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Content

- Oral sessions** 4
 - End of life 4
 - Supporting good life for the elderly 6
 - Data collection and analysis..... 8
 - Complex interventions11
 - Influencing factors of nurses’ quality and quantity13
 - Care from the patient’s perspective – what makes the difference15
 - Nursing quality17
 - Vulnerable people in special care situations.....19
 - Nursing homes22
 - Pregnancy and birth – a task for nurses.....24
 - The importance of staffing25
 - Quality indicators27
- Posters**29
 - Poster viewing 129
 - Poster viewing 245
- Symposia** 61
 - Interactive Lunch Symposium – New professional roles? On emergent technologies in nursing relations61
 - Decision Coaching – inter-professional approaches of informed shared decision-making: two steps forward, one step back.....62
 - Nursing work environment and outcomes after the DRG introduction in Swiss hospitals: the MatchRN study.....63
 - User Involvement – methodological consequences for research64
 - The ‘Dutch approach’ in community-based nursing: Four examples of innovations that aim to facilitate ‘ageing-in-place’65
 - Green Care Frams – An innovative Care Model for People with Dementia?66
 - Using the MRC framework for developing and evaluating of complex interventions in geriatric nursing67
 - Innovations in evidence synthesis – current methodological approaches and tools.....68
 - CAPAN: Building Research & development CAPAcity in Nursing at a new University Hospital69
 - Methodological challenges in stepped-wedge trials in nursing home research70
- Author index**..... 71

Oral sessions

End of life

18dgp001 (001)

Best practice for persons with cognitive impairment and their families in acute care: a scoping review

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Background and Purpose: An increasing number of older persons with cognitive impairment (PwCI) use inpatient services for co-occurring acute illness. PwCI face more adverse health outcomes during hospitalization than their age counterparts without cognitive impairment. As hospitals tend to be ill equipped to meet the complex care needs of this population, various initiatives underscore the need to better utilize existing evidence to improve quality of care.

Methods: Using a scoping review methodology, electronic databases, reference lists, and websites of relevant organisations were searched. Publications were included if they targeted acute care issues relating to PwCI 65 years or older, their family members, or health professionals caring for them, and were published after 2000. Data were extracted using a predefined template, and analysed using thematic analysis.

Results: Of the 1445 identified publications, 62 were included. Experiences of care and best practice for acute inpatient services pertained to structural (such as staff capacity and knowledge) and process dimensions (such as assessment and interventions with PwCI), underpinned by principles of person-centredness and family engagement.

Conclusions: There is a discrepancy between a clearly defined best practice for PwCI utilising inpatient services, and the actual care experience of PwCI, family members, and staff. Research reveals a sobering picture of inadequate care and manifold challenges encountered by PwCI, family members and staff alike. Organisation-wide efforts to ensure best care for this patient group are urgently needed.

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18dgp002 (002)

Is there a shifting of values towards life and dying in the course of dementia?

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Background and Purpose: In recent years, Advance Care Planning (ACP) has gained in importance in Germany and may be considered as a new framework for a valid advance directive system. However in Germany it is still an under-researched area.

The importance of the discussion process with ACP is exponentially raised with a dementia diagnosis, not only for the person diagnosed but also for their family and the caretakers. Due to the peculiarities of dementia, it is needed to modify the instrument of ACP.

Methods: The focus of the main study is to interview people in the course of their disease to identify a shifting in values and changes in their specific life issues. Therefore qualitative semi-structured and expert interviews will be conducted and analysed with the Grounded Theory.

Research Focus: The proposed study design is a longitudinal and cross-sectional cohort study. Regarding people with dementia, the german documents of ACP were detected as incompatible.

The first aim of this project was to modify an often-used questionnaire (value anamnesis) about personal values and the attitude towards life, severe illness and dying. The final version of this questionnaire was created in the course of different expert interviews (n=20) and in the last step with the people with dementia themselves. This pilot study was four guided interviews with people in early stage of dementia.

The aim of the main study is to highlight changes, adjustments or shifting of personal values throughout the life course of a person with dementia. The sample size is 10–15 interviews with a follow up phase of six to eight month after the first interview. The interviews take place at the people's home. The different stages of dementia offer the possibility for a cross-sectional investigation.

Methodological and Theoretical Focus: A qualitative approach is evident in this under-researched area exploring subjective experiences of persons concerns. The data helps to generate theories in the field of dementia and future work with ACP.

The theoretical background of the study draws from philosophical and ethical discussions about autonomy, death and dying, values and attitudes.

Results: The study is based on the assumption that the fundamental values remain stable, but at the same time, changes in specific life issues will occur. Therefore, a fundamental change is crucial for those who wish to embark upon this path.

First interviews of the main study will start in December 2017, due to this fact only first tendencies can be presented. However, a possible modification of the value anamnesis will be exemplified in the lecture.

Conclusions: This contribution focuses on ACP and dementia and conducts the research with a longitudinal cohort study by highlighting the possible shifting of values in the course of a dementia.

The goal of this research is to develop treatment and care recommendation for the ACP-process including life-prolonging measures for people with dementia. This has important practical implications for nursing and care.

Programme Overview:

1. Overview and Background
2. Study design
3. First results
4. First recommendations for practical use
5. Take home message

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18dgp003 (003)

A narrative inquiry into the experiences of nurses working in palliative care: unpacking notions of disgust

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Background and Purpose: While disgust is part of the care practices of nurses working in palliative care, it is often silenced. In this paper we will inquire into experiences of disgust.

Method & Research Focus: In this narrative inquiry, the first author worked alongside two palliative care nurses in a large urban hospice setting in Germany over a period of three months. During this time she engaged in ongoing conversations and participants took photographs to express visually their experiences of disgust.

Methodological and Theoretical Focus: Narrative inquiry is grounded in Dewey's pragmatist philosophy, which acknowledges the plurality of experience and is future oriented. Relational ethics is at the heart of each narrative inquiry. Through a focus on experience, we gained access to notions of a silenced and often inexpressible element of practice.

Results: We recognised that embedded in the experience of disgust are borderlands of care that challenge who we are and are becoming. In these borderlands we touch and are touched by our experiences of disgust. Focusing on feelings of disgust made it possible to think about the intuitive aspects of care practices we seldom talk about, yet are aspects that are ever present in our interactions with others.

Conclusions: Experiences of disgust play a role in both protecting and threatening care practices. Disgust can be understood on a continuum between silence, protection and boundaries. Opening discussion about disgust in nursing can challenge the current silence and make visible the complexity of care.

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18dgp004 (004)

Understanding end-of-life decision-making as a process of negotiation. An international empirical study

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Background and Purpose: Intensive care units (ICUs) focus on treatment for critically ill people. Ethical issues arise when decisions have to be made regarding the withdrawal and withholding of life-sustaining treatment. The issue of how to organize a shift to palliative care is particularly challenging for nurses when there are varying degrees of uncertainty regarding prognosis. The aim is to understand end-of-life decision-making practices from the perspective of nurses in different countries.

Model and Methods: A grounded theory approach was used to inform data collection and analysis. Interviews were conducted with experienced ICU nurses in five countries: Brazil (10), England (9), Germany (10), Ireland (10) and Palestine (11). Ethical approval was granted in each of the participating countries, voluntary informed consent obtained from each participant.

Research Focus: All nurses interviewed were invited to narrate their experiences of participation in end-of-life decision. The focus was to shed light on their lived-experiences and understand of end-of-life care practices.

Results: Data revealed that decision-making cannot be understood as a definable moment, but as a process that involves taking turns between action and reaction. The core category that emerged was Negotiated Reorienting. Nurses engage in two core practices: Consensus Seeking and Emotional Holding.

Conclusions: There was consensus regarding the core concept and core practices employed by nurses in the ICUs in the five countries. However, the data also pointed to some differences regarding power dynamics. The German data showed that palliative care competencies are decisive to shape the process in a professional way.

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Supporting good life for the elderly

18dgp005 (005)

Research presentation: good aging – culture change & opening towards the quarter in long-term care facilities

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The project „Good aging in Rhineland-Palatinate“ (GALINDA) aims to identify factors that inhibit or support the cultural change of a long-term care facility to a protagonist in a caring community. The traditional residential care shall be replaced by a culture of care. The cultural change is not only a scientific matter but also a political supported ambition (7. Altenbericht der Bundesregierung [1]). The purpose of this presentation is to outline the literature research.

A scoping review that uses the guidelines from Arksey & O'Malley [2] will summarize the evidence of literature concerning to the topic.

Kleibel & Mayer [3] gave directions to the structured research.

Databases Pubmed, CINAHL and Sowiport were used. The researchers focused on evidence that combines cultural change and long-term care with an institutional opening into the community. Additionally, homepages of three German state ministries have been searched for best practice examples. Furthermore, scientific gerontological journals were scanned.

To structure the results a modified framework from Shier et al. [4] has been used.

Out of 1013 titles 218 were relevant. The results showed a dichotomous pattern. The international evidence focuses on the culture change inside a facility while the national evidence prioritizes the cultural changes inside the community. The combination of both aspects was rarely detected.

The culture change debate in the US commonly focuses an internal view of institution. Doing so fundamental questions concerning an opening into the community are neglected. GALINDA aims to reduce this gap because a realignment of German care facilities is required.

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18dgp006 (006)

Cultural change in dementia care – preliminary results of “HAbitus in LongTerm-Care of people with dementia”

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Background and Purpose: The right of self-determination and social participation are confirmed in the Universal Declaration of human rights. Nevertheless, current practice of dementia care is strongly influenced by a medical paradigm. Especially in late stage dementia, persons are only objects of interventions. There is evidence, that person-centred care (PCC) is not fully implemented in daily practice.

Excellence in dementia care needs a complex and dynamic concept of PCC that develops different habitus of professional caring staff. Beyond that PCC has to take into account the organisational practice dealing with different caring habitus properly in order to create a vibrant PCC.

“HAbitus in LongTerm-Care of people with dementia” (HALT), promoted by Deutsche Forschungsgesellschaft (DFG), investigates best-practice models of dementia care in long-term care facilities and develops an empirically based theory.

Research Focus: Theoretical sampling was combined with comparative analysis and data-triangulation. Initial data of registered nurses are collected from: participant observation (6), group discussions (3), and interviews (9).

Methodological and Theoretical Focus: The study follows the methodological principles of qualitative social research, especially the Documentary Method from Ralf Bohnsack.

Results: Preliminary results of the first case study show a typically arrangement of four different caring habitus within a classic clinical oriented leadership. The four habitus are: norm-oriented, service-oriented, self-dependent and organizing habitus that are manifested differently in larger open-plan and in closed small-scale living area of the facility.

Conclusions: In contrast to this pattern, the investigation is going to compare the preliminary results by a second case study with a theological and psychological bounded leadership.

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18dgp007 (007)

Stability of home-based care arrangements for people living with dementia – results from a meta-study

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Background and Purpose: Most people with dementia live at home and are cared for by family members. During the trajectory of dementia, creating and maintaining a stable care situation is a guiding principle of informal carers and a desirable outcome of contemporary health care policies. This study aims to theorize the complex phenomenon of stability of home-based care arrangements for people with dementia and aims to identify relevant influencing factors.

Methods: We conduct a meta-study according to Paterson and colleagues.

Research Focus: Eligible studies are identified by systematic database searches, backward and forward citation tracking, snowballing and theoretical sampling. Thematic synthesis is the leading approach for the analysis of research findings, research methods, and theoretical frameworks.

Results: N=144 studies are included. Preliminary results show that dementia itself, the interpretation and acting of all persons involved as well as the respective health care system and societal and cultural norms influence the stability of home-based care arrangements. The dynamic nature of stability is overlooked in research and there is a lack of studies with a trajectory perspective. Most quantitative studies focus on risk factors for institutionalization, but fail to comprehend the dynamics behind. Qualitative research aims at understanding informal care as a social construction, but pays little attention to its direct impact on whether or not a care arrangement can be maintained over time.

Conclusions: This meta-study illustrates how stability has been understood and approached in dementia research and it provides a sound theoretical basis to develop stability promoting interventions for the community setting.

