of dying be stated? How can we (re)construct a semblance of continuity despite radical change, despite a self-shattered into pieces? More specifically, how do we do so when growing old and the continuity of life itself becomes tenuous?

Studies of self in life crises (Charmaz 1993, Chandler et al, 2003) have suggested life span differences as we negotiate sameness and change in order to make our lives our own and yet adapt to pervasive change. Building on these studies, our life history interviews with 20 aging cancer patients, using Interpretive Description (Thorne 2008), suggest that aging patients anchor their selves in the review of relations and contexts, creating continuity in the very act of the telling of the changing time slices of their lives. At the same time, metaphors of transcendence help to plan for a future that may well be uncertain. Knowledge of these aspects of self in illness narratives can help health professionals and care-givers improve personal care for cancer patients.

**Keywords:** cancer; aging; self; narrative; metaphor

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**O 155**

**ENHANCING PSYCHOLOGICAL INTERVENTION IN HOSPITAL SETTINGS: A GLIMPSE OF THE ITALIAN PHYSICIANS’ REPRESENTATIONS AND DEMANDS**

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This contribution presents a research aimed at exploring Italian hospital physicians’ knowledge, representation and demand of psychological intervention in hospital settings. This topic is particularly relevant for the lack of literature both at national and international level. In a first phase a semi-structured pilot interview was submitted to a group of twenty hospital physicians differing in gender, age, professional specialization, hospital and region. From the qualitative data a questionnaire was developed and administered to a wider sample of hospital physicians. The content analysis revealed that the prevalent representation is that of a psychological intervention focused only on the single patient in order to support them and to contain the emotional distress related to the disease event. Although the organizational and relational dimensions were perceived as the most critical ones,
there was an inability to consider the psychological competence as useful in fostering organizational functioning of hospital services and in addressing relationship problems in them. This contribution intends to launch a reflection on how qualitative research can improve the comprehension of the demands of psychology in hospital contexts and on how psychologists can use these insights to co-construct their interventions in a more contextualized way, enhancing the quality of healthcare services.

**Keywords:** hospital-services; qualitative health research; physicians representations; psychological intervention demand

**O 156**

**FOSTERING ORGANIZATIONAL FUNCTIONING OF THERAPEUTIC COMMUNITIES THOROUGH EVALUATIVE RESEARCH BASED ON QUALITATIVE RESEARCH METHODS**

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This research was aimed at evaluating the effectiveness of addiction treatment in the therapeutic community. This required a pre-agreed definition of what changes should produce an effective treatment. The plurality of approaches, methods and tools undertakes to wonder why the treatment is effective or not by identifying the elements of the process to be related with its degree of effectiveness. The growing abundance of people with psychiatric or other clinical and health problems, requiring different approaches, has led to identifying the specific contribution of socio-educational intervention that characterizes the Community with respect to the set of inputs that the user can benefit. The work of the Community is located within a wider path: other actors define objectives, provide inputs, carry out evaluations. The community treatment is only one part of the pathway and this has led to evaluate the integration of the Community and the network services. These cognitive objectives have suggested the adoption of qualitative research methods, which have proved useful in facilitating organizational learning processes with positive effects on the functioning of the organization, communication, process management and evaluation of treatment efficacy in prospect of integration into the network of services.

**Keywords:** addiction; treatment efficacy evaluation; organizational functioning
O 157

HEALTH PARTNERSHIP BETWEEN HOME AND SCHOOL USING AN APPROACH OF PARTICIPATORY ACTION RESEARCH

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This study utilized participatory action research approach with the use of focus groups and individual interviews (pre-, during, and post-intervention) as data gathering method from primary school parents, classroom teachers, school health nurses, and principals. The two-year (2008-2010) intervention study aimed to increase the knowledge and skills of participants to enable the development of collaboration between home and school towards health partnership, which is an ideal format for supporting pupils’ health learning. The paper describes the starting situation, the intervention process, and the assessment of the process after intervention. The results present how the successes and challenges were encountered during the development process and how they were addressed. Furthermore, the boundary-crossing integration of sectors of health and education in school aged children’s health learning process is discussed.

Keywords: participatory action research; home-school health partnership; intervention study

O 158

THE DELIVERY OF A NEW HEALTH SERVICE AND THE PATIENT MANAGEMENT APPROACH

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Growing demand for health care has increased interest in improving the attention on quality for health services. The quality of health services is founded on patient satisfaction that requires his/her active role in the care process delivery. In this context the main aim of this work is to investigate how the introduction of an innovative service (Acute Pain Service) implies a review of the internal processes and a new approach to manage the relationship with the patient. The research is founded on a systematic combination of the continuous interaction
between theory and the empirical world. The research adopted a case study approach as a suitable method for studying the process of service innovation that characterize Humanitas Mater Domini Hospital (Castellanza - Italy). The research is founded on an explorative research that implied several steps 1) participant observation of the service encounters 2) semi-structured interviews to patients 3) semi structured interviews to nurses, doctors and managers involved in new service delivery in order to map the different processes (blueprint). The main results concern the alignment of different health operators’ perspective. The combining of different maps allowed the emerging of a new patient’s management approach. The offering of Acute Pain Service increased the quality of all health services delivered by the hospital raising the satisfaction of patient’s needs.

**Keywords:** acute pain service; quality; health care processes; patient satisfaction

**O 159**

**IT’S HOW, NOT WHO OR WHAT: PARENTS’ EXPERIENCES OF RECEIVING INFORMATION FROM NEWBORN SCREENING PROGRAMMES**

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To examine parents’ experiences of receiving carrier results for their child via newborn screening. Semi-structured interviews were conducted with 67 family members across all health regions in England. Data generation and analysis were informed by grounded theory methodology, utilizing cyclical data generation and analysis, theoretical sampling and constant comparison analysis. Member checking was conducted with one third of the sample. Parents viewed their child’s carrier result as valuable information and were capable of understanding the implications for their child. Of note, anxiety or distress were caused by communication processes, rather than the results per se, particularly if parents were left in an information vacuum. Parents were clear about how an efficient service could meet their needs, with access to well informed health professionals who could answer their queries in a timely manner sought. They had
no preference for type of health professional communicating results to them.
The first completely qualitative study to be funded and published by the NIHR-HTA program, this work highlights some issues of how services are developed and academic debates focused. The findings have helped to provide timely guidance on how best to support parents in receipt of carrier information.

**Keywords:** user experience; knowledge transfer and construction; health communication

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**O 160**

**GIVING OR RECEIVING A LIVE KIDNEY DONATION: THE EXPERIENCE OF FIVE DONOR-RECIPIENT DYADS**

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Living kidney donation (LKD) is currently being promoted and practiced in all western countries despite the fact that some studies have found it to be related to major psychological challenges. The goal of the current study is to describe the experience of giving or receiving a kidney by examining the donor and the recipient as an interactive dyad. Five dyads (five donors and five recipients) were interviewed individually. The dyads included were diversified in terms of the type of relationship between the donor and the recipient, and the time elapsed since donation. Data was analyzed following the principles of Interpretative Phenomenological Analysis (Smith, 2009).

Results obtained from the analysis of five donor-recipient dyads will be presented in two ways: 1) intra-case analysis will visually detail the specific interactive trajectory of each dyad, and 2) transversal analysis will present the main common themes found across dyads. Anticipated results will provide in-depth information that can be shared with future donor and recipient candidates about the possible effects of LKD. In turn, our results can serve to promote individuals’ psychological health and well-being in the context of chronic kidney disease.

**Keywords:** living kidney donation; psychological adaptation; interpretative phenomenological analysis
VISUALIZING MEANING-OF-LIFE NARRATIVES: VISUAL NARRATIVES FOR QUALITATIVE RESEARCH

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The aim of this study was to develop a new methodology to transform narratives about the meaning of life into a visual model. Thus, three models were constructed: Framework (Model I), Element (Model II), and Composition (Model III). Model I was a theoretical framework model based on philosophical, anthropological, and psychological theories. Model II was constructed using categorized data on the meaning of life drawn from various previous studies. Model III was constructed by integrating Models I and II. These models proposed four fundamental principles underlying meaning of life concepts: personal, relational, social/universal, and religious/spiritual. These principles formed a “nested” structure that unfolded from personal to relational to social/universal to religious/spiritual. Using Model III, narratives of eminent people and participants’ beliefs about the meaning of life were transformed into Model III network illustrations. Based on the illustrations, the sources, breadth, and depth of meaning of those narratives were assessed by combining a qualitative and quantitative approach. This visual narrative approach seemed to be helpful for research and clinical assessment of a parson’s view of life.

Keywords: meaning of life; narrative; visual model

"IT'S HARD WORK!" FAMILY MEMBERS' AND CRITICAL ILLNESS

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Critical illness can be hard work for an ill relative's family members. The objective of this study was to investigate what constitutes this work. The phenomenon of family work revealed during a grounded theory study with ICU family members (blinded) was explored in more depth during a subsequent, related
study. Data consisted of 42 interviews with 35 family members. Following analysis the grounded theory of Working To Get Through was revealed (blinded). The first phase included the Work of Gaining Access, pivotal to meeting family members' overarching NEED to be at the bedside. With access, they engage in concurrent Patient-related, Nurse/Physician-related, and Self-care-related Work, to access information, reassurance, respect, respite, and opportunities for partnering in care provision. Their needs and the work to meet them are influenced most by the intensity of their relationship to the ill relative, by their personal resources, and by the level of professional support received. This grounded theory of Working To Get Through challenges traditional paternalistic perceptions of family members' experiences that focus on crisis, stress, and burden. Appreciating the nature and intent of this work can help health professionals effectively support family members meet their own needs.

**Keywords:** family work; critical illness; burden; ICU; CCU

**O 163**

**NURSING SUPPORT WITH FAMILY MEMBERS OF CRITICALLY ILL CARDIAC PATIENTS**

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Previously, the theory of LIGHTENING OUR LOAD was proposed to explain the activities and behaviours engaged in by nurses to support family members of critically ill relatives (blinded). The purpose of this second study was to extend the findings related to ICU family members so as to encompass the perspective of family members of critically ill cardiac patients as well. Grounded theory informed recruitment, data collection, and analysis. Seventeen family members representing 15 families recruited from three hospitals in one Western Canadian city were interviewed. Previous findings regarding ICU family members' work, interpreted as being analogous to "carrying a heavy load", and regarding nursing support being about LIGHTENING OUR LOAD, are supported and extended. The three interconnected, recursive phases of Engaging With Us, Sustaining Us, and Disengaging From Us, each including subcategories, were reconfirmed and further refined. Differences between the experiences of the two samples were related to the degree of support
perceived. The explanatory power of the grounded theory of LIGHTENING OUR LOAD is now extended to include family members of adult critically ill cardiac patients. This comprehensive health promotion theory provides guidance to critical care practitioners in their interventions with family members.

Keywords: nursing support; ICU; CCU; family; critical care

THE PATIENT SATISFACTION OF GENERAL PRACTITIONERS: A THEORETICAL MODEL BASED ON THE EXPERIENCE OF SATISFACTION AND DISSATISFACTION

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The study focuses on patient satisfaction of general practitioners (GPs) and, in particular, on the process and criteria used by patient to pass judgment about their health experience. The objective was to identify the determinants of patient satisfaction in this field and to develop a theoretical model. Both GPs (n=24) and their patients (n=48, 2 for each physician) were interviewed. The GP’s interview focused on organizational characteristics of their office and work and on the factors that can influence the patient satisfaction or dissatisfaction. The patient’s interview focused on their experience and expectations regarding the GP. The transcriptions of the interview were analyzed according to the grounded theory approach, using the software N-vivo. We developed a theoretical model that relates 6 factors that can influence patients’ satisfaction – office organization, external factors, practitioner–patient relationship, dialogue and listening, physician expertise and physician personal characteristics – and 6 about their dissatisfaction – waiting times, human factors, meeting and its organizational aspects, physician behaviour, external factors, practitioner–patient relationship. The theoretical model can be useful to develop a methodology and an instrument to assess patient satisfaction of GP in order to monitor the services, to compare different organizational solutions and to redesign the primary health service.

Keywords: patient satisfaction; patient experience; primary health service
SELF-PERCEPTIONS OF WELL-BEING IN PROFESSIONAL HELPERS AND VOLUNTEERS OPERATING IN WAR CONTEXTS

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We carried out qualitative research with 61 health professionals and volunteer workers to explore their perceptions of both their own and their clients’ well-being in a context of political and military violence, namely the West Bank in the Occupied Palestinian Territories. We conducted eight focus group discussions and eleven individual interviews, asking participants to define and discuss in a naturalistic manner the concept of well-being and its main components. We then applied content analysis to identify the core themes emerging from these sessions. Participants were answered to define and describe the concept of well-being in terms of three key areas, namely security, participation and development; each of these areas broke down into further sub-themes at individual, micro- and macro-social levels. Palestinian health providers see promotion of economic development and professional growth, involvement in political and social life, and resistance to the occupation as the main factors required to enhance wellbeing and quality of life for both themselves and their clients.

