

Ett lärande verktyg
-Hur patienter med egentlig depression och vårdpersonal erfar
och använder portfoliomethoden inom psykiatrisk öppenvård

Akademisk avhandling

som för avläggande av filosofie doktorexamen vid Sahlgrenska akademien
vid Göteborgs universitet kommer att offentligens försvaras i sal Lyktan,
konferenscentrum Wallenberg, Medicinargatan 20 A,
fredagen den 15 april, 2011 kl 13.00

av
Håkan Nunstedt

Fakultetsopponent:
Professor Maj Asplund Carlsson
Institutionen för individ och samhälle
Högskolan Väst, Trollhättan



GÖTEBORGS UNIVERSITET

GÖTEBORGS UNIVERSITET, Sahlgrenska Akademien
Institutionen för vårdvetenskap och hälsa

A learning tool
-How patients with major depression and health care staff experience
and use the portfolio method in psychiatric outpatient care
Swedish text with a summary in English

Håkan Nunstedt

UNIVERSITY of GOTHENBURG, the Sahlgrenska Academy
Institute of Health and Care Sciences, Gothenburg, Sweden

Abstract

Major depressive disorder is an increasing problem in society. In recovery from major depression, the patient's own abilities, such as control, understanding, and management of depression, play an important role. The portfolio method focuses on those abilities and the patient's learning, understanding, and responsibility. The aim of this thesis was to follow and describe how patients with major depression and health care staff experience and use the portfolio method in psychiatric outpatient care and to follow and describe patient health for the duration of the study. An action research design allowed the portfolio method to be put into practice, and the study was conducted between April 2008 and August 2009 in two psychiatric outpatient clinics in western Sweden. During this time, the method was used and experienced by patients (N=5) diagnosed with major depression and by health care staff (N=7) working in these clinics. Data were collected from patients through individual interviews and from health care staff through group discussions and individual interviews. Patients also completed questionnaires (i.e., at baseline; after 3, 6, and 8 months; and after one year) to identify and assess depressive symptoms (Montgomery-Åsberg Depression Rating Scale – MADRS), control functions (Multidimensional Health Locus of Control Scale – MHLC), self-efficacy (General Perceived Self-Efficacy Scale – GSE), and the presence of negative automatic thoughts (Automatic Thoughts Questionnaire – ATQ-N) to describe their health during the study period. The quantitative data were displayed graphically. Qualitative data were analysed using latent content analysis and finally interpreted from the perspective of social constructivist theory. The study results indicate that the portfolio was used by patients as a management strategy for processing and analysis, and that a portfolio's structure affects its usability. For health care staff, the portfolio method contributed to new thinking and served as a tool for delegating responsibility, building alliances, and learning. The results for the health care staff also indicate that a care portfolio requires a structured introduction. From a social constructivist perspective, the core of portfolio use and experience was learning. Statements about learning are regularly made by both patients and health care staff. Structure, power, process, and understanding have emerged as important factors for learning. The main conclusion of the study is that patients use the portfolio for reflection on and confirmation of their progress, to create structure in their situation, as a management strategy for remembering situations and providing reminders of upcoming activities, and for expressive storytelling through documentation and processing. Health care staff experienced and used the method to allow for accountability, participation, and empowerment, to support patients' self-care work, to help patients reflect on and understand their depression from a longer-term perspective, and as a method for creative activity and structure building that can be used in combination with other methods. It is necessary that issues be tailored to patients' needs and abilities, that patients' use of the portfolio be supported by health care staff, and that portfolio content is designed to help the patient understand their disease. It is also important that those who work with the method understand how to do so and what the purpose of the method is; for full usefulness. The method must also be accepted by health care staff and supported by management.

Key words: Learning, Major depression, Portfolio method, Psychiatric outpatient clinic, Social constructivism.