

TUESDAY 23 SEPTEMBER 2003

Teaching Lecture

1133

Clinical practice - why do we do what we do?

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It is a well-known fact that changing clinical practice is not a simple and straightforward task. Innovations are necessary for the development of nursing practice. Nurses need to reflect what they do and why, and think about why we so fast accept some new ideas and forsake others. Today, however, there exists an extensive supply of concepts, trends and shifting terms for improving health care and it may be questioned if these really facilitate improvements in health care. The common challenge no matter what concept or model is used is the implementation of change.

This paper aims to discuss the importance of including both individual and organizational factors in the strategic planning for implementing new knowledge to change practice. This includes long-range planning and provision of adequate knowledge and skills as well as supportive context in order to achieve sustainability to alter clinical practice.

Plenary Lecture

1134

Do patients benefit from nursing research?

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This presentation has its origin in clinical nursing research. The core of nursing is the patient and health is focused instead of disease (a salutogenic approach). The main goals of nursing are to increase healing, decrease suffering, strengthen independence and rely on scientific ground. Studies show that how people evaluate their well-being predict morbidity and mortality. Nursing implies assisting the patient to achieve as good quality of life as possible in relation to his/her disease, illness and self-care ability. As a consequence the target of nursing research is patients' perceptions and experiences of how it is to suffer from a disease or illness. A lot of nursing research performed in cancer patients' focus on quality of life. Most studies are of descriptive nature and very few are experimental. The critics of nursing research often concern limitations of generalization. The reasons for this are often linked to small sample sizes and non-experimental designs. However, a lot of areas have by nursing research been acknowledged and raised awareness to health care personnel that are of direct benefit for the patients. Several studies highlight discrepancies between patients' own ratings and the caregivers and relatives judgements of the patient's degree of quality of life aspects. There is also consistency in findings as results consequently show how individually patients perceive their situation in connection with a cancer diagnose. Patients have individual needs and preferences and the importance of routinely assessment of the patient's own perception in the clinical setting is obvious.

The current challenge is to realize nursing research findings so the patients fully get a chance to benefit from the excellent results coming from nursing research. It is time to implement the measurement of quality of life aspects in the clinical practice. Practical examples on how to do so are given during the presentation. Nursing does not rely on scientific ground if the patients not are given the opportunity to give their own description of their own situation by filling out self-assessments.

It is worthy to notice that when patients participate in clinical nursing research studies many patients directly benefit as they often get more attention than in ordinary care.