

# Teddy Bear Hospital – students' learning in the field of practice with children

Gjertrud Husøy, Rn, Associate Professor

## ABSTRACT

The Teddy Bear Hospital is a collaborative project between council run nursery schools and a post-graduate nursing college in regional Norway. The background to this project is that students have limited possibilities to gain experience with children in hospitals during the practical training aspect of their education, a situation this project hopes to redress. In this project the students meet with healthy preschool children in nursery school on the one day and then meet them again on the following day, this time within the college's training department. The children bring their teddy bears with them who are then 'admitted' to the 'Teddy Bear Hospital', where they receive treatment and a dressing based on the symptoms the children describe. The project is a quality case study and the result were analyzed using Giorgi's phenomenological method. The discussion is based on a sociocultural approach to learning by Vygotskij, and Dewey's principle that all learning comes through experience. Analyses and triangulation of the students' written reflection notes, interviews with the nursery school staff, observations and drawings by the children, demonstrate that the students gain experience in communicating with children. The students become intrigued by how the children play. They are also able to experience meeting children in their role as hospital personnel, dressed as they are in white hospital uniform. The notes show that they reflect upon the children's maturity based upon the theory they learned in college before practice.

**KEY WORDS:** nursing student, learning, children, Teddy Bear Hospital

## Introduction

The Teddy Bear Hospital is a collaborative project between nursery schools in a municipal district and a nursing college in regional Norway. The project was started for the 2008 year student intake, while the current study involves the 2010 year students. The aim of the study is to explore alternative meeting places where the students and children can communicate. The curriculum for nursing education (1) states that nursing studies should include experience in preventive health care, prenatal and maternity care, and pediatric nursing. Since there are limited opportunities to work with children in a hospital setting within the college's practice area, the college established a partnership with the nursery schools in the district. During the two days of practice the focus is on children and preventive health care.

Student objectives: use the discipline's educational principles and psychology to undertake a project with a focus on the child; where the child is dealt with on their own terms and where play is the keyword. The aim for the students is to gain additional knowledge of the healthy pre-school children, their development, need for play and how the nursery school can help to promote health and prevent illness.

The aim of the research is to develop a good learning environment for students in both theory and practice so that the students meet the curriculum's (1) goals in terms of health promotion and prevention of illness. These goals states that: "Nursing includes measures to promote health and prevent illness in healthy and vulnerable groups in the population. It requires knowledge about the links between health and illness at both the individual and socio-cultural levels."

There is little research concerning alternative practical training for nursing students with regards to meeting children. Existing research concerns play, and how it reduces fear of hospital. Two research articles referred to here are: *Lek og Barnesykepleie [Play and Children's Nursing]* by L. Korsvold (2), and use of the Teddy Bear Hospital method to reduce the child's fear of hospitalization, by Bloch and Toker (3). The first article about play and children's nursing by Korsvold is from a Norwegian hospital department caring for children aged 5 and over suffering from cancer. This study focused on use of communication with children through play. The Israeli research by Bloch and Toker, involved a group of pre-school children aged 4–6 years who were invited to attend the simulated hospital and where they acted as parents of their own teddy bears. This study shows that experiences in

the treatment of teddies can reduce children's fear of hospitals. There is more research on the Teddy Bear Hospital but not combined with nursing students' learning and the child.

## The study

This project is based on a social-cultural perspective of learning, which in turn is based on a constructivist view (4:23), i.e. where knowledge is acquired through interaction in a given context. This view of learning assumes that the acquisition of knowledge takes place as a process. Dysthe (5) states that learning involves knowledge as constructed through cooperation and not as an individual process. Vygotsky (1896-1934) argues that the social expressions of mental processes actually come before the individual process: we learn initially through interaction with others, before knowledge becomes internalized. The school's challenge therefore is how to create training situations that optimally reflect an experiential practical training. Learning as participation in a collective practical experience is, according to Lave & Wenger (6), a central element of the sociocultural aspect of learning. From this point of view it is important that students gain experience in interacting with children during their education.

