

16th

International Research Seminar and Workshop

Parents' and professionals' perspectives in
childbearing and neonatal care:
promoting health in a collaborative and
intercultural scenery

September 26th and 27th, 2022

Organise:



Collaboration:



16th International Research Seminar and Workshop. Parents' and professionals' perspectives in childbearing and neonatal care: promoting health in collaborative and intercultural scenery

FERNÁNDEZ BASANTA, Sara
MOVILLA FERNÁNDEZ, María Jesús

A Coruña, 2023
Servizo de Publicacións. Universidade da Coruña

DOI: <https://doi.org/10.17979/spudc.000017>

Number of pages: 30
Content: p. 9

Colección: CCS
Depósito Legal: C244-2023

URL: <http://hdl.handle.net/2183/32492>

BOOK PUBLISHING

University of A Coruña, Publication Service (SPU) <https://www.udc.gal/publicacions>



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16th

International Research Seminar and Workshop

Ferrol, 2022

Sara FERNÁNDEZ BASANTA

María Jesús MOVILLA FERNÁNDEZ

Publication Service (SPU)
University of A Coruña

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Childbearing – a qualitative crossdisciplinary research network (www.uis.no/bfin) was initiated in 2002 as a Nordic network (Barnafødande i Norden – BfiN) by Professor Terese Bondas, University of Stavanger, Professor Marie Berg, and Professor Ingela Lundgren, University of Gothenburg, Sahlgrenska Academy, Sweden and Professor Elisabeth Hall, Aarhus University, Denmark. BfiN has developed into an international research network. Professor Terese Bondas has been the leader of the network, supported by the University of Stavanger in Norway. The network has organized yearly research seminars and workshops since its start and several research courses, and has been supported by a Nordforsk grant, and by the participating members' universities. The network unites more than 100 researchers and doctoral students from several countries: Denmark, Faroe Islands, Finland, Ireland, Norway, Lithuania, New Zealand, Spain, Sweden, and the United Kingdom. Membership has been free of charge and invites researchers and doctoral students, who are doing qualitative research in childbearing.

The aims of the research network are focused on qualitative research and research collaboration in a global world:

- 1) To promote international research collaboration in childbearing and to strive towards excellence and through collaboration bring creative qualitative childbearing research to the international forefront.
- 2) To develop an evidence- and life-world based care in childbearing.
- 3) To increase research mobility, and to coordinate research teams.
- 4) To identify and gather resources to enable international qualitative childbearing research programs
- 5) To initiate and develop research education and supervision in qualitative research
- 6) To increase the publication of qualitative research findings in childbearing and to promote the usage of research from different perspectives in childbearing including new parents, caregivers, politicians and to others who are interested,
- 7) To organize research seminars, workshops, and conferences in the member countries open for early stage, postdoctoral, and experienced researchers in childbearing.






The research areas of interest for the network are:

- Women's and men's reproductive health, illness and suffering as lived experiences
- Promoting new parenthood and parental education from parent and caregiver perspectives
- Antenatal, birth and postpartum care and identification of caring needs, wishes and experiences
- Care of the newborn and small child
- Health information in childbearing
- Childbearing professions and organizational cultures
- Meta-questions in qualitative childbearing research

The next research seminar in 2023 is preliminary planned to Norway.

*Professor Terese Bondas
Leader of Barnafødande i Norden – BfiN*

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Oral Communications

I will never be a good enough midwife...

Christina Furskog Risa¹, Synnøve Folkvord¹, Torhild Borlaug¹, Lilly Kleppa², Anne Beth Gilja Johansen², Åshild Berg²

¹University of Stavanger; ²Stavanger University Hospital

Introduction

The midwife program in Norway is a 2-year post-graduate master's program. Students report high levels of stress, and a high degree of self-criticism also reported in international findings, such as lack of confidence, emotional burnout, and fear of making mistakes (Eaves & Payne, 2019). There is a need to address student midwives' emotional well-being and support students with strategies to combat this (Martin et al., 2021). Hence, this workshop was designed for the midwifery master's program in Stavanger, Norway.

