Abstract Book

Human Rights and Health and the Astrid Janzon Symposium

The Swedish Red Cross University College, Stockholm 26-27th November 2015

Oral sessions and Poster sessions
Human Rights and Health

Welcome to the 4th annual conference at the Swedish Red Cross University College, 26-27 November 2015 on Human Rights and Health.

On behalf of the organising committee I would like to warmly welcome you to the fourth annual conference at the Swedish Red Cross University College, which this year focuses on health and human rights. During the conference we will examine the reciprocal influence between health and human rights. Involvement, participation and political awareness of issues around human rights and health will be addressed.

War is still creating death, devastation and trauma, some of which the International Red Cross movement encounters every day. The highest attainable standard of health is enshrined as a fundamental right of every human being in the WHO constitution. Health may be a prerequisite to use your other rights. With this conference we have set ourselves the task of spearheading efforts to address this close relationship.

We invite researchers, scholars and practitioners from a variety of disciplines to come together to discuss health and human rights within a range of topics. The objective is to promote critical discussions of proposals and overviews and to address and raise awareness regarding the contemporary challenges facing human rights and health issues as reflected in practice, education and politics from local to global contexts.

We look forward to seeing you in November and please note that the abstract submission deadline has been extended to August 17 2015.

Denny Vågerö
Professor, Stockholm University
Board member, Swedish Red Cross and Swedish Red Cross University College
Astrid Janzon Symposium

This conference will also include the 2015 Astrid Janzon Symposium. An especially honorary award will be presented to an international scholar in the field of health research who will, in conjunction with the presentation, give a lecture on this year's topic. The recipient of this award will be selected by the scientific committee and be announced in the conference programme during the spring of 2015.

The Astrid Janzon foundation supports this yearly conference event. For more information kindly see: http://www.astridjanzon.se/index.html.

Biography

Astrid Janzon was born in Jönköping in 1907. In 1924 she moved to a private upper secondary school for girls in Linköping. She studied at the Red Cross College of Nursing in Stockholm between 1927 and 1930. In 1938-1939 she studied an advanced course for nurses at the Bedford College for Women, University of London. The contacts that Astrid made during her year in London became the basis of a large international network of friends and colleagues. In 1946-1947, as recipient of a travelling scholarship from the Rockefeller Foundation, she spent six months touring the USA and Canada, observing the education of nurses and the organisation of medical and health services there. She received a BA degree in political science and education in 1950 at Stockholm University.

Her first appointment as a professional nurse was as Head Nurse at the X-ray department of Eskilstuna General Hospital. In 1936 she was offered a position as a teacher of nursing with the Red Cross College of Nursing. After her return from London in 1939 she was appointed Director of the newly opened State School of Nursing (Statens sjuksköterskeskola) in Stockholm. It was at this school that Astrid made her pioneering contributions to nursing education and care of the sick. An important innovation to be tested from the beginning at the school was the teaching of public health care. This deviated significantly from the one-sided focus on the care of inpatients of that time. Throughout her whole period as a Director of the school, Astrid strove to elevate the status of the student nurse. She fought a relentless battle against the apprentice system, with its use of student nurses as cheap labour in hospitals, without regard to their need for education.

Astrid’s international commitment and contacts were mirrored in the school’s teaching, and awoke the students’ interest in international problems and work. In 1969 Astrid was designated a member of the Order of the North Star (Nordstjärneorden) by the King of Sweden.

Astrid died, in accordance with her wishes, in her own home, on February 28, 2000.

(Summarised from the biography “the Astrid Janzon Foundation” written by Gunborg O. Janzon)
A follow-up of the introduction of a time limit for receiving sickness benefit in Sweden: a nationwide register-based study

Lecture hall: Henry Dunant (HD), at 10.15-10.40
Lecturer: Marjan Vaez¹,², Associate Professor

Co-authors: Kristina Alexanderson¹, and Lena Gonäs¹,³
Affiliations: ¹Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden, ²Centre for Occupational and Environmental Medicine, Stockholm County Council, Stockholm, Sweden, ³Department of Working Life Science, Karlstad University, Karlstad, Sweden.

Background: In 2008, a maximum time limit of 2.5 years for receiving sickness benefit (SB) was introduced in the sickness insurance system (SIS) in Sweden. The aim was to elucidate the characteristics and future labour market status of women and men who had their SB terminated, following this change.

Methods: A prospective cohort study was conducted including 5 313 788 individuals, aged 20–63 and living in Sweden in 2009. The individuals were followed from 1 July 2008 through 1 July 2010 regarding the number of SB-days and classified as those: a) who had their SB terminated, b) at least one SB-day, and c) no SB-days. Logistic regression was used to estimate the probability of termination of SB, labour market income (LMI) in 2011, and to examine associations with socio-demographics and occupation.

Results: Of all, 0.6% of the individuals had their SB terminated within two years the reform and higher proportion of them were women. Mean number of SB-days in the 2.5 years prior to reform was 755 days for women and 710 days for men. The highest odds for termination of SB were among: women aged 40–49, men aged 50–59, men born outside the European Union countries, women and men who were single or single parents, low education (≤9 years), and those with elementary occupations. About 16% of women and 12% of men with terminated SB had LMI in 2011. The OR for LMI was higher among those from white collar occupations. More than half of the groups with terminated SB and with at least one SB-day had their income from SB in 2011.

Conclusions
Individuals with terminated SB within two years after the introduction of maximum time limit in 2008 also had a previous history of long-term receipt of SB and were more likely to be women. One out of seven with terminated SB had an income from labour market in 2011, and most of them were from white collar occupations. A majority of those had returned to SB. Further research is warranted to investigate the effect of this policy change in the SIS on individual health and welfare.

Keywords: Sick leave, Insurance medicine, Labour market status, Work disability, Social security, Gender, Occupation
Remarks on the difficulties faced by torture victims when trying to prove their need of protection

Lecture hall: Emmy Rappe (ERA) at 10.15–10.40
Lecturer: Lisa Hallstedt, Senior Policy Advisor at Swedish Red Cross

Studies have shown that traumatic experiences such as torture, and the consequences thereof, such as post-traumatic stress disorder, directly influence refugee-status decision-making, as both can severely impact the ability to present the claim in what is perceived by decision-makers as in a credible way. This led the Swedish Red Cross (SRC) to initiate a study, presented in the report “Tortyrskador i asylprocessen under lupp – Hur värderas tortyrskador i den svenska asylprocessen och vad krävs för att få skydd?”. Decisions and judgments from the Swedish Migration Agency and the Swedish Migration Courts where torture victims claimed there was a risk for them being subject to torture in their country of origin if returned were studied. In the paper/presentation, I present some of the main findings of the study, findings that lead to the conclusion that victims of torture still face obstacles in achieving access to protection on equal terms as other asylum seekers with protection needs.