The children the students deal with are aged 4-5. The students have to remember that play is central to children lives. Lillemyr (7) describes experience as being the bridge between play and learning. He further claims that experience is what lies behind the term "personal investment in learning", and further stresses that experience is key in children's play and learning. A child's maturity must be taken into account in order to understand him or her. According to Piaget's (1896-1980) theory, 2–6 year-old children are in the pre-operational stage, one of the hallmarks of which is *animism*, a term meaning that the child believes inanimate objects, such as a teddy bear, have life. Piaget (8) claims furthermore that these objects are apparently comforting in unfamiliar situations such as admission to hospital. Dewey (9) says that learners must have reflected on an action before they can be said to have experienced it in the sense that *this experience has lead to learning* and that a sequence of thoughts must lead to a consequence.

The students initially receive a theoretical introduction into the field of developmental psychology and role-play. After being divided into groups the students are assigned to one of collaborating nursery

schools. Students are responsible for contacting the nursery school and making appointments. Prior to the day the children come to the college-hospital the students go to the nursery school to meet and get to know the children. When the children come to the college with their «sick» teddies, they are met by the students wearing white hospital uniforms who admit and treat the teddies. In the first year (2008) and the second year (2009) the students kept individual reflective journals following the two-day meetings with the children. What we discovered was that students were too concerned with the technical aspects of preventive health care; for example, they paid the greatest attention to hygiene, proper nutrition and proper placement of playground equipment in the nursery schools etc. Consequently the students were too preoccupied by the staff to the detriment of time spent with their children. The technical aspects are important but when the students have so few encounters with young children at our college then every encounter is a precious experience for them as future nurses. During the second year (2009) more emphasis was placed upon the theory of child development and educational approaches to children.

### Methodology

The project is a qualitative case study. Yin (10) describes case studies as being an empirical inquiry that investigates a contemporary phenomenon in depth and within its real – life context, especially when the boundaries between phenomena and context are not clearly evident. Postholm (4) defines a case study as exploration of a «bound-system» which is both time- and place-bound. Case studies provide the opportunity to study phenomena in their natural surroundings and take into account many variables. Repstad (11) cites Yin (1989), who states that, from a scientific point of view, a case study might be interesting in a project that not has been explored before. Yin (10) says that with data triangulation, the potential problem of constructive validity can also be addressed since the multiple sources of evidence essentially provide multiple measures of the same phenomenon. A case study has no specified way of collecting data, but in this project a phenomenological perspective is used to reveal the participants' experience and learning in connection with implementation of the Teddy Bear Hospital project. The strategy for collecting data involved different sources, which included student reflection-reports, group-reports, observation, interviews of nursery staff and the drawings made by the children in connection with the Teddy Bear Hospital. Within the case-study framework, a qualitative method based on a phenomenological approach was used to understand the different types of data. The various sources of evidence were triangulated, to strengthen the validity and reliability of the study.

### Data collection and ethical considerations

Norwegian Social Science Data Services (NSD) approval was sought for the year 2010-2012 (<http://pvo.nsd.no/meldingsarkiv/prosjektdetaljer/?iid=26&pnr=24500>) and approval was granted to collect data in respect of the children's drawings, interviews with nursery staff and students' reflective journals. Consent forms for employees in the nursery school, the children's parents and participants were prepared and signed by all parties, who were informed that all information would be treated confidentially. Research ethics guidelines recommended in the Declaration of Helsinki have been complied with (12). This involves the treatment of confidential interviews both in relation to anonymous sources and to safe storage of material under analysis.

### Analysis

In this case study a random selection of 35% of the 80 individual reflective journals made by the 2010 year students have been analyzed using methods inspired by Giorgi's (13) phenomenological method in four steps, based on the compression of meaningful statements. These meaning units are collected in themes, and the data synthesized to get the essence of the information. Giorgi calls refers to this text the general description of the phenomenon. Additionally, 6 of the 12 group

reports from that year's students were read in order to look at developments from the previous year. The two members of the nursery staff were interviewed individually using an «in-depth interview» technique where they were asked about their opinion of the Teddy Bear Hospital, and any learning issues for both the children and students. The interviews were also analyzed by Giorgi's method. The categories where then aligned with results from the reflective journals to a «whole» through which the various themes emerged. It must be pointed that two interview is a small sample and may be a weakness of this research.

The drawings were analysed by studying both content and form (14, 15, 16). Emphasis were also placed upon the nursery staff' notes that recorded the children's own explanations of their drawings, since the researcher was not present when the drawings were made. Understanding children's drawings from a child's perspective can be a challenge. Gullberg (14) considers the most common perception of children's drawings is that children's ability to draw is innate, and that their development is primarily governed by growth and maturity.

