Bakom rutinerna
Kunskap och omvårdnadspraxis i mänskliga gränssituationer

av

Inger James

Akademisk avhandling

Avhandling för medicine doktorsexamen i vårdvetenskap, som enligt beslut av rektor kommer att försvaras offentligt fredagen den 22 januari 2010 kl. 13.00, Hörsal P2, Örebro universitet

Opponent: professor Marit Kirkevold
Institutt for sykepleievitenskap og helsefag
Universitetet i Oslo

Örebro universitet
Hälsoskolan

70182 ÖREBRO
ABSTRACT


The overall aim of this thesis was to study how family members, next of kin, and health care professionals construct and use knowledge in nursing praxis in human boundary-situations. The study was carried out on a surgical ward at a university hospital in Sweden. Methodology: Study I: A case study; data concerning a family with six family members were collected over 10 months using interviews, conversations, and diary notations. Study II: A hermeneutic approach; interviews with 27 family carers were conducted six to eight months after a family member’s death. Studies III, IV: a combined ethnographic and hermeneutic approach; participant observations (285 hours), informal conversations (190), and interviews (25) were conducted with 25 nurses and 18 assistant nurses.

The main findings were: (I) The family members used beliefs to explain and understand cancer, dying and death. The beliefs were aggregated into eight main beliefs and four themes: cancer is a deadly threat/death is a liberator; death can be held at bay/death can be lived near; dying is done alone/dying should not be done alone; and life has an end/life is endless. These beliefs appear to oscillate between seemingly contrasting poles. (II) The family carers made their own assessment of their loved one’s condition and situation. Their actions were characterized by struggling to get treatment, being left behind, being partners, keeping the illness at a distance, hovering beside their loved one, waiting for death, and being experts and protectors. The family carers used practical wisdom, phronesis, regarding what care was the best, or least harmful, for their loved one in the encounter with professional care. (III) The nurses constructed knowledge through greeting the patient, and reading the patient. By being sensitive, using humor, and emotional involvement, understanding was deepened. By being suspicious and self-critical, interaction was sought with nurse colleagues, the patient, relatives, and the doctor, and additional knowledge was obtained. They strived to be one step ahead in their efforts to attain an understanding of the patient’s situation. The knowledge nurses make use of can be related to the intertwined and embodied forms of theoretical knowledge, i.e., episteme, practical professional knowledge, i.e., techne, and practical wisdom i.e., phronesis. (IV) The nurses created and used emotional knowing that could be interpreted in relation to various rooms of emotions, thoughts and actions. They strived to do things correctly in the normative room; created a safe, secure milieu for patients and next of kin in the safety-security room; and questioned their actions in the critical room. They created an affinity for co-operation that was of benefit in encounters with patients in the nurses’ affinity room. And they demonstrated compassion for patients and next of kin; this compassion was particularly evident in the closeness room.

Conclusion: In praxis, construction and use of knowledge occurs that often takes place behind the routines. This knowledge constitutes an important content in nursing. The hermeneutic spiral can serve a pedagogic purpose in elucidating nursing and its different forms of knowledge.

Keywords: nursing praxis, knowledge construction, boundary-situations, family, informal care, hermeneutics, ethnography, end of life.