SRC advocates in favour of early identification within the asylum process of victims of torture. Recast EU directives on migration and asylum, not yet implemented in Sweden, have introduced the categories of persons who might be in need of special reception conditions or special procedural guarantees. The EU Recast Reception Directive singles i.a. out persons who have been subject to torture as having special reception needs, and imposes an obligation upon EU Member states to identify such persons. Furthermore, the EU Recast Asylum Procedures Directive introduces the concept of “applicant in need of special procedural guarantees”, i.a., as a consequence of experiences of torture. In this paper/presentation, I argue the following. The EU directives place considerable focus on vulnerable person, including victims of torture, and their needs. However, there is no clear understanding on how the implementation of the directives shall be carried out, i.a. with regard to identification of the individuals and the benefits rendered from being identified.
To become old and develop dementia in a foreign country

Lecture hall: L3, at 10.15–10.40
Lecturer: Monir Mazaheri, PhD

Co-authors: Lars E Eriksson, Alireza Nikbakht Nasrabadi, Helena Sunvisson, Kristiina Heikkilä
Affiliations: Mälardalen University, Tehran University of Medical Sciences

Background: Dementia is a worldwide health concern. Research in the field of subjective experience of dementia suffers from a lack of diversity of their participants including immigrants. Our study aimed to explore the subjective experiences of living with dementia among Iranian immigrants in Sweden.

Methods: Qualitative content analysis of interviews with fifteen people with dementia from Iranian immigrant backgrounds were conducted (8 females and 7 males).

Results: Three themes and seven associated sub-themes were revealed. The themes included: Being a person with dementia means living with forgetfulness (personal sphere), living with forgetfulness in the private sphere means feeling incompetent but still loved, living with forgetfulness in the public sphere means feeling confident and secure but also isolated.

Conclusions: Living with dementia for the participants meant living with forgetfulness. They experienced feeling incompetent but still loved within their families and feeling confident and secure but also isolated in the society. Educating people with dementia and their families about the course and process of dementia may help them understand the changes better and adjust their expectations. Our study can provide a basis for healthcare workers to understand the experiences of living with dementia from this specific perspective.
"Red Cross-Listen In!" A case study of how beneficiary communication and accountability contribute to reaching and measuring results

Henry Dunant (HD): at 10.45-11.10
Lecturer: Nina Paulsen, Regional Representative at Swedish Red Cross

While aiming to reach results (such as improved health status) humanitarian workers in aid organizations such as Red Cross and Red Crescent Movement (RCRCM)[1], make use of outcomes in related global forums, standards and networks. Common concepts discussed related to humanitarian action are the following ones: effectiveness, local ownership and mutual accountability. In addition, concepts such as Results Based Management (RBM), highlighting the importance of delivering and accounting for results influences humanitarian organizations. Donors such as governments are pushing for RBM. The RBM reform impacts Swedish aid policy and RCRCM in Sweden, represented by Swedish Red Cross. However researchers and civil society actors find that RBM is not a silver bullet to facilitate results.

Dialogue with beneficiaries goes back to the beginnings of humanitarian action, but dialogue using social media to capture beneficiaries’ views started only around a decade back.

In this case study, I investigate RCRCM and focus on Swedish Red Cross. In particular I explore the following research problem: how does beneficiary communication and accountability using social media contribute to reaching and measuring results?

My data includes individual and focus group interviews and RCRCM guiding documents. Conclusions include that: indeed beneficiary communication and accountability contributes to reaching results and have potential to better capture results. Direct RCRCM organizational benefits are potentially huge given RCRCMs extensive worldwide community level network. The benefits include better access, more relevant activities and funding opportunities. However challenges include perceived lack of expertise, management commitment and generally slow change of mind set with regards to downward accountability.

[1] A) The International Committee of the Red Cross (ICRC), B) the International Federation of Red Cross and Red Crescent Societies (IFRC) and C) national societies in 189 countries around the world (see section 2.1)
**Destitution and health: exploring the links amongst destitute asylum seekers**

Lecture hall: Emmy Rappe (ERA), at 10.45-11.10  
Lecturer: Jacob Beswick, Policy and Advocacy Officer at British Red Cross  
Co-author: Alison McNulty, Head of Research at British Red Cross

The British Red Cross has a long tradition of providing practical and emotional support to refugees and asylum seekers in the UK, and refused, destitute asylum seekers are a particularly vulnerable group.

Refused asylum seekers have very limited access to statutory support and their entitlements to free health care are at best ambiguous. While discourse on destitute asylum seekers focuses on the absence of assets, this paper reports on research which sought a more holistic examination of destitution.

Fifty-six destitute refugees and asylum seekers (the majority of whom were refused asylum) completed a questionnaire exploring, amongst other factors, their access to food, shelter, support networks, government funding, wellbeing, and their health now and in comparison to a year ago.

Our research found their lives were characterised by inconsistent and uncertain access to support as well as unmet need.

Despite a reliance on friends, family and acquaintances, not everyone felt a closeness to those relied upon, nor were all able to satisfy their hunger or access consistent accommodation. Unsurprisingly, their current health was reported as “bad/very bad” more frequently than “good/very good”, and more than half reported that their health worsened in the last year. When compared to the general population, our participants reported poorer wellbeing – even poorer than the general population classified as ‘most deprived’.

With inconsistent support and an inability to support themselves through work, refused asylum seekers face a destitution trap, especially when return home is impossible. They must live with restrictions on health treatment, preventative or otherwise.

This exploration is particularly important since health policy in the UK prioritises prevention and improving wellbeing. However, defining what this means to different populations, such as refused asylum seekers, is lacking. International standards set by the WHO and the OHCHR inform policy recommendations based on the analysis.
Is conversion a gate to achieve mental health or not?

Lecture hall L3, at 10.45-11.10
Lecturer: Josef Schevrandhi, PhD-student

Affiliations: Department of Comparative Religion, Centre of Excellence in Research Young Adults and Religion in a Global Perspective (YARG), Åbo Akademi University, Finland

My presentation will clearly concentrate on a part of my present research on conversations of exmuslim Iranian in Sweden to Protestantism and the characteristics of their health problems and Human Right involved in former apostasy trauma, culture shock, meanings pursuit and integration. Living in Europe, far from family, friends, networks, language and culture, can lead to a complicated and harsh life for emigrants. Cultural differences, lack of correct immigrant policy, unemployment, discrimination, value depreciation, and the feeling of emptiness in a secularity can lead to depression for many emigrants in European countries; and for many more it can lead to serious crisis. Emigrants in exile need their own source of survival ability, life strategy and religious meaning. Converts with crises seek help from other individuals, groups and religious denominations and secular institutions that are willing to support them. My presentation explains how crises of conversion can be caused by theological duality, the relinquishing of a former Islamic belonging and the replacement of it with the new Christian one.
Established glocal organizations and community initiatives - a dynamic challenge for civil society leaders

Lecture hall: Henry Dunant (HD), at 11.15-11.40
Lecturer: Malin Gawell, Associate Professor

Affiliation: School of Social Sciences, Södertörn University

Research on civil society in general, and on civil society organizations in particular, have been dominated by a western approach to established organizations within formally structured settings (see for example: Salamon et al. 1999). During the last decade(s), civil society in other geographical, as well as other theoretical contexts, have been recognized by policy makers as well as certain scholars (Burger 2012; Obadare et al. 2014). This enables a more nuanced and multifaceted understanding of civil society’s role in societal development and it also enables research to address complexity in relations that challenge leaders in civil society.