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18dgp008 (008)

Effects of services for personal support and daily life assistance on quality of life and perceived strain

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Background and Purpose: The benefit scheme of statutory long term care insurance in Germany has been expanded by recent legislation. Beneficiaries are entitled not only to receive typical nursing services (bathing, dressing etc., “körperbezogene Pflegemaßnahmen”) but also personal support and daily life assistance (PSLA, “pflegerische Betreuungsmaßnahmen”). Modified legislation led to the establishment of a scientifically supervised pilot scheme for a distinctive type of service provider (“Betreuungsdienste”) offering home services for PSLA (but no typical nursing services). Within this context, we developed instruments to assess the need for PSLA, a taxonomy of related services and criteria to measure the quality of services. In this report, we focus on whether specific categories of services show differential effects on the reduction of perceived strain (PS) and improved quality of life (QoL) of clients and family care-givers.

Methods: 49 BD, 36 nBa and 17 PD participated in the study. The 49 BD were involved in the pilot scheme and had agreed to take part in the study. From 510 nBa and 1.914 PD in geographical proximity to BD 36 nBa and 17 PD agreed to take part in the study. Clients (or their family care-givers) of these providers received questionnaires on their needs for support, kind and quantities of services received. Subjects rated the suitability of 29 single services of PSLA. For analyses presented here, data from BD, nBa and PD were collapsed. Using factor analysis, the list of single services was reduced to six categories. Outcomes were measured as differences in client’s and care giver’s PS/QoL as compared to a situation without services. Multiple linear regression models were specified to estimate the effect of the service categories on PS/QoL.

Results: Overall, 952 clients/care-givers from all over Germany took part in the survey. Subjects reported significant reductions of PS/QoL after initiation of services ($p < .001$). Two categories were most influential: Services that help to maintain daily routine and structure and services that support clients with administrative tasks and assist them with housekeeping ($p < .01$).

Conclusions: PSLA can be differentiated into separate categories, based on ratings of suitability of these activities from a client’s/family care giver’s point of view. These results can be used to guide planning of services, as specific categories of services promise to be more suitable to satisfy the needs of specific clients and their family care-givers. Furthermore, we demonstrate that two categories of services turn out to be most effective on quality of life and perceived strain. Thus, future concepts to develop and maintain a high quality of services for personal support/daily life assistance should emphasize these two categories.

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Data collection and analysis

18dgp009 (009)

Measuring hospital performance with patient surveys: challenges and opportunities for provider profiling

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Background and Purpose: Provider profiling (PP) is a measure of provider performance (e.g. hospital) and used as a steering mechanism to improve quality of care. Methodological considerations need to be taken into account to receive valid and reliable profiling results. The aim of this study is to describe the available methodology and apply three methods of PP to empirical data.

Research Focus: Patient survey data (n=1661) assessing experiences with hospital stays from a cross-sectional study with 123 units from 23 Swiss hospitals were used. We applied intraclass correlation 1 (ICC1, describing variability between providers) and intraclass correlation 2 (ICC2, assessing reliability of the measure through measurement errors) to explore variation between providers and reliability of the profiling. In consideration of risk adjustments due to different patient and hospital characteristics, we apply three different PP techniques: observed-over-expected, predicted-over-expected and empirical bias estimators.

Results: For patient experience variables, the ICC1 on hospital level ranged from 0.003 to 0.029 and on unit level from 0 to 0.041, indicating no to small variability. ICC2 on the hospital level ranged from 0.40 to 0.50 and on unit level from

0.20 to 0.96 indicating fair to moderate reliability. Depending on the applied PP methods hospitals and units were ranked differently.

Conclusions: With our example we critically discuss the utilisation of patient experience variables for PP. Due to limited between-provider variation and reliability, the value of patient experience measures for PP is questionable. Variability and reliability are prerequisites to compare hospitals and receive credible PP results.

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18dgp010 (010)

The use of automated analysis for philosophical hermeneutic text interpretation (hermA)

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Background and Purpose: Hermeneutic analysis is a central approach in the epistemologies of Social Sciences, Humanities and withit Nursing. The methodical steps of a Philosophical Hermeneutics informed interpretation process enable the deployment of a trustworthy understanding of the phenomenon explored. In collaboration across disciplines from Humanities, Social Sciences, Nursing to Computer Linguistic, the aim of this project is to identify and specify potential improvements of hermeneutic analysis by automated annotations. Annotation, often named differently such as coding depending on the research context, is a central work technique in all hermeneutic processes for signifying meaning and by this making them accessible to scholarly analyses.

Model/Framework: Philosophical Hermeneutics builds the framework of this research project (Gadamer 1990; Gaidys 2005; Fleming et al. 2003). Particularly the hermeneutic circle is used to identify assumptions and structures of understandings.

Methods: An automated analytic procedures specific to hermeneutic with examples drawn from dialogues with critically ill patients will be described. The research project examines specific possibilities of interpretations and its ambiguities. The decisions which lead for example to the interpretation of emotions, the role of gender, the meaning of special word frequencies and the analyzing of characters and figures will be displayed transparently to explain an semi-automatic analyzing process.

Methodological and Theoretical Focus: Academic disciplines use texts as research data; texts are also the starting point of this research project. However, there is a broad spectrum of understandings of what a text is, with a broad range including also non-standard languages in transcripts of spoken language. This variety of texts provides challenges for annotation and its automatization. Scholars analyse text passages in hermeneutic processes, which are circular or iterative and aim for an increasingly deeper understanding of its meanings. Ambiguity and vagueness in the text are particular challenges for this. At the same time it is a strength of hermeneutic analyses to work with them as long as they are done by people but not automatized. In contrast standardizations, as identifications of a canonical meaning, play a key role in automatized approaches. Most automatizations begin with unambiguous, rule-governed annotations. This affinity of manual annotations to ambiguity of meaning on the one hand and of the automatized annotations to deterministic interpretations of meaning on the other hand indicate a coherence that is relevant and applicable also for research processes.

Results: The authors report preliminary findings of an semi-automatic approach to hermeneutic analysis of qualitative data. A comprehensive automatization of manual hermeneutic processes can not be realized; on the background of the current state of the art this would be an unrealistic intention.

Conclusions: The interdisciplinary approach facilitates a transfer of methodological knowledge into diverse disciplines and furthermore supports a broad understanding of the requirements from the Humanities to the Computer Sciences. This study presents possibilities and values of an semi-automated analysis for Philosophical Hermeneutic text interpretation in nursing research.

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18dgp011 (011)

Social network analysis in nursing science

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Background and Purpose: Social network analysis (SNA) is a relational research method in empirical social research for analysing social relationships and social networks. SNA offers insights, into the way information flows between individuals, teams, institutions and other social structures. It enables the researcher to visualise and analyse various social networks, such as support networks of caregiving relatives or interdisciplinary exchange of information in

hospitals or nursing homes. In SNA, these complex processes may not only be analysed punctually but in their entirety. Every health topic can be viewed through the network perspective, when it comes to relationship or communication, in the broadest sense between people to visualize complex processes in their entirety.

However, SNA is relatively new to the field of nursing and nursing researchers may face several challenges when employing it.

Research Focus: Therefore, the aim of this presentation is to discuss the methodological possibilities and limitations of the SNA in nursing science in context of a recent research project about the diet in geriatric long-term care. This project focuses on how diet is organized in a nursing home and how individual professions influence and interact within this process. It serves as an example that nursing research questions may often require a combination of total and personal network analysis.

Results/Conclusions: SNA may be a valuable methodology for nursing science, although a critical discussion and empirical research is still lacking. Particularly, longitudinal, interventional and multi-site research is needed to uncover underlying network structures, outcomes of differing structures and the impact of interventions on network outcomes.

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18dgp012 (012)

Moral distress in nurses in Swiss-German acute care hospitals: the development of a new questionnaire

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Background and Purpose: Nurses may experience moral distress because of workplace constraints. Due to its possible adverse effects, it is advisable to continuously monitor moral distress. In 2010 no suitable instrument existed within the German-speaking context. Hence the purpose of this study was to develop and psychometrically test such an instrument.

Methods: This study was performed within a mixed methods research design with two cycles of data collection by all registered nurses in five Swiss hospitals. After translation and preliminary adaption of an American version of a moral distress scale (MDS), we prior pilot tested the questionnaire. The first data collection in 2011 consisted of a cross-sectional survey by the electronic questionnaire, followed by focus group interviews and a subsequent integration of the results, using an integration matrix. In 2015 we administered the refined questionnaire by the same way as we did in 2011. Quantitative data were analyzed using descriptive statistics and Rasch analysis, qualitative data were analyzed by knowledge maps.

Results: The results of the first survey showed that moral distress is also a salient phenomenon in Swiss hospitals. The result of the integration gave important hints for the refinement of the questionnaire. The Rasch analysis of the second dataset showed that the questionnaire is reliable.

Conclusions: A Rasch-scaled German speaking MDS is now available for use in future monitoring. Our results showed the importance of a continuous monitoring, also in our nursing context.

Disclosure of Interest:

Michael Kleinknecht-Dolf reports no conflict of interests.

Marianne Müller reports no conflict of interests.

Jacqueline Martin reports no conflict of interests.

Rebecca Spirig reports no conflict of interests.

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Complex interventions

18dgp013 (013)

How can nurses help Roma people access the immunisations they want? Recommendations from a UK study

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Background and Purpose: Roma people are the largest minority in Europe but experience disadvantage, including poor health status and access to health services. Immunisation is an important public health intervention which is predominantly delivered by nurses.

This Health Technology Assessment study explored the barriers and facilitators to uptake of immunisations experienced by Roma people living in the UK, and identified interventions to raise immunisation rates.

Methods and Research Focus: Roma participants (n = 61) took part in qualitative semi-structured interviews in two UK cities. In addition, professionals who provide health services for Roma people were interviewed. The interview data were analysed thematically. Finally, Roma participants took part in workshops with health professionals to make recommendations for interventions to overcome barriers to immunisation.

Methodological and Theoretical Focus: The study was underpinned by the socio-ecological model (SEM) which recognises that health behaviours are affected by multiple levels of influence (intrapersonal, interpersonal, institutional, community and policy (McLeroy et al 1988)).

Results: Key barriers were language issues, and poor knowledge of immunisation and how to access health services. Roma people were concerned that health professionals understood their culture, and advocated cultural competence training for health professionals. They requested access to interpreters and wished to be enabled to use mainstream services rather than having specialist services targeted to their ethnic group.

Conclusions: Awareness of the barriers to immunisation among Roma people and the interventions suggested, will assist nurses in providing services to this vulnerable group and have the potential to raise immunisation rates.

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18dgp014 (014)

A conversation approach for shared goal setting and decision making for nurses in cancer aftercare: developmental study

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Background and Purpose: Although the relevance of goal setting and shared decision making in aftercare for cancer survivors is acknowledged, nurses do not always know how to implement them in practice.

We aimed to develop and pretest a systematic conversation approach for nurses to tailor aftercare to oncology patient's needs and goals.

Research Focus: We used an iterative developmental process:

1. Identifying problems
2. Identifying overall objectives
3. Designing the intervention
4. Pretesting and adapting the intervention.

Methodological and Theoretical Focus: The developmental process is based on a user-centred approach for the development of complex interventions for nursing.

Results: The main results of the problem identification were: non-systematic and incomplete screening of potential issues, caveats in providing information, and involving patients in decision making. The overall objective formulated was: To develop a model for aftercare conversations based on shared goal setting and shared decision making.

The conversation approach consists of four phases:

1. Preparation of the consultation including a questionnaire
2. Shared goal-setting by means of a tool visualising domains of life
3. Shared care planning by means of an overview of possible choices in aftercare, a database with health care professionals and a cancer survivorship care plan
4. Evaluation

The pretest revealed that the conversation approach needs to be flexible, tailored, and embedded in care processes. The conversation approach was perceived as leading to a more in-depth consultation.

Conclusions: The conversation approach was developed in co-creation with stakeholders. The results of the pretest revealed implications for implementation.

Disclosure of Interest: All authors declare that they have no conflict of interest.