Aim

To describe and evaluate the design of a two-day workshop in self-compassion for student midwives in the first and second years.

Methods

A qualitative descriptive design. During the pandemic 2021 a digital workshop, was held. The concept of debriefing after a critical incident, the concepts of guilt and blame and the difference between these concepts, and the introduction of self-compassion as a concept were addressed. In 2022, after 20 weeks of clinical experience, the workshop was held IRL at students' request, focusing on mapping events causing distress, reflection and introducing tools and strategies to balance the emotion regulation system (Gilbert, 2009).


Results

Forms from the participated student midwives who took place in both workshops (n=11). The overall finding points out the need for having the workshop in the second year. These workshops were highly rated as being and significant for their well-being and highly recommended for all students. This student cohort is soon newly qualified midwives and is to be followed by interviews.

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Immigrant Women's Experiences with Norwegian Maternal Health Services: Implications for policy and practice

Lydia Mehrara¹ , Trude Karine Olaug Gjernes¹ , Susan Young² 

¹ Faculty of Social Sciences, Nord University, 8049 Bodø, Norway; ² Department of Social Work and Social Policy, The University of Western Australia, Crawley, WA 6009, Australia

Introduction

Navigating a health system which differs considerably from one's own can be a difficult and challenging process. Navigating this in seeking maternal health care can be additionally daunting.

Aim

This article explores how immigrant women from diverse countries and ethnic backgrounds in Norway experienced and navigated the Norwegian maternal health service during pregnancy and childbirth.

Methods

Eleven semi-structured interviews collected in six months between 2019 to 2020 and analyzed thematically informed this analysis.

Results

Principles of universalism underpinning all social and health policy in Norway, expect equality of service provision and access. These principles result in less individual choice and decision making. The women in this study found these contrary to what they were used to but responded differently, with some experiencing the health provision as liberating while others distrusted that they were receiving the best care. A focus of concern was the expectation of more medicalized services. While some of these women used their own resources to circumvent the Norwegian health provisions, the implications for the health system extend beyond these women's experiences.

Conclusions

The analysis suggests a need to encourage those whose expectations of care differ to build trust in institutions providing care. This article contributes to knowledge on the implications of diversity on Norway's universal health system.

Keywords: childbirth; immigrant women; maternal health; medicalization; Norway; pregnancy; universalism

What kind of a mother am I? A phenomenological analysis of disturbances of maternal affection

Idun Røseth¹, Rob Bongaardt²

¹Department of Child and Adolescent Mental Health, Telemark Hospital, Skien, Norway; ²Department of Health, Social, and Welfare Studies, Faculty of Health and Social Sciences, University of South-Eastern Norway, Porsgrunn, Norway.

Introduction

Many new mothers question the nature of their emotional affection towards their baby. Most mothers develop maternal affection within the first days after birth, but some struggle for months or even years. Several studies have demonstrated the importance of a loving bond for children's development and long-term mental health. However, few studies have explored the lived experience of disturbances of maternal affection.

Aim

In this study, we explore the phenomenon of disturbed maternal affection through the clinical case of one mother who experienced severe and long-lasting problems with maternal affection.

Methods

We collected data through two in-depth interviews and analysed the data using Giorgi's descriptive phenomenological method.

Results

Our analysis resulted in four essential constituents of her experience; lost in ambivalence and feelings of indifference; boredom, guilt and anguish in the maternal role; the quest for parental love without repeating negative patterns; on the way to betterment.

Conclusions

We discuss these findings in relation to the socio-cultural meanings of motherhood and existential predicaments.

Midwives' gaze on everyday rhythm of midwifery in Finnish labour ward: Memory-work method and collective analysing of midwifery work-narratives

Johanna Sarlio-Nieminen¹

¹University of Helsinki, Finland

Introduction

The presentation is based on the ongoing doctoral study on the everyday midwifery of Finnish labour ward midwives. The study is part of a social scientific research project 'Battles over birth - Finnish Birth Culture in Transition' (2020-2023, funded by Kone Foundation) that studies birth experiences, politicisation of birth, maternity care professionals' perspectives and power relations.