This paper is based on a pilot study of relations between established glocal organizations and community based engagement, and how this dynamic is viewed by leaders at different levels. The aim of this paper is to firstly draw conclusions of analysis of documents and initial interviews, and secondly to problematize this findings to further develop a more extensive study of civil society leadership.

Empirically, this study is based on the Red Cross, a glocal organization founded in 1863 and currently with 189 National Red Cross and Red Crescent Societies established all over the world with the aim to relief suffering and promote human dignity. The local presence in combination with the global foundation makes it a glocal organization that ideally can mobilize local engagement, knowledge and resources to the advantage of people in need of humanitarian assistance and resilience. It is however also an organization in which traditional top down approaches of international aid meet bottom up engagement and initiatives. And in these meetings, needs and resources are not equally distributed.

More specifically, this study has a focus on the Red Cross operations in Liberia and Sierra Leone – two countries that both have suffered from armed conflicts in the 1990’s and more recently, extensive Ebola out brake. Initial interviews with representatives from the Liberian and Sierra Leone Red Cross Societies are included in this pilot study. So are interviews with representatives from partner societies who has been involved in the operations in the field and/or from a distance.

Theoretically this paper draws on theories on 1) civil society and social economy (e.g. Spear et al. 2001; Nyssens 2006), 2) engagement and (social) entrepreneurial community based initiatives (e.g. Dees 1998; Borzaga & Defourny 2001; Nicholls 2006; Mair, Robinson & Hockerts 2006; Gawell 2013, 2014; Yunus & Weber 2008), and 3) management and beyond that – leadership not necessary limited to the notion of formal organizations (Dreutzer & Jacobs 2011; Maier & Meyer 2011; Young 2011).

References


Is the level of acculturation associated with how symptoms of common mental disorders are expressed? A human rights perspective

Lecture hall: Emmy Rappe (ERA) at 11.15-11.40
Lecturer: Petter Tinghög, PhD

Co-author: Fredrik Saboonchi
Affiliations: Swedish Red Cross University College and Department of Clinical Neuroscience, Karolinska Institutet

Introduction: From the human right principle of equal and non-discriminatory treatment it can be deduced that all individuals should receive the same level of psychiatric care regardless of cultural origin. However, a prerequisite for accomplishing this is that health care professionals are able to identify mental disorders equally well among all immigrant groups. The aim of this study was to investigate whether the symptom manifestations of common mental disorders (CMDs) are associated with the level of socio-cultural acculturation.

Method: In a Swedish study, 251 Iraqi immigrants’ symptoms of CMDs were assessed with a Swedish or an Arabic version of the Hopkins Symptom checklist (HSCL-25). High and low level of socio-cultural acculturation was approximated by the variables years since migration, proportion of life lived in Sweden and proficiency in Swedish. By means of ordinal regression uniform and non-uniform Differential Item Functions (DIFs) of the HSCL-25 items were tested and presented as Cumulative Odds Ratios (ORs).

Results: Iraqi immigrants with a higher level of acculturation tended to less often express CMD in terms of “worthlessness” OR 0.41 (p <0.01) or “hopelessness about the future” OR 0.50 (p<0.01). On the other hand they more often experienced/expressed CMD as “feeling fearful”, OR 2.29 (p<0.01). Moreover, the item “crying” appeared to be a weaker predictor of CMD among those with a lower level of acculturation (p=0.02).

Discussion: How CMDs are manifested among immigrants appear to at some extent be linked to the level of socio-cultural acculturation. Health care professionals assessing immigrants’ mental health should be aware that symptom presentation of CMDs may not only differ between immigrant groups but also among recent and non-recent immigrants from the same country. Potentially, the use of culturally insensitive screening instruments can lead to that some immigrant populations’ human rights of equal and non-discriminatory treatment will be violated.
“I am Sacrifice”- A qualitative journalistic approach

Lecture hall: L3, at 11.15-11.50
Lecturer: Stephanie Paillard-Borg, PhD

Affiliation: Swedish Red Cross University College

Abstract: In its recent political structural reform, the Japanese government presented the urgency to consider positively the increase in labor mobility which includes the issue of immigration to Japan. The aim of this study was to explore from a female immigrant perspective, the relation between migration and health through the scope of the social identity theory. A focus group, composed of three Filipina women, was performed and analyzed by content analysis with a methodological departure in qualitative journalistic interviewing. All the cases were in their 40’s, mothers, married but had immigrated alone to Japan. They were legal immigrants, worked in low-paid jobs, had been living in Japan between one to ten years and spoke good English. The main findings of this study, religious network, digital connection, language, honor and motherhood can contribute to understand how social identity affects physical and mental health on migrant women. In conclusion, a multi-disciplinary approach is needed to comprehend and minimize the often painful impact of migration on women, having often devastating health consequences.
OUR MOVE – Generating new knowledge and research in human rights and health

Lecture hall L2, at 13.45-14.45 November 26 and at 10.40-11.35 November 27
Lecturer: Andrea Hvistendahl, Master in Fine Arts.

Andrea Hvistendahl, works with multi-level communication for humanitarian organisations.

Our Move is a board game and an interactive art project. It is used as a tool to understand and visualize complex processes in different contexts. In this workshop we will use OUR MOVE to make visible the actors, networks and processes in research and advocacy of human rights and health.

On the painted game board, round discs are placed, representing different actors concerned, in this case in health issues and safeguarding human rights for a chosen individual or group. Examples are asylum seekers, a specific patient or age group. The participants, 2-6 for each board, then negotiate and discuss the placements of a number of different pawns/symbolic pieces on and between the discs. The pawns have titles like: knowledge, fear, power, walls, bridges, but can vary with the participants’ interpretations. OUR MOVE is designed to carry an openness that is less definite than words, allowing for multiple layers of truths and realities.

The process of defining the actors involved and the placement of the pawns reveal and visualize resources, weaknesses and relations among them. Participants are given space to use their knowledge and creativity, and in the dialogue combine images and words to describe decisions, pattern and complexity. The result may generate new and interdisciplinary research ideas, revealing gaps of knowledge and possible interactions.

OUR MOVE has previously been used in various contexts – for instance with re-searchers and policy makers in Iraq concerning oil law for social peace, and at a sustainability conferences commissioned by the Swedish Environmental Protection Agency.
Humanitarian nursing in a viral haemorrhagic fever outbreak: Before, during and after deployment

Lecture hall: Henry Dunant (HD), at 15.30-15.55
Lecturer: Stephanie Paillard-Borg¹, PhD

Co-authors: Panu Saaristo², Senior Officer and Eva von Strauss¹, PhD, Professor
Affiliations: ¹Swedish Red Cross University College, ²International Federation of Red Cross and Red Crescent Societies

Objective: To investigate how returnee nursing staff experienced deployment before, during and after working for Red Cross (RC) in West Africa during the Ebola virus disease (EVD) outbreak. The study will supply knowledge on how to better prepare staff for future viral haemorrhagic fever (VHF) outbreaks.