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18dgp015 (015)

Multicomponent, non-pharmacological delirium prevention and -management: suitable interventions for hospitalized geriatric patients

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Background and Purpose: Delirium is a common, serious, and often undetected syndrome that can have severe consequences for people concerned. According to current scientific knowledge, elderlies with limited cognitive reserves are especially exposed to develop a delirium.

Methods: After creating an efficient search string, using selected words and mesh-terms, relevant databases (Medline, PsychInfo, Cochrane Library, Cinahl, and Web of Science) were systematically searched. Publication period and study design were not limited. Based on predefined inclusion (e. g. acute hospital), and exclusion criteria (long-term care) two independent reviewers screened 3.809 identified records. 77 full-text articles were assessed for eligibility. Several studies were included in the evaluation.

Research Focus: Older people with dementia or MCI belong to the particularly vulnerable groups in the acute hospital. As a result, detection, prevention and treatment of delirium are highly significant in the geriatric setting. Therefore, the objectives of this systematic review were to identify, systematize, and to examine these programs.

Methodological and Theoretical Focus: Multimodal and non-pharmacological programs are particularly effective. A descriptive analysis was carried out to explore whether they are suitable for the special needs of geriatric patients.

Results: Most interventions are created to prevent delirium. Interventions for the non-pharmacological delirium-treatment are rare. Many programs were adapted from the Hospital Elder Life Program (HELP, Inouye 1999), or they are based on the NICE-guidelines (2010). Interventions, especially for people with dementia/MCI, are still hardly available.

Conclusions: Further research is needed in the field of delirium interventions, especially for the needs of hospitalized geriatric patients.

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18dgp016 (016)

A nurse-led complex complementary and alternative medicine intervention for gynaecologic patients to improve health related quality of life

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Background and Purpose: Patients with gynaecological cancer complement chemotherapy with various methods from Complementary and Alternative Medicine (CAM) for supportive care. A complex nursing intervention was developed for patients undergoing chemotherapy to improve health related quality of life. Aim was to assess the intervention.

Model/Framework: The intervention addressed all four areas of Myra Levine's model. Various complementary methods were used to support conservation of energy and structural integrity. Conservation of personal and societal integrity was achieved through counseling.

Methods: Within the CONGO (Complementary Nursing in Gynecologic Oncology) trial a complex nursing intervention was developed.

Research Focus: Randomized controlled trial. From July 2014 until April 2016 data of 251 patients were collected in two day clinics. Patients in the intervention group received CAM interventions by CAM trained oncology nurses; patients in the control group routine supportive care. Primary outcome was HRQoL (EORCT-QLQ-C30) measured at four timepoints and in the patient diary. Secondary outcomes (Self-efficacy, fatigue, nausea, mucositis, ...) were chosen according to Levine's principles of conservation. Data were analysed using mixed models.

Methodological and Theoretical Focus: The intervention consisted of three components: a) indication-based CAM nursing package, b) resource-oriented counseling, c) evidence-based CAM information material which were applied in every day routine care.

Results 243 data sets were analysed. At end of chemotherapy no significant difference could be detected in HRQoL between both groups ($p = 0.5964$). However at follow-up the intervention group showed a significant difference in HRQoL ($p = 0.0095$) and other secondary outcomes.

Conclusions: Levine's model provided a grounded approach to design key areas of the nurse-led intervention. HRQoL can be improved when nurses regularly provide CAM care for patients in all four conservation areas.

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Influencing factors of nurses' quality and quantity

18dgp017 (017)

Professional values and competencies as explanatory factors for the use of Evidence-based practice in nursing in Slovenian hospitals

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Background and Purpose: Nurses rarely apply evidence-based practice in everyday work. A recent body of research has looked at various variables explaining the use of evidence-based practice, but not values and competencies. The aim was to establish the connection between values, competencies, selected job characteristics and evidence-based practice use.

Methods: A cross-sectional, non-experimental quantitative explorative research design was employed with the use of descriptive, correlational and exploratory linear regression methods.

Research Focus: Standardized instruments were used (Nurse Professional Values Scale-R, Nurse Competence Scale, Evidence-Based Practice Beliefs and Implementation Scale). The reliability and validity evaluations were used for all instruments. All Slovenian hospitals were invited to participate in the research (N=27), a total of 20 hospitals confirmed their participation. Our sample of respondents included all nurses with higher education and at least three years of work experience (N=1650). The census sample included 780 nurses. The data were collected in 2015. We used basic descriptive analysis, paired sample t test, Pearson's correlation coefficient and linear regression. For all scales, the Principal Axis Factoring approach to factor analysis was employed.

Methodological and Theoretical Focus: A two-stage approach was employed to construct the regression model. At the first stage, we included the demographic characteristics, respondents' participation in training and education activities over the last five years, perceived level of knowledge, and access to information databases. At the second stage, the model also included – in addition to significant variables from the first stage of regression – explanatory variables related to professional values and competencies. The condition for inclusion into the regression model at both stages was a significant correlation between the variables.

Results: Study identifies two new variables contributing to a better understanding of beliefs on and implementation of evidence-based practice, thus broadening the existing research evidence. These are the values of activism and professionalism, and competencies aimed at the development and professionalization of nursing. Values of caring, trust and justice and competencies expected in everyday practice do not influence the beliefs and implementation of evidence-based practice. Respondents ascribed less importance to values connected with activism and professionalism and competencies connected with the development of professionalism. Nurses agree that evidence-based practice is useful in their clinical work, but they lack the knowledge to implement it in practice. Evidence-based practice implementation in nursing practice is low.

Conclusions: Our study identifies two new variables contributing to a better understanding of beliefs on and implementation of evidence-based practice, thus broadening the existing research evidence. Study results provide guidelines for improving nursing study programmes and planning post-graduate education for employed nurses, and contribute to the strategy of nursing development in the field of evidence-based practice. Our study contributes to the validation of existing instruments for future assessment of professional values and competencies. Study results stress the importance of increasing the knowledge and skills on professional values of activism and professionalism and

competencies connected to nursing development. The study expands the current understanding of evidence-based practice use and provides invaluable insight for nursing managers, higher education managers and the nursing association.

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18dgp018 (018)

Explore actual daily nurse-to-patient ratio over one year for six different units

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Background and Purpose: Determination of safe nurse staffing is a key challenge for hospitals. Research has highlighted the negative impact of poor staffing levels on patient outcomes. Most research in this field is based on data aggregated over time (e.g. year). Thus, the results do not reflect daily variability, e.g. understaffing is not recognized due to aggregation. The objective of this analysis is to identify patterns of the nurse-to-patient ratio over time to detect extreme staffing periods.

Methods: A descriptive exploratory study was conducted exploiting routine data of the year 2016 in a University Hospital in Switzerland from 1) a nurse staffing system and 2) medical controlling data containing demographics, diagnoses and treatments of patients. The two data sources were merged to a dataset with 42,453 patients and 4,033 nurses. A subset was used with six units (cardiology, intensive care, pediatrics, oncology, general internal medicine, and neurology) with a total of 15,260 patients and 229 nurses. Number of patients divided by number of nurses are calculated over a day. Extreme staffing periods were defined as two standard deviations from the mean.

Results: The nurse-to-patient ratio has a mean from 1.5 (intensive care and pediatrics) to 2.9 (neurology). Results show high variation over time and across service lines. Extreme staffing periods were detected on 70 days (22.9% during weekends) for the year 2016.

Conclusions: These first results show high variability in nurse-to-patient ratio. Further analysis will model staffing requirements based on patient characteristics, admissions, and discharges and their association with mortality.

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18dgp019 (019)

Development of a monitoring of nursing service context factors in Swiss acute care hospitals

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Background and Purpose: The growing economic pressure in healthcare may lead to a decrease of quality of nursing care and patient safety as well as an increase of the difficulty of recruiting and retaining nurses. Consequently, a monitoring of nursing service context factors and their impact on outcomes is required. However, there existed no standardized monitoring in the Swiss nursing context. Hence, the purpose of this study was the development of a conceptual model and methodology for a continuous monitoring.

Methods: This study was performed within a mixed methods research design with two cycles of quantitative and qualitative data collections in registered nurses in all acute care units of five Swiss hospitals. The first data collection in 2011 consisted of a cross-sectional survey by electronic questionnaires, followed by focus group interviews and a subsequent integration of the results, using an integration matrix. In 2015, we administered a refined set of questionnaires, now accompanied by case studies. Quantitative data were analyzed by descriptive and inference statistics, qualitative data were analyzed by knowledge maps and content, and case analysis.

Results: The results of the two cycles provided evidence for the soundness of our model and its instruments. They showed us the clinical relevance of the assessed context factors and the related outcomes.

Conclusions: An empirically tested monitoring model with a set of instruments is now available. Nursing managers will be in need of its data to ensure the quality of the nursing work environment and the related nursing care.

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18dgp020 (020)

Testing an acuity-based nurse assignment tool in inpatient oncology units: a pre-post pilot study

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Background: The rapid increase of cancer patients and the complexity of care needs may increase the nursing workload. Heavy workload has been associated with job dissatisfaction, burnout and may reduce the quality of care and patient safety. Balanced workload within a team during a shift might decrease these negative outcomes. The Oncology Acuity Tool quantifies the severity of illness and nursing care intensity in inpatient oncology units. It's used to assign available resources to the care needs of patients prospectively and should allow balancing nursing workload within a team during a shift. The feasibility and effectiveness of OAT based nurse assignments in Swiss inpatient oncology units has not been investigated so far.

Purpose: The overall goal of this pilot study is to investigate the feasibility and effectiveness of the OAT based nurse assignment in hospitalised oncology units. This will allow to:

- a) describe acuity of hospitalized cancer patients over different times, shifts
- b) investigate the associations between the OAT-based nurse assignments on the perceived workload and oncology focused adverse events.

Method: An exploratory study using a pre-post design will be conducted during six weeks, in five units of three hospitals. Equal numbers of observations on the system, nurse and patient level, before and after the introduction of the OAT over four weeks (two weeks pre and two weeks post) will be gathered. The OAT will be introduced in week three-four.

Conclusion: Findings of the study will provide important guidance on the use of oncology acuity tools in Switzerland.

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Care from the patient's perspective – what makes the difference

18dgp021 (021)

MediCal – a multi perspective, participative study to develop a theoretical foundation for strengthening drug self-management

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Background and Purpose: For the “correct” intake of drugs a variety of skills and knowledge are necessary, which are subsumed under the term drug self-management. Bailey et al. (2013) have developed a first descriptive model. The aim now is to create a basis for the development of a consulting concept for the improvement of drug self-management through the empirical deepening of the model.

Methods: The methodological approach is based on the idea of interlocking different sets of knowledge. Together with patients and nursing experts, a semi-structured questionnaire on drug self-management based on the model of Bailey et al. Was developed and validated. The data were collected via the Privatklinik Rudolfinerhaus, pensioner clubs, self-help groups and through snowball system. For data analyses, open and axial coding was used.

Results: The average age of the participants (n= 447) is 63, the average number of medications taken daily is 4.5. The process itself is more differentiated than previously described. Factors such as health behavior, the illness or the social environment have a major impact on drug self-management. The steps have been extended by an additional (reacting). “Understanding” is no longer seen as an isolated component, but as a superordinate factor that acts on “get”, “ingestion”, “self-observation” and “react”. The experience leads to the integration into the everyday life and requires the maintenance.

Conclusions: As the model now shows, it has strong links to the health literacy model (Sörensen, 2012). It is a good basis for the development of counseling processes and for assessment and evaluation procedures.

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18dgp022 (022)

Alerting devices for community-dwelling older people – implicit postponement of initial usage

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Background and Purpose: Alerting devices can provide rapid assistance after a fall and thus reduce serious consequences and suffering. In spite of this obvious advantage, the acceptance and utilization rate in community-dwelling older people remains low. However, little is known about the reasons for non-usage. Therefore, this study explored the influencing factors of usage and non-usage of alerting devices in everyday life from the perspective of community-dwelling older people.

Methods: A qualitative study design with six semi-structured focus group discussions was conducted. A total of 31 community-dwelling older people, with a mean age of 82 years (range: 75–90) participated. Data was analysed using the Qualitative Analysis Guide of Leuven (QUAGOL), based on a Grounded Theory approach.