Aim

The study looks at the everyday midwifery practices in Finnish maternity hospitals and the ways the institutional time affects the midwives' work.

Methods

The data was collected using memory-work method that consists of two phases. In first phase the participant midwives of two groups (university maternity hospital and rural central-level hospital) wrote memory narratives on agreed topics using third person s/he or 'midwife' as narrator voice. The anonymous texts were circulated to each group member and in the second phase the group convened and collectively analysed the texts. The group analysing was taped and transcribed to a text that together with the narratives form the study data.

Results

The presentation looks at the narrated labour ward midwifery practices and collectively analysed observed frictions and challenges in trying to combine the rhythm of the labour ward and the rhythm of birth process in hospital setting.

Educational mobile application for prevention of domestic violence -DOMINO-project

Tiina Murto¹

¹Department of Health and Well-being, Turku University of Applied Sciences, Finland and the DOMINO - project team

Introduction

The reports of domestic violence have increased remarkably during the COVID-19 pandemic. Domestic violence includes the wide range of violations. It effects on the well-being of the whole family and results serious physical, mental, sexual- and reproductive health problems. Social- and healthcare professionals need more knowledge, skills, and education to identify and intervene in domestic violence.

Aim

To provide knowledge and education for current and future social- and healthcare professionals for prevention and early intervention of domestic violence by developing an educational mobile application.

Methods

Panel discussions in Finland (n=2), Greece (n=2), Portugal (n=2) during summer-autumn 2021 for social- and healthcare professionals and Higher Educational Institute teachers, N=31 (Finland n=12, Greece n=12, Portugal n=7). The panel discussions took place online, through Zoom. The audio recorded panel discussions were analyzed by thematic content analysis.

Results

Domestic violence is a multidimensional phenomenon with various consequences. Professionals have difficulties addressing the concern due to lack of knowledge and tools.

Education was seen to be the key aspect for the prevention of domestic violence. Educational needs were based on content, multidisciplinary methods, and practices, such as service system and legislation. Expert by experience, trauma and crisis awareness and cultural aspects, and knowledge of different forms of domestic violence was seen important.

Conclusions

The DOMINO mobile application includes DOMINO online course (5 ECTS), and it is flexible, utilizable and multi-functional tool for prevention and early intervention in domestic violence, which is developed to meet the social- and healthcare professionals and teachers recognized needs.

From Essences within Themes into Doing Plural Realities in Lifeworlds

Minna Sorsa^{1,2} 

¹Tampere University, Nursing (Faculty of Social Sciences); ²Pirkanmaa hospital district, Child Psychiatry

Introduction

In descriptive phenomenology the aim is to capture the essence of matters or areas of interest and utilize subjective descriptions in the formation of phenomenological structures, such as lifeworld events. Interpretative phenomenology uses the researcher's horizons in the formation of interpretations. There has been critique towards the possibility of pure description, yet descriptive methodology has also been defended. One can ask, from which standpoints phenomenological interpretations are formed and argued, and what happens to the original essences?

Aim

I will explore, what happens with the descriptive themes, when altering the researcher's perspective from description into an interpretative lens, what doing within post-phenomenology means for the researcher, and the connecting with data.

Methods

In my presentation I will utilize descriptive themes within help-seeking encounters, which were captured within early interventions with families during pregnancy or within the perinatal period. The data contain feed-back from mothers and fathers, who finalized a recovery phase within addiction and child protection services. The data also contain open-ended replies from eleven expert workers in the clinical area. For understanding the phenomenon within help-seeking encounters, descriptive themes were formed. I use Mirka Koro's (2021) thoughts of creative imagination, reflective questioning, plural flows of relationality --- qualitative research is relevant, needed, driven by practice, and can create different knowledges differently.

Results

What could be done with this data and what will the doing create? When reality changes from description or interpretation of an essence into a plural stance and doing, the phenomenological lifeworld will look, feel and be sensed differently.

Conclusions

The dialogue with the original themes explores, why researchers will need to develop their capacities in doing in order to see plural realities in lifeworlds.