Background: RC staff and volunteers play an active role in responding to humanitarian crisis, including the EVD outbreak in West Africa 2014. RC is engaged in ensuring safe and dignified burials, contact tracing, and control/surveillance of deadly viruses at clinical and community level.

Methods: A pilot questionnaire with ten open-ended questions was sent via e-mail to fourteen nurses having returned after working with EVD patients in West Africa. It covered aspects of pre-deployment training, leadership styles, stress management, socio-cultural exposure, and personal health issues. Data was analysed using content analysis. The study is ongoing.

Preliminary results: Mean age of participants was 49.1 years, and eleven of them had previous experience from humanitarian work. Country of origin was northern/southern Europe or Oceania. They reported adequate health preparation and follow-up by RC, emphasizing the importance of previous related experience as well as trust and pride in RC. All were experienced leaders by profession, but none had worked as a leader during this deployment. Being focused on their duties during deployment and only allowing emotional reactions afterwards, they stressed the importance of social contact and support between colleagues. Future suggestions: workload reduction and improvement of work conditions potentially related to risk of security mistakes, and more in-depth information about VHF outbreaks given to family and colleagues back home.

Conclusions: Participants were generally positive to their deployment in an acute VHF outbreak, however the necessity of ERU-training was emphasized. Support from colleagues was stressed as important. Information given to family and colleagues was relevant but not sufficient.
Post-earthquake health needs: Experiences of Iranian older people

Lecture hall: Emmy Rappe (ERA), at 15.30-15.55
Lecturer: Monir Mazaheri, PhD

Co-authors: Ali Ardalan, Kourosh Holakouie Naieni, Mohsen Rezaie, Fariba Teimoori and Farshad Pourmalek
Affiliations: Mälardalen University, Tehran University of Medical Sciences

Abstract: Older people have long been recognised as among the most vulnerable people in disaster events. This particularly intensifies in earthquakes, since older people tend to be less mobile and more easily trapped, confined and injured than younger adults.

The paper reports a qualitative study of the self-perceived needs of older people in the aftermath of the Bam earthquake in Iran. Six focus group discussions and ten semi-structured individual interviews were conducted. A total of 56 people aged from 65 to 88 years were recruited to the study using purposive sampling, including 29 men and 27 women.

The data was analysed using content analysis. The analysis identified four themes including inappropriate service delivery, affronts to dignity, feeling insecure and emotional distress. Relief agencies and staff need to be age-sensitive in providing supports to disastrous zones and should mainstream older people’s rights in the planning and implementation of both the response and recovery phases of assistance.
**Putting the wheels in motion**

Lecture hall: Henry Dunant (HD), at 16.00-16.25
Lecturer: Alison McNulty, Head of Research at British Red Cross

Co-author: Chloe Carter
Affiliations: British Red Cross

The British Red Cross is the largest national provider of short-term wheelchair loans; loaning wheelchairs to both children and adults at no charge.

**We have a humanitarian vision:**
“Everyone who needs a wheelchair should be entitled to quickly and easily get one that is right for them, for as long as they need it.”

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) has been agreed by the UK. However, the Equality Act (2010, Great Britain) defines ‘disability’ as a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities. This largely excludes those with the need for a short-term wheelchair. In England there is no clearly defined duty for statutory provision of short-term wheelchair.

This paper reports nine case studies examining the impact of the short-term wheelchair loan on the user, their families, friends or carers and the logical cost savings to health or social care services in those cases generated by the short-term wheelchair loan.

Our findings showed research participants’ routes to accessing a short-term wheelchair loan – and awareness of the service – varied. While the reported needs were primarily health-related, they were also related to social need. The wheelchair allowed individuals to retain a sense of independence and reduced social isolation by retaining social connectedness. These benefits had a positive impact on health and recovery through an increased sense of wellbeing.

Moreover, short-term wheelchair loan logical costs savings for statutory services were observed at an average £1,676. With these findings in mind, we ultimately want to seek the realisation of our humanitarian vision. Recognising the limitations of the protection and promotion of rights afforded by the UNCRPD, we seek to place short-term wheelchair loan within the context of the fundamental right to health, as defined by the WHO.
Prevalence of torture- and other war- related traumatic events in forced migrants – A systematic review

Lecture hall: Emmy Rappe (ERA), at 16.00-16.25
Lecturer: Erika Sigvardsdotter, PhD

Co-authors: Marjan Vaez, Ann-Marie Hedman, Fredrik Saboonchi
Affiliations: 1Swedish Red Cross University College, 2Karolinska Institutet

Aim: Conduct a systematic review to identify and map the literature reporting prevalence of torture and/or war related potentially traumatic experiences (PTEs) in adult forced migrants living in high-income countries.

Methods: Databases PubMed, Web of Science and PILOTS, as well as key journals, were searched for relevant peer-reviewed literature in English (September 2015). No limit concerning earliest date of publication was used. Studies based on samples recruited among psychiatric patients or at torture rehabilitation centres were excluded, as were studies where more than half of the participants were voluntary migrants. Data was extracted and a methodological quality assessment was performed.

Results: The search resulted in a total of 3470 titles and abstracts. These were screened, and 198 were retrieved in full-text. 63 articles reported on 41 studies that fulfilled inclusion criteria. Half of these articles reported trauma history as a background variable. They originated in 13 different countries, Australia and the US were most common. A majority focused on specific ethnic groups or nationalities, South-East Asian, Middle Eastern and Balkan origins being most frequent. Prevalence rates of torture ranged between one and 76 %, median 27 %. Almost all participants across all studies had experienced torture or other war-related PTE.

Conclusions: Prevalence rates of torture and other war-related PTEs vary greatly between populations. Trauma history is mainly studied as a factor in relation to forced migrants' health, and often as a background variable. The heterogeneity of data, as well as the methodological challenges in reaching forced migrants, prevent generalization concerning rates and severity of trauma history across groups.
Chemotherapeutic-induced surface degradation of subcutaneous venous access ports - a preliminary comparative in-vitro and in-vivo study

Lecture hall: Henry Dunant (HD), at 10.40-11.05
Lecturer: Charlotta Tegnestedt\textsuperscript{2,3}, PhD-student

Co-authors: Maren K. Fossum\textsuperscript{1,2}, Charlotta Tegnestedt\textsuperscript{2,3}, Kristina Dahlberg\textsuperscript{4}, Emma Strömberg\textsuperscript{5}, Javier Sanchez\textsuperscript{3}, Annelie Liljegren\textsuperscript{6}, Claes Frostell\textsuperscript{3}, Gunilla Björling\textsuperscript{2,3} and Ragnhild E. Aune\textsuperscript{1}

Affiliations: \textsuperscript{1}Norwegian University of Science and Technology (NTNU), Department of Materials Science and Engineering, Trondheim, Norway \textsuperscript{2}Swedish Red Cross University College, Stockholm \textsuperscript{3}Karolinska Institutet, Department of Clinical Sciences, Danderyd Hospital, Stockholm, \textsuperscript{4}Stockholm South General Hospital, Surgical Clinic, Stockholm, \textsuperscript{5}KTH-Royal Institute of Technology, Fibre and Polymer Technology, Stockholm, \textsuperscript{6}Karolinska Institutet, Department of Oncology and Pathology, Stockholm.