Keywords: wellbeing; quality of life; helpers; military violence; war

FEMALE INDIGENOUS AGRICULTURAL WORKERS’ EXPERIENCE WITH HEALTHCARE SERVICES IN NORTHWESTERN MEXICO

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The aim of this work is to document the experiences of indigenous female migrant workers with the healthcare system in an agricultural region of northwestern Mexico. Information was collected over a two-year period using various qualitative techniques such as non-participant observation, participative workshops and in-
depth interviews. Approximately 100 migrant indigenous women took part in the study, all of whom were agricultural field workers. The participants indicate an alarming deterioration of sanitary conditions in their communities and an insufficient number of doctors and health centers; the health centers that exist have inadequate equipment, insufficient stocks of medicines and lack medical specialists; these women also mention a need for translators in the clinics. They report an absence of timely and quality medical attention and detect discrimination in their interactions with clinic staff. Female indigenous migrant agricultural workers are an understudied group that suffers great social disparities, having historically been discriminated against as indigenous females, affected by poverty that translates to fewer opportunities for access to education, healthcare and general levels of wellness. Although these communities have basic healthcare facilities, the services continue to be inadequate and do not satisfy the needs of this growing population.

**Keywords:** female indigenous agricultural workers; Mexican healthcare system; quality of healthcare

**O 167**

**THE IMPLEMENTATION OF BEDSIDE HANOVER IN AN ITALIAN CARDIAC INTENSIVE CARE UNIT FOR PATIENT EMPOWERMENT AND IMPROVEMENT OF NURSING QUALITY**

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The purpose of the handover is to transfer responsibility from one nursing shift to the other, providing precise details of the patients’ state of health and current physical condition. The bedside handover system will improve safety, efficiency and team-work.

Action Research. Lewin’s theory of change is widely used in studies concerned with the implementation of bedside handovers.

Population: 40 nurses, about 600 patients during 1 year of implementation.

We already started with meetings of a focus group and created a project team. A questionnaire will be distributed to all of the nurses before and during the testing. An anonymous questionnaire on satisfaction will be administered to patients.

Bedside reporting provides nurses with an opportunity to improve nursing quality and patient safety. The bedside handover reassures patients that the nursing staff are working as a team and they are able to witness a safe, professional transfer of
responsibilities. Including patients in the handover is another strategy to promote patient-centred care. The results will conform many other studies in the general appreciation of the method by patients, an appreciation which is identifiable in all research irrespective of the country, language or health care structure, organisation or context concerned.

**Keywords:** bedside handover; patient-centred care; empowerment

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**O 168**

**USE OF FOCUS GROUPS IN IDENTIFYING BARRIERS TO UTILIZATION OF HEALTH CARE SYSTEM IN THE U.S.**

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Researchers have studied health disparity among different racial groups in order to address and redress the inequalities that pose challenges to health care providers and policy makers. The increasing number of immigrants, who represent diverse cultural backgrounds and expectations, creates further challenges in improving the system. The number of older immigrants in the U.S. is at an all time high and the lack of evidence based research poses serious challenges in improving access to health care system among immigrants. This community-based gerontological study explored barriers to health care delivery system using a sample of older immigrants (65 and older) from Bosnia and China. These two groups represent distinct differences in their entry to the U.S., racial and religious backgrounds, and length in the U.S. Data were also collected from U.S.-born older adults in order to compare differences between immigrants and the latter group. While focus group data revealed some common themes among three groups, there were many distinct differences between immigrant and U.S.-born older adults. The study provides some suggestions to health care providers and community leaders who assist older immigrants with their health care needs.

**Keywords:** utilization of health care system; older immigrants; community-based gerontological study; focus groups
PATIENT PERSPECTIVES OF CO-LEARNING WITH PRIMARY CARE TEAMS

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Learning experiences which involve health service users may benefit health care professionals but little is known about the experience from their perspective. This study explored the experiences of health service users (HSU) who participated in an interprofessional educational co-learning initiative (Learning to Improve the Management of Back Pain in the Community (LIMBIC) HYPERLINK "http://www.limbic.org.uk" www.limbic.org.uk) with primary care teams implementing quality improvements in practice. Using a case study/qualitative approach, two types of data were collected.

1. Eleven semi-structured interviews with HSU about their experience of being involved in the LIMBIC project. Transcripts were analysed thematically.
2. Document and thematic analyses of secondary data from the LIMBIC project which included film, focus group transcripts, patient stories, emails, meeting notes. Three broad themes were identified: belonging to a community, communication and influencing change. Belong to a community captured a sense of participating in an equal partnership, patients felt valued and embraced leadership roles whilst health care professionals benefitted by learning from their patients in an open and honest environment.

Patients and healthcare professionals can learn together to generate better understanding and create changes which impact on professional and patient behaviour.

Keywords: co-learner; health service user; interprofessional education
GENERATING A WOMEN-CENTRED HEALTH INTERVENTION FOR ABUSE SURVIVORS FROM A GROUNDED THEORY OF FAMILY HEALTH PROMOTION AFTER LEAVING AN ABUSIVE PARTNER: LESSONS LEARNED

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The aim of this work is to outline the translation of a grounded theory (GT) into a clinical intervention using theoretical sensitivity, theoretical sampling, constant comparison, modification, and emergent fit. GTs explain human behavior in specific contexts, and can help people rethink situated phenomena. Moving beyond conceptual utilization to action requires purposeful translation. The GT strengthening capacity to limit intrusion captures the naturally occurring actions taken by women to promote family health after leaving abusive partners. While the theory directs clinicians to draw upon and augment women’s expert knowledge in helping them to promote their health, it does not explain the “how to” needed for clinical application. Informed by our theoretical sensitivity, we used theoretical sampling, constant comparative analysis and emergent fit between the theory and extant knowledge and/or expert practice to develop and examine the feasibility of the Intervention for Health Enhancement after Leaving. We will discuss the challenges and outcomes of using GT techniques to modify the theory for application and detail the theory-based components and practice principles, and how analysis of data from feasibility studies leads to refining both the intervention and the theory. Despite the current emphasis on knowledge translation, and the belief that GTs are starting points for change, little is written about how to effect such translation or the outcomes of such practice application.

Keywords: grounded theory; knowledge translation; intervention; intimate partner violence
IRANIAN NURSING STUDENTS’ AND TEACHERS’ PERCEPTION OF STUDENT-TEACHER RELATIONSHIP IN CLINICAL NURSING EDUCATION

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Nowadays, student-teacher relationship in clinical settings is different from the past due to changing in nursing education paradigm and its emphasis on the centrality of the student-teacher relationship. So understanding this relationship in humanistic paradigms from the perspective of teachers and students is a vital requirement. This study was conducted to explore the perception of Iranian nursing students’ and teachers’ in relation to student–teacher relationship in clinical nursing education.

This study is a part of findings of a grounded theory study in which eight BSc nursing students and ten clinical nursing teachers, who were teaching in Mashhad Nursing and Midwifery School, (Iran), were selected by purposeful sampling. Data were collected through in-depth semi-structured interviews. Data analysis was carried out by Strauss and Corbin method. Data analysis identified three major themes about perception of relationship in clinical nursing education including 1) Multidimensional nature of relationship (dimensions related to teacher and student, dimensions related to relationship itself), 2) Ideal relationship (relationship resultant, relationship characteristics, relationship skills and 3) Effectiveness of nonverbal relationship (behaviors and appearance). The perception of Iranian nursing students and teachers regarding relationship in clinical nursing education seems different in some cases from other countries in terms of relationship nature and its attributes and because of such differences, relationship concept should be viewed from their points of view based on Iranian culture.

Keywords: student teacher relationship; clinical nursing education; perception; grounded theory
O 172

IMAGE DRAWING METHOD ABOUT MOTHER-CHILD RELATIONSHIPS: VISUAL NARRATIVES FOR QUALITATIVE RESEARCH

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We propose a “visual turn” in narrative theory, which offers a new method for qualitative study. The image drawing method (IDM) was designed to transform invisible worlds into visible worlds across different cultural contexts. We introduce a study that used IDM, entitled “Visual Images of Mother-Child relationships”. This study had two purposes. First, it examined how young adults represent themselves and their relationships with their mothers. Second, it compared the patterns characterizing these relationships with those in drawings of Japanese, British, and American university students. Visual narratives about the three types of drawings (past, present, and future relationships) were collected from 491 Japanese, 117 British, and 295 American university students. The following nine fundamental relationship patterns were observed: (1) wrapping, (2) supporting, (3) looking after, (4) siding, (5) facing, (6) separating, (7) leading, (8) giving, and (9) punishing. Despite the diversity of cultural contexts, fundamental patterns were common among these young adults. These patterns were qualitatively represented not as classification categories for counting quantitatively but as “knots” of a visual network model.

Keywords: methodology; visual narrative; life story

O 173

TENSIONS BETWEEN ANCIENT AND PROFESSIONAL PRACTICE IN THE FORMS AND SENSES OF ELDERS CARE

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Providing care for the elderly is a challenge for health policy worldwide. In emerging countries, the public policy responses to population aging and the frailty...
of the elderly, is the training of formal caregivers. This situation demands addressing the relationship between social and community practices, which have historically given meaning to the task of caring, and also new professional practices. Thus, long-standing and culturally situated social and community practices confront with technical and scientific knowledge. In this interaction there come into play socio-cultural and identity aspects, which redefine the meanings assigned to the task of caring, which unbalance the institutions, families and health care subjects.

In order to explore this process an action-research was conducted in the northwest region in Argentina (Catamarca). 59 interviews were done to reputed members of the communities, and were also implemented 15 community participatory scenarios. Through this participatory approach a training model was built for: a) optimize social support systems for families and groups of frail older adults, and b) recover the values of solidarity groups of older people facing biopsychosocial forms of helplessness.

Keywords: caring; frail elderly; caregivers training

THE HEALTH RELATIONSHIP IN THE CONTEXT OF GENETIC COUNSELING: THE COMMUNICATION OF RISK AND DECISION-MAKING PROCESSES

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The prenatal or preconception genetic counseling may represent a key step for those who cope with reproductive choices in genetic risk situations (Kessler, 1997; Uhlmann, Schuette and Yashar, 2009; Freda, Zaccaro, Gleijeses and Politano, 2010). Over the last four decades, advances in genetic knowledge and the opportunities for geneticist to learn about their genetic risk have led to renegotiate notions, such as health and illness and, specifically, the conception of life and procreation which have several implications in ethical issues and in clinical practice. The current investigation focuses on ultimate experience of genetic counselling in prenatal or preconception setting. The aim is to explore the processes of significance about the consequences of communication of risk within one month to the end of genetic counseling intervention in order to hypothesize research-intervention projects which involve medical and psychological profession in a joint setting.
Participants are all attending Cardiomyology and Medical Genetics counseling in Naples (Italy) for the first time. Transcripts of 18 semi-structured interviews were conducted and then analysed by Interpretative Phenomenological Analysis (Smith, 2004; Smith, Flowers and Larkin, 2009).

Through this approach, three super-ordinate themes were identified: the familiar outcomes of genetic counselling; the representation of risk and the vicissitudes of decision-making. In prenatal and reproductive scenarios, we hypothesize the sole choice to request genetic counseling can have several consequences on family and inter-/intra-generational ties. In such context, the counselor’s task is to introduce the information as a new source of sense-making and to accompany the use of this information so that the proband’s personal sense of control became more powerful, in managing the decision-making processes. In our opinion, the psychological function can play a central role in an integrated perspective with the medical function. As discussed in other articles (Zaccaro and Freda, 2011; 2012), we wish that the psychologist could take part in the whole temporal context of the process of genetic counseling (pre-test, test, post-test, follow-up) (Laurent, Croupier and Pujol, 2006; Léger, Dauchy and Chompret, 2006) and that, from the pre-counseling step to the follow-up, could contribute to the achievement of protecting and promoting health (Bertini, 2004).

Keywords: genetic counseling; health relationship; couple at risk; decision-making; IPA

PATHWAYS TO TREATMENT FOR HEART DISEASE AND DIABETES: LESSONS FROM AN EXPLORATORY STUDY IN FOUR MEDITERRANEAN COUNTRIES

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This paper is based on a large EU-funded (FP7) mixed method research project aiming to shape policy initiatives to reduce the burden of cardiovascular diseases and diabetes in four Mediterranean countries: Syria, Tunisia, Turkey and Palestine. As part of the project, teams in each place conducted brief exploratory fieldwork into the health-seeking pathways of patients with these NCDs. Researchers used various qualitative tools including in-depth interviews and observation in selected clinics. Together, we investigated topics including the cultural understanding of these chronic conditions, the experience of patients in the clinic encounter, and
conversely the experience of clinic staff with these patients, enabling us to highlight
the scope for mutual misunderstandings between patients and clinic staff. While
recognising the limited scope of this fieldwork, these findings are highly suggestive
in countries where little such research has been attempted before. We show how
policy regarding NCDs is translated into practice in diverse settings and how
treatment is experienced by patients, within a larger framework shaped by history,
culture and politics. And we are not the first to suggest that incorporating
recognition of patients’ experience into policy-making for health interventions
would greatly assist the likelihood of these interventions being tailored to the
circumstances of those they are intended to serve.