Keywords: "perinatal period"; "qualitative research methodology"

Birthing room design from the perspective of the birth companion

Helena Nilvér¹ , Marie Berg^{1,2} 

¹Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden; ² Faculty of Medicine and Community Health, Evangelical University in Africa, Bukavu, Democratic Republic of Congo.

Introduction

The design of the birthing room can influence labour and birth. The Room4Birth research project (1) aims at extending the evidence-based knowledge of the birthing room and how it influences labour and birth. Most women choose to be accompanied by a supportive person for their labour and birth, i.e. a birth companion, who mostly is the partner, but can also be a relative, friend, or doula. There is a lack of studies on the birth room from the perspective of the birth companion.

Aim

The aim is to investigate how the birthing room and its design is experienced by the birth companions and how it influences their supportive role to the woman in labour and birth.

Methods

A qualitative study will be conducted using reflexive thematic analysis. About 15 semi-structured individual interviews are planned with birth companions chosen strategically to get a representation of different experiences. This includes different roles such as parent to be, doula, other relative, and different experience of births such as vaginal, instrumental, complicated, hospital-based, and homebased. Representatives from different cultures will also be included.

Results

For the time of the presentation, 11 participants had been interviewed. The preliminary results showed how the birth companions tried to not be in the way of the maternity personnel during the labour and birth. The birthing room mediated that labour and birth is a technocratic event. In the birthing room environment, it was difficult to be as physical close to the birthing woman as the birth companions would like, to optimise their supportive role.

Conclusions

This study aims to add knowledge on how a hospital based birthing room should be designed to satisfying the need of a supportive birth companion.

Keywords: Birthing room, birth companion, labour and birth

References

1. Room4birth research project: <https://www.gu.se/en/research/room4birth>

Birth and Parenthood education practical Model for Somalis living in Northern countries

Pirjo Koski¹

¹Metropolia (University of applied sciences)

Introduction

Northern countries become more culturally diverse, and the dominant culture related to birth and parenthood education has become as normal. More than 100 000 Somalia-born live in the Nordic countries: Sweden, Norway, and Denmark, Iceland and Finland. Most of them live in Sweden and Norway. Many arrived as refugees of war in the 1990s, 2000s and 2010s.

Aim

The aim is to describe Birth and Parenthood education practical Model for Somalis living in Northern countries

Methods

The original model has been developed using action research (Koski 2014). Over the years, the model the model is re-developed based on new research findings.

Results

The new BPE practical model for Somalis is formed from following concepts.



- Parenthood in transition (challenges in new country and improving parenting),
- Health habits: Behavior that is beneficial to Somali Women's' physical or mental health.),
- Pregnancy, and birth preparation (The health and well-being of the pregnant woman and the fetus and female genital mutilation) and
- Growth of parenting (Becoming a parent forms a major transitional period in a new parent's life) and
- Empowerment education (listening dialogue and action cycles).

Conclusions

The model still needs more research and experimentation in Nordic countries.

Keywords: Somalis, Northern countries, Birth and Parenthood education

Important Aspects of Intrapartum Care Described by First-Time Mothers Giving Birth in Specialised Obstetric Units in Norway: A Qualitative Analysis

Tine Schauer Eri¹, Ingvild Grøtta Røysum², Frida Bang Meyer², Maria Opstad Mellemstrand², Rebekka Bø², Lillian Sjømæling², Anne Britt Vika Nilsen²

¹Faculty of Health Sciences, Oslo Metropolitan University, Norway; ²Faculty of Health and Social Sciences, Western Norway University of Applied Sciences, Norway

Introduction

Giving birth is one of the most important events in a woman's life. Nulliparous women may require extra attention when giving birth in a technocratic environment. The experiences of birth may contribute to how first-time mothers develop good self-esteem, positive feelings for the baby and adjustment to the motherhood role. A negative first birth experience might be associated with fear of childbirth in subsequent pregnancies and is with postponing the next pregnancy or deciding not to have more children.