Results: The decision of older people regarding usage of an alerting device is characterized by a complex interplay between the desire for preservation of self-determination and a competent external appearance, along with the increasing internal acceptance of being in need of help. Key influencing factors are self-perceived health, living alone, readiness to enter the “strange” world of technology or one’s attitude regarding the finitude of life. Additionally, indispensable technical requirements are ease of use of the device and reliability of the alerting process.

Conclusions: Findings suggest that older people implicitly postpone the moment of initial device usage as far as possible into the future. Relatives and health professionals need to anticipate a longer process of negotiation, thereby recognizing self-determination and providing detailed information related to the alerting device and its impact on everyday life.

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18dgp023 (023)

Upgrading patients’ perspective in educational research – examples from Finland

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Background and Purpose: Including patients’ perspectives across the continuum of nursing education is important to develop the patient-centred orientation new graduates need. Educational research produces the evidence-base for degree programmes to enable this development. The purpose of this presentation is to illuminate the results of educational research essentially involving patients’ perspective.

Methods – Methodological and Theoretical Focus: Three research projects are introduced. In these projects, patients are considered as key informants and the results for their part are regarded equally valid and important as for any other informant groups. Patients are approached as they are: they are not trained nor required to have prior qualifications. Patients have provided their perspectives by answering the surveys and participating in an educational intervention targeted to students. Further, their previous perspectives have been described based on the literature.

Results: For patients’ involvement in nursing students’ clinical education (2015–2018), patients are gradually taking a more active role in the learning and assessment processes of students. For nursing students and older people nursing (OPN) as their career choice (2016), the involvement of older people in education impacted students and their choices to pursue careers in OPN positively. For a recently launched European project entitled Professional Competence in Nursing (PROCOMPurse; 2017–2021), patients will provide their perspective in different aspects related to the competence of graduating nursing students.

Conclusions: In general, patients appreciate their opportunity to contribute to education and thus to enhance the quality of patient care. More research is recommended to gain greater understanding about how the potential of this untapped resource could be fully realized.

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18dgp024 (024)

Patient-relevant outcomes for discharge interventions in mental health care

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Background and Purpose: The immediate post-discharge phase is critical for psychiatric inpatients due to stressors associated with the re-entry to the community. Various interventions have been developed to support patients' transition from hospital to home. The selection of appropriate outcomes is crucial when designing clinical trials. For the findings to influence policy and practice, the outcomes need to be relevant and important to key stakeholders including patients. Insufficient attention has been paid to the choice of outcomes measured in clinical trials. This study aims (1) to assess the previous use of outcome measures in trials of discharge interventions and (2) to assess relevant outcomes from the patients' view.

Methods:

1. We conducted a systematic review to assess previous use of outcome measures in clinical trials. Studies included focused on nursing interventions aiming to improve discharge of adults from psychiatric inpatient care to home.
2. Patient-relevant outcomes are identified through semi-structured qualitative interviews with patients 1-4 months after discharge. Interviews are recorded and transcribed verbatim. Data will be analysed with qualitative content analysis.

Results: The 28 included studies measured 21 different outcomes; most frequently: rehospitalisation, use of outpatient care, quality of life, psychiatric symptoms, social functioning. Results of the qualitative study are not available yet but will be presented at the conference.

Conclusions: The opinions of clinical trial designers and researchers have inevitably influenced the outcomes used in published studies. Adding the perspective of patients can ensure the future use of outcome measures that matter most to service users.

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Nursing quality

18dgp025 (025)

The wish of the patient is crucial – duties of Dutch nurses in the process of euthanasia

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Background and Purpose: In the regulated euthanasia practice in the Netherlands, Nursing Care as a profession hardly plays any official role because euthanasia is seen as sole responsibility of the physicians.

Methods: The aim of this research is the description of the duties of nurses in the process of euthanasia. Data were collected by means of semi-structured interviews with 23 Dutch nursing staff from different workplaces and experts. The format chosen for the interviews was based on the concept of the problem-centered interview by Witzel [1], [2]. Interviews were done in Dutch. Data analysis was performed using an interpretive-reductive process, namely the structuring content analysis by Mayring [3].

Results: Patients frequently make their first euthanasia request to nurses and will be asked in detail by nursing staff to assess the unambiguousness of their request. In the decision-making process nurses have many conversations with patients to learn the reasons for their euthanasia request. In the preparatory phase nurses have frequent and intensive discussions with the patient about euthanasia itself and her or his wishes in this respect. Application of a venous access and preparation of euthanatica is often done by nurses – because of their skills. After performing euthanasia taking care of the corps and of the patient's family are important tasks of nurses.

Conclusions: Nurses act as information mediators, supporters, advocates and supervise the process. In order to fulfill these different roles nurses require sophisticated professional, ethical and personal skills. Likewise, organizational ethical issues are a prerequisite for good nursing care of people receiving euthanasia.

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18dgp026 (026)

The extend of person-centeredness and nursing care coordination in acute care: a cross-sectional descriptive study

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Background and Purpose: Person-centred approaches, complemented with a model of care delivery that ensures continuity of care, are essential to nursing care quality in hospital settings. In 2017, we revised the long-standing primary nursing approach and implemented a person-centred, professional practice model. For quality assurance purposes, we assessed patients' perception of person-centeredness and evaluated nurses' perceptions of primary nursing care coordination.

Methods: In this descriptive cross-sectional study, we conducted structured interviews with a convenience sample of hospitalized patients using the Oncology Patients' Perceptions of Quality of Nursing Care Scale; documentary analysis of patient records to assess care coordination; and an online survey with nursing staff using the Primary Nursing Care Coordination Questionnaire. Scores ranged from 1 (low) to 6 (high).

Results: 361 patients and 381 nursing staff participated. Patients reported high person-centered care quality, particularly regarding individuality and responsiveness of care, and nurse proficiency (median=5.4–5.6). In contrast, continuity of care scored lower (median=4.7). Nurses mostly agreed that the primary nursing approach ensured care coordination and was beneficial for person-centeredness (median of 5.0). However, items in relation to implementation of primary nursing throughout patients' hospital stay scored lower (median=4.5). Documentary analysis confirmed that assigned primary nurses were scantily involved in admission assessment (25%) or discharge planning (43%).

Conclusions: Results demonstrate that overall care quality is high, whereas nursing care coordination along the patient pathway requires further improvements. While beneficial, primary nursing may not be sufficient to ensure continuity and coordination of care in an acute care hospital.

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18dgp027 (027)

Analysis of inpatient fall logs in an Austrian hospital

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Background and Purpose: Fall logs are obligatory to complete after inpatient falls. By answering standardised questions of fall logs nurses collect information about the course of falls. So far the prevalence of inpatient falls in Austrian Hospitals is reported but little is published about the analysis of inpatient fall logs. The purpose of this investigation is to ascertain more about inpatient falls by analysing fall logs. The aim of this analysis is to derive a risk profile for inpatient falls.

Methods: We identified a list of items of interest to the fall logs used in the University Hospital Salzburg. Inpatient fall logs from August 2016 till August 2017 were searched in the hospital information system Orbis®. Afterwards a retrospective quantitative document analysis of 50 randomised inpatient fall logs was carried out.

Research Focus: In particular following items were analysed: localisation of falls, time of falls, causes of falls, trigger of falls, notice of falls, consequences of falls, measures after falls and on which day after admission the fall happened.

Results: The investigation is currently taking place and will be finished in January 2018. Results can be expected for the conference in May 2018.

Conclusions: The conclusion depends on the results and will be presented in May 2018.

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18dgp028 (028)

Stakeholders' rating of a newly developed Swiss nurse-led care model: modified RAND/UCLA appropriateness method

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Background: The care of nursing home (NH) residents is becoming more complex due to multimorbidity and dementia, thus requiring higher levels of geriatric expertise. Evidence shows that the introduction of nurse experts in NHs increases quality of and satisfaction with care. However, the local introduction of nurse experts is dependent on the legal, regulatory and educational context. Accordingly, before its introduction, the scope of practice, competencies and expected outcomes of such roles need to be defined. The development of corresponding roles has been poorly described and under-researched in view of stakeholders' perceptions.

Purpose: To assess stakeholders' perceptions of geriatric nurse expert competencies and expected outcomes relevant for Swiss NHs.

Methods: A modified RAND/ UCLA Appropriateness Method was used to rate both competencies and expected outcomes. Items for both were retrieved from a literature search of international nurse-led models of care and from multiple case studies in Switzerland. Their relevance for the Swiss health care system was rated by a panel of purposefully selected national experts. Components were included in the final set if they received an overall panel median score of ≥ 7 with agreement in accordance to the interpercentile range adjusted for symmetry (IPRAS).

Results: A total of 194 competencies and 62 outcomes on the level of residents and relatives, organization, quality of care, and healthcare system were rated according to their relevance for the Swiss healthcare system in two separate rounds.

Conclusions: A set of geriatric nurse competencies and outcomes relevant for the Swiss NH were agreed upon.

Please cite as: Basinska K, Simon M, Zuniga F. Stakeholders' rating of a newly developed Swiss nurse-led care model: modified RAND/UCLA appropriateness method. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgp028.

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Vulnerable people in special care situations

18dgp029 (029)

Patient participation in 10 projects in palliative care: a multiple case study

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Background and Purpose: Participation of people in palliative care is a relatively new development. Researchers often lack the knowledge and experience to put the mechanisms of participation into meaningful practice. The purpose of this research project is to strengthen patient participation in the context of palliative care.

Methods: This study consists of participatory action research with multiple case studies.

Research Focus: The study is carried out within a national research programme on palliative care. Ten projects are involved covering a range of different palliative care contexts such as education, research and practice. Implementation of patient participation, consists of several implementation activities: a) training and support for patient(representatives); b) training and coaching sessions for researchers; c) working with the participation matrix; d) setting up a participation community of practice; e) performing a development-oriented evaluation and creating sustainable conditions. The impact of patient participation from the perspective of patient(representatives) and the underlying processes, how the impact was created, is studied using the context-mechanism-outcome classification.

Data are collected from April 2016 till April 2018 using field notes, observations, informal conversations and in-depth interviews. Data are analysed by content analysis.

Methodological and Theoretical Focus: The theoretical focus is the ladder of citizen participation.

Results: Preliminary results show that patient participation in palliative care project happens at different levels from being informed, consultation, advising, partnership and power depending on the research step. Several mechanisms are used such as participating in individual interviews and focus group discussions, as well as sounding boards, advisory councils, as a research partner and as member in steering committees. At the level of consulting mainly people who need palliative care are involved. At the level of advising, partnership and power patient representatives or patient advocates participate, implying a high level of indirect participation. Barriers and facilitators are identified at individual, project, organisational and societal level.

Conclusion: Patient participation in the context of palliative care research is possible can promote research that is more relevant and more 'patient-centred' for these vulnerable people.

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18dgp030 (030)

What happens when technology enters the home – a systematic and integrative review focusing home mechanical ventilator treatment

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Background and Purpose: During the last decades the European health care system has undergone changes in organization and treatment regimens. This has led to that medical treatments and nursing care that earlier belonged to hospitals have moved into the private home. One such treatment is ventilator treatment. When professional care takes place in the private home – it changes. Values and routines might be transferred from the hospital into the home in a taken-for-granted way and as a consequence the home risk becoming a public area regards being the work-place for various health care professionals. The purpose of the actual study was to analyse research papers concerning experiences of home when technology, enters into the domestic area. The technology in focus was ventilator treatment.

Methods: The presentation is built on findings from a systematic and integrative review based on the work of Whittemore and Knafelz (2005). Their model allows a use and combination of articles that have used diverse methodologies.

Research Focus: The databases CINAHL, PubMed, Scopus and ISI Web of Knowledge were used with main search terms Patient, Adult, Child, Family, Home and Ventilator and their synonyms. A total of number of 114 articles fulfilled the inclusion criteria. After identifying duplicates and screening titles and abstracts, performing hand searches, reading and assessing 49 publications in full, finally 21 articles were included in the dataset.