**Keywords:** patient’s treatment pathways; mediterranean countries; health policies; heart
disease and diabetes
HEALTH IN THE EXPERIENCES OF IRANIAN WOMEN WITH DIABETES

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Health is a key concept of nursing which has not been fully described in nursing literature. Thus this study is devoted to exploring the meaning of health among Iranian women with diabetes. Hermeneutic phenomenology based on van Manen’s approach was used. Nineteen diabetic women referred to the diabetes center of Imam Khomeini hospital in Ardabil-Iran, were recruited using purposive sampling method. Unstructured interviews were used for data gathering. Each interview was recorded with participants’ permission and transcribed verbatim after the meeting and analyzed simultaneously. Data analysis led into emerging five main themes which are as follows: God-centered life, health as precious possession, health as well-being, independence and acceptance. Health is an issue that is important for the patients and they try to cope with the illness by using spiritual and religious incentives as well as changing lifestyle. These elements lead to a feeling of more health in these patients. As a result, taking these factors into account in planning for health care is recommended for these patients. Moreover, findings of this study can be used by health care teams to revise their opinions about diabetic patients according to the culture of their patients.

Keywords: diabetes; health; Iran; phenomenology; women
HOW THE STUDENTS TRANSFER FROM THEORETICAL PHASE TO PRACTICAL IN CLINICAL SKILLS CENTERS: A QUALITATIVE STUDY

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One of medical studying characteristics is necessity of learning practical skills besides knowledge and theoretical fields. This medical knowledge characteristic has resulted in that students with their professors learn and practice the medical skills practically in hospitals. In recent decade by being sceptical the learning processes, importance of values concerned with medical ethics traditional have been doubted procedures and now, the practical programmers in worldwide have been prepared on models; and clinical skills centres (CSC) have been established for this reason. Considering the practical programmers as newly established in the university, and whereas a CSC needs a flexibility in designing and adjusting learning periods. We decided to study how to a affect in CSC on transferring the students from theoretical process to practical process.

This study is a qualitative study which uses content analysis. Data were collected through aim – oriented sampling. Information was accumulated by semi-structural interview. In principal the interview was done with 23 (4 teachers, 10 intense, 9 trainees) data was analyzed by coding that was done in two steps: open coding and axial coding.

Finally, 4 main categories were obtained: effective individual on learning, factors of decreasing instruction, progression of instruction and results of instruction in CSC which have effects on transferring process of the students from instructions to practice.

Results show that effective clinical instruction is a multi- dimension process and like other programmers it needs an accurate programming and suitable environment with attending to all dimensions. There is a direct relationship in learning and obtaining clinical skills with factors such as motivating the students, professor supervising on learning and obtaining the skills, student's from learning process to practice is prepared.

Keywords: instruction; CSC workshop; transferring process; clinical capability
ASSISTIVE TECHNOLOGY OF MUTUAL HELP GROUP TO PEOPLE WITH PARKINSON’S DISEASE AND THEIR FAMILIES

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Study of multicentric and convergent-assistance type that aimed to adapt and test an assistive technology of mutual help group for people with Parkinson's disease and their families, in two distinct geographic and cultural contexts of Brazil. One city in the Northeast and another one in the South of the country. Such technology exclusively expresses the live work and actions of mutual help that occur in the group meetings, with a focus on social inclusion/reinclusion and expansion of the relations network as a potential social support to the parkinsonian patients. According to the adopted research type, its implementation took place in two stages: first, it was initially settled the Mutual Help Group (MHG) in both contexts, in order to invite people with Parkinson's disease and their families to participate assiduously at the meetings. It took one semester of preparation to the installation of research locus. Among the participants, 14 from each context comprised the study sample after accepting and signing a free and clear agreement, according to the ethical care precepts. Technology adaptations were based on the peculiar characteristics related to each cultural context. They were successively tested, rectified and evaluated over the two semesters. In a general way, MHG fortnightly meetings used to begin with integration and relaxation activities, music and body movements, in order to motivate the participants for the next moment, in which they used to socialize daily experiences about coping with the disease, encouraging the exchange from personal and family experiences that would be shaping up with help and support. The meeting used to finish by encouraging contacts between them, strengthening ties of affection and mutual help. The technology tested for mutual help of parkinsonians contributed to maintain or expand relations network, potential social support to favor the patients inclusion. That was assessed by comparing the application, pre and post testing, from Sluski’s Relations Minimum Map. The adopted approach of research-action type, lasting relation among researchers, parkinsonian patients and their families, in the process of adaptation and testing of such assistive technology, has contributed to this study success, and certainly, it is an appropriate method for researches looking for beneficial interventions to the people with prolonged chronicity.
Objective: having a premature infants hospitalized in the neonatal intensive care unit is an unexpected and traumatic event. A major nursing challenge in this situation is supporting mothers in the intensive, technology-driven environment by emerging physiological care of the infant with meaningful mother-infant interaction involving touch, communication and intervention such as kangaroo mother care.

The purpose of this study is to describe the maternal perspective of kangaroo care.

Design: qualitative, naturalistic inquiry design using open-ended, transcribed audio taped face-to-face interviews. Coding used content analysis with construction of themes by 3 researchers.

Setting: tertiary level neonatal intensive care unit in Babol, Iran, in 2010.

Participants: in-depth interviews were conducted with eight mothers by using purposive sampling who done kangaroo care for their premature infants.

Results: the four themes that emerged are described as: calmness, feeling of becoming a mother, decrease mother stress, self – satisfied, gaining confidence. Also mothers reported that this method improve maternal confidence in caring for premature infants.

Conclusions: results identified, engaged mothering indicated an active, involved, and mutual process of preparation for motherhood through kangaroo care for themselves and their infants. Understanding these views helps the health care team offer targeted intervention & support for mothers.

Keywords: kangaroo mother care; premature infant; neonatal intensive care unit
**BRINGING THE PATIENTS BACK IN! INTEGRATED CARE NETWORKS AND THE PATIENT PARTICIPATION**

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With our poster we want to provide a theoretical framework as a basis for qualitative approaches in research on patient involvement – focusing on integrated care networks. To do so, we combine network theory with a Public Health perspective. Research on the nexus between health networks and patient participation has so far not received due attention. This is significant because professionals and patients have to deal with a set of network-specific issues. We want to focus on network-related challenges within the German health system. Here network building is seen as a key innovation for overcoming the sectorally divided health care system. An improved quality of care delivery through network building is hindered when only structures are integrated but professional practice remains in old patterns. As one result the traditional paternalistic relationships between professionals and patients prevail and patient participation hardly happens. From this perspective, our key concern is to discuss some of the essential features networks should possess in order to enable patient participation. Starting with the German case, we also take into account good practices from Canada, the UK and the Switzerland.

**Keywords:** network building; patient participation; professional practice; integrated care

**CONCEPTUALIZING PATIENT ENGAGEMENT IN HEALTHCARE: A THEMATIC SOFTWARE-BASED ANALYSIS**

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Engaging patients in their own healthcare is now widely acknowledged as a critical ingredient for high-performance health system as it may improve quality of care, health outcomes and patient satisfaction. Within the health research field, patient engagement is receiving increasing attention as it reflects the collective aspiration to
build a health care system able to make patients and families active participant and co-producer of their health. Despite the growing popularity of the term “patient engagement” (PE), few authors have attempted to define this concept. As a consequence, the term PE remains conceptually and empirically undeveloped. The aim of this study is twofold: (1) to explore the main dimensions associated with “patient engagement” in the health academic literature by conducting a qualitative explorative and systematic content analysis; (2) to highlight the thematic elements most associated with the word “patient engagement” across different health disciplines (medicine, nursing, psychology, social science...). The key-word “patient engagement” was searched on May 11th, 2012 using the databases more likely to cover the core research publication in health issues (SCOPUS, PUBMED, PsychINFO), within the peer-reviewed literature in the years 2000-2012. A study was eligible for inclusion in the analysis if it describes (a) PE generally, (b) intervention to promote PE, (c) determinants of PE or (d) outcomes of PE and (e) measures of PE. T-lab software-based content analysis (Thematic Analysis of Elementary Context, Word Association Analysis and Correspondence Analysis) were performed on titles, abstract and key-words of the selected studies. Out of 216 studies, 155 were consistent with the eligibility criteria. The result of the analysis has highlighted that the concept of patient engagement is indeed extremely complex, multifaceted and dynamic in its nature thus suggesting the need to assemble a comprehensive theoretical framework and to develop reliable and valid measures for assessing the full range of dimensions that may be implicated in such engagement. Moreover, the study highlighted distinct attitudes towards the concept of patient engagement within different health disciplines thus showing an urgent call for a deeper understanding of patient engagement in order to contribute to hard knowledge development useful both for clinical practice and health policies orientation.

**Keywords**: patient engagement, review; thematic analysis, T-Lab software

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**PHYSICAL COMORBIDITY IN PSYCHIATRIC PATIENTS: THE OPINION OF PATIENTS AND MENTAL HEALTH PROFESSIONALS OF THE COMMUNITY PSYCHIATRIC SERVICE (CPS) OF VERONA-SUD**

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In the context of HELPS (European Network for Promoting the Health of Residents
in Psychiatric and Social Care Facilities; Contract No.: 2006334, 2008–2010) we carried out focus groups to gather information on how staff members and psychiatric institutions users perceive physical health risk factors, illnesses and symptoms, and prevention possibilities.

We carried out 4 focus groups with patients and mental health professionals of the Verona-Sud CPS using the following research questions:

1. What kind of physical illnesses/somatic symptoms have you experienced/have your patients experienced?
2. In your view, what causes or conditions lead to such physical illnesses/somatic symptoms?
3. What can be done to improve your/your patients physical health?

Transcripts of the findings were analyzed with MaxQDA software. Health problems most often experienced by patients are neurological, musculoskeletal, cardiovascular, metabolic, and overweight problems. Psychopathology, personal beliefs, lack of medical care and prevention, diet and medication side effects are among the most common causes. Prevention measures suggested are further medical advice and lifestyle interventions. Focus groups identified behavioural, environmental and iatrogenic risks. Efforts must be directed towards health promotion interventions based on the heterogeneity of mental disorders and physical problems and on beliefs and life conditions of psychiatric facilities users.

**Keywords:** psychiatric patients; comorbidity; physical health; focus groups

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**P 8**

**SOCIAL THEATRE, MENTAL DISEASE AND INCLUSION. ANALYSIS OF AN EXPERIENCE IN TUSCANY**

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People with mental illness often face with stigma in local communities. Spreading knowledge about this disease may positively influence social attitudes and reduce prejudice and discrimination. Perceived stigma stand in the way of opportunities and relationships for people with mental illnesses and may interfere with perceived social support. Empowering activities may work, on the contrary, to promote social inclusion. Theatre may be an useful instrument to encourage expression and
communication of emotions, and so improve a better inclusion of patients with mental disorders. Theatre Project may promote socialization, building network between Public Mental Health Service (PMHS) and local community. Aim: this study explores motivations of mental patients to participate in playing theatre and opinions of professionals and citizens in order to analyze changes in wellbeing leaded by these interventions. Participants: actors, relatives, professionals, audience (24 interviews and 1 focus group). Method: semi structured interviews, audio-taped and transcribed, about motivation in participating, difficulties, perceived changes. Data analysis was based on qualitative method (software Atlas.ti). Results have highlighted perceptions about: well-being and capabilities (particularly in actors who are patients of PMHS, and in audience); importance of experience for enhancing empowerment, promoting health, building social networks and improving inclusion.

**Keywords:** social theatre; mental health; mental disease; inclusion; public health service; qualitative research

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**STRESS, HEALTH-RELATED QUALITY OF LIFE AND SOMATOFORM DISORDERS: AN EXPLORATIVE STUDY IN A UNIVERSITY STUDENTS GROUP**

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The mental health of university students is an area of increasing concern worldwide. The objective of this study is to examine the prevalence of bruxism (uncontrolled teeth grinding), stress vulnerability and Health-Related Quality of Life (HRQoL) in a group of students of the University of Salerno, Italy. A questionnaire was used to obtain background characteristics of the participants and the prevalence of bruxism. The questionnaire was completed anonymously by 274 students (57.3% F; mean age F=24.9, M=24.3) and included personal data, measures of perceived stress and vulnerability, with PSS-14 and Stress Vulnerability Scale (SVS), and HRQoL measure, performed by EuroQoL EQ-5D. Bruxism was found in 10.6% of all subjects, and was either correlated with perceived stress and with vulnerability (p=.0198 and.0334). There was significantly higher score for the “tension” factor of the SVS scale (p=.0029), and worse HRQoL.
in students with bruxism (p=.0208). The relevant findings of high prevalence of stress and low HRQoL among university students are alarming. These indicate the need for primary and secondary prevention measures, with the development of adequate and appropriate monitoring activities and individual support activities, such as a Psychological Counseling Service for students.

**Keywords:** university student; stress; Health-Related Quality of Life; Stress Vulnerability Scale (SVS); Perceived Stress Score (PSS-14); bruxism; EuroQoL EQ-5D

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**DEPRESSIVE FEELINGS CAPTURED IN TWITTER**

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The purpose of this study was to explore the depressive feelings expressed in Twitter. The Twitter Application Programming Interface (API) was used to obtain the tweets which included the word “depression” over a five-month period between March and July, 2009. Twenty five hundred tweets (500 per month) were randomly selected for data analysis. Two researchers read the tweets and coded them independently with the guidance of previously established categories developed for this project. Through regular meetings, codes were finalized. Depressive feelings posted on Twitter were classified into three categories: (a) my depressive feelings, which described one’s personal depression, (b) other’s depressive feelings, which were mentions of others’ depression, and (c) thoughts related to depression, which contained tweets about one’s perception and attitudes towards depression. Twitter users were not shy about disclosing their and others’ depressive feelings and posting their perceived meaning of depression. This indicates that Twitter might be used as a channel to communicate with the hard to reach population who withdraw from society to deliver health information. The limitation of this study was that possible indicators of Twitter user’s influence, such as the number of followers or retweets of the data, were not considered.