Befring (17) says that the case study method is sample-based, and analysis of data is done through interpretation to produce a whole and depth of material. Validity can be strengthened upon completion of repeated observations. Case studies using multiple sources of evidence are rather more highly than those that relied on only single sources of information (10).

### Findings and discussion

Findings from the year 2010 were very similar to previous years but there was a clarity between the nursery school report –with its focus on preventive health care – and the reflection notes recording the actual meetings and play with children

Analysis of the data collection revealed:

- the students' experience and learning in connection with communication / interaction with children
- that students were attracted by play in connection with teddies, the Teddy Bear Hospital and equipment.
- that the students' uniforms could have an effect upon children's preparedness in connection with the health services.
- that students were able to reflect on the child's age and maturity, and relate this to the theory.

The following text focuses on the students' experiences of meeting the children and teddy bears will be in focus and on their understanding of the children's maturity, role play, on the educational approach and communication.

### The students' experience and learning arising from their meetings with children

Students in their second semester of nurse education are approximately 20 years old and frequently have little experience of being with children. One can say that we live in a segregated society in which children and young people mix in different circles. One student says:

*«I have rarely been in the company of small children before so I was very unsure about going to the nursery school and the department we visited. I think it is difficult to communicate with children and I was unsure what I should ask them about. But I found that if I made the questions simpler; not needing to know everything straight away from one question, it was easier to understand and be understood. These two days have been a very positive experience for me»* (reflective note from student A).

This shows that the experience of meeting children is important in preparing students for the nursing profession. Dysthe (5:45) describes learning within a sociocultural approach as being one of relationships between people, i.e. where learning occurs through participation and cooperation in a balance between the individual and the social group. Students need to practise interacting with other children while they are in education. Knowledge is often "localized" and can rarely provide

sufficient meaning for the student when the subjects and actions are decontextualized in a traditional evaluation / feedback manner in vocational education (5). Students experienced that in order for the children to understand more easily they needed to make the questions simpler.

*«When we met the children some were very shy, so it was important to focus upon their interests, and what was in the game. We sat down and participated in the game to create confidence and contact. This was also important if we were to work with children later, i.e. so that they felt safe before we treated a possible illness»* (reflective note from student B).

This shows that some students have a humble attitude in their encounters with the children, and the nursery school staff confirms this as follows:

*«... I felt they were talking normally to the children, not like you are small and I'm big ... while towards the teddy bears they were somewhat "gentle" in their voices»* (statement from nursery school staff member A).

We see here that the students talked to the children as equals and showed concern for the teddy bears that were "small" and "sick". This is consistent with Lillemyr's (7) discussion of play and its importance, i.e., that the game usually takes place as an interplay with others, and that children learn through the interaction of playing together. Korsvold (2) states simply that the game places the child in focus, and that play is a form of language. Furthermore, findings from her own research show that play is the *language* the nurse uses to gain a child's confidence and to help it feel secure. According to Katie Eriksson's (18) view of nursing, play is a central concept in care. She also states that play is a natural pattern of behaviour both for adults and children, and is linked to the development of trust in relationships. Korsvold (2) found in their project that the nurse had to utilize opportunities that presented themselves to make use of play as an important intervention. It appears that students in the Teddy Bear Hospital project understood this point; they managed to create the necessary confidence in the children, and became involved with the game of treating the teddies.

### Role-play as a learning method

Students received the following task:

The nursery school children's "bear" is to receive "an appointment" for treatment at the hospital. (Students have to write the invitation). The bear is assigned a bed in the nurse training centre. The class must organize and conduct:

1. Design of scheme
2. Preparation and facilitation
3. Implementation of the scheme
4. Department leader: must be in overall charge of the design, implementation, tidying up and also evaluation.
5. Reception area: where the child is made to feel welcome and shown to the relevant nursing student
6. Tidying up
7. Observation

The students received information in the preceding week regarding the previous year's student experiences, including an information video that demonstrated the projects rationale and pictures from the Teddy Bear Hospital project; with the students in white hospital uniform, the children and the teddy bears. This meant that students were better able to utilize the day spent together in connection with organizing time, location of practice area, equipment, and agreements with the different nursery schools. Consequently, teachers were rarely involved in this phase. The following paper is a good description of the Teddy Bear Hospital and the role play carried out there:

*«They lit up with anticipation when they told me what was wrong with their teddies, and they really lived the part. This got me thin-*