Annually over 8 000 women in Sweden are diagnosed with breast cancer and one third of them will receive chemotherapy to prevent relapse in their illness. Chemotherapy is very toxic to the tissue and therefore a central venous access is always used. The Subcutaneous Venous Access Ports (SVAP) is one access that is commonly used. The complication rate, i.e. infections and thrombosis, due to the use of central venous accesses is high. Therefore, we aimed to investigate the degradative effect chemotherapeutic drugs might have on the inner-respectively outer material surfaces of polyurethane SVAPs. We performed a comparative in-vitro and in-vivo study, and we also studied the effect the drugs and the SVAPs have on the thrombogenisity in whole blood ex-vivo.

Three SVAPs were evaluated in the in-vitro study and the duration was 18 weeks (6 chemotherapeutic treatments), and all experiments were conducted in a simulation chamber allowing the control of medical drug flow rate, temperature, humidity and atmospheric pressure. The surface structure and topography of the collected material samples were analyzed after each treatment using standard characterization techniques, i.e. Scanning Electron Microscopy (SEM).

In the in-vivo study, n=3 SVAP exposed in women with breast cancer receiving chemotherapy at the Karolinska University Hospital, Stockholm, Sweden, following the same medical protocol, were collected after 6 treatments. The material of the SVAP was analyzed using the same analyzing methods as above.

The results show that chemotherapeutic drugs have a drastic effect on the material surface of SVAP both in-vitro and in-vivo. The material surface is affected by the drugs, which also has an impact on the thrombogenisity ex-vivo. The SVAP exposed in patients, in-vivo, also displayed mechanical material wear of the SVAPs’ surfaces. This preliminary study indicates that the chemotherapeutic drugs also have an effect on device materials. The obtained comparative results also prove that in-vitro studies can be used to predict in-vivo outcomes when performed under well-controlled conditions. The findings are of great clinical significance as this patient group is very vulnerable and the use of chemotherapy in cancer increases worldwide.
"Shaping" the nursing students at the Red Cross University College between 1945-1977

Lecture hall: Emmy Rappe (ERA), at 10.40-11.05
Lecturer: Trine Höjsgaard, PhD-student

Affiliations: Swedish Red Cross University College, Department of Education, Stockholm University

Background:
Red Cross University College (RCUC) has educated nurses for 150 years in Sweden, my interest is in the post-war period until 1977, when nursing education was brought into the higher education system in Sweden. In my study, I explore the often described secondary and subordinate position of nurses’ related to power, not only in relation to their work, but also in relation to other women's opportunities and situation. The particular reason for studying the Red Cross University College is that, from its establishment and even today it is considered to be in the forefront when it comes to educating nurses. It is thus likely that the RCUC has influenced what kind of knowledge and role nurses should fulfil in the whole of the Swedish society. For this reason, RCUC had a powerful position in influencing nurses’ education especially during the time between the Second World War and the reform of higher education of the 1970s, something I will return to during my presentation. What interests me is what discourses have contributed to shaping nurses educated in this context during this period. One point of departure is that there is a lack of knowledge, for example in regard to subordination and power of nurses. Nurses need to be visualized historically, beyond appearance and character. In my opinion, nurses’ history is about class and gender, power and knowledge—factors that in a way peaked during the period I study.

The Aim of the Study:
The aim of the study is to explore the discourses shaping nurses educated at the Red Cross University College in the post second world war period until 1977, with the intention to explore nurses’ identity formation and the discourses that have influenced nursing education at the RCUC during this period.

Methods:
Methods will be discourse analysis of relevant educational documents at the RCUC archives and interviews with nurses who got their education at RCUC during this period, most of them today in their 80s.

Preliminary Result:
During these 30 years, nurses were given permission to combine marriage and work, and the previously much-admired uniform became unfashionable and regarded as an expression of acentric, professional attitude. This time period also saw the slow disappearance of nurses’ accommodations and, perhaps most importantly, the admission of men to the profession. Of course, the requirements and expectations of what it means to be a nurse have changed over the years; however, one general meaning seems to have survived. The image of the nurse bears traces of the perception of nursing as a subordinated female occupation based on qualities such as being gentle and sweet. At first, this subordination was relative to physicians, who were in the past mostly men. However, the interviews show a strong sense of pride to a profession that offered development, opportunities and autonomy, in extension to this the possibility to choose. Something not characteristic for many women in this period. The secondary and subordinated position of nurses can therefore be problematized and discussed.
Evaluation of a coping effectiveness training intervention in patients with chronic heart failure - a randomized controlled trial

Lecture hall: Henry Dunant (HD), at 11.10-11.35
Lecturer: Catarina Nahlén Bose¹, PhD

Co-authors: Persson H²., Björling G¹., Ljunggren G²., Elfström ML²., Saboonchi F¹.
Affiliations: ¹Swedish Red Cross University College; ²Department of Clinical Sciences Danderyd Hospital, Karolinska Institutet

Background: Impaired emotional well-being have detrimental effects on health-outcomes in patients with chronic heart failure (CHF).

Aims: To evaluate a nurse-led Coping Effectiveness Training (CET) group intervention for patients with CHF. It was hypothesized that CET would increase: emotional well-being (primary outcome), health-related quality of life (HRQoL) and improve clinical outcomes. Furthermore, changes in appraisal and coping as mediators of the intervention effect were examined.

Methods: Participants were randomized to either control group (CG, n=51) receiving standard health care or CET intervention group (IG, n=52). Self-assessments of positive affect (PA), negative affect (NA), depression, anxiety, HRQoL, illness perception, coping strategies and social support were performed pre and post-intervention, after 6 weeks, 6 and 12 months. Time to death and hospitalizations were measured during the entire follow-up (median 35 months, IQR 11 months).

Results: The IG had greater sense of control over their illness (p = .036). Average higher, but non-significant, mean scores for emotional well-being and HRQoL in the IG compared to the CG were found. After excluding patients with clinical anxiety and depression at baseline the IG had significantly lower NA (p = .022). Time to cardiovascular readmission or death were non-significantly lower in IG vs CG (HR 0.58 [0.29-1.18]).