**Keywords:** depression; depressive feelings; social network service
IDENTIFICATION OF FAMILY CAREGIVER NEEDS OF PATIENTS WITH BIPOLAR DISORDER

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Nowadays, families of individuals with bipolar disorders are actively participating in the care of their relative. Successful management of bipolar disorder in the community relies significantly on family caregivers. The need and experiences of such caregivers have been little studies with respect to bipolar disorder. The aim of the study was to identify family caregivers needs of patients with bipolar disorder. In a qualitative research of phenomenological methodology, the family member's caregivers of bipolar disorder in farshian psychiatric hospital in Hamedanl were selected by purposive sampling in the year 2010. By reaching data saturation the number of participant was 12. Data were gathered through in-depth interviews and analyzed by "van Manen” method. Five main themes were identified in this study analysis: educational needs, consult needs, economical needs, care and nursing needs and supports needs. This study highlighted the importance of identifying the need of family member caregiver with bipolar disorder users of mental health services to be helped and to identify the specific caring interventions that are effective in helping to sustain family caregiving.

**Keywords:** family caregiver; bipolar disorder; phenomenology

THE EXPERIENCE OF ELDERLY WITH HEARING AIDS

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About half of all people over age 65 have hearing loss. Hearing loss is common in the elderly and the natural process of the body aging. Aging causes the inside nerves and the ear cell to die off over a long period of time. In elderly, it is difficult to hear high-frequency sounds. Hearing aids is useful to amplify sound. However, many elderly avoid wearing it. Although the elderly decided to wear hearing aids, some of
them resisted the use of it within one month. It is important for the elderly to understand their experience of the use of hearing aids. We interviewed 9 elderly who wear hearing aids without specific ear diseases. We then analyzed data by qualitative thematic analysis. Data collection and analysis were performed simultaneously. We found 6 themes: shame in wearing it, discomfort during the wearing it, difficulty of its operation, distress for unwanted sound, worry about falling it out while they are out, and participating actively in conversations. It is significant for health professionals to have negative feelings of hearing aids in elderly. These findings highlight the need for identifying appropriate hearing aids and teaching coping strategies may have a positive impact on their life.

Keywords: aging; elderly; hearing aids; hearing loss

AN ANALYSIS ON QUALITATIVE NURSING RESEARCH IN QUALITATIVE RESEARCH

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The Qualitative Research (QR), The Korea Center for Qualitative Methodology and The Academy of Qualitative Research’s official journal, includes articles that deal with analysis and description of human endeavors related to health, disease and welfare, socio-cultural organization systems for health and welfare, health care and management, welfare policies, and so on. The journal is the one and only qualitative methodology publication based on multidisciplinary approaches in Korea. First issued in 2000, the QR has been released twice yearly. It is important, for the future of nursing, to reflect the trend of qualitative nursing research in the QR. We sort nursing studies published in the QR for the last twenty years. We then examine these studies by publication year, types of methods, the number and classification of key words (according to human, health/disease, nursing, and environment), participants, data collection and analysis by methodology and/or author, confirmation of reliability and validity, and research fund. We present the importance and the shortcomings of nursing research utilizing qualitative research methodologies. We then suggests various and new concepts and approaches is needed to promote a further contributions in future nursing research.

Keywords: nursing research; qualitative research; analysis
NURSE MANAGER’S ROLES IN WORK-FAMILY BALANCE OF NURSES: FLEXIBILITY AND PRINCIPLE

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Nurse managers are playing pivotal role in fostering the environment for nurses to maintain work-family balance. This study was to explore how nurse managers are showing flexibility without undermining principles to help nurses keep work-family balance. Data were collected from December 2011 to February 2012 through face-to-face interviews with 14 nurse managers, recruited via purposive sampling. Participants were asked to state their position and opinion about nurse job scheduling, maternity leave, and working conditions necessary for married nurses to maintain work-family balance. Data were analyzed by Colaizzi’s method; data collection and analysis were performed simultaneously. This study found that ‘consideration’, ‘persuasiveness’ and ‘change in perception’ are the elements of ‘flexibility’ needed for nurse managers to ensure work-family balance; and that ‘justice’, ‘deliberate job distribution’ and ‘self-directedness’ are the elements of ‘principle.’ On the other hand, nurse managers who have longer work experience showed more flexible thinking based on principles like ‘role-modeling’, ‘negotiation’ and ‘harmonization.’ Nurse managers played an important role in helping nurses maintain work-family balance through flexible yet principle-based thinking. This study suggested implications to the way nurse managers handle the nurses’ work-family balance issue in terms of nursing management and practice.

Keywords: family; flexibility; nurse manager; qualitative research; work

EXPERIENCE OF MOTHER WHO CARE FOR CHILDREN WITH CANCER

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The purpose of this qualitative study was to understand the experience of mothers
who care for children with cancer.
The participants of the study were 7 mothers of children diagnosed with cancer in
the past 3 to 36 months. Data were gathered through in-depth interview from March
to September 2011, and each session lasted about one and a half hours. Data were
analyzed by Colaizzi’s (1978) phenomenological methodology. As a result, 62
significant statements and 6 themes were identified. The 6 themes included ‘feel my
heart melted’, ‘hard and difficult journey’, ‘feel my dearest kid’s pain’, ‘irresistible
sense of dismay’, ‘crossing sense between gratitude and disappointment’, and
‘desire for better future with family’. Mothers who have had children with cancer
have experienced strong emotional fluctuation such as anxiety, uncertainty,
confusion, fear of death as well as hope based on the health status of children during
they are caring. However, they also try to embrace their family to cope with and to
cop the future expectation. The results of this study would be support for health
professionals to understand mothers who have a child with cancer and to make
program development for them.

Keywords: mother; experience; children; cancer; qualitative research

THE IDENTIFICATION OF WORK-RELATED STRESS FACTORS IN AN
ITALIAN HOSPITAL: A QUALITATIVE APPROACH

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The study aims to identify the presence of risk factors of work-related stress in a
large Italian Hospital comprising 53 primary care departments, in which a total of
2,356 employees work.
The research was organized in four main stages.
1) Analysis of the literature, followed by 53 interviews of department managers. A
check-list comprising 42 work-related stress indicators was drawn up, and it was
used in the subsequent stages.
2) Observation carried out using the shadowing technique.
3) Worker focus groups.
4) Questionnaire to a representative sample of workers from each department.
The data analysis, performed with pencil-and-paper methods and with descriptive
statistics, made it possible to assign to each indicator for each department a score
from 0 to 3 (0=risk absent; 1=low; 2=risk; 3=high). In terms of departments, there
were 2 whites, 43 greens, 8 yellows and no pinks. In terms of indicators, no whites, 36 greens, 6 yellows and no reds. The qualitative approach made it possible to foster strong involvement on the part of hospital trust employees, which guarantees the quality of the data obtained through the research, and facilitates real effectiveness of intervention measures to be put forward.

**Keywords:** participatory approach; work-related stress; hospital

### LEADERSHIP AND FOLLOWERSHIP: WHAT PERSPECTIVES FOR WELL-BEING?

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The role of followers in the "leadership process" has long been recognized (e.g., Hollander, 1992; Shamir, 2007). The interest is extending to the way leaders and followers may build together a "high quality relationship" that can contribute to people’s well-being at work (Sparr & Sonnentag, 2008).

This study aims to make an exploratory investigation into the nature of these phenomena in Italian nursing. The focus is on the distinctive elements of followership in relation to leadership and possible well-being outcomes.

A qualitative study using individual, in deep, interviews (n = 10) was conducted. Participants were nurses in an “intermediate” position as “group-coordinators”. All interviews were digitally recorded and transcribed verbatim. Using Turner’s Grounded Theory (1983) reformulation, a preliminary content analysis was performed. People in intermediate position, having to use upward and downward influence according to the role they have to play at the moment, linked an increase in their sense of personal well-being to the chances of balancing these roles dynamically. As a first conclusion, it can be hypothesized that the synergistic integration of the concepts of “followership” and “leadership” in training programs may contribute to people’s well-being at work, aiding in organizational functioning of healthcare services.

**Keywords:** leadership; followership; well-being; nurses
A PSYCHOLOGICAL PRE-OPERATIVE PROGRAM IN A DEPARTMENT OF PAEDIATRIC SURGERY: EFFECTS ON PATIENT COOPERATIVE BEHAVIOUR DURING INDUCTION OF ANAESTHESIA

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This study wants to evaluate the efficacy of a specific Psychological Pre-operatory Program in reducing pre-operatory anxiety of pediatric participants and their parents and in facilitating children’s compliance with surgical procedures. 104 children undergoing surgery and their mothers were assigned to 4 conditions of treatment, in order to investigate the effectiveness of individual components of the Psychological Pre-operative Program, which included “Surgical Puppet Theatre”, “Playing doctor” and “Accompaniment” by Psychologist. Observed child anxiety was assessed using the modified Yale Preoperative Anxiety Scale; compliant behaviors were measured with Induction Compliance Checklist; mothers’ anxiety was evaluated using the Amsterdam Preoperative Anxiety and Information Scale. Children in the first condition (Complete program- all the components together) were significantly less anxious and more cooperative in the preoperative period and during induction of anesthesia than children in the other three conditions, who participated only to partial program. Complete psychological program was more efficient also in reducing mothers’ anxiety. The Psychological program was effective in reducing children and parents’ anxiety and promoting cooperative behaviors in pediatric patients and would be a useful tool in pediatric surgical settings.

Keywords: anxiety; compliance; pediatric surgery; Psychological Preparation Program
A PARTICIPATORY APPROACH TO DEVELOPING PROGRAM THEORY TO ENABLE ABORIGINAL HEALTH WORKERS TO QUIT SMOKING

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Aboriginal Health Workers (AHWs) deliver smoking cessation support to Aboriginal people in Australia. However, over 50% of AHWs smoke which undermines their delivery of smoking cessation programs. Conventional “top-down” tobacco control strategies have been ineffective. Objective: to develop a state-wide culturally-sensitive program theory for AHWs across South Australia, based on the experiences of AHWs, health service administrators, and Aboriginal stakeholders in tobacco control. Research project: social-ecological mixed-method needs assessment, guided by participatory research principles. Methodology: locally and culturally-relevant strategies to enable AHWs to quit smoking were derived from the fundamental qualitative descriptive analysis of 34 qualitative interviews and 3 focus groups. Strategies were rated on their perceived importance and changeability, using concept mapping methodology. Stakeholder engagement included translation of the concept map into a program theory linking multi-level cessation strategies to short- and long-term smoking impacts. Results: the program theory features four smoking triggers – work-related stressors, social norms, contextual cues, and addiction biology – and two organizational change processes embedded within community, family and policy-level strategies to mitigate smoking triggers. The theory implicates local and state-wide Aboriginal ownership of prevention efforts. Conclusions: qualitative interviews to contextualize smoking and build program theory highlights multi-level social and environmental stressors acting through direct and indirect pathways. These processes require attention beyond the use of conventional tobacco control strategies.

Keywords: aboriginal health workers; tobacco control; program theory; participatory research; needs assessment
AGING AND OCCUPATIONAL WELLBEING OF OLDER WORKERS: A QUALITATIVE STUDY IN THE PUBLIC SECTOR

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An aging population is a phenomenon characterizing the world society (Yeung, Fung, 2009). The future workforce will consist of a greater proportion of workers over the age of 40 (Shultz & Adams, 2007). In this regard, it would be interesting to reflect on the nature of work, career paths associated with aging by point of view of occupational wellbeing (Sparks, Faragher, Cooper, 2001).

Objectives:
- to explore the views of older workers about their representation of the concept of work and career;
- to investigate if, for older workers, more extensive career paths over time can affect the level of occupational wellbeing and how organizations can promote occupational wellbeing of older workers.

Participants were workers aged 45 years or more, with a medium-high educational level, employed in the University of Bari. For this research, has used qualitative methodology of focus group discussion (Annese, Mininni, 2002). Four focus groups were conducted with a total of 16 participants that 4 participants for each focus, from all major administrative work areas. Subsequently, the information collected were subjected to a content analysis (Berelson, 1992) which was facilitated by the use of T Lab (Lancia, 2002). The “Work” for older workers is a very important part of their lives in which the relationship with colleagues and students is significant. Also the enhancement of their professional background by management can be a process that promotes their occupational wellbeing.

The study shows how important is to think of human resource management practices aimed at enhancing the occupational wellbeing of older workers within organizations.

Keywords: occupational wellbeing; aging; work
EXPERIENCES OF LIVING WITH INTERMITTENT CLAUDICATION

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Intermittent claudication is a symptom caused by peripheral arterial disease and is associated with pain, impaired mobility and loss of control. Walking ability is reduced due to the pain and both physical and social functions are often negatively affected, which can lead to the feeling of being a burden to others. An interview study using a qualitative descriptive design, aimed to describe experiences of living with intermittent claudication caused by peripheral arterial disease, was carried out during Winter and Spring 2009/2010. Fifteen people suffering from intermittent claudication were interviewed and the interviews were analyzed using qualitative thematic analysis. Six themes were identified: “Experiencing discomfort in the legs”, “Moving around in a new way”, “Feeling inconvenient when forced to stop”, “Missing previous life”, “Incorporating intermittent claudication in daily life” and “To lead a strenuous life”. The findings show that intermittent claudication has a major impact on daily life. Apart from the severity of symptoms, how the illness is experienced differs dependent on how active the ill person is or wants to be. These findings suggest that increased knowledge about living with intermittent claudication is important in order to understand the effects on the ill person’s life, as a complement to physical examinations when planning individual treatment.