Aim

To explore important aspects of intrapartum care in primiparous women who had given birth in large obstetric units in Norway by analysing two questions in an online qualitative survey.

Methods

We used data from the Babies Born Better (B3) survey, version 1, which is an international, web-based qualitative survey. We performed a reflexive, thematic analysis of descriptions of aspects of positive care and areas of care requiring improvement. The responders could give up to three responses to each question and there were no word limits.

Results

In all, 640 first time mothers were included in the study. The analysis of the 2 205 responses resulted in three final themes: 'Communication and positive interactions with the caregivers', 'Autonomy and active involvement in the labour process', and 'Safety, competence and quality of labour care'.

Conclusions

For women who give birth for the first time in specialised obstetric units both relational aspect such as communication and respect, and environmental aspects such as facilities and access to food, are of importance. First-time mothers might be particularly vulnerable to absence of positive interactions with caregivers because they lack the recourses former birthing experience can give. It is essential to give unexperienced birthing women special attention during childbirth because the first birth may influence decisions on following pregnancies.

Keywords: Parturition, Primiparity, Birth Setting, Women's Experiences, Relational Care, Birthing Environment



Posters

A longing to be seen as a family when learning to care for the newborn baby

Bente Kristin Høgmo¹ 

¹ University of Stavanger, Norway. bente.k.hogmo@uis.no

A longing to be seen as a family when learning to care for the newborn baby

Family-centred and individually adapted postnatal health care



RESULTS

The findings revealed that parent's experiences are characterised by a longing to be seen and confirmed both as unique individuals and as a family by the PIIN when learning to care for the newborn baby. The home visit enables the PHN to become acquainted with the new family and gives insight into their lifeworld. Although an increased need for both lay- and professional care is prominent, the parents drew a varied picture of their experiences with the CFHC service, demonstrating that the CFHC services are focusing almost exclusively on mother and child.

CONCLUSION

- A public health nurse can contribute to strengthen parenthood and promote the family's health when the focus is on the new baby.
- Being cared for while learning to care for the baby is pivotal in a phase that involves both joy and vulnerability.
- This study adds knowledge concerning the importance of both parents being seen and confirmed by the PIIN as unique individuals and a family unit in the postnatal period.

”

*As a mother I haven't missed anything ... but I think the public health nurses must see father to a greater extent
(Lisa)*



INTRODUCTION

The focus of this study is parents' experiences of postnatal care provided by the public health nurse (PHN) and Child and Family Health Centre (CFHC) services. An early postnatal discharge of healthy mothers and term babies has become common in many western countries and marks a shift from an illness orientation in maternity care to what has been claimed to be a more family-centred approach. Postnatal care in the community aims to give parents support in their new role, introduce and support breastfeeding and facilitate the parent-child attachment. The present study is part of a larger Norwegian research project investigating parents' and healthcare professionals' perspectives on municipal postnatal healthcare services.

METHOD

A phenomenological reflective lifeworld research approach with a descriptive design was chosen. A purposive sample of 10 parental couples were interviewed twice, around 1-2 and 6-8 weeks postpartum, using joint and individual interviews.

REFERENCES

Parents' experiences with public health nursing during the postnatal period: A reflective lifeworld research study

BENTE KRISTIN HØGMO, PhD Student¹, TERESE BONDAS, Professor¹ & MARIT ALSTVEIT, Associate Professor

¹ University of Stavanger, Norway

Bente Kristin Høgmo

PhD Student,
Department of Public Health
Faculty of Health Sciences
University of Stavanger,
Norway

bente.k.hogmo@uis.no
www.uis.no



Abstract

The focus of this phenomenological study is parents' experiences with public health nursing and child and family health center services in the postnatal period.

The parents drew a varied picture of their experiences with the CFHC service, demonstrating that the CFHC services are focusing almost exclusively on mother and child.

Being cared for while learning to care for the baby is pivotal in a phase that involves both joy and vulnerability. This study adds knowledge concerning the importance of both parents being seen and confirmed by the PHN as unique individuals and a family unit in the postnatal period.