Conclusion: A coping effectiveness intervention for patients with CHF was found to increase sense of control over the illness. CET reduced negative affectivity for those patients with CHF without clinical depression or anxiety at baseline. Overall patterns of the outcomes were consistent with the study hypothesis despite a potential lack of sufficient power.
Turning to monster to learn about humanity - presentation of findings from caring monsters -the research project

Lecture hall, Emmy Rappe (ERA), at 11.10-11.35
Lecturer: Henrik Eriksson, Professor¹

Co-author: Dr. Martin Salzmann-Erikson²
Affiliations: Department of Nursing and Care, ¹Swedish Red Cross University College, ²Faculty of Health and Occupational Studies, Department of Health and Caring Sciences, University of Gävle, Sweden

Popular culture; literature, movies and comics, is full of monsters. Monsters that both scare and amuse. Through history people has been fascinated, feared and amused by the idea of mysterious creatures, the monsters. Passing stories and constructing the “monsters” are part of all cultures and over times, although the representation of monsters are projected in variance over time and are historical and contextual bounded. Just as monsters are the binary opposition of the ‘good citizen’, monsters also perform as embodied representations of the “Other”. Monster is therefore best understood as embodiment of difference, a breaker of categories and a resistant other. Monsters are “tricksters” challenging our coding of the world by challenging our knowledge. The monster ask us how we as humans perceive the world and about our perception of difference. The aim of this project is to explore the caring activities of monsters in popular culture. The project will catalog monsters’ caring activities around the globe and analyze why, when and under what circumstances monster characters actually do care. In this presentation the initial analyzes of data gathered from the project website (http://www.caringmonsters.com/) will be presented. The initial readings based on a straight forward content analysis of why monsters sometimes go out of character and suddenly engage in some kind of caring activities will be presented. The result will contribute to a critical discussion of the impact of caring and the ethics of caring from which we could learn about humanity, when reflecting upon it from an “outside” and monstrous perspective.
A visual analysis of the impact of nursing home physical environments on caregiving involvement of relatives

Lecture hall: Henry Dunant (HD), at 11.40-12.05
Lecturer: Jessica Holmgren¹, PhD

Co-authors: Azita Emami², Lars E Eriksson² and Henrik Eriksson¹
Affiliations: ¹Swedish Red Cross University College, ²Department of Neurobiology, Care Sciences and Society

This study seeks to describe how the composition of the physical care environment conditions relatives' involvement in nursing home institutions. It is well known that the physical care environment in institutions has a significant impact on the wellbeing of residents and the work satisfaction of nursing staff. Less explored is how physical care environmental factors are related to the involvement of relatives in nursing homes. A visual analysis of 52 photographs from three nursing homes in Sweden shows how the physical environment acts to promote the involvement of relatives through the use of design, information displays, and cultural symbols. Although various aspects of the physical environment promoted participation of relatives, that engagement was based on certain limited concepts of involvement. This suggests that other conceptual frameworks of involvement in nursing homes are possible, and that these might encourage increased engagement and participation by, and contributions from the relatives of nursing home residents.
Virtual patient simulation for the prevention of threats to adolescent development

Lecture hall: Emmy Rappe (ERA), at 11.40-12.05
Lecturer: David Hallberg¹, PhD

Co-authors: Ms. Judith Wanjira; K.M.G.B. Nishakumari, MSc; Uno Fors, PhD, Professor; Richard Boateng, PhD.
Affiliations: ¹Swedish Red Cross University College; Salvage a Girl Initiative, Nairobi, Kenya; Department of Computer and systems Sciences, DSV, Stockholm University; University of Ghana Business School

Introduction: The difficulty many parents have in discussing topics on reproductive health with their children lead to concerns as risky health behaviour among adolescents. A challenge is therefore to inform families about reproductive health to mitigate threats to adolescent development. Reporting from the evaluation of an ICT application based on the idea of virtual patient simulation (VPS), this study deals with such challenges and solutions.

Objective: This study seeks to contribute to human rights and health in understanding the use of VPS in reproductive health education and information for the community by evaluating the challenges and benefits.

Method/design: Two demo versions (prototypes) of the health, educational system were developed in collaboration with schools and a health clinic in Kenya. The prototypes build on the idea of VPS. To contextualise the application and adopt it to the user group, we collected data through a health mentorship programme in collaboration with medical students.

Results: The results suggest that a significant number of the teachers and pupils did not understand the significance of increased (pre-) knowledge for the prevention of risky health behaviours.

Conclusions: Our suggested approach to health information delivery nevertheless has a potential; when and if the administrators and clients in the community understand why it is important to gain general knowledge and increase strategies about reproductive health. VPS are mainly used within health care education; here we enhanced this usage to inform and teaching the community for the prevention of threats to adolescent development.
Poster sessions on November 26

Knowledge, attitude and practice on the use of helmets among commercial motorcyclists in Moshi Town, Tanzania - a cross sectional study

Poster session at 13.45-15.00, lecture hall L4
Author: Gunilla Björling2,3, PhD

Co-authors: Witness M. Mollel1, Janeth J. Sabuni1, Marycelina Msuya1

Affiliation: 1Kilimanjaro Christian Medical University College, Tumaini University Makumira, Tanzania, 2Department of Nursing and Care, Swedish Red Cross University College, Stockholm, Sweden, 3Karolinska Institutet, Dept of clinical Sciences, Danderyd Hospital, Stockholm, Sweden

Introduction: Mortality and morbidity secondary to motorcycle accidents is a major public health problem globally and in Tanzania, which is contributed by poor use of safety measures including helmets. The use of motorcycles for commercial transportation of commuters, goods and services has increased drastically in developing countries. However, motorcycle users are exposed on the roads and are at high risk of death or severe morbidity resulting from injuries, in the event of an accident. Therefore, the aim of this study was to assess the knowledge, attitude and practice towards helmet use among commercial motorcyclists.

Methods: A cross-sectional study design was used. This study was carried out at randomly selected motorcycle parks locations in Moshi town where people commute on daily basis. A total of 100 subjects were randomly selected. Data in respect to knowledge and attitude was collected by questionnaire, while practice was assessed by using an observation checklist. A pilot study was conducted to pre-test the questionnaire and the accessibility of the target population. All participants gave their written informed consent.

Results: A total of 90 motorcyclists participated in the study. Males were the only participants (100%). The knowledge was found moderate followed by good in majority 53 (59%) and 24 (27%) respectively. Most respondents got the information about helmet use from radio (27%) and driving school (29%). The attitude towards helmet use was negative 53 (59%) in majority. In regard to practice, there was a large disproportionate of helmet use between cyclists and the passengers such as, 66% of cyclists while only 16% of passengers wore helmets. Having an experience of riding a commercial motorcycle for one year to five years was related to better knowledge towards the use of helmet which was statistically significant (p=0.001).

Conclusion: The knowledge on helmet use has been found average in this study, which also was accompanied by negative attitude toward the usage. However, the practice was found to be poor, in the sense that more than quarter of motorcyclist did not wore helmets while less than quarter of the passengers used helmets. More information should be given to motorcyclists to prevent consequences of motorcyclists accidents example severity of injuries. This can be done through mass media, health care workers, forums with motorcyclists associations and police.
Study on factors influencing participation to continuous professional development among nurses working at Mawenzi Regional Hospital in Moshi Municipal Council, Tanzania.

Poster session at 13.45-15.00, lecture hall L4
Author: Gunilla Björling, PhD
Co-authors: Flavian T. Kako, Marycelina Msuya

Affiliations: 1 Kilimanjaro Christian Medical University College, Tumaini University Makumira, Tanzania, 2 Department of Nursing and Care, Swedish Red Cross University College, Stockholm, Sweden, 3 Karolinska Institutet, Dept of clinical Sciences, Danderyd Hospital, Stockholm, Sweden

Background: Continuous professional development (CPD) is a systematic and deliberate development of profession as result of own performance as professional. CPD is increasingly critical for nurses to keep abreast of rapid changes in patient care due to advancements in knowledge and technology and thereby improve quality of care. Improving skills through learning, which address patients, families, and community health care needs competent and accountable health care provider. Despite of good national strategies of CPD for the improvement health care system still nurses had shown low participation to a formal and informal CPD activity. Therefore, the aim of this study was to identify factors influencing CPD including the barriers and ways to overcome such factors.