Keywords: experiences; intermittent claudication; peripheral vascular diseases

I FEEL GOOD: A QUALITATIVE RESEARCH ON ADOLESCENTS’ WELLBEING AT SCHOOL

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During the early adolescent years, secondary schools play an important role in facilitating or inhibiting successful adolescent development. Schools potentially can provide early adolescents with opportunities to develop their intellectual capacities, to experience a sense of competence and belonging, and to interact with supportive,
non parental adults (Vedder, Boekaerts, Seegers, 2005). Although school adjustment and achievement are important for adolescents' continued engagement with school, general well-being, and future opportunities (e.g., Eccles, Lord, & Roeser, 1996), few studies have addressed how different aspects of the secondary school environment relate to wellbeing during these years.

The aim of this study is to investigate the meaning of well-being for a sample of secondary school students. In particular, we are interested in understanding the factors that could promote health education at school, with reference to different age cohorts. Five focus group discussions have been conducted with different groups of students attending all school grades. The topics of discussion have been the concept of well-being at school, the role played by the school in promoting well being of student and the effects of the subjective wellbeing. Discursive data have been transcribed and analyzed using the software T-Lab.

The contribution will discuss the main results and the future perspectives.

**Keywords:** health education; adolescent development; school wellbeing

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**PERSONAL AND INTERPERSONAL CHANGES IN CAREGIVERS OF PATIENTS IN VEGETATIVE STATE OR MINIMALLY CONSCIOUS STATE: A QUALITATIVE STUDY**

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There are few studies on caregivers of patients in Vegetative State (VS) or Minimally Conscious State (MCS) which findings show high level of burden and worse general health of caregivers of these patients. To bring a better understanding about how caregivers themselves view and perceive their role and changes in family relationships after acute event a qualitative study was conducted. Fifteen caregivers of adult patients in VS or MCS were interviewed and main contents related to caregivers’ burden emerged. Caregivers reported some psychological difficulties and problems in integrating past and present inner representation of the patient: confusing past with present tense describing the patient and switching from “adult-adult” to “adult-child” attitude to the patient. They also reported actively avoiding thoughts about the future. Needs expressed by caregivers were mainly related to the patient: care-giving was the main role of their life. However, they reported to find
new personal resources to deal with this situation. This study brings a better understanding about changes in family relationships and caregivers role in life. Targeted interventions aiming to empower their capabilities and personal new abilities, and to support a better integration between past and present, may be useful to promote their health.

**Keywords:** caregivers role; vegetative state; minimally conscious state; qualitative study

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**A QUALITATIVE STUDY ON HEALTHCARE PATHWAYS OF 0-5 YEARS CHILDREN WITH SEVERE DISABILITY IN MILAN: IS THERE THE NEED TO ENHANCE COLLABORATION BETWEEN FAMILIES AND HEALTHCARE PROVIDERS?**

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Few studies have focused on children with disabilities from 0 to 5 years and on the main difficulties that families of these children have to face. The present study aims to outline the care-pathway activated for children 0-5 with disability in order to identify needs, deficiencies or difficulties encountered by parents. Semi-structured interviews were conducted with 20 families of children 0-5 years with severe disability (with diagnosis from autistic spectrum disorders or genetic syndromes, to congenital or acquired perinatal lesions) living in Milan. Families were recruited at a Neonatology Intensive Care Unit (follow up service), or in an association devoted to social and educational interventions on children with disability. All parents expressed need for a better integration and coordination between services. They usually reported that they had to find essential information on curing and caring their kids by themselves. Perceived lack of services made informal support of relatives necessary in daily care-giving activities. Furthermore, a psychological support during the communication of the diagnosis and all over the care-path is required. Collaboration between parents and health care services by enhancing coordination between services, improving information availability and offering targeted psychological/social support, may improve children well-being.

**Keywords:** disabilities; children; healthcare providers; families
HOW CAN NURSES FACILITATE ICU PATIENTS TRANSITIONS? A GROUNDED THEORY

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Intensive care patients often experience feelings of powerlessness and vulnerability when being transferred from an intensive care unit to a general ward. The aim of this study was to develop a grounded theory of nurse’s care for patients in the ICU transitional care process. Group interviews, individual interviews and participant observations were conducted with nurses in two hospitals in Sweden and were analyzed using grounded theory. The substantive theory shows the process of nursing care activities—from the contexts of the ICU and the general ward. The main concern was to achieve a coordinated, strengthening, person-centered standard of care to facilitate patient transitions. The core category “being perceptive and adjustable” was a strategy to individualize, that was related to the other categories: “preparing for a change” and “promoting the recovery”. However, the nurses were forced to “balance between patient needs and the caregivers’ resources” and consequently were compromising their care. To facilitate an ICU-patient’s transition, individual care planning is needed. It is also essential that the patients are adequately prepared for the change to facilitate the transitional care. Knowledge about transitional needs, empowerment and patient-education seems to be important issues for facilitating transitions.

Keywords: critical care; discharge; healthcare transitions; person-centered care; nursing; grounded theory

PEOPLE AND PLACES: THE GEONARRATIVE MODALITY OF HEALTH PROMOTION AMONG CHRONICALLY ILL OLDER ADULTS

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Understanding the relationship between social support and health promotion depend on ascertaining the role of the physical environment. The objective of this study is to
examine the location of the participants’ support network members compared to the
location of various formal (e.g., pharmacies) and informal (e.g., health food stores)
health promoting institutions. This study integrated Geographic Information System
(GIS) and narrative analysis through NVivo to visualize and understand the
complexity of health promotion among older adults residing in senior homes and the
strategies they adopt to maintain their health and well-being. Based on 15 interviews
(i.e., 13 women and 3 men), the study mapped the route of the older adults and
found that African Americans’ health promotion practices were much more spatially
restricted compared to non-Hispanic whites. By studying the social support systems,
the study found that both men and women residing in the senior homes considered
friendships as an important social predictor in their daily health promotion practices.
The study shed light on the complex relationships between the social and physical
environment and health promotion among residents of a senior housing complex.
The results have implications in designing specific support programs within senior
housing.

**Keywords:** health promotion; older adults; GIS mapping and narrative analysis

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**“HEARING IT FROM BOTH SIDES”: IDENTIFYING AND COMPARING THE PERSPECTIVES OF HEARING AID USERS AND AUDIOLOGISTS ON OPTIMAL HEARING AID USE**

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This poster describes a focus group study of hearing aid users’ and audiologists’
perspectives on optimal hearing aid use. Hearing aid use is an important treatment
outcome of hearing aid rehabilitation. Hearing aid use is typically measured as a
number of hours per day, with extended hearing aid use time representing a better
treatment outcome. However, no consensus exists as to what optimal hearing aid use
is. With the aim of establishing common ground for hearing aid users and
audiologists with regard to the definition of optimal hearing aid use, this study
explored the hearing aid users’ and audiologists’ perspectives on optimal hearing aid
use and the factors which influence hearing aid use. The research team conducted 4
focus groups: 2 with hearing aid users and 2 with audiologists. The focus group
participants were asked about their views and experiences regarding hearing aid use.
The research took place in Denmark and in the United Kingdom. The focus group data were transcribed and analyzed with qualitative content analysis (Graneheim UH & Lundman B, 2003). Data from the hearing aid users and audiologists were analyzed separately by different researchers. A person uninvolved in the coding reviewed the data analysis. The category analysis of the users’ and audiologists’ data sets resulted in 3 similar main categories with dissimilar content. Although hearing aid users’ and audiologists’ focus group discussions revolved around the same topics, the research team found points of agreement and disagreement between the two groups. Qualitative inquiry is a relatively new and developing field in audioling rehabilitation research and studies which compare the perspectives of hearing aid users and audiologists are rare. More research with this comparison in focus will help to establish common ground between hearing aid users and audiologists for assessing hearing aid use. This study is part of a larger mixed methods research program on hearing aid use conducted at Eriksholm Research Centre, Denmark.

**Keywords:** focus groups; content analysis; users; healthcare professionals; hearing rehabilitation

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CONTROL OF AND ADAPTATION IN THE EDUCATIONAL ATMOSPHERE: NURSING TEACHERS’ PERCEPTIONS AND EXPERIENCES

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Control and adaptation of teachers with educational atmosphere as a whole is less regarded in nursing education. This study was conducted to explore, describe, and illustrate teachers' perceptions and experiences about their control of and adaptation in the educational atmosphere. In this qualitative study, 15 teachers in different academic disciplines were selected through purposeful sampling and interviewed using deep and semi-structured interviews. All interviews were tape-recorded, transcribed and then analyzed using constant comparison based on Strauss and Corbin's method. Control of and adaptation in the educational atmosphere as the
main process (theme) comprised 4 sub-process:

- Teacher’s perception of self
- Teacher’s perception of the student
- Teacher’s perception of the environment
- Teacher’s perception of nursing knowledge.

Knowing and appraisal of self, students, environment and nursing knowledge can develop right pattern for controlling of and adapting in educational atmosphere. Having right knowledge and attitudes about mentioned factors are necessary to be an effective teacher. Nursing teachers, students, and curriculum planners could use the introduced processes in this study in order to modify and promote the quality of nursing education.

**Keywords:** educational atmosphere; nursing teacher and experience; control of and adaptation

### AN INVESTIGATION OF NURSING STUDENTS' EXPERIENCES IN AN IRANIAN PSYCHIATRIC UNIT

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This qualitative study aimed to investigate and explain clinical experiences of nursing students in a psychiatric unit in an Iranian hospital. The researcher performed a Heideggerian hermeneutic phenomenological study by conducting in-depth interviews of 13 participants. An analysis based on Diekelmann's method helped to interpret the data and uncover common themes. The following four correlated themes were obtained: anxiety, maturation, dissatisfaction and enthusiasm. These results present distinctive insights on contextualizing, developing and implementing clinical education in Iran, especially in psychiatric units. The exploration and description of students' experiences will help nurse educators to plan the clinical learning opportunities such that they are less stressful, thus ensuring that nursing students are equipped to act as therapeutic professionals.

**Keywords:** clinical education; experience; hermeneutics; Iran; nursing student; phenomenology

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KOREAN AMERICAN CAREGIVERS’ PERCEPTIONS OF DEMENTIA

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Family caregivers’ perceptions of dementia are very important because it has great impact on the caregivers’ help-seeking, utilization of formal support, and caring. The purpose of this study was to describe the perceptions of Korean American family caregivers of old adults with dementia. This study used a qualitative descriptive method and a purposive sampling method. A total 17 in-depth interviews were conducted. Symbolic interactionism and cultural models were used as theoretical frameworks. Qualitative content analysis was used to analyze the data. Four themes were identified: is a brain disease, caused by lack of interaction, precipitated by lack of interaction, and delayed by family contact. While they described dementia as death of brain cells, and changes in brain structure and function, they believed that their care recipient’s dementia was caused by a lack of interactions. In addition, they thought that the progress of dementia would be delayed by frequent family visits and communication, and would be precipitated by lack of interactions. Regarding beliefs about dementia, Korean American family caregivers combined the biomedical model with their cultural model. Future research should continue to examine the perceptions about dementia among minority caregivers.

Keywords: Korean; caregiver; perception; dementia

EXTERNAL VALIDITY AND MEMBER CHECKING

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External validity is one of the cornerstones of research quality. Different positions discuss how to or if to apply criteria for judging validity of a qualitative study. As this often ends when a study is finished, a new idea is suggested; that external validity can be judged after the completion of a qualitative study. This is possible if member checking is thought of in a new way. In every situation there are features
that are unique but also features that are typical, and thereby recognizable. Recognisability, either in relation to own experiences or the experiences of others, is central to the meaning of external validity in qualitative research. To test our idea, we therefore gathered data about recognisability in relation to a specific study on facial disfigurement. The results from the original research were presented to peers, and health care professionals and then they were asked: do you recognize this? Furthermore former patients where interviewed and asked: are this how it was for you? Four categories occurred: full recognition, partial recognition, recognition in others and no recognition. Instead of judging these categories in relation to the correctness of the findings, possibilities for knowledge transfer and receiving new data to modify findings from the original research is discussed. This is also suggested as a way of actively involving individuals in health care research.

**Keywords:** external validity; member checking; knowledge transfer

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**THE DIFFICULTY WITH DABBING: CONSIDERING RIGOR IN ARTS-BASED RESEARCH**

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Arts-based research (ABR) is being used in health care research to deepen knowledge generation and integration through different types (e.g. visual) and qualities (e.g. emotional) of experience. Although promising, ABR is ill-defined and has a broad scope. For example, an art practice such as painting can be used as the main strategy during data generation or to represent findings during knowledge dissemination. Yet, possible tensions can arise when researchers arbitrarily use art practices with the sense that 'anyone can do it'. This is understandable given the familiarity created through avenues such as pop culture and the web. We claim that familiarity is not fluency. Art is a method with diverse strategies, each with its own history, scope, technique, skill and rigor. If researchers are expected to have a solid understanding of their chosen method (e.g. phenomenology) including its philosophical underpinnings, should this not be expected of researchers using ABR? We will outline the importance of having a foundation in a given art practice for its effective use in a research project. To conclude, a rigorous qualitative research project demonstrates methodological congruence. We suggest that ABR must be held to the same standards as any methodological option.