*king that this kind of role play was instructive for me as a student and for the nursery school children. For me it was instructive because I had to be creative based on the requirements the children came with, and instructive for the children because they could see themselves in a situation that could be a reality later in life. Vigdis Bunkholdt (1994), p 252 states that "Children learn much from role play by observing what happens to others. It's a form of playing that requires cooperation over some time, and the children learn how to comply with the rules. The children become aware of their surroundings and practice that which may well be their real role in life one day.»* Many children at this age have had little contact with hospitals and health professionals, but everyone encounters a situation like this at some point. So I think that this type of role play can be a good way to give children a new and better vision of the hospital, and they get to see that nurses and doctors are not really scary, but that they are ordinary people doing a job to help others" (reflective notes from student C).

Lillemyr (19) says that in role play the child mimics people's roles in society, e.g., by playing a driver, postal worker, hairdresser or pre-school teacher. This could be clearly seen when the students played the role of health professionals, i.e. the children took on the parental role and the teddies were the sick children. Nursery school staff member (B) confirmed this as follows:

*"...yes, play, it is true that when the children have experienced something such as a visit to the hospital or doctor, or have been to the dentist, we see it reflected in their play activities"* (from interview with nursery staff member B)

Jeane Lave's (6) conception of learning has its basis in an anthropological study of tailoring apprentices in Liberia. During her research, she observed no instruction on the part of the teacher. Against this background, she began to examine the various learning resources that existed between and around the apprentices as they worked. Lave became aware of the potential for learning in the organization of the work and its structure, as key resources for learning. In our Teddy Bear project we see that the Nurse Educator's role was primarily to facilitate learning with little intervention in the student's assignment. Central to the learning perspective is that the learning takes place in a practical learning environment with others (19).

### The student's uniforms/the impact on children's preparedness to meet health professionals/students' learning.

Lave and Wenger (6) says that learning takes place with others in which the apprentice acquires a professional identity through specialist/trade activities. They say that learning occurs in cultural practices where one is socialized into the codes created by that society. So what happened at the Teddy Bear Hospital in this context? Students, wearing white hospital gowns, took the role of nurses and met the teddies at the hospital bedside with the children acting as the next of kin. Nursery School staff observed at a distance. In the interview they were asked about their experience of role playing in the hospital, and one replied:

*«It was as it should be, following the books and information that we have in the nursery school, the firemen wear red, ambulance personnel wear yellow, and white uniforms are worn by hospital workers; it is something the children can relate to»* (from interview with nursery staff member A)

The students wear hospital gowns and the department has authentic hospital equipment, and the children were intensely interested and follow eagerly when the teddies were examined. As an important part of the game, they wear an surgical-cap on their heads, and some wear face masks. A student says:

*«I think it was interesting to meet the children when I was wearing the uniform. This gave me a clue about how it will be to meet sick children as a nurse»* (reflection notes from student D).

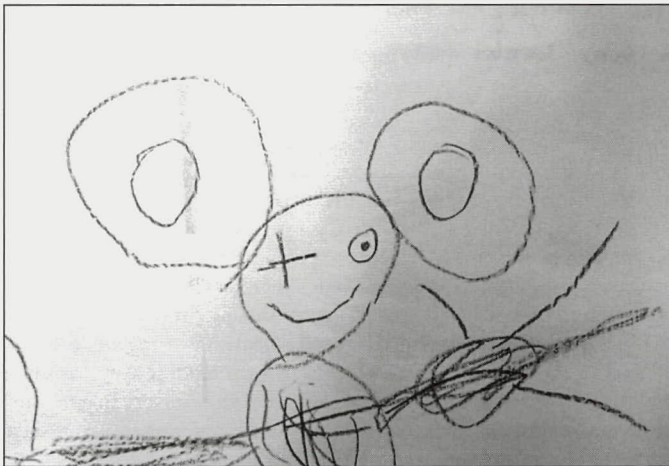
The Russian psychologist Leontjev (1903-1979) makes a distinction between the subject-related aspect of the game, that is to say certain

actions that are taken in the role, from the social content, i.e. the rules laid down in respect of roles (19). In this role play the students are nursing the teddies and the children wear the hospital equipment so they can accompany the patient/teddy during treatment, in the same way as close family members are often able to do. In this way each fulfills the demands of their defined roles. And what do the children learn about the hospital in this project? Can this have a preventive effect; in that the children will be less anxious when they encounter health care in the future? A survey carried out in Israel by Bloch & Tokar (3) found that children were less anxious towards hospitals after their experience with the "Teddy Bear Hospital". Although the aforementioned study was carried out by doctors at the Ben-Gurion University it is comparable to the nursing project here.