Objective: To assess factors influencing participation to CPD among nurses working at Mawenzi Regional hospital in Moshi Municipal Council, Tanzania

Methods: A descriptive cross sectional design was applied. Forty participants were recruited; both enrolled nurses and registered nurses were included in the study. A purposive sampling was used and study participants were recruited with convenient sampling depending on their availability and expert judgment of researcher. Data was collected through self-administered questionnaires. Motivational and hindering factors for CPD were assessed.

Results: About 97.5% of all participants were motivated to participate in CPD programs in order to gain personal income and update their knowledge of the newest nursing development and procedures, to improve their practical skills and comprehensive qualities and to maintain professional status. About 80% of all participants outlined out most hindering factors for nurses’ to participation in CPD, which include unsupportive managers, family commitments, lack of funds or cost of the courses and shortage of staffs. Lack of motivation was noted to have great relationship with shortcomings of not attending CPD.

Conclusion: The study results indicated that nurses appreciate the role of CPD in enhancing their knowledge, skills and thus nursing performance. Support for CPD participation, sources of learning and obstacles. The continuing professional development departments and staff development coordinators should consider making the most effective strategies for CPD programs for staff nurses. The findings indicated the need for an important directive where managers of healthcare systems and hospitals to collaborate and explore low-cost or free CPD programs to encourage higher attendance.
Knowledge, attitude and practice on breast cancer screening among women of child bearing age at KCMC Referral Hospital in Moshi Urban, Kilimanjaro Region – Tanzania

Poster session at 13.45-15.00, lecture hall L4
Author: Gunilla Björling\textsuperscript{2,3}, PhD

Co-authors: Immaculatle P. Mlay\textsuperscript{1}, Marycelina Msuya\textsuperscript{1}
Affiliations: \textsuperscript{1}Kilimanjaro Christian Medical University College, Tumaini University Makumira, Tanzania \textsuperscript{2}Department of Nursing and Care, Swedish Red Cross University College, Stockholm, Sweden, \textsuperscript{3}Karolinska Institutet, Dept of clinical Sciences, Danderyd Hospital, Stockholm, Sweden

Background: Breast cancer screening is a major public health issue. It is screening which any woman of child bearing age should due to maintaining good health and solving problem before they are complicated. Rooting breast cancer screening will help in detecting problems earlier and solve them accordingly. Breast cancer screening can be done home by women themselves and if they detect any problem they can seek medical help. In Tanzania little is known about carcinoma of breast, which is now increasing tremendously. Data show that, cancer ranks number two after uterine cancer in Tanzania. Diagnosis of breast cancer in Tanzania is made late and most of the times already ulcerating. This is due to poor health education to most of the mothers.

Aim: The aim of this study was to explore knowledge, attitude and practice towards breast cancer screening among women of child bearing age in a reproductive and child health clinic.

Methods: A descriptive cross-sectional was applied. The study was conducted at KCMC hospital in Kilimanjaro Region in Tanzania. Non probability convenience sampling was used to select 99 women of child bearing age. Data was collected by using self-administered (structured) questionnaires to the study participants.

Results: A total of 99 participants participated in this study. Most mothers 61(61.6\%) were between the age of 21 – 30 years old. Majority of respondents 89(89.9\%) had knowledge and few 10 (10.1\%) had no knowledge on breast cancer screening. Most respondents 73 (73.7\%) have positive attitude towards breast cancer screening. Less than a half of the respondents 35(35.4\%) have done breast cancer screening, while a major part of the respondents 64(64.6\%) have not done breast cancer screening. Majority of the respondents 78(78.8\%) do conduct breast cancer screening by doing breast self-examination. Most respondents 70 (70.70\%) said that women should be provided with adequate education about breast cancer screening.

Conclusion: The majority of the women in this study had knowledge about breast cancer screening therefore, efforts should be made to make women of child-bearing age to perform breast cancer screening. However, this requires women to be empowered with knowledge about the importance of doing it and the procedure on how to do it. These findings may be helpful for health care workers to design interventions and advocacy programmes to improve health seeking behaviour among women of child bearing age at KCMC and similar settings in Tanzania.
Health-related quality of life in adults with asthma and rhinitis

Poster session at 13.45-15.00, lecture hall L4
Author: Mai Leander, PhD
Co-authors: Sven-Arne Jansson, Mai Leander, Linnea Hedman, Malin Axelsson, Caroline Stridsman, Eva Rönmark

1Department of Public Health and Clinical Medicine, Occupational and Environmental Medicine, The OLIN Unit, Umeå University, 2Swedish Red Cross University College, 3Department of Care Sciences, Faculty of Health and Society, Malmö University, 4Department of Health Science, Division of Nursing, Luleå University of Technology

Background
The burden of asthma and rhinitis on HRQL has been assessed mainly in studies of patients seeking health-care. Population-based studies are relative scarce.

Aim
To investigate HRQL among subjects with asthma and rhinitis derived from a random population sample and to identify factors related to impairment of HRQL.

Methods
A randomly selected cohort was invited to participate in a postal questionnaire survey. Of those who responded, a stratified sample of 1,000 subjects was invited to clinical examinations and interviews, and 737 subjects participated. HRQL was assessed with the generic item SF-36 Health Survey.

Results
The physical score was significantly lower among subjects with asthma vs. subjects without asthma (p<0.001). No significant difference was found in the mental score. Subjects with controlled asthma had significantly higher physical score compared to subjects with uncontrolled asthma (p=0.002). Actually, subjects with controlled asthma had similar HRQL as subjects without asthma. Asthmatics who were current smokers had significantly lower physical scores compared to those who were not smokers (p=0.021). No significant differences in physical or mental scores were found between subject with and without rhinitis. Subjects with both asthma and rhinitis had significantly lower physical score compared to subjects without these conditions (p<0.001) but subjects with asthma alone had even worse physical health. After adjustment for age, sex, smoking habits and BMI the significant differences remained.

Conclusions
The physical health was significantly lower in asthmatics and subjects with both asthma and rhinitis compared to subjects without these conditions. Importantly, subjects with controlled asthma had similar physical health as subjects without asthma.
Global Nursing - view of human vulnerability and equality in this millennium

Poster session at 13.45-15.00, lecture hall L4
Author: Mia Kraft, MSc.

Co-authors: Anne Kästel, Ph.lic. Lind Ohlsson Viveca, MFA/BSc, Eriksson Henrik, Professor, Ann-Marie Rydholm-Hedman, PhD
Affiliation: Department of Nursing and Care, Swedish Red Cross University College

The aim of this presentation is to provide a contemporary meaning of “Global Nursing” to be used in future curriculum at The Swedish Red Cross university College. The presented result is based on a review on scientific papers elaborating on the subject of global nursing. The reviewed literature showed that global nursing includes areas as self-awareness, ethics, training and redeployment of nurses in a global labour market.