**Keywords:** arts-based research; rigor; method
CONFLICT LIVED EXPERIENCES OF CLINICAL KOREAN OCCUPATIONAL THERAPIST

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This study was done to discover the structure of the lived experiences of conflict of clinical Korean occupational therapists. The research question: ‘what is the lived experience of conflict?’ was examined based on Parse’s Human becoming research method. Conflict experience is caused by social environment (poor working condition, salary issues, lack of awareness of occupational therapy, etc.). They donned the process of trying through confusion of identity for occupational therapy and worry about self ability. It is self-development and growth experience for them and made a positive look at the future. Conceptual integration found to be in process of powering and transferring the connecting-separating, enabling-limiting values. Systematic management plans should be established, in order to enable more effective occupational therapy to patients.

Keywords: occupational therapist; conflict; lived experiences; Parse; human becoming research method

WOMEN'S EXPERIENCE ON SPONTANEOUS DELIVERY WITH MIDWIVES

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Objectives: to understand meaning of women’s experience on spontaneous delivery with midwives at midwifery clinic or home in Korea. Methodology: used van Kaam’s Psychophenomenological method that is composed of four-stage, 12-step format.
Results achieved: through the data analysis, 403 significant statements, 172 elements, 48 subcategories, and 19 categories were extracted, and from the 19 categories, 8 themes were drawn. The eight themes were: “Conflict on whether a hospital or a midwifery clinic”, “Choosing natural delivery on the assurance of ability in spontaneous delivery of herself and on the trust in the midwives” “Being encouraged by a midwife and family members with one accord”, “Experience of the spontaneous delivery process on body”, “Comfortable delivery in spite of painful process”, “Deeply impressed by the overwhelming joy of birth”, “Satisfaction of spontaneous delivery”, and "Deeper love among the family members". Scientific and applicative relevance: be expected to provides information and data for women on choosing the delivery place other than just hospitals by the experience of delivery with the midwives and for the midwives to improve their facilities concerning women and level of expertise in Korea.

**Keywords:** spontaneous delivery; women’s experience; midwives; midwifery; van Kaam’s Psychophenomenological method

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**CATCHING ONLINE PATIENTS EXCHANGES: A TOOL PROPOSAL**

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It’s well established that online exchanges are becoming more and more central for processes of peer knowledge sharing and construction. This is really true for the health management and care, in particular for the chronic conditions; indeed, chronic patients are the experts of their illness, yet scientific knowledge does not translate well into meaningful lay knowledge from which patients can make decisions about daily care management of their illness. So they turn to the Internet and especially to the online peer exchanges (e.g.: social networks) to find more information about their condition, to seek support from other patients and more and more to share and construct together useful knowledge for their health management: in practice patient share experiences, information and practical solutions that help them to learn a better care management.

However, the study of online knowledge sharing and construction between chronic patients is difficult as it brings together a variety of concepts, methods and tools not uniformly shared or understood across disciplines. Moreover, these exchanges are usually used as a source of information and contents, but less attention is given to
the way in which people exchange and construct these contents: this means not only to consider group and conversation dynamics, but also to be able to understand how the growing richness of the online contexts is modifying the exchange possibilities (online exchanges and knowledge construction processes are not just written texts!). Since there are not shared tools to comprehensively study these processes, the aim of this work is to present a grid for the analysis of the online patients peer exchanges that comprehends:

- contents: written texts, but also the use of pictures and videos and the role of links;
- group dynamics;
- conversational and discourse processes (considering online conversation as an hybrid between written and oral conversations);
- knowledge and support sharing and construction processes;
- social presence and subjectivity construction processes.

As its explorative and naturalistic nature, this is a qualitative tool in part developed by theory and in part, inductively developed from the initial analysis of online chronic patients exchanges. The analysis was organized using ATLAS.Ti software.

Keywords: online patient exchanges; grid development; chronic patients; ATLAS-Ti

BEST PRACTICE NURSE MANAGER AT RISK MANAGEMENT: A PERSPECTIVE FOR HOSPITAL ACCREDITATION

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This is one case study, exploratory, whose goal was to identify the actions of the nurse managers in a risk management program, considered as best practices for hospital accreditation in a general hospital. The setting was a private hospital in the south of the Brazilian country and participated in the study nurse managers, who make up the risk management committee, nurses who work indirectly in the program of risk management and risk manager. Data were collected from April to September 2011, through document analysis, interviews and non-participant observation. From the triangulation, data were analyzed by an operative proposal. The results showed as best practices the actions in education, critical analysis of reality and the multiple dimensions of management. These practices have pointed to hospital accreditation, since it is similar to the present institutional compliance to
obtain quality certification. By using records of adverse events, it was noted the concern of the nurse managers to ensure safety in nurse care practice. This implies a tool for implementing quality management programs.

**Keywords:** best practices; benchmarking; accreditation; risk management

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**PERSPECTIVES OF HEALTH PROMOTION THROUGH DAILY LIVING DESIGN FOR PEOPLE WITH SCHIZOPHRENIA**

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People with schizophrenia demand health promotion through engaging in daily living. However, health care intervention has rarely focused on orchestration of daily living for health promotion and avoided support for their work in Japan. Knowledge on healthy living design for persons with schizophrenia is expected to powerfully influence development of intervention. This study aimed at exploring process of the healthy living design using grounded theory approach. I interviewed nine persons with schizophrenia. The results showed that designing a daily living enacting each person’s concept of a healthy self led informants to actively engage in a variety of doing in daily living. Stress in those daily living was managed through overcoming difficulties of believing ‘I can’t’ and ‘I feel fatigued’ to develop a sense of ‘I can do it’ and managing energy for and through engaging in doing. The daily life of informants was an attempt to move toward their concept of a healthy self through daily living design. I managed to provide the knowledge gained from this study with health care staff members who had worked for clients with schizophrenia. The staff members became to start supporting clients to design daily living involving work for health promotion.

**Keywords:** health promotion; daily living design; schizophrenia; stress management
Non-compliance to prescribed medical regimens is an ever present and complex problem, especially for patients with a chronic illness. The medical regimens will be invaluable, if patients don’t obey them. Compliance as a complex and unclear concept would seem to be a central element of treatment in chronic disease, but there is no consensus about its meaning. The purpose of this study was to clarify and explore the concept of compliance within the context of chronic patients. The 8-steps method of concept analysis (select concept, determine purpose, identify definitions, define attributes, identify model case, describe related and contrary cases, identify antecedents and consequences and define empirical referents) proposed by Walker and Avant was used to clarify the concept of compliance. A literature search was conducted using MEDLINE, CINHAL, Ovid, Elsevier, Pro Quest and Blackwell databases until 2010 with the search terms of ‘Compliance, Noncompliance, Adherence, Concordance in the title, abstract, keywords, or text. Studies were eligible if they included adult patients with chronic disease, reported characteristics of compliance and published in English. Twenty-seven relevant research papers were chosen purposefully. Data from literature review analyzed through qualitative content analysis. Data analysis showed that, the term compliance is still used widely in medical research, but often with the same underlying definition as adherence and concordance which were used interchangeably. Because of, overlapping these concepts, we presented the most common attributes of all of related concepts. Compliance defining attributes include; obedience, passive and powerless care recipients, which flexibility, adaptability, subordinates behaviors of patients. Adherence defining attributes include; active, responsible and voluntary roles in close collaboration with the health care personnel. Concordance defining attributes include; alignment of patient behavior and health recommendations, mastery of a new behavior and health knowledge, ongoing collaborative relationships between the patient and healthcare provider, and their perceived ability to meet the outcome targets. Findings reveal compliance's antecedents can fall into five categories; patient-related factors, disease-related factors, therapy-related factors, healthcare professional-related factors, healthcare system-related factors. According to, characteristics and theoretical definition resulting from concept analysis, it is possible to determine criteria for measuring of compliance and predict
patients' compliant behaviors.

**Keywords:** compliance; patient; chronic illness; concept analysis; Walker and Avant's method; Wilson’s method

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**EMOTIONAL EXPERIENCES OF THE ELDERLY PERSONS WITH MILD COGNITIVE IMPAIRMENT AND THEIR FAMILY LIVING IN THE COMMUNITY**

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The purpose of this study was to clarify the emotional experiences of elderly persons with Mild Cognitive Impairment and their family living in the Community. Participants ware elderly man and woman with Mild Cognitive Impairment and their family. Data were collected using semi-structured interview and analyzed by using qualitatively inductive method. The husband of 74 years and the wife received the interview, and the mother-in-law of 80 years and the daughter-in-law received the interview. As a result there were 216 codes extracted from the interviewing recodes and then the codes were sorted into 37 sub-categories. Final 8 categories were “Negative feelings to family member” “Social participation evasion” “Receipt feelings of disease” “Action desire for health” “Respect between families” “Non-treatment decision feelings” “Life defence feelings” “Self-dignity feelings”.

**Keywords:** MCI; family; the elderly person; emotional experience
FACILITATION OF EARLIER DISCHARGE OF LONG-TERM, PSYCHIATRIC IN-PATIENTS AND THE ATTITUDE OF PSYCHIATRIC, HOME-VISITING NURSES NECESSARY TO ALLOW THE PATIENTS TO CONTINUE THEIR COMMUNITY LIFE

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The purpose of the present study was to clarify the attitude of nurses required to facilitate earlier discharge of long-term in-patients in the Department of Psychiatry and for allowing their community life to continue. We conducted interviews with the subjects, by using a semi-structural questionnaire, and made a qualitative and inductive data analysis, using as subjects home visiting nurses from a psychiatric department who had experience in nursing care at hospital psychiatry wards. The following are the attitudes were revealed to be taken by hospital ward nurses necessary for facilitation of earlier discharge of the long-term, psychiatric in-patients. The “correction of a fixed idea toward long-term, psychiatric in-patients”, the “attitude to recognize discharge as a realizable goal for a patient”, the “correction of a fixed idea toward a long-term, psychiatric in-patient who will live in his or her community”, the “respect of self-determination”, and the “role recognition of a nurse as a relationship coordinator with the surroundings of a patient”.

As an attitude of a psychiatric hospital ward nurse required to facilitate earlier discharge of a long-term, psychiatric in-patient, which should be depicted by the subjects in the present study, it was suggested that it is necessary to adopt an “attitude that recognizes discharge as a realizable goal” through the “correction of a fixed idea toward a long-term, psychiatric in-patient”. In other words, it was clearly shown that correcting the point of view and the way of understanding of a hospital ward nurse, towards a long-term, psychiatric in-patient, is the most important thing for facilitating an earlier discharge. The attitudes to be taken by a psychiatric nurse that could be necessary to support long-term, mentally-ill in-patients after discharge were the “respect of self-determination” and the “role recognition as a relationship coordinator in surroundings of a user”. A home-visiting nurse is expected to support the patient’s family, to alleviate the burden or difficulty of the family, and at the same time to provide the support to draw out the user’s own ability, while actively extending direct support to the user.

Keywords: home-visiting nurses; earlier discharge; long-term psychiatric in-patients
CREATING COMMUNITY OF PRACTICE WITHIN GSH—GENDER-SPECIFIC/GENDER-SENSITIVE HEALTH PROMOTION

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This is a longitudinal, reflective and continuing study into the developmental experiences at “the Center for GSH research and practice”, recently established by the School of Health Sciences, Niigata University, Japan.

GSH—Gender Specific/Gender Sensitive Health is a new discipline for health research, practices and promotion, specifically concerned with, and sensitive to, differences in sex and/or gender. GSH approach is more holistic and inclusive than traditional health promotion. This presentation will focus on the process of creating a system for GSH promotion involving lay people and professionals. We review participant’s developmental experiences at our GSH open lectures.

We created a cycle of practice and reflection to enable us to consider the context of our own practice or its developmental processes. This was performed from the standpoint of epistemology, organizational values and structures. We utilized narrative and descriptive research methods.

Our presentation examines the developmental experiences of participants at our GSH open lectures, by analyzing data from questionnaires and from focus group interviews.

Preliminary results suggest that Community of Practice (COP) may facilitate exchanges of knowledge, experiences and cross fertilization of ideas. COP may act as a catalyst for wider participation in the process of knowledge creation, information sharing and paradigm building.

Keywords: gender-specific/gender-sensitive; health (GSH); community of practice (COP); reflective research; knowledge management
PERCEPTION OF CERVICAL CANCER SCREENING AMONG FEMALE UNIVERSITY STUDENTS IN JAPAN

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This study aims to determine factors influencing attitudes towards cervical cancer screening among Japanese female university students who had never taken a pap smear test. Four focus-group discussions were conducted with 15 female university students in November–December 2009 and the transcripts were analyzed to extract the relevant themes describing attitudes of young women towards cervical cancer screening. Participants were divided into two groups: those who were not interested in cervical cancer screening and those who were interested but had not taken a pap smear test. Themes describing the attitudes towards cervical cancer screening were 1) the lack of knowledge, and 2) the reluctance to visit obstetrics and gynecological clinics. Those who were interested in the screening listed the following as the reason they got interested in the first place: conversation with family members, having someone within the family with cancer, and information from the media. The results indicate the importance of getting young women more interested in the cervical cancer screening. It is also necessary to mitigate general tendency to avoid visiting obstetrics and gynecological clinics by creating an environment where it is less embarrassing for young women to visit the clinics.