Conclusion

A post doc research program of qualitative research consists of a series of connected thematic studies to create new knowledge. In my own career I have focused on three areas of research: 'The childbearing family and caring' and 'caring in leadership'. My studies of meta-ethnography, and other qualitative methods have had an impact the programs. Scientific originality is of utmost importance and the program plan should not be too narrow or too broad but allow for emerging research questions, based on experiences in the research process and the findings. It is recommended to start to think in terms of a program rather than ad hoc studies in your postdoc, not only as a question of the contribution to knowledge but also in terms of your career.

Time management and responsibilities need to be clarified early when gathering the research team. Funding applications are a means of developing the research plan and thereby contributing to the whole research program. The optimal research collaboration will gather complementary expertise and it is recommended to include students on different levels as well. This is also a way for you to practice and learn supervision and encouraging students to plan for a career in research. Trust and passion are important in the research team that will be furthered by a creative, respectful, and open atmosphere in the team. Your leadership will make a difference for an academic dialogue, meaningful structures for research and timetables, not forgetting celebration when important milestones in the process have been achieved.

I encourage you to reflect and be aware of your own research paradigm that according to Törnebohm (1988), a Swedish philosopher, includes four dimensions. The first one is what we want to do, our interest. The second is what we can accomplish, our competence. The third; Our view of reality, i.e., ontological assumptions that show even if they have not been made explicit. The fourth; Our worldview that includes epistemological claims, research ideals and the relationship to different disciplines. It is important to become aware of one's theoretical, professional, and personal backpacks that have an impact on the choices and decisions during the whole research process.

The theoretical perspective will guide the focus of the research program (Anfara & Mertz, 2006). Theories may be created, modified and their usefulness will show their strength and survival. Theories may vanish or be found again - with or without reference to the original idea. My perspective has been caring science that focuses on health and caring primarily from a life-world perspective. The significance of caring science theories shows their impact when midwives, child and public health nurses and other health care professionals develop a deeper understanding of their caring that is visible in their practices. From the patient's, client's or family perspective, the alleviation of suffering and promotion of health as lived experiences will show. Inspired by Eakin & Mykhalovskiy (2003), I propose that theory driven research may be seen as a compass for empirical studies. The perspective is visible not only in the choice of theory and aims but also through the ontological assumptions and thus what is seen as worthy of research. There

should be balance when adhering to the theoretical perspective. In the discussion new theoretical insights can and should be brought to the findings if relevant. Theories may be built, modified and their usefulness may increase - or the society may change, and the theory is of no use and vanishes - or may be found when time is right. The opposite metaphor of the compass is the anchor when the theoretical perspective becomes a frame of reference and thus works better for quantitative studies.

When creating research programs of qualitative research, the following ten issues might be helpful (Bondas, 2013):

1. DISCOVERY of new fruitful research questions by listening to the patient/client, their loved ones, and midwives, child and public health nurses and other health care professionals, as well as the media debate
2. READING – ‘bildung’ - philosophy, incorporating our history and a history of ideas.
3. BALANCE between ontology, theory and the phenomenon/phenomena, and another balance between epistemology and methodology.
4. TIME - looking at the phenomena unfolding over time as well as the connections.
5. RELATIONS - combining the perspectives of those cared for and care providers in their culture and the health care organization and policies.
6. RENEVAL of an in-depth thick description when daring to move from the broad questions to the small questions so relevant for caring and the patients and their loved ones. Use active reflection through diary writing, ask critical questions on your decisions, doubt your decisions and understanding, and bracket your professional and personal preunderstanding. The cultural aspects need attention.
- 8) RESEARCH ETHICS from the beginning to the end when reporting the study in different media.
- 9) CRITICAL research endeavors that increase action research, discourse analysis and critical interpretation, thereby enabling changes.
- 10) METASTUDIES that extend across contexts and findings, combined with metamethod- and metatheory studies to help developing qualitative approaches.
- 11) INTERNATIONAL COLLABORATION in qualitative research, thus enabling cultural nuances and comparisons, and ethical reflections.

Professor Terese Bondas

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