### What do the children's drawings tell us?

The children were asked to make drawings of what they had experienced four days after their visit to the Teddy Bear Hospital. Children's drawings are graphic stories according to Vygotsky (16), who further states that typically the drawings are of a memory and not of a reality. The child draws what it knows about the subject matter; even when a child draws a person in profile there will be two eyes in the drawing. The child has what he calls *X-ray vision*, meaning that a person is drawn naked before the clothes are put on, or a purse can be seen in the pocket with money in it (16). To illustrate this one of the drawings, a colorful picture of a figure inside / or on top of another, was explained thus: "I have painted my horse" (girl 4 years). Possibly this means that the child has drawn herself on horseback, as Vygotsky describes in the preceding sentences. Consequently, according to Maeland (15), Gullberg (14) and Vygotsky (16), it can be difficult to understand some drawings, but some pictures are easier to understand. The children/families had given permission to use the drawings made in the research. In the following (fig. 1) a six year old boy drew the picture shown below, and he explained that the teddy has lost his eye.

Figure 1. Drawing (boy bears).



Gullberg and Maeland emphasise the importance of both the form and content of the drawings. Form: here the boy had made an informative drawing of his teddy bear. Content: it is obvious that something is wrong with the teddy's eye. In conclusion we are able to say that this drawing shows the context of experiences in the teddy bear hospital.

### The students' reflections on the child's age and maturity in relation to theory

From the reflective journals it appears that the students who met two different groups of children of different ages found it easier to utilize the theory with their practical experience. The following statements illustrate this:

*«Three 3-and 4-year-old children arrived at the teddy bear hospital from the nursery school. They were quiet and stayed beside the "nursery school auntie." It was a bit difficult to get them involved with the game but they joined in after a while. Afterwards we had a*

*visit from a group of nine 5-6-year-olds from another nursery school. They joined in right away, and wanted to try everything» (from student reflective journal E).*

The student discovered that the children in different age groups behaved differently, which prompted the student to reflect and find confirmation in the theory. The student (E) related this to attachment theory, as did student F:

*«Erik H. Erikson, who was one of the most influential psychoanalysts in the 20th century, made an epigenetic model of human development, where he divided development into 8 phases. You can see here that there can be a significant difference between children 3 years of age and children 5-6 years of age (Renolen, 2008)» (reflective journal by student F).*

The students are given unique encounters with children while they are in school, they have received education in psychology and learned about children's development. Meeting the children enables the student to connect theory with these experiences with the children based on what Dewey calls, "learning by doing". Dewey (21) states that one must have reflected on an action before one can say that one has experienced it, in the sense of *the experience leading to learning*. A sequence of thoughts must lead to a consequence, as we can see from this reflective journal entry. Dewey's theory of learning was a description of learning as a transaction of concrete experiences, impulses, feelings and desires into meaningful action. Human beings are not just active investigators, but they also contemplate and reflect, and it is this switching between the two that leads to more and new learning. The set book Renolen (20) was on the curriculum for this intake of students and one sees that both student E and F use this work in their reflective journals. The fact that students do not have much contact with children elsewhere in their studies makes this encounter with young ones valuable – both from a preventive health care and educational perspective.

### Conclusion

Learning through participation in the Teddy Bear Hospital project was one of the key elements of the student nurses' experience. Dewey (21) says that while the goal of learning lies in the future, the immediate material lies in the present. In this study the students met the children both in the nursery school and in the teddy bear hospital. They experienced the children not only as young adults, but through games and role play they learned that they have various characteristics according to their ages; hence they were able to apply what was learned in psychology and educational science. They were able to reflect on the role of the teddy bear in the game and what made the children feel safe in the "hospital". The students also gained experience of being a nurse in a white uniform, and practiced the treatment and care of young individuals; with teddies as patients and children as next of kin. At the same time the students gained valuable experience in how to approach children and how to communicate with them. The children may feel safer in future encounters within a health care context since it was the bear that was examined and treated this time.