Keywords: cervical cancer; pap smear test; university students; perception

THE ILLNESS EXPERIENCE IN PATIENTS WITH PSORIASIS: PATIENT'S PERSPECTIVE AS A RESOURCE TO IMPROVE QUALITY OF CARE

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Psoriasis is a chronic, disabling disease. We explored patients emotional experience of living with psoriasis. Patients (n.101) were asked to describe their deepest
thoughts and feelings living with psoriasis, according to Pennebaker writing technique. The text analysis was performed with T-Lab and the outputs were interpreted using the Emotional Analysis of Text (AET). This method bases on clinical-psychological models that focuses on the representations of the dynamic relationship between patients and the context. We identified two relevant domains: a) the influence of the medical context (cluster 2 “The relationship with healthcare providers and with the healthcare services: from illusion to disenchantment”; cluster 3 “adaptation to psoriasis: the fluctuation between sorting out the problem and negative pervasive emotions”); b) the relational aspects concerning patients investments into social life (cluster 1 “the hard work of integrating psoriasis in social life”; cluster 4 “the ‘familistic’ retreat as a reaction to shame and stigma”). This study offers an insight in how patients manage this chronic disease and reveal several critical emotional strategies that may represent a resource to orientate the development of health care strategies. Moreover the findings suggest relational abilities for health care providers in connection with the illness experience of patients.

**Keywords:** psoriasis; quality of care; health care services; adherence; communication; chronic diseases; emotional experience; coping strategies; illness experience

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**KEEPING THE MIND IN MIND: A WAY TO IMPROVE THE PSYCHIATRIC CARE OF BORDERLINE PERSONALITY DISORDER THROUGH MENTALIZATION BASED TREATMENT AND TO HELP THEIR FAMILIES COPING WITH THE DISEASE**

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BPD are often treated with non-specialistic standard psychiatric care. Anyway these treatments have demonstrated partial efficacy, with very high prevalence of drop-outs (50-60%). In the Unit for Personality Disorders in Pavia a study aimed at identify a valid treatment in terms of efficacy, patients' compliance and involvement was set up. Psychoeducation within the Mentalization Based Treatment (MBT), addressed to both patients and caregivers, foster improvement in the patient and reduce the subjective and objective burden linked to the patient's management (Hoffman, 2005; Blum, 2008; Gunderson, 2010).
To create a suitable intervention for BPD that enhances patients' care and cure experience and overcomes compliance problems; to complement patients' treatment with caregivers' involvement, decreasing thus their burden. Patients are treated using MBT. Psychoeducational groups have been introduced and provided before the beginning of the treatment aimed to introduce the approach and receive patients feedback. Caregivers are followed with psychoeducational groups too. Data are being collected. We do expect a decrease of the family burden and of the drops out. MBT showed its effectiveness with BPD (Bateman, Fonagy, 1999, 2001). Psychoeducation plays a great role since it is meant to increase therapeutic alliance and therapeutic compliance.

Keywords: psychoeducation; mentalization-based treatment; care experience; borderline personality disorder

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THE PROMOTION OF WELL-BEING IN HOSPITAL: THE POINT OF VIEW OF PARTURIENT WOMEN IN AN INTERVENTION RESEARCH ON THE “TIME OF THE BIRTH”, CONDUCTED WITH A QUALITATIVE APPROACH

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Studies conducted in a bio-psycho-social perspective have highlighted the central role of humanization and quality of life for parturient women. In an intervention research perspective, our work aims to investigate the point of view of women in childbirth on their well-being and quality of life in hospital. 21 new mothers, in a hospital of Naples, answered some questions for a narrative interview. Through a categorical analysis we detected some themes particularly relevant to women: the need for informational support, the difficulty in relating to the health workers and in reconciling the hospital stay with the separation from other children. A textual analysis, using TLAB software, showed the existence of cross-category dimensions linked to the use of language, and highlighted the differences between primiparae and women which have already had children. Some methodological aspects are relevant for the intervention research in hospital settings, conducted with a qualitative approach: the influence of the environment; the relational difficulties with participants with medium-low sociocultural level; the co-validation of the
results of the analyses through a discussion with the training participants. These results have encouraged the implementation of a training addressed at the hospital staff, aimed at increasing the level of well-being of parturient women through a critical review of professional practices.

**Keywords:** well-being; parturient women; quality of life in hospital; intervention research; categorical and textual analyses; hospital

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**LIVING, NARRATING AND NAMING THE MENTAL HEALTH: THE ENCOUNTER BETWEEN THE EXPERIENCE OF MIGRATION AND HEALTH SERVICES**

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The analysis of the relationship between immigrant patients and italian health services in psychiatry is a story of the encounter between two different provinces of meaning, concerning the representations of health, illness and care. This analysis can give a prolific perspective to the research, at various levels. In particular, it may be able to highlight different dynamics, such as the ability of health care services to be crossed from alterity, the questioning of the biomedical model applied, in this case, to psychiatry and, finally, the possibility of the patients to name their suffering without borrowing from the diagnostic manuals. The questions concerning the characteristics and modalities of this meeting, and in particular the "first contact", the narratives put in place, the sense and meaning of illness and disease embedded in a broader biographical narrative, and the role of health service as a potential "repair" of this disease. The methods most appropriate to the topic and the questions belong, in large part, to the universe of qualitative approach: it is given wide space at the ethnographic observation of the psychiatric examination and interviews were collected, both biographical interviews of migrants, and seeds-structured interviews of health workers, in a mental health center of the province of Padua.

**Keywords:** migration; mental health; disease; care; biomedical model; narratives
MANAGING NURSING CARE TO THE ELDERLY USER AT THE FAMILY HEALTH PROGRAM IN A PERIPHERAL DISTRICT OF BELÉM, PA, BRAZIL

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The research that resulted in a doctoral thesis aimed to explore nurses’ perception from the Family Health Program (FHP) in the peripheral area of Belém, Capital of Pará State and located in the north of Brazil, on work conditions, context and their know-how that enable or not, in order to meet the elderly health needs at their family scope. The theoretical framework supporting the thesis was the current paradigm on health promotion, provisions from the Health Unique System, foundation of gerontological nursing and work process on nursing and health.

Methodology: Study of qualitative approach. Data were obtained through open and guided interview technique, by a set of questions that triggered and incited the answers for the research issue. The study included fourteen nurses who carry out their activities at the FHP.

Result: The adopted method was content analysis technique, by Bardin, and resulting in the construction of a conceptual framework whose main topic was nominated: Managing nursing care to the elderly at the FHP. Three surrounding issues contributed to the main topic emergence: Building gerontological practice, managing administrative problems at the health unit and challenging territorial and intra-family violence. The nurses at the FHP, in the midst of adversity on their daily work process and even with insufficient training in gerontological nursing, worked facing barriers and administrative problems at the service, despite the guidelines from the SUS (Health Unique System), challenging the community violence when caring for users at their homes, taking advantage of a sui generis nursing practice, in different situations and doing their best. Practice and scientific relevance: Knowing health services context through workers perspective, in this case nurses, has made its assessment closer to the reality and with prospects for a better contribution to the review and correction of health services programs.

Keywords: elderly; family; family health program; nurse; work process; health service management
CARER’S EXPERIENCE OF A BRIEF SYSTEMIC GROUP INTERVENTION FOR PARENTS OF ADOLESCENTS WITH EATING DISORDERS: A QUALITATIVE STUDY

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Several studies support the importance of involving parents of adolescents with eating disorders (ED) to facilitate successful treatment. This study explores the experiences of parents of adolescents with ED after having participated in a brief systemic group intervention.

Data were obtained from a group of 12 parents (mean age = 51.82 ys; sd = 6.40), of adolescent outpatients (mean age = 18 ys; ds = 2.83) with ED, carried out in an Italian public center specializing in ED treatment. All participants filled in a questionnaire constructed specifically for this study measuring group helpful events for the individual and for the family. The content analysis was performed by two independently raters after the ending of the group.

This study has confirmed that parent’s groups can be beneficial in increasing parents’ self-efficacy and reducing psychological distress, anxiety and burden. The results showed that parents reported changes about themselves and their family relationship. The parents’ perceptions about the possible impact of this intervention on the relationships with their daughters will be discussed.

Improve parent’s mental health and reduce caregiver stress is important to increase the effectiveness of treatment.

Keywords: parent groups; eating disorders; family intervention
LIVED EXPERIENCES OF FAMILY CAREGIVER OF BIPOLAR DISORDER RELATIVES: A PHENOMENOLOGICAL STUDY

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Attention to caregiving consequences has been mainly restricted to bipolar disorder, although studies suggest that relatives of bipolar patients also experience considerable distress. The purpose of this study was to explore the lived experiences from family member caregiver with bipolar disorder patient. In a qualitative research of phenomenological methodology, the family member’s caregivers of bipolar disorder in Farschian psychiatric hospital in Hamedan (Iran) were selected by purposive sampling in the year 2010. By reaching data saturation the number of participant was 12. Data were gathered through in-depth interviews and analyzed by “Van Manen” method. Analysis of the interviews revealed six major themes: fears and anxiety for the future, psychosomatic impact, feeling isolated and loneliness, Financial Impact, change in life style and family functioning and lack of support and knowledge. Highlight the need for family-oriented mental health services to be developed and for further research to identify the specific nursing interventions that are effective in helping to sustain family caregiving.

Keywords: family caregiver; bipolar disorder; lived experience

WHAT THE SCHOOL-LEVEL BARRIERS TO PHYSICAL ACTIVITY EXPERIENCED BY OVERWEIGHT ADOLESCENTS CAN TELL US ABOUT STRATEGIES FOR ENGAGEMENT

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Physical activity is a key behavioural risk factor for the development of obesity. Epidemiological studies show that many adolescents do not meet recommended
physical activity guidelines. Little, however, is known about the barriers to school-based physical activity experienced by overweight/obese adolescents.

A qualitative descriptive study, guided by Bronfenbrenner’s ecological model of human development, was undertaken to: a) understand barriers experienced by overweight/obese adolescents to engaging in school-based physical activity; and b) identify strategies for engagement. Semi-structured interviews with 12 young adults reflecting back on their experiences as overweight/obese adolescents were analyzed using thematic network analysis. Young people’s perceptions of their bodies and social inferiority in addition to inhibitory social norms, lack of privacy in change rooms and school rules emerged as potent individual, interpersonal and environmental barriers to physical activity. Adolescents internalized negative experiences which led to feelings of demoralization and fear. Adaptive (e.g. concealing body) and avoidance (e.g. faking sickness) coping behaviours were used to deal with uncomfortable situations.

Adolescents will continue to grapple with their weight and weight loss; however, creating supportive, inclusive school environments that offer choice, encouragement and empathy have the potential to facilitate weight loss through engagement with positive physical activity experiences.

**Keywords:** barriers to school-based physical activity; youth; obesity; engagement
them. Namely cancerous kidneys were removed from patients, then after having the
diseased part removed, restored kidneys were transplanted. TMG has already started
Clinical Trail in 2009 to evaluate the curative efficacy (renal function, QOL) and
safety. More than 80% of small renal tumours (4 cm or less) are nephrectomised in
Japan, estimating 2000 kidneys as such discarded every year. This would be
breakthrough for the shortage of donors, and as a new supplier, we consider restored
kidney humanely and ethically.

**Keywords:** kidney transplantation; shortage; waiting time; restored kidney

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**A CASE STUDY ON THE USE OF AMERICAN SOCIAL SKILLS BY JAPANESE STUDENTS STUDYING IN THE U.S.: BASED ON A QUESTIONNAIRE SURVEY CONDUCTED BY JAPANESE STUDENTS WHO STUDIED IN THE U.S.**

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The authors of this paper provide pre-departure sessions on American social skills to
Japanese university students who plan to study in the U.S. to facilitate their health.
Students learn several skills during the sessions. These skills foster the ability to
form relationships in cross-cultural settings, which has a positive influence on the
students’ well-being and mental development. In this study, in order to identify
more useful and appropriate skills, the authors employed a qualitative research
method; the results of a questionnaire survey completed by seven Japanese students
who returned from the U.S. are reported. In the questionnaire, students were asked
about whether they had used twelve specific social skills during their study in the
U.S. They were also asked about the reasons why they used or did not use the skills
and whether they thought it was important to acquire the skills prior to studying in
the U.S. The results show that the students used the skills of making friends, actively
participating in class, asking the professors questions, and negotiating most
frequently and regarded them as the most important: on the basis of these results, it
was inferred that those four skills need to be included in the sessions.

**Keywords:** social skills; Japanese students; studying in the U.S.; intercultural education; psycho-education
MEDICAL SAFETY EDUCATION FOR TEACHERS AT NURSING SCHOOLS USING AN INSTRUCTION ILLUSTRATION GAME

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A new method of medical safety education using a simulation game was developed. An instruction illustration game was applied, response of participants measured and educational effects investigated. Thirty-eight teachers joined the game. They were assumed to be new nurses and received ambiguous instructions to bring a few bottles of distilled water. They were requested to 1) illustrate the location of the bottles, 2) to describe their action to the instruction, 3) show their illustrations to each other and discuss them, and 4) describe what they felt and learned. As per an analysis by Hayashi’s quantification method III (Hayashi, 1974), cognition of learning has two axes - “individual-interpersonal” and “coping-cause”; “individual effort” and “cooperation” were found; 2) preventive measures has “procedure-communication” and “receiving instruction-sending instructions” axis; “steadiness” and “environment” were found. Content analysis showed that participants felt anxiety, doubt, and difficulty during the game. It reminded them of mistakes in transmissions in medical situations. Participants became aware of the different interpretations and noticed dangers. They become more aware of how to prevent errors. This learning will provide cognitive, behavioral, and emotional learning.