In conclusion, the result shows that the concept of global nursing is used in various ways and in different contexts. The review shows that there is no distinct description of the concept in the literature and it needs to be further explored. However, the concept can be valuable to emphasize the global commitment concerning human vulnerability and equality in education program and research.
Humanitarian nursing in a viral haemorrhagic fever outbreak: Before, during and after deployment.

Poster session at 13.45-15.00, lecture hall L4
Author: Stephanie Paillard-Borg, PhD

Co-authors: Panu Saaristo, Senior Officer and Eva von Strauss, PhD, Professor
Affiliations: 1Department of Public Health and Medicine, Swedish Red Cross University College, 2International Federation of Red Cross and Red Crescent Societies

Objective: To investigate how returnee nursing staff experienced deployment before, during and after working for Red Cross (RC) in West Africa during the Ebola virus disease (EVD) outbreak. The study will supply knowledge on how to better prepare staff for future viral haemorrhagic fever (VHF) outbreaks.

Background: RC staff and volunteers play an active role in responding to humanitarian crisis, including the EVD outbreak in West Africa 2014. RC is engaged in ensuring safe and dignified burials, contact tracing, and control/surveillance of deadly viruses at clinical and community level.

Methods: A pilot questionnaire with ten open-ended questions was sent via e-mail to fourteen nurses having returned after working with EVD patients in West Africa. It covered aspects of pre-deployment training, leadership styles, stress management, socio-cultural exposure, and personal health issues. Data was analysed using content analysis. The study is ongoing.

Preliminary results: Mean age of participants was 49.1 years, and eleven of them had previous experience from humanitarian work. Country of origin was northern/southern Europe or Oceania. They reported adequate health preparation and follow-up by RC, emphasizing the importance of previous related experience as well as trust and pride in RC. All were experienced leaders by profession, but none had worked as a leader during this deployment. Being focused on their duties during deployment and only allowing emotional reactions afterwards, they stressed the importance of social contact and support between colleagues. Future suggestions: workload reduction and improvement of work conditions potentially related to risk of security mistakes, and more in-depth information about VHF outbreaks given to family and colleagues back home.

Conclusions: Participants were generally positive to their deployment in an acute VHF outbreak, however the necessity of ERU-training was emphasized. Support from colleagues was stressed as important. Information given to family and colleagues was relevant but not sufficient.
Chemotherapeutic-induced surface degradation of sub-cutaneous venous access ports - a preliminary comparative in-vitro and in-vivo study

Poster session at 13.45-15.00, lecture hall L4
Author: Charlotta Tegnestedt, PhD-student

Co-authors: Maren K. Fossum1,2, Charlotta Tegnestedt2,3, Kristina Dahlberg4, Emma Strömberg5, Javier Sanchez5, Annelie Liljegren6, Claes Frostell5, Gunilla Björling2,3 and Ragnhild E. Aune5

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Annually over 8 000 women in Sweden are diagnosed with breast cancer and one third of them will receive chemotherapy to prevent relapse in their illness. Chemotherapy is very toxic to the tissue and therefore a central venous access is always used. The Subcutaneous Venous Access Ports (SVAP) is one access that is commonly used. The complication rate, i.e. infections and thrombosis, due to the use of central venous accesses is high. Therefore, we aimed to investigate the degradative effect chemotherapeutic drugs might have on the inner- respectively outer material surfaces of polyurethane SVAPs. We performed a comparative in-vitro and in-vivo study, and we also studied the effect the drugs and the SVAPs have on the thrombogenisity in whole blood ex-vivo.

Three SVAPs were evaluated in the in-vitro study and the duration was 18 weeks (6 chemotherapeutic treatments), and all experiments were conducted in a simulation chamber allowing the control of medical drug flow rate, temperature, humidity and atmospheric pressure. The surface structure and topography of the collected material samples were analyzed after each treatment using standard characterization techniques, i.e. Scanning Electron Microscopy (SEM).

In the in-vivo study, n=3 SVAP exposed in women with breast cancer receiving chemotherapy at the Karolinska University Hospital, Stockholm, Sweden, following the same medical protocol, were collected after 6 treatments. The material of the SVAP was analyzed using the same analyzing methods as above.

The results show that chemotherapeutic drugs have a drastic effect on the material surface of SVAP both in-vitro and in-vivo. The material surface is affected by the drugs, which also has an impact on the thrombogenisity ex-vivo. The SVAP exposed in patients, in-vivo, also displayed mechanical material wear of the SVAPs’ surfaces. This preliminary study indicates that the chemotherapeutic drugs also have an effect on device materials. The obtained comparative results also prove that in-vitro studies can be used to predict in-vivo outcomes when performed under well-controlled conditions. The findings are of great clinical significance as this patient group is very vulnerable and the use of chemotherapy in cancer increases worldwide.
Extension of labels within the health-related quality of life instruments for youth the EQ-5D-Y

Poster session at 13.45-15.00, lecture hall L4
Author: Mimmi Åström¹, MSc.

Co-authors: Kristina Burström¹,²,³ Ann-Charlotte Egmar¹,⁴

Affiliations: ¹Department of Learning, Informatics, Management and Ethics, Health Outcomes and Economic Evaluation Research Group, Karolinska Institutet, ²Stockholm County Council, Health Care Services, ³Department of Public Health Sciences, Equity and Health Policy Research Group, Karolinska Institutet, ⁴Department of Public Health and Medicine, Swedish Red Cross University College

Background: In 2010, the EQ-5D-Y was developed as a “youth” version of the health-related quality of life (HRQoL) instrument EQ-5D, for ages 8–15 year, according to the standard three-level format of EQ-5D. When measuring HRQoL it is important to minimize ceiling effects and to capture smaller changes in health. Therefore, this study aims to identify appropriate labels to develop a four-level (4L) or a five-level (5L) version of the EQ-5D-Y and to test comprehensibility and feasibility of the alternative versions and decide about the extended label version of EQ-5D-Y.

Methods: The study is conducted in Germany, Spain, Sweden and UK. Initially, a pool of possible labels was developed from a literature review and by focus group interviews with children and adolescents. The identified labels were tested and rated by children and adolescents using sorting- and response scaling tasks. In the last phase, during autumn 2015, healthy children and adolescents aged 8–15 as well as those with health conditions will take part in cognitive group interviews.

Results: The focus group interviews and the literature review identified a final number of 7 to 16 possible new labels per dimension in respective country. At least 60 interviews were conducted in each country, having about one third of the interviews in each age group: 8–10 year, 11–12 year and 13–15 year. First analyses show that children and adolescents aged 8-15 year are able to rate the severity of different labels using sorting or response scaling task. The qualitative data will help to reveal the appropriateness of the identified labels.

Conclusion: Our experiences show that it is important to include children and adolescents within the development process of the extended EQ-5D-Y version. The decision about 4L or 5L for the EQ-5D-Y remains open until the end of the study.