The two days in which students to meet children in a practical situation are considered highly valuable by students, and the learning outcomes for students, where they meet healthy and happy children, demonstrate this. The study shows that Teddy Bear Hospital can be a mode of delivering curriculum learning goals to student nurses gaining experience of working with children, and in this project all the findings indicate that the experience is a positive one and that learning takes place between students and children. These experiences will help students as future nurses to mature in their approach to people of different ages and to meet the new and inevitable experiences and problems that await them.

Gjertrud Husøy, Førstelektor/Associate Professor, Department of Nursing, Stord Campus at Stord/Haugesund University College, Klingenbergveien 8, NO – 5414 Stord. [gjertrud.husoy@hsh.no](mailto:gjertrud.husoy@hsh.no)

## References

1. Rammepan for sykepleieutdanningen (The curriculum for nursing education) (2008). Issued January 25, 2008 by the Norwegian Ministry of Education
2. Korsvold, L. (2002) Lek og barnesykepleie (Play and Children's Nursing). *Tidsskriftet Sykepleien Forskning (The Journal Nursing Research)* (2002) 90 (12b):39-43
3. Bloch, YH. & Toker, A. (2008) Doctor, is my Teddy Bear Okay? The "Teddy Bear Hospital" as a method to reduce children's fear of hospitalization. *Israel Medical Association Journal* 2008 Vol 10:597-599
4. Postholm, M. B. (2010) *Kvalitativ metode. En innføring med fokus på fenomenologi, etnografi og kassustudier*. Oslo. Universitetsforlaget
5. Dysthe, O. (2003) *Teoretisk perspektiv (Theoretical perspectives)*: Dysthe, O. & Engelsen, K. S. (2003). Mapper som pedagogisk reiskap. Perspektiver og erfaringer. (Folders as a educational tools. Perspectives and experiences) Oslo: Abstrakt Forlag
6. Lave, J. & Wenger, E. (2003). *Situert læring og andre tekster (Situating learning and other texts)*. København: Reitzel
7. Lillemyr, O.F. (2004) *Lek- opplevelse – læring i barnehage og skole (Playing experience – learning in kindergarten and school)*. Oslo: Universitetsforlaget
8. Piaget, J. (1992) *Barnets psykiske utvikling*. København: Hans Reizels
9. Dewey, J. (1938) *Planmessig ordning av lærestoffet (Systematic arrangement of the curriculum)*. I: Dale, E.L. red. (2001) Om utdanning (About education). Oslo: Gyldendal Akademisk
10. Yin, R. K. (1989) *Case study research. Design and Methods*: Thousand Oaks, CA. Sage Publications, Inc.
11. Repstad, P. (2007) *Mellom nærhet og distanse: kvalitative metoder i samfunnsfag (Between closeness and distance: qualitative methods in social science)*. Oslo. Universitetsforlaget
12. Kvale, S. (1997) *Det kvalitative forskningsintervju (The qualitative research interview)*. Oslo. Ad. Notam Gyldendal.
13. Giorgi, A. (1988). *Phenomenology and Psychological Research*. Pittsburg, PA. Duquesne University Press.
14. Gullberg, V.H. (1996) *Barns bildeskaping. Utvikling og forutsetninger (Childrens picture -making. Development and assumptions)*. Stord. Høgskolen Stord/Haugesund
15. Mæland, K. (2002) *Kultur møte og kulturbrytning. Dagens barn i møte med kulturskifte i Norge ca 950-1050 (Cultural meetings and cultural conflict. Today's children in the face of cultural change in Norway about 950-1050)* Dr. Polit. – Thesis. Trondheim Department of Education. NTNU.
16. Vygotskij, L. S. (1995) *Fantasi og kreativitet i barndommen (Fantasy and creativity in childhood)*. Göteborg. Daidalos
17. Befring (2007) *Forskningsmetode med etikk og statistikk (Research Methods of Ethics and Statistics)*. Oslo. Samlaget
18. Erikson, K. (1987) *Vårdans ide (Ideas of caring)*. Stokholm. Almqvist & Wiksell
19. Lillemyr, O.F. (2001) *Lek på alvor (Serious play)*. Oslo. Universitetsforlaget
20. Renolen, Å. (2008) *Forståelse av mennesker (Understanding people)* Bergen. Fagbokforlaget
21. Dewey, J. (1938, 2008) *Erfaring og oppdragelse (Experience and education)*. København: Reitzels

## Livsanskuelser – filosofi, etik og religion

Jens Rasmussen

1. udgave, 2012, 192 sider, kr. 249,95  
ISBN: 978-87-17-04234-6  
Udkom 17. januar 2012

LIVSANSKUELSE – FILOSOFI, ETIK OG RELIGION er den første grundbog i livsanskuelser, der kan benyttes ved sundhedsuddannelserne i Danmark. Med sundhedspersonale tænkes især på plejepersonale og læger, men også på psykologer og præster såvel som andre grupper med tilknytning til sundhedssektoren.