Methodological and Theoretical Focus: The analyses were performed through identifying categories that were synthesised and presented as meanings within each category. The analytical and theoretical approach was a caring science perspective.

Results: The findings revealed content and meanings about altered meanings of the home and feelings of at-home-ness. A life on a ventilator meant learning and taking on new responsibilities both for the ventilator user and family as well as ambiguities in boundaries in roles within relationships with professional health carers.

Conclusions: When ventilator treatment is moved into the domestic area the ventilator user and family experience an urgent need to feel confident and to have control over in the skills of professionals. Trust in the professional relationship becomes an absolute prerequisite.

Programme Overview:

1. Christiane Schaepe, PhD student Charité University, Berlin
2. Berit Lindahl, Professor University of Borås, Sweden
3. Åsa Israelsson-Skogsberg, PhD student University of Borås, Sweden
4. Lena Swedberg, CCRN, PhD Södertälje Hospital, Sweden
5. Pia Dreyer, CCRN, PhD, Århus University, Denmark

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18dgp031 (031)

Everyday-life experiences of children and young people with home mechanical ventilation

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Background and Purpose: Developments in medical technology and treatment have increased the survival rates of children with serious illnesses or injuries. Some of these children fail to breathe independently and require home mechanical ventilation (HMV) in a long term perspective. Only a small number of studies have been published that allowed HMV assisted children to be heard, i.e. interviewed. The aim of this study was therefore to explore everyday-life experiences of children and young people with HMV.

Methods and Research Focus: The presentation is based on nine interviews with children and young people with HMV.

Methodological and Theoretical Focus: Photovoice was used to supplement the data collection process. Data were analyzed using an inductive and interpretive approach to qualitative content analysis. A comprehensive and careful

analysis revealed that the parent's voice was sometimes a part of the child voice when the child's voice itself was not strong enough to conduct a long conversation.

Results: The participants' everyday-life's included major challenges, but they made it perfectly clear that it was their way of living. They did not consider themselves as sick unless something extraordinary happened. But everyday-life was also characterized by vulnerability as there always was a risk of becoming seriously ill by harmless viruses and bacteria. They could be denied personal care assistance, which dramatically would reduce their ability to participate in activities outside home.

Various technologies; modern medical technology but also social media, blogs and online computer games made the outside world reachable and possible to attend.

Conclusions: Listening to these children's and young people's own voices is a prerequisite for gaining knowledge about how to best offer good-quality care which harmonize with a lifestyle that they appreciate.

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18dgp032 (032)

ICU patients' care needs during weaning: a qualitative study comparing the views of patients, relatives and health professionals

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Background and Purpose: Weaning patients are at elevated risk of developing a delirium. For delirium prevention, early and valid assessment of patients' needs during the weaning period is essential. To facilitate this assessment, more robust information is required about the needs as actually perceived by the patients. This study aimed to explore these needs as recalled by intensive care unit (ICU) patients directly after weaning termination and to compare them with the views by relatives and professionals.

Model/Framework: The study was part of a requirement analysis for the development of a sociotechnical support system for weaning patients (ACTIVATE project). It was framed by existing theoretical and empirical evidence on ICU patients' needs.

Methods: Qualitative descriptive study conducted in one university hospital.

Research Focus: Topic-guided semi-structured interviews were conducted with purposive samples of ICU patients (n=16), relatives (n=16), and medical doctors (n=6), complemented by three focus groups with nurses and therapists (n=28).

Methodological and Theoretical Focus: Data were analysed using theoretical framework analysis.

Results: Two major needs areas emerged from the patients' perspective: psychosocial needs such as being informed about the situation and having the opportunity to communicate, and symptom-related needs, especially regarding thirst, pain and mobility. Some but not all of these needs were also mentioned by relatives and professionals. Particularly, patients' psychosocial needs and the need 'thirst' played a less central role.

Conclusions: For weaning patients, better possibilities to express ones' own needs to formal and informal caregivers and to being kept informed appear to be key.

Disclosures: All authors declare that there are no conflicts of interests in the subject matter or material presented.

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Nursing homes

18dgp033 (033)

Behavioral and psychological symptoms of dementia in German nursing homes: a survey on staff perspective

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Background and Purpose: Two out of three nursing home residents in Germany are dementially ill [1]. These patients often show behavioural and psychological symptoms of dementia (BPSD). The symptoms of BPSD are often treated with anti-psychotics which are associated with falls, strokes and increased mortality [2]. At the same time, their clinical effectiveness is questioned and usage only recommended for short periods. BPSD can also be approached with a wide range of effective non-medical interventions [3]. A survey was conducted to learn more about nurses' roles and attitudes towards medical and non-medical approaches to BPSD.

Methods and Research Focus: A representative sample of 4,000 nursing homes were addressed and asked to forward a questionnaire to their qualified nursing staff. About 2,500 questionnaires were returned. Two out of three participating nurses had more than ten years of professional experience and more than half held a senior or managing position.

Results: Results show that non-medical interventions are widely known, used and regarded as effective by the nursing staff. However, the majority state that workload can restrict usage. Although high medication rates of 56% are reported, their extent and duration is not regarded as critical by the nursing staff. One out of four nurses regularly initiates a medical prescription of pharmaceuticals in the context of BPSD.

Conclusions: In order to reduce anti-psychotic drug use in BPSD, staffing levels need to reflect implementation of non-medical interventions. At the same time, nurses' knowledge about risks associated with anti-psychotic drug use needs to be improved.

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18dgp034 (034)

Looking inside the processes of the PECAN-intervention for nursing home residents with joint contractures: Results from a pilot cluster-RCT

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Background and Purpose: Joint contractures are frequent conditions in nursing home residents that are associated with limitations in social participation. To address this, we developed the PECAN (Participation Enabling Care in Nursing homes) intervention, a complex intervention using a multipliers' approach to change professional behaviour of nurses. This study aimed to evaluate the interventions' processes examining implementation (delivery, response), mechanisms of impact and contextual factors.

Model/Framework: UK Medical Research Council framework for development and implementation of complex interventions; Framework of Grant et al. (2013) for process evaluation of cluster-randomized trials

Methods: We used a mixed-methods approach in parallel to the cluster-randomized pilot study involving 7 nursing homes in Germany. Processes involving clusters and target population were examined. Data collection comprised questionnaires, field notes, individual interviews and group discussions. Quantitative data was analysed using descriptive statistics and qualitative data with direct content analysis.

Results: Fourteen skilled nurses from 4 nursing homes (intervention group) were trained as multipliers. The peer-mentor-visit reached 10 of 14 multipliers; 16 counselling interviews were held. Support of nursing home management, information flow, and implementation of interprofessional round-table discussions were identified as most relevant facilitators. Hindering contextual factors for delivery were staff shortage and less organisational support.

Conclusions: The study provides insight into the implementation of the PECAN-intervention. The intervention was delivered to the multipliers as planned. The intervention was not delivered sufficiently to nurses, health professionals and therefore to residents. This suggests multiple adaptations of the implementation strategy before the conduct of the main trial.

Disclosures: All authors declare that there are no conflicts of interests in the subject matter or material presented.

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18dgp035 (035)

Participation and self-dependence of residents living in German nursing homes

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Background and Purpose: Participation and self-dependance are relevant factors for the well-being of residents and scientifically and politically demanded. The aim of this study is to examine persuasions and experiences of these factors.

Methods: Research Data collection in four nursing homes in Central and Southern Germany from August to September 2016 via 12 semi-structured guided interviews with residents living in a nursing home for at least 6 month which were able and willing to conduct an interview. Data analyses via qualitative content analysis with at least two independent researchers. Data saturation was achieved. Ethical clearing by the Ethic Committee of the German Society of Nursing Science.

Methodological and Theoretical Focus: The study follows a phenomenological approach.

Results: Ten categories were identified: Self-dependance as a permanent concern; strategies for a reasonable life in the institution; notions of escape; living in a nursing home as an unexpected deviation of life; living with loss of former ways of being and living; activities offered are an important part of everyday life; being restricted by organizational structures; being satisfied with the new life in a nursing home; being cared for by engaged but overstrained staff; being stressed by conflicts with other residents.

Conclusions: The results show that issues of participation and self-dependance are an important but jeopardized part of the experiences of residents. Residents are fighting for participation and self-dependance with different often detrimental and indirect strategies. Nevertheless the experiences and perceptions of residents go beyond these issues like quality of relationships to staff and other residents.

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18dgp036 (036)

Using contextual assessment to guide implementation of evidence-based pain management guidelines in Swiss nursing homes

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Background and Purpose: There is a significant gap between current evidence in pain management (PM) and daily practice in nursing homes. Translation of knowledge into practice is prone to barriers on multiple levels. This study illustrates an exemplary approach of a contextual assessment to facilitate subsequent implementation of evidence-based guidelines.

Framework: This study is guided by the Consolidated Framework of Implementation Research (CFIR).

Methods: A comprehensive mixed-methods assessment focusing on the CFIR domains: inner/outer setting and individuals involved was conducted in the participating NHs. Nursing staff and NH administrators completed questionnaire surveys assessing potential barriers to PM and contextual factors (e.g. infrastructure, work environment) of the NHs. Further, to generate a broader understanding of barriers and facilitators towards PM, interviews with residents, physicians and focus groups with the nursing staff were conducted.

Results: Besides barriers and facilitators specific to pain (e.g. knowledge and attitudes of nurses and residents), a range of contextual factors (e.g. high staff turnover, insufficient communication between nurses and physicians) were

found to impede an efficient PM. To establish a sustainable change in PM the developed approach comprises implementation of standardized assessment instruments and PM guidelines on the organizational level, in-depth training of nurse Pain Champions in each NH including support in nurse-physician communication and training courses in PM on the nursing staff level.

Conclusions: Involving perspectives of all stakeholders in a contextual assessment prior to implementation of practice guidelines can enhance the understanding of the context considerably. Consequently, implementation strategies can be tailored to the specific requirements.

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Pregnancy and birth – a task for nurses

18dgp037 (037)

Women's wishes and expectations of maternity care in Germany: focus group conversations provide answers

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Background and Purpose: Optimal maternity care and research require that providers know of users' needs in health care. However, in Germany there has as yet been no related comprehensive midwifery research. The study aimed at generating a database for a national research agenda. In this presentation women's needs are addressed with regards to systemic aspects of midwifery/maternity care.

Methods: 50 pregnant women and mothers participated in 10 focus groups in five states of Germany. The focus groups were heterogeneous regarding age, parity, model of midwifery care, and satisfaction with care. In the sample, also women of lower educational levels and women in difficult life situations were included. The digitally recorded focus groups were cyclically analysed according to Gadamer's hermeneutic method. Measures for quality assurance were implemented. The study was financed by the German Research Foundation (DFG).

Results: Three major themes were identified: (a) user information on midwifery care and lack thereof, (b) access to healthcare provision by midwives, (c) midwifery care as part of the health system. Study participants identified the lack of generally available information and the inconsistency of counselling in maternity care (a). Challenges arise in selecting a midwife, at transition points (b), in multiprofessional cooperation, and during latency phase (c). Women call for alternative models of care and promotion of family/peer support (c).

Conclusions: Improvements in the provision of midwifery care and in multiprofessional cooperation in maternity care are required. Women in difficult life situations need the special attention by maternity care professionals and midwifery researchers.

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18dgp038 (038)

Becoming mothers of preterm infants: a literature review on feelings of vulnerability

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Background and Purpose: Women who desire to have children associate motherhood with giving birth to healthy full-term infants, to be able to bond with them easily and to best take care of them. When complications interrupt pregnancies, these women are confronted with situations that they are not prepared for. They are expected to cope with complicated births and the care of high risk infants. The unfamiliar environment of neonatal intensive care units contributes to their feelings of vulnerability. The researchers aimed to study existing research reports on the feelings of vulnerability of mothers of preterm infants.

Methods: A systematic review of literature was carried out through a computerized search strategy to identify research reports (articles) in which 'preterm births', 'becoming mothers' and 'vulnerability' featured.

Results: The feelings of vulnerability that the women experienced in the selected research reports related to their own perceptions of becoming mothers of preterm infants and to their relationship with others. They developed perceptions of 'being good mothers' when significant others approved their mothering skills. Giving preterm birth and having to care

for high risk infants cause women to have feelings of vulnerability. They doubt their own mothering capabilities and have to live up to the expectations of others.