Keywords: medical safety education; simulation game; nurses

WHAT QUESTIONS DO RADIOGRAPHY STUDENTS HAVE ABOUT X-RAY PHOTOGRAPHY?

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We aimed to determine what questions radiography students have about X-ray photography for introducing to lectures and trainings on X-ray photography.

We collected descriptions for questions on X-ray photography from radiography students' reports after a X-ray photography training program. The descriptions were assigned codes, and categorized by similar codes. From 111 students' reports, 348 descriptions were collected, from which the following 4 categories were created: required knowledge, radiography services, radiographers' challenges, and patient types. "Required knowledge" included anatomy, disease, and methodology required for taking X-ray photographs. "Radiography services" included work profile of a radiographer in a hospital. "Radiographers' challenges" included the unusual situations that a radiographer encounters at work. "Patient types" included patients' disease states, disorders, age, and gender. "Radiographers' challenges" and "patient types" category included overlapping entities, for example, the question of "How should a radiographer handle a patient with visual impairments?" or "May radiographer induces pain in severely diseased patients on X-ray photography?" Radiography students had concerns regarding whether they would be able to handle patients efficiently in a real-time environment considering their limited experience and knowledge. Radiography teachers should impart sufficient knowledge and practical experience to students during lectures and while training.

**Keywords:** health provider's education; radiography students; X-ray photography's question

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**PATIENTS PERCEPTION OF DIGNITY IN IRAN: A QUALITATIVE CONTENT ANALYSIS**

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The necessity of bringing patient’s dignity into wide use is being noticed in recent years. There is no doubt that patient’s dignity in health care settings is often devalued and its maintenance is crucial. The aim of this study was to explore the Iranian patients’ perspective concerning their dignity.

By utilizing purposeful sampling, 20 patients, over an 11-months period were...
interviewed in three educational hospitals in Iran. Qualitative content analysis was used to identify recurring themes in the data. Following data analyses, nine categories and four themes identified. Respondents expressed their expectations and attitudes concerning dignity by the following themes: Seeking for a haven; disrespecting privacy; communicating in vacuum; and disregarding second-hand caregivers. They described how they feel dignified by respect to their privacy, effective communication; access to facilities; and the requirements for their companions. This study reveals that based on patient’s views; there are still gaps in the conception, interpretation and consequent preservation of dignity in the health care system of Iran. Healthcare professionals should be aware of the factors that violate or preserve the dignity based on patient’s perspective.

Keywords: human rights; patient dignity; qualitative approach; content analysis

MATERNITY CARE EXPERIENCES OF CHILDBEARING SOUTH ASIAN IMMIGRANT MOTHERS GIVING BIRTH IN FINLAND

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To investigate the experiences of maternity care of South Asian immigrant (SAI) mothers who gave birth in Finland. 15 (SAI) mothers were interviewed for recording in 2011. (SAI) mothers who got at least one child in Finland and could speak English were interviewed at their residence. Data were analyzed by using qualitative content analysis methods. Three major themes emerged: focusing on the positive, identifying the negative and, making recommendations for improvement of healthcare for immigrant childbearing women. Overall (SAI) mothers had positive experiences with maternity care in Finland. This is particularly, to that when they compared care quality in Finland with their home country. Despite of positive experiences, mothers indicated the concern of their dissatisfactions associated with language barrier, open communication between doctors and patients, and not facilitated family centered care at hospital. So these findings have somewhat similar with the findings of previous studies on immigrant’s perception of health care. Attention given to eliminate the language barriers and provision of supportive prenatal education could promote positive acceptance of health care among immigrants child bearing mothers.
ENGAGING THE VOICES OF MEN INVOLVED WITH IPV

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Notions about why men engage in IPV are often influenced by the approaches mental health providers take to treat them. Current IPV paradigms construct knowledge about the identities of men involved with IPV with little to no consideration of how men themselves conceptualize and experience how violence shows up in their lives. This paper explores and expands on ideas about IPV by incorporating the stories of men who are most influenced by it.

Keywords: IPV; social construction; identity; dominant and local knowledge; power

SUPPORTIVE RELATIONSHIP: EXPERIENCES OF IRANIAN STUDENTS AND TEACHERS CONCERNING STUDENT-TEACHER RELATIONSHIP IN CLINICAL NURSING EDUCATION

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Student-teacher relationship is a salient issue in nursing education and has long-lasting implication in professional development of nursing students. This relationship is valuable in clinical nursing education and can be facilitated through various ways. Nowadays, this relationship in clinical settings is different from the past due to changing in nursing education paradigm and its emphasis on the centrality of the student-teacher relationship. This study was conducted to explore the students and teachers’ experiences about student-teacher relationship in the context of clinical nursing education in Iran.

This qualitative research is a part of findings of a grounded theory study in which 6
bachelor nursing students with apprenticeship experience and 6 clinical educators with at least one year of clinical education experience who worked at Mashhad University of Medical Sciences, Mashhad, Iran were selected through purposive sampling. Semi-structured interview and participant observation were used for data generation. Interviews transcribed verbatim and analyzed by Strauss and Corbin method.

Findings from data analysis showed four major categories about supportive relationship in clinical nursing education including Educational, Emotional and Social support, along with an awareness of being supported. The results showed that in Iranian socio-cultural context, supportive relationship has been propounded as one of the major features of effective relationship in clinical education from nursing students and teachers’ point of view.

**Keywords:** clinical nursing education; supportive relationship; experiences; grounded theory

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**BONE SET THERAPY EXPERIENCED BY LOW BACK PAIN PATIENTS**

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Bone set therapy is one of the traditional manual therapies which have been used to treat musculoskeletal disorders resulted from trauma and come to a crisis of extinction. But, it is found that there are still patients who visit bonesetter’s offices to treat their low back pain. The purpose of this study is to identify the essence of bone set therapy experienced by those patients.

The current study was approved by the Institutional Review Board (IRB No. I-1110/005-001) and planned by phenomenological methods among qualitative studies. In-depth interviews with six patients who visit and treat their low back pain in a bonesetter’s office at Busan were completed and was analyzed based on a Collaizzi’s phenomenological method.

The interviews were classified into three categories as follows: “low back pain coming with great amounts of pain”, “Korean and Western medicinal treatment with no clear effects”, “treatment by hand is the best for a misaligned low back pain”.

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Patients often caused misunderstanding because they couldn’t actively participate in social activities due to their low back pain or frustrated by their incompetence to finish their work in time. They also visited a hospital to treat their pains but had no reactions even after getting an injection or rather felt worse due to formal treatment. Most of them visited bonesetter’s offices by the introduction of their acquaintances. At first, they felt nervous and great pains in the process of treatment, but after a certain period of treatment, they felt much easier in their back and refreshment. The therapeutic effects by a unique treatment called bone set experienced by low back pain patients who have no effects from the institutional treatment were reported in the current qualitative research. Through this finding, it is considered that further study on more objective and detailed therapeutic effects should be conducted.

**Keywords:** bone set therapy; low back pain; phenomenological approach; qualitative research

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**FACTORS INFLUENCING THE MEANING OF LIFE IN THE OLD IN LONG-TERM INPATIENTS FOR SCHIZOPHRENIA**

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Elderly long-term inpatients with schizophrenia of psychiatric hospitals are generally in a state liable to lose the will of positive living and also the hope for the future because of their symptoms of schizophrenia such as weakened motivation and flattering of emotion along with so-called hospitalism (Yoneyama 1992 and Inaoka 1997). It is thought that whether a person can achieve ego integration in the old (Erikson 2002) is depending on the way of life until then and recognition for it. Even if a person has mental disorder, ego integration would be achieved by finding out the meaning of life by remembering what seems good in one’s own past life. In this study, factors influencing the meaning of life in the old were investigated with elderly long-term schizophrenia inpatients to obtain helpful suggestions for nursing practice. The meaning of life for the elderly in the final stage of development was defined as to find out the worth living and the significance to live in the old as well as in the present/past circumstances through looking back upon one’s own particular
life, and also find out one’s goal of life though they are in physically, mentally and socially disturbed conditions and objectively not in hopeful circumstances.

Subjects: Among patients with schizophrenia during admission in two private psychiatric hospitals, nine patients at age 65 or more whose hospitalization was 5 years or more were used as the subjects. Informed consent was obtained from them after the aims of this study were explained orally and in writing. A qualitative inductive survey was made through semi-constitutive interview in the period July ~ November 2009.

The data were analyzed by Grounded Theory Approach (GTA) method according to Strauss & Corbin (1988) and Saiki Kraybill (2008). This study was conducted with approvals from the ethical review board of the university to which the author had belonged and the ethical review board of the facility of joint research.

The mean age of 9 subjects (5 males and 4 females) was 71.7 years and the mean age of onset was 30.8 years. The mean duration of disease was 40.8 years and the mean hospitalization was 22.1 years. In this study, one category and 11 subcategories were extracted as the central concept. The category was “confidence and pride valuable to support a life in the old”, which was chosen as an important factor by all members concerned in this study. And 11 factors extracted as subcategory were “feasibility of hope”, “will expression of hope”, “friendship with surrounding people”, “medical care and nursing given”, “wisdom for living in the old with the disease”, “grope and efforts to realize one’s hope”, “anxiety for own future life”, “worry about the onset of disease”, “satisfaction in inpatient life”, “abandonment of one’s hope” and “realization of alternative hope”.

It was demonstrated that the subjects were able to keep “the confidence and pride to support their living in the old” and continuously made efforts and groped to realize their hope making full use of their wisdom for living in the old as a patient even if the feasibility of hope was low. The wisdom is to find out a knack to positively live one’s life with the disease as settling various problems in their circumstances through overcoming the worry about the onset of disease. And it was suggested that full use of the wisdom would stimulate the will toward one’s hope, resulting in its realization. Therefore, we thought that nursing practice paying more attention to patient’s desire and respecting their confidence and pride valuable for living in the old would lead to a support for patient’s independent life (self-standing and self-directing). For advancement of patient’s life and improvement of QOL, it is the first step of nursing practice to take a great interest in patient’s particular life and make a design for support program together with the patient aiming at the greatest self-actualization by himself/herself.

Keywords: the meaning of life; elderly long-term in patients; schizophrenia
NURSES’ LIVED EXPERIENCE OF NIGHT SHIFT: NARRATIVES, MEANINGFUL EPISODES AND METAPHORS. IMPLICATIONS FOR NURSING EDUCATION

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The negative impact of night shift on nurses’ health and social life has been extensively analyzed. Nevertheless, a few studies have explored nurses’ lived experience of night shift.

Thirty-five nurses, coming from 3 hospitals of Northern Italy, were purposively sampled and interviewed in 2009. Interviews were analyzed following an Interpretative Phenomenological Approach. Meaningful episodes and metaphors were elicited from interviews and mapped.

During night shifts, nurses consider themselves more responsible for patients’ care and surveillance; a negative emotional climate prevail, but expert nurses and collaborative physicians can help; senses are used differently and hearing prevails over the others; the relationship with patients and colleagues changes and new learning opportunities arise, although this shift is considered as highly demanding both from a physical and a psychological point of view. Meaningful episodes mainly concern stories of patients who died. Prevalent metaphors of the night shift evocate a sense of solitude and unpredictability.

Night shift is perceived as an enriching experience, but it mostly takes place in an emotional context characterized by anxiety, fear of patient’s death and loneliness. To cope with it, a great deal of emotional work is carried on by nurses. Students should be adequately trained to this challenging activity.

Keywords: interpretative phenomenological analysis; lived experience; night shift; nursing education
THE JOINT OUTPATIENT CLINIC (JOC): A TOOL FOR IMPROVING RELATIONSHIPS AMONG DIABETOLOGISTS AND DIABETICS IN TRANSITION FROM PEDIATRICS TO ADULT HEALTH CARE SERVICE

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The JOC is a place where young patients in transition meet, for the first time, adult diabetologists, in the presence of their pediatricians. The aims of the study were to determine the emotional climate of the institution during the JOC and the unconscious emotional aspects of the doctor-patient relationship which may influence the transition process. Five non-participant observations, according to the psychodynamic approach, have been conducted during five sessions of seven JOCs performed in pediatrics, for a total of 35 patients (20M, mean age 21.8±1.7). The protocols of the observations were supervised and discussed in group in order to trace the main emotional dynamics related to the relationships between institution, doctors and patients. All the actors of the JOC felt intense concerns related to the transition process and derived from the knowledge that the young patient must leave a familiar place to rely on a new unknown medical staff, experienced in phantasy as unreliable. The return of the observations allows medical teams to reflect on their unconscious defensive dynamics which, in addition to the other intrapsychic and relational problems of the young patient to pass, can make the transition process even more inaccessible.

Keywords: diabetes; transition; joint outpatient clinic; non-participant observation
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  162; 223; 231
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