Begrebet livsanskuelser anvendes om menneskets tænkning angående dets eksistens, dets livsvilkår og vedrørende alt det, der er større end mennesket, dvs. naturen og Gud.

Sundhedsfaglige professionelle befinder sig næsten daglig i situationer, der kræver etiske overvejelser. Bogen vil give den enkelte et godt grundlag for selv at kunne tage stilling og forholde sig til en sundhedsfaglig problemstilling, som implicerer filosofiske, etiske og religiøse aspekter i patientens livsopfattelse. Der stilles bl.a. skarpt på patienters kriser og etiske dilemmaer, ligesom det lidende menneske behandles indgående. Disse problemstillinger løses bedst i nærvær og samtale mellem sundhedspersonale, patient og pårørende. Det handler om omsorgsfuld kommunikation, hvor sundhedsprofessionelle lægger kortene på bordet på en nænsom måde. Kort sagt sættes der fokus på patientens livsanskuelser, eksistentielle såvel som religiøse, i forbindelse med en behandling på hospital eller i almen praksis.

Forfatteren giver ikke håndfaste bud på løsninger af de etiske dilemmaer. Han hjælper derimod læseren til at se de ofte mange sider af en sag, hvilket skærper læserens refleksion og opmærksomhed.

Bogen er holdt i en nøgtern, objektiv stil og vil kunne læses af de fleste uden særlige forudsætninger. Der er lagt vægt på en let tilgængelig formidling af stoffet med mange praktiske eksempler og cases.

Udover på de præ- og postgraduate sundhedsuddannelser vil bogen også kunne anvendes i etiske komitéer på landets hospitaler samt som baggrundslæsning for enhver, der interesserer sig for sundhedsvæsenets fremtidige udvikling.

Forfatteren, Jens Rasmussen, er hospitalspræst ved Odense Universitetshospital og ph.d. Han har i flere år undervist i sundhedsuddannelserne, holdt foredrag og skrevet bøger samt artikler om aktuelle problemer på så forskellige områder som åndelig omsorg, filosofiske overvejelser, etiske dilemmaer og rummeligheden inden for Folkekirken.

Jens Rasmussen kan kontaktes for yderligere information og interviews på: [JERA@KM.DK](mailto:JERA@KM.DK)

Anmeldereksemplar og illustration af bogens forside som jpg-fil, 300 dpi, kan rekvireres hos [ame@nytordiskforlag.dk](mailto:ame@nytordiskforlag.dk).

Med venlig hilsen

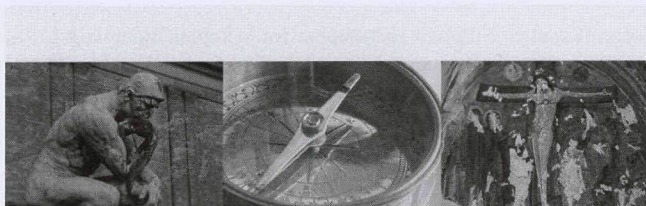
An-Magritt Erdal  
Sundhedsfaglig redaktør  
[ame@nytordiskforlag.dk](mailto:ame@nytordiskforlag.dk)

Landmærket 11, S - 1119 København K · TH. 33 73 35 75 · Fax 33 14 01 15 · [www.nytordiskforlag.dk](http://www.nytordiskforlag.dk) · [nf@nytordiskforlag.dk](mailto:nf@nytordiskforlag.dk)

# INFORMATION



NYT  
NORDISK  
FORLAG  
ARNOLD  
BUSCK



Jens Rasmussen

## Livsanskuelser – filosofi, etik og religion

DANSK SYGEPLEJERÅD · NYT NORDISK FORLAG ARNOLD BUSCK

Copyright of Nordic Journal of Nursing Research & Clinical Studies / Vård i Norden is the property of Nordic Journal of Nursing Research & Clinical Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.