Conclusions: Opportunities for the development of reciprocal interaction between mother and infant should be the overarching goal of care in the neonatal intensive care unit.

Disclosures: The researchers declare that there is no conflict of interest and that no funding was received.

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18dgp039 (039)

Becoming the mother of a child with disabilities

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Background and Purpose: The transition to motherhood starts early in pregnancy and is completed when the mother feels competent in caring for the infant. Becoming the mother of a child with disabilities is demanding as their needs are complex. The aim of the study was to appraise completed qualitative and quantitative reports on the challenges of mothers of children with disabilities regarding their own transition to motherhood.

Methods: A systematic review of literature was carried out through, first, a computerized search strategy to identify relevant studies from selected databases and, second, quality appraisal and thematic analysis of selected studies.

Results: The transition to motherhood of children with disabilities takes place in the inside world at home, the outside world external to home and the 'going-between' world of travelling between the two worlds.

Conclusions: The mothers are challenged at home to integrate basic infant care with technical care of their children. In the outside world they often struggle to ensure that their children get the necessary professional care. Travelling between their homes and healthcare services poses many problems.

Disclosures: The researchers declare that there is no conflict of interest and that no funding was received.

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The importance of staffing

18dgp040 (040)

International evidence on the staff-quality relationship in nursing homes

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Background and Purpose: Staffing practices in long-term care lack a clear evidence-base. Therefore, the aim of this literature study was to summarize all available evidence on the relationship between staffing and quality in nursing homes.

Methods: In January and February 2016, a literature study was conducted. We searched scientific databases and Google Scholar for articles published in peer-reviewed scientific journals.

Research Focus: We distinguished between studies that assessed the quantity of staff (i.e., total amount of staff hours per resident) or the educational background of staff. In addition, we distinguished between studies assessing quality of care (e.g., clinical outcomes like pressure ulcers or falls, deficiency citations), quality of life or other outcomes (e.g., resident satisfaction).

Results: In total, 183 studies were included. Based on these studies, no scientific evidence for a positive relationship between staffing levels or educational background of staff and quality in nursing homes was found. Studies that found a positive relationship were mostly conducted in the US and made use of secondary data from databases that are not primarily intended for research purposes. Studies that were conducted outside the US and made use of more reliable databases, often found no relationship.

Conclusions: Probably contrary to existing opinions and beliefs, the evidence for positive relationship between staffing and quality in nursing homes is contradictory. This means that employing more or better educated staff will not

automatically lead to better quality and that the evidence base for implementing a generic minimum staffing standard in nursing homes is lacking.

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18dgp041 (041)

How do staff and grade mix models work in practice? A contextual analysis of eight German resident homes

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Background and Purpose: The demographic change, a growing need for care- and rehabilitation-related tasks and staff shortage, makes it necessary to consider staff and grade mix in nursing homes. However, little is known about the existing types of different mixes in German nursing homes and how they are implemented in practice. The part of the study "Multidisciplinary staff and grade mix in nursing homes" (PERLE) discussed here, focuses on these two challenges.

Methodological and Theoretical Focus/Methods: The study follows the methodological principles of reconstructive qualitative social research. 31 episodic interviews were conducted with managers, caregivers and residents out of 8 nursing homes in Baden-Wuerttemberg (Germany). Data were analyzed using contextual analysis (Jansen, et al. 2015). While Bohnsacks' documentary method was interested in milieus of youth groups and migrants, this scientific approach is focusing the organization and different rationales of the actors.

Results: For each facility a contexture has been reconstructed. Firstly, different types of staff and grade mix could be identified. Managers developed and established mixes with a varying range of goals. Staff and residents were marginally involved. Secondly, perspectives of managers, staff and resident were heterogeneous. Managers' narratives were influenced by technical feasibility according to staff shortages. Staff emphasized work climate and atmosphere, and residents typically did not distinguish between the different professions.

Conclusions: Actually models of multidisciplinary staff and grade mix are still at the beginning and not fully developed. More research is needed to identify influencing factors and how these models work in practice.

Please cite as: Brandenburg H. How do staff and grade mix models work in practice? A contextual analysis of eight German resident homes. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgp041.
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18dgp042 (042)

The association between nursing home staff mix, residents' quality of life and caregivers' strain

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Background and Purpose: In investigating associations between structural variables of nursing homes like staff mix with outcomes related to residents and caregivers, the main focus up to now was predominantly on quality of care, while resident's quality of live (QoL) and strain of professional caregivers are far less investigated outcomes. In the PERLE-study these relevant outcomes are analyzed.

Methods: The sample used for analysis consisted of N=195 employees and N=215 proxy rated residents out of 21 nursing homes in the German region Baden-Württemberg.

Data was collected using two separate cross-sectional online surveys. Head managers were asked for structural data. The survey for the employees focussed on their experienced work-related strain. The employees were also asked to rate Kane & Kane's ten dimensions of QoL for specific residents as a proxy. Strain was measured using four scales of the „Beanspruchungsscreening für Humandienstleistungen“ (BHD).

Data was analyzed using linear mixed-effects models, accounting for the multilevel structure of the data.

Results: The analysis of the nullmodels showed that only the two levels nursing home and individual were discriminable but not the level team/ ward.

Intraclass correlations (ICC) for the facility level were 20.67% for QoL, and 11.8%-23.0% for the BHD outcomes. Linear mixed-effects models that account for independent variables, especially staff mix, are currently analyzed.

Conclusions: ICCs show that the main source of variance is the individual and not the nursing home. Therefore, when addressing QoL or strain, the focus of interventions should be rather on the individuals than on structural changes.

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Quality indicators

18dgp043 (043)

Risk-adjusted quality indicators for nursing homes using multiple logistic regression

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Background and Purpose: In 2019, a new proceeding to measure and report nursing home care quality will be introduced throughout Germany, using resident-specific quality indicators (QI). To take case-mix characteristics into account, advantages of risk-adjustment (RA) by multiple logistic regression (MLR) have been described in comparison with alternative methods. We compared outcomes for QI adjusted by MLR or stratification.

Methods: In a prospective longitudinal design, data from 3.246 residents in 62 nursing homes were analysed. The stratified RA approach divided residents into two subgroups. The MLR approach first identified significant variables not influenceable by nursing care in a step-wise logistic regression. The selected model was extended by a second step-wise logistic regression with forward selection also considering partly influenceable variables. Prognostic quality of the tested models was assessed using the receiver operating characteristic. Extend of deviation in QI outcomes when using MLR RA compared with RA by stratification was also assessed.

Results: Prognostic quality was higher for all models adjusted by multiple logistic regression. MLR also contributed to changes in QI outcomes in at least 20 % of the observed nursing homes. The MLR approach to risk-adjustment has proven empirically meaningful and superior to the stratified approach.

Conclusions: Risk-adjustment by MLR yielded substantial changes in QI outcomes and highlighted the importance of MLR for a fairer comparison between nursing homes. The studied QI can thus contribute to the reporting of quality of care in German nursing homes, when implementing a statistical risk-adjustment by MLR and developing a suitable rating classification of nursing homes based on QI outcome.

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18dgp044 (044)

Developing an algorithm to detect falls in the electronic health record: a diagnostic accuracy study

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Background and Purpose: Fall events are among the most common adverse events and are linked to undesired outcomes, such as prolonged hospitalization, disability or even death. To reduce falls, it is essential to accurately measure them. Currently used methods (e.g. voluntary incident reporting) suffer from underreporting. Fall detection algorithms for electronic health records (EHRs) may facilitate the task in an efficient and cost effective way.

The objectives were:

1. to develop an algorithm to identify fall events in the EHRs of a Swiss University Hospital and
2. to determine the diagnostic accuracy of the algorithm using voluntary incident reporting and the Global Trigger Tool (GTT)

Methods: This retrospective study included a sample of 120 randomly selected patients in a general internal medicine department over 6 months. The algorithm was developed using structured query language (SQL) and text mining approaches. Sensitivity, specificity and predictive values were compared to falls identified with the GTT and voluntary incident reporting.

Results: The patients' mean age and length of stay were 70 years and 14.6 days, respectively. The algorithm identified 11 fall events, whereas two events were missing in the GTT and seven were missing in the incident reporting.

Conclusions: The newly developed algorithm produced higher sensitivity and precision than GTT and voluntary incident reporting. Further evaluation with a larger sample are needed, with the goal of using it in real-time to monitor fall events in the whole hospital.

Please cite as: Schärer B, Grossmann N, Gratwohl F, Donzé J, Bachnick S, Zuniga F, Musy SN, Simon M. Developing an algorithm to detect falls in the electronic health record: a diagnostic accuracy study. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgp044. DOI: 10.3205/18dgp044, URN: urn:nbn:de:0183-18dgp0440
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18dgp045 (045)

Elderlies in home environment in rural areas. Methodological challenges and implications for ICT development

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Background: The employment of health-related, digital technologies is increasingly discussed. In particular, rural areas are supposed to benefit from this development. Thereby, the consideration of users' needs is crucial for the acceptance of technologies or services. In respect to older people in rural areas in their home environment, the purpose of this contribution is to get a better understanding of their everyday practice, which challenges they are ordinary and recurrently confronted with and how they deal with potential 'problems'.

Methods: To reconstruct relevant issues, problem-centred interviews (PCI) are conducted with elderlies (65+). The guide is based on theoretical assumptions of rural-specific properties and on the complexity of lifeworlds in home environment (socio-gerontological perspectives). Moreover, photos are taken of those parts, which are designated as challenging in everyday life. Until now 11 interviews have been conducted. Analysis of the interviews will be conducted with qualitative content analysis.

Results: First findings unfold social isolation and loneliness as one major challenge in everyday life. Some interviewees feel overwhelmed by technological development and point to an age-related digital divide. Others express the desire to utilise ICT. Prerequisite for this, however, are appropriate (educational) offers.

Conclusions: The question is what kind of (technological) solution do the people concerned here really want and how come technicians to know of it? In order to combine the different social realities and languages of engineers and elderly persons, interdisciplinary focus groups will be conducted. Here, results of PCI's as well as photos will be used as (visual) stimuli.

Please cite as: Garthaus M. Elderlies in home environment in rural areas. Methodological challenges and implications for ICT development. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgp045. DOI: 10.3205/18dgp045, URN: urn:nbn:de:0183-18dgp0457
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Posters

Poster viewing 1

18dgpP01 (046)

Adverse events in the adult ICU setting, a descriptive study

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Background: Patients in the Intensive Care Unit (ICU) are at high risk for Adverse Events (AEs) and effective AE detection methods are of high value. The IHI Global Trigger Tool (GTT) is a method to detect AEs, but little is known about its use in adult ICUs.

Aims: To assess the prevalence of AEs based on the GTT and to assess the interrater reliability of the GTT methodology

Method: This descriptive study retrospectively assessed the AE detection rate of the GTT, enriched with six self-developed nursing care related triggers. A random sample of 249 electronic patient records were reviewed independently by two nurses and validated by a physician.

Results: A total of 1153 positive triggers and 520 AEs were identified (mean 2.1 AEs per record). The most frequent AEs were healthcare associated infections (42.6%), agitation and physical restraints (each 41.8% of records). 38.7% of the AEs were preventable, all but one was judged to be of temporary nature. Cohens kappa was calculated for 24 (10%) records of the full data collection period. Complete agreement was achieved for the identified AEs.

Conclusion: The proportion of AEs detected by the GTT plus self-developed triggers is high and often deemed preventable. The interrater reliability was excellent. The GTT is useful to identify weaknesses in health care delivered, providing the foundation for targeted interventions to improve patient safety.

Keywords: Global Trigger Tool, Adverse Events, Intensive Care Unit

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18dgpP02 (047)

Digital technologies to support communication with ICU patients during weaning from mechanical ventilation: a scoping review

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Background and Purpose: Intensive care unit (ICU) patients undergoing weaning from mechanical ventilation are usually unable to orally communicate and express their needs. This incurs high levels of stress to them. Digital sociotechnical systems hold the potential to significantly facilitate communication for these patients but there is limited information about the existing body of evidence, e.g. with regard to technologies being developed for this target group and data on feasibility, clinical benefits or harms. This research aimed to examine respective literature.

Methods: Scoping review.

Research Focus: The databases Medline, Embase, CINAHL and IEEE (Institute of Electrical and Electronic Engineers) were searched in August 2017 (without time limits) for any type of study or project report addressing predefined target topics. Reference screening and data extraction were conducted by two researchers independently. Reported systems were classified as being either under development, piloting, evaluation or implementation. Aside from this classification and the publication/study type no quality criteria were applied.

Methodological and Theoretical Focus: Scoping review framework by Arksey and O'Malley.

Results: Three out of 762 papers retrieved were included, all being project reports (2 USA, 1 UK) describing various sociotechnical technologies at developmental stages. There is very limited information on the theoretical or methodological foundation. We will update our searches every half year.

Conclusions: Research about digital systems to promote communication for/with weaning/non-vocal ICU patients appears premature and under-reported. Nursing researchers should support dissemination of and adherence to clinical research and reporting standards in digital health research.

Disclosures: All authors declare that there are no conflicts of interests in the subject matter or material presented.

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18dgpP03 (048)

Prognostic value of the prediction scale for depression after stroke: the binational study ValiDePreS

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Background and Purpose: Post-Stroke Depression (PSD) is a common complication. Early treatment might improve recovery. In the Netherlands, the Post-stroke Depression Prediction Scale (DePreS) was developed to predict the risk for PSD during the first week following a stroke. The DePreS has been translated to German, taking the ISPOR criteria into account (DePreS-G). The aim of this study is to determine the prognostic value of the DePreS and the DePreS-G.

Methods: An index test was applied to stroke patients within the first week following a stroke in three stroke units in the Netherlands and Germany (DePreS/DePreS-G). Patients' inclusion criteria were no severe cognitive and psychiatric disorders at stroke onset and the ability to communicate adequately. After six weeks, a structured diagnostic interview (Composite International Diagnostic Interview) was conducted to detect a PSD (reference test). The researchers were blinded towards the results of the index test. The main outcomes were the negative predictive value, specificity and accuracy of the prediction scale.

Results: A total of 93 stroke patients were included. The estimated sample size was thus fulfilled. The prevalence of PSD was 18.3%. At a cutoff score of ≥ 3 an appropriate negative predictive value (0.87) with a high specificity (0.95) and accuracy (0.82) was determined.

Conclusions: The DePreS and DePreS-G are suitable for identifying a large number of stroke patients who are not at risk of PSD. Using routine data, the instrument enables clinicians to estimate the risk of PSD in the first week following a stroke.

Note: This study has been registered prospectively under DRKS00011546.

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18dgpP04 (049)

Clinically meaningful symptom improvements associated with a cooling intervention for chronic venous disease

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Background and Purpose: Chronic venous disease (CvD) is a disorder of the lower extremity venous system characterized by burdensome symptoms. Few targeted interventions exist. In this study a cooling intervention was compared to placebo on symptom improvements.

Methods: Randomized single blinded 6-month clinical trial of 276 persons allocated to 3 times weekly cooling or placebo cuff applied to the most severely affected leg during 30 minutes of leg elevation. Eleven symptoms were measured at baseline and end-of-study with the VEINES QOL/Sym questionnaire to determine clinically relevant symptom changes. Data were analyzed for 30% moderate or 50% substantial improvements and symptom severity based on cut-points calculated from ± 1 standard error of measurement.

Results: Moderate improvements were noted for the cooling group compared to placebo for cramps (40%; 28%), – both groups had substantial improvements in pain (53%; 59%). Females had greater improvements than males in burning (33%; 21%) and irritability (33%; 26%) – both had substantial improvement in pain (59%; 53%). Individuals < 65 compared to \geq 65 years of age had improvements in cramps (39%; 27%) and irritability (36%; 21%) – both groups had substantial improvements in pain (56%; 57%). For cut-points, females experienced a statistically significant improvement for itch (24.1% vs. 17.1%, $p=0.028$). Participants < 65 were significantly less irritable (36.4% vs 21.2%, $p=0.021$).

Conclusions: Clinicians should consider recommending a cooling with leg elevation protocol to improve symptoms especially pain. Sex and age are important considerations as differences were noted in symptoms such as burning, cramps and irritability.

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18dgpP05 (050)

Non-pharmacological interventions for the treatment of sleep pattern changes in patients undergoing cardiac surgery: systematic review

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Background and Purpose: Disorders in the sleep pattern are common symptoms reported by patients undergoing cardiac surgery. However, there isn't conclusive evidence about the best non-pharmacological interventions that can be adopted in care nursing practice. To analyze the evidence available in the literature about non-pharmacological interventions for the treatment of disorders related to the sleep pattern in patients undergoing cardiac surgery

Methods: Systematic review of the literature that followed the recommendations by the Cochrane Collaboration. Databases investigated were Pubmed, Cochrane, Lilacs, Scopus, Embase, Cinahl and PsycINFO. It was included the search in the "gray" literature using the bases ProQuest Dissertations and Theses, Digital Library of Theses and Dissertations from the University of São Paulo, Evidence-Informed Policy Network (EVIPNet), Centre for Intellectual Production from the School of Medicine of the University of São Paulo, Brazilian registry of Clinical Trials and ClinicalTrials.gov, as well as the reference lists of the included studies

Results: Ten randomized controlled trials were included in the review. In the synthesis of the available evidence, it was found that non-pharmacological interventions were grouped into three main categories: four studies tested devices to minimize disruption of sleep and/or its induction; three clinical trials investigated the efficacy of relaxing techniques and three primary studies evaluated the effectiveness of educational interventions

Conclusions: Significant improvement in the scores for assessment of sleep was found in studies that tested interventions such as ear plugs, eye mask, muscle relaxation, posture training and relaxation, sound production and educational strategy

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18dgpP06 (051)

The path towards peace in intensive care units

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Background and Purpose: Identification of effective indices to improve ventilation parameters, helps nurses to improve these parameters, while increasing the probability of weaning the patients from mechanical ventilation. The aim of this study was to investigate the effect of music therapy by nurses, as a complementary medicine, to improve patients' respiratory status.

Methods: In this randomized, controlled, and parallel trial a total of 70 patients meeting the inclusion criteria were allocated to either intervention or control groups. Data analysis was performed through descriptive and inferential statistics by SPSS software (version 16).

Results: Comparing ventilator parameters before and after intervention revealed that music therapy leads to significant reduction in both mean respiratory rate (p-value=0.001) and peak airway pressure (p-value=0.001) in the intervention group. Music therapy in patients receiving mechanical ventilation also improved ventilator parameters more significantly than the control group.

Conclusions: Based on the results of current and previous studies, it is suggested that critical care nurses, especially in Intensive Care Unit (ICU), pay more attention to psychological care of the patients.

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18dgpP07 (052)

Person-centered technology for people with dementia: a protocol for an evidence map and an integrative review

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Background and Purpose: There is increasing evidence that technological devices may enhance the well-being and quality of life of people with dementia [1], [2]. This study aims to identify person-centered technologies and to examine the effects and outcomes for people with dementia.

Methods: The study consists of two parts. First, technological devices as well as effects and outcomes for people with dementia will be identified by an evidence map. Second, specific person-centered technologies as well as effects and outcomes for people with dementia will be examined by means of an integrative review. All types of studies published since 2007 in English, German and French will be included if they investigate technology-based interventions like gaming or robotic devices and address outcomes like quality of life, activity, participation, engagement and challenging behaviour of people with dementia or mild cognitive impairment. A comprehensive literature search in ten databases will be conducted. Additionally, a hand search in five journals as well as backward and forward citation tracking will be performed. Two independent research associates will conduct study selection and quality appraisal. Technological devices will be linked to aspects of subjective well-being of people with dementia [3]. This will be confirmed by the relation between technology and user needs identified by Sugihara et al. [4].

Conclusions: The results will show which kind of technologies for people with dementia were studied. Furthermore, research gaps will be identified by the evidence map. The examination of effects and outcomes for people with dementia have the potential to direct further research.

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18dgpP08 (053)

Comparison of a Norwegian and German case conference concept for challenging behavior in nursing homes

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Background and Purpose: Guidelines emphasize the need for proper analysis of challenging behavior (CB) in nursing home residents with dementia. One way of shifting the approach to CB from treatment-focused to analysis-focused is the use of dementia-specific case conferences (DSCCs). The two DSCCs – the Norwegian TIME and the German WELCOME-IdA – are compared and analyzed regarding their implementation strategies. The overall aim is to ease implementation of DSCC into routine care.

Methods: For the comparison the template for intervention description and replication (TIDieR) is used. Similarities and differences of the DSCCs and the implementation strategies were analyzed and discussed.

Results: Both interventions rely on a bio-psychosocial construct of CB. While TIME is an interdisciplinary approach, WELCOME-IdA is monodisciplinarily oriented to nurses. The description and analysis of CB is guided in both DSCCs by structured assessments. In TIME, the assessments are performed prior to the DSCC, and in WELCOME-IdA the assessment are performed during the DSCC. Both DSCCs include a fixed process and role structure, last 60-90 minutes and are performed monthly. The implementation strategies of both approaches address different organization levels, include a steering group and face-to-face trainings. For WELCOME-IdA on-the-job trainings are offered, whereas in TIME the first DSCC is supervised by a trainer. Manuals and handouts are used for both approaches to further facilitate the implementation of DSCCs.

Conclusions: The success of the implementation of DSCC depends on intervention characteristics and the implementation process. TIME and WELCOME-IdA are currently evaluated in large scale evaluations. The process evaluations will give further insights into the implementation processes.

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18dgpP09 (054)

Patients' satisfaction with gastrointestinal endoscopy

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Background and Purpose: Endoscopic examinations have become a commonly used tool in gastroenterology. One of the significant factors limiting their use is the patient's discomfort, which decreases the acceptance of the examination. In order to limit the discomfort limiting the tolerance of endoscopic examinations, attempts should be taken to carry out studies aimed at the evaluation of the patients' satisfaction.

This work aims at the determination of the level of the patients' satisfaction with the endoscopic examinations of both the upper and the lower gastrointestinal tract.

Methods: Our research tool was the survey questionnaire which we authored.

Research Focus: The study covered two groups of patients. The first one included 109 persons who underwent colonoscopy, and the second one 106 patients, who underwent gastroscopy. Research was carried out in endoscopy laboratories in northern Poland and diagnostic survey method was used.

Results: Our analysis showed that the patients with higher level of education statistically significantly more frequently displayed a higher level of information concerning steps to be taken before ($H(3) = 7.74, p = 0.052$) and after ($H(3) = 8.98; p < 0.05$) colonoscopy. The patients who underwent gastroscopy and colonoscopy under intravenous general anaesthesia felt less discomfort than the patients who were administered local anaesthesia only or local anaesthesia and premedication.

Conclusions: Special attention should be paid to the appropriate preparation of the patient to endoscopic examinations through the introduction of uniform educational standards. It is also worth considering offering the patients, as a standard, a choice of the type of anaesthesia.

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18dgpP10 (055)

Occupational satisfaction and self – assessment of the demand for nursing care at surgical departments

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Background and Purpose: The implementation of new, advanced surgical procedures must correlate with implementing effective mechanisms improving the quality of nursing and inducing the care for the patient's wellness. The interest on the subject of dependency between occupational satisfaction and demand for nursing care is growing at the departments of invasive medicine. Satisfaction is a feeling of pleasure and content and it might be determined by the factors such as the level of salary, the realization of professional independency, cooperation in a therapeutic team or the opportunities of professional improvement.

This study is aimed to analyze the occupational satisfaction of nurses on surgical departments, including: the assessment of the declared demand for nursing care at the examined departments.

Methods: The method of diagnostic questionnaire and statistical methods were used in the research. The author's survey questionnaire was applied.

Research Focus: The material of this study consists of a group of 71 nurses employed in Tricity hospitals at surgical departments. The groups were selected at random.

Results: The most important factor which has good influence on the satisfaction at work are friendships with work colleagues. Nevertheless, it is the pay that causes the lack of occupational satisfaction at the highest degree. The declared demand for nursing care is not met sufficiently and, as confirmed by the respondents, it has a significant effect on the quality of the provided medical services in the examined hospital departments.

Conclusions: The conducted research has confirmed that occupational satisfaction of nurses in Tricity hospitals is at moderate level and that it does not depend on their education, however, the nurses who have completed Master's studies tend to show higher satisfaction.

Please cite as: Piotrkowska R, Książek J. Occupational satisfaction and self – assessment of the demand for nursing care at surgical departments. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP10.
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18dgpP11 (056)

The use of fairy tale telling for people with dementia as a psychosocial intervention

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The project "Once upon a time... FAIRY TALES AND DEMENTIA", initiated and conducted by the German Centre for Fairy Tale Culture, was accompanied by our Tales+Dementia+Study. Project and study were financed by the German Federal Ministry of Family Affairs. The project offered regular fairy tale narrations twice a week in five nursing homes located in Berlin, Frankfurt/Main and near Hamburg. 62 nursing home residents with dementia took part.

The study used a qualitative, multi perspective and participatory design to analyse and understand the effects of fairy tale narrations on the participants. The leading questions were: Do fairy tale narration as psychosocial intervention improve the participants' well-being?

Data were collected through video recordings of the participants and storytellers and short memos of the sessions, free observations of the participants in everyday situations, guideline interviews with nurses and storytellers, and analysis of documentation. The data were analysed via video interaction and content analysis – always organized as group sessions.

The analysis of 20 hrs. of videos and 21 interviews proved that activity and social interaction were encouraged by fairy tale narrations and competences were (re)activated and challenging behaviour – especially agitation, fear and apathy – were significantly reduced during the story telling sessions. An enhanced well-being became apparent during the events of story-telling.

The study provides scientific evidence that structured sessions of free fairy tale narrating addresses the needs of people with dementia, reduces their challenging behaviour, activates the participants' resources during the events and should be offered regularly to enhance their well-being.

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18dgpP13 (057)

Family caregiving of persons with dementia – a concept analysis

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Background: As relatives are a majority of informal caregivers of community-dwelling people with dementia, nurses are in the pivotal position to provide care to both family members. An adequate understanding of how family carers perceive and define caregiving is required for effective nursing interventions. Research has found that family caregivers do not discuss their caregiving in terms of tasks, but instead, emphasise their concerns, commitments and purpose of caring. There is, however, a lack of clarity about the meaning of this concept.

Purpose: To identify existing definitions of family caregiving of persons with dementia and determine the characteristic aspects of this concept.

Design: Concept analysis according to Walker und Avant.

Methods: A search is carried out in the databases CINAHL, PubMed and PsycINFO to access relevant articles published between 1995 and 2016. 'Family caregiving', 'informal caregiver' and 'dementia' serve as keywords. To be included,

publications have to meet one of the following criteria: it has to be the opinion of an expert, a theoretical work dealing with the concept of 'family caregiving of persons with dementia', qualitative research aimed to describe caregiving from the caregiver's perspective or it is a survey providing a definition of this concept.

Results: The concept analysis is currently in the stage of analysis. Results will be presented at the conference.

Conclusions: Exploring the caregiving concept guides nurses to systematically understand the perspective of family caregivers of people with dementia. Findings can be used to develop targeted nursing interventions aimed to support caregivers and improve the quality of life of people with dementia.

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18dgpP14 (058)

Diversity and ageing: LGBT*I elders and long-term care

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Background and Purpose: The research project GLEPA (Gleichgeschlechtliche Lebensweisen und Pflege im Alter) focuses on biographies and the needs of LGBT*I elders in long-term care facilities and community-based care systems.

Methods and Research Focus: GLEPA is based on nine narrative biographical interviews with LGBT*I (lesbian, gay, bisexual, trans* and intersex) elders, who are in need of care, analysed with the Reconstruction of Life Stories by Rosenthal (2006). For further seven expert interviews with professionals working in long-term care facilities we have used the qualitative content analysis (Mayring 2007).

Results: The study illustrates the discomfort of LGBT*I elders regarding regular care services. It has found LGBT-related strategies and demands for addressing various forms of discrimination, including heterosexism, transphobia in the care of elderly gays and lesbians. GLEPA has defined LGBT-specific needs and expectations that a supportive (long-term) care should meet and justifies the importance of LGB(T*I)-friendly facilities and the competencies of LGB(T*I) personnel in terms of awareness, visibility and knowledge about LGBT*I communities.

Conclusions: The researchers advocate enhancing the concept of culture-sensitive long-term care according to diversity-sensitive aspects. A better understanding of diversity will help to better consider individuality and biographies in long-term care (facilities) and to support the social inclusion of LGB(T*I) elders. With respect to specific risks of loneliness and health issues of LGBT elders, LGBT sensitive housing projects and culturally sensitive long-term care needs to be provided to a greater extent.

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18dgpP15 (059)

Mobility of palliative care patients – a qualitative research

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Background and Purpose: The number of palliative care patients and the importance of palliative care is increasing steadily. Due to that a wide range of questions in this complex field comes up. Restrictions in mobility are an emerging dominant phenomenon in nursing because it influences every activity of the daily life. The multidimensional mobility should be more focused. But so far, there are not any scientific evidence based findings, how the palliative care patients value their mobility and which needs they have in this regard. The aims are to give an insight into emotional world of palliative care patients and to give a base for professional discussions and research concerning mobility.

Methods: Qualitative Face-to-Face-Interviews were made with the methods of Witzel. Palliative care patients, who were supervised by a hospice association, were consulted by the researcher about their mobility in 2016. The complete transcripts were analyzed by using Mayring's qualitative content analysis. For that inductive and deductive categories were produced.

Results: Many of the participants nearly equalized mobility with independence. Therefore, a great significance of social, physical and psychological-cognitive mobility can be detected. That is why the conservation of resources were particularly important. However, sometimes it was improvement.

Conclusions: Depending on the individual aims and form on the day, activating care can be useful in many cases. The multidimensionality of mobility, the great importance of this for the palliative care patients and their needs should be included in the individual palliative care planning and should find more attention.

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18dgpP17 (060)

Specialist utilization of nursing home residents and community-dwelling elderly: a regression analysis

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Background and Purpose: So far it is known that health care utilization of nursing home residents differs from home care patients and elderly people without need of care. However, it is not clear whether these differences in utilization are attributable to morbidity differences between these groups. We compare utilization of medical specialists between nursing home residents, home care patients and people without need of care, while controlling for differences in morbidity status.

Methods and Research Focus: We analyzed claims data of 100,000 Statutory-Health insurants aged 60 years or above. Zero-inflated poisson regression was used to analyze utilization differences of twelve specialties between nursing home residents and community-dwelling elderly.

Methodological and Theoretical Focus: For each model, we included all insurants with at least one diagnosis that is typical for the respective specialty. Moreover, we controlled for age, gender, additional diseases, regions and death.

Results: Regarding the probability of having a specialist consultation nursing home residents have a lower probability than community-dwelling elderly with the same health conditions. This pattern can be found for nearly all investigated specialties except for neurological and psychiatric specialist consultations. Regarding the expected number of consultations, being a nursing home resident was associated with less expected internal medicine consultations and more expected consultations of neurological and psychiatric specialists compared to people not in need of care.

Conclusions: Based on these findings, future research should investigate the underlying causes for the lower specialist utilization of nursing home residents.

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18dgpP18 (061)

Stroke – the indeterminable illness. Experiences of elderly patients during the acute phase

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Background and Purpose: Different realities indicate the impact a stroke can have on the lives of the affected people, especially on people from 60 years of age. Until now, the subjective view of the experience of an acute stroke has insufficiently been addressed in a scientific manner. The goal of the investigation was to gain a deeper understanding of and appreciation for the subjective experience of 60-year old and older individuals during the acute phase of a stroke.

Methods: Semi-structured face-to-face interview.

Research Focus: The study is based on a qualitative design. 23 elderly people who had suffered first time a stroke were interviewed in an acute setting. The investigation was conducted according to the Grounded-Theory-Methodology by Strauss and Corbin.

Results: The primary aspect of how people from 60 experienced an acute stroke is the feeling of indeterminableness. The patients are disoriented, confused, and not being able to define or understand the event. It could be shown that over the course of only a few days, the patients live after acute stroke through four distinct phases. Based on these results, essential categories were prepared and a phase-model was developed which encompasses the chronology of and the relationships between these various categories.

Conclusions: In treating and nursing elderly stroke patients, their subjective viewpoint and experience must be given more attention. The unique experience of an affected individual during the initial stage of a stroke fundamentally influences how the illness is interpreted and how it is finally coped with and overcome.

Please cite as: Steudter E, Them C. Stroke – the indeterminable illness. Experiences of elderly patients during the acute phase. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP18.
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18dgpP19 (062)

How do elderly people in need of care experience the transition to long-term care facilities

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Background and Purpose: As the average length of stay of nursing home residents is decreasing, more elderly people are experiencing the transition to a nursing home. This is a critical life event for those affected. The purpose of this study was to examine how elderly people in need of care experience transition to a long term care facility.

Methods: Fifteen elderly people in Bavaria, who recently moved to a long term care facility, were interviewed about their experiences during the process of admission. They were asked to speak about the problems they were facing and how they managed to adapt to their new living situation.

Methodological and Theoretical Focus: The theoretical background of this study was based on the diathesis–stress-model and the action-theoretical-model about the transition to a nursing home.

Results: The nursing home residents were facing great changes in their lives. They had to leave their home, had to choose from among their properties those, which should be disposed of or earmark any properties, they may wish to bring with them. The greatest problems were to find social contact among the other residents and how to deal with the nursing staff shortage and great losses among their new social setting.

Conclusions: It was concluded that nursing staff plays an important role for new nursing home residents, as they are the first social contacts to make. Nurses should observe their behavior and support them when in need.

Please cite as: Krug K, Strupeit S. How do elderly people in need of care experience the transition to long-term care facilities. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP19.
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18dgpP20 (063)

Access to timely formal care for people with dementia: Interview studies in eight European countries

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Background and Purpose: Access to community services is often gained late in the trajectory of dementia, albeit particularly helpful.

Model/Framework: The Behavioral Model of Health Services Use guided the overall project.

Methods: Focus groups and semi-structured expert interviews.

Research Focus: Within the Actifcare project in eight European countries, 55 focus groups with 266 participants were conducted with people with dementia, carers and professionals to investigate how barriers and facilitators to using formal community care are experienced. Consecutively, strategies improving service use were explored by 38 expert interviews with political decision makers/influencers. A summarising qualitative content analysis was performed in each country and national reports were synthesised.

Methodological and Theoretical Focus: A qualitative approach was used, addressing challenges of collection and analysis of qualitative data in different languages.

Results: Using formal community care seems to be influenced by psychosocial factors, characteristics of professionals and system-related aspects. Findings highlight the impact of beliefs of people with dementia and carers (e.g. meaning of caregiving), and underline that people with dementia try to stay independent as long as possible, while using formal care is often considered as a threat to independence. Political decision-makers/influencers identified strategies of dementia care that reflect these barriers and facilitators (e.g. care coordinator, proactive person-centred services, public awareness). Nevertheless, implementation of these strategies remains a challenge.

Conclusions: Further research needs to investigate how good-practice strategies can be appropriately implemented, and how formal care can be modified towards supporting the independence of people with dementia and better address psychosocial factors.

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18dgpP21 (064)

Professional competence in nursing (PROCOMPurse) – a European research project 2017-2021

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Background and Purpose: Initial professional competence (PC) enables a nursing career start. The transition from a nursing student to a qualified nurse is significant as it may impact to the future career and retention throughout the nursing career. The purpose of this international research project is to assess and compare the development of PC, to analyse the factors (individual, educational, organisational and value-based) connected to PC and model factors promoting the development of PC and a successful transition.

Methods: The design is a prospective longitudinal cohort survey. Data is collected from educational institutions and health care organizations in five European countries: Finland, Germany, Ireland, Lithuania and Spain. The first data is collected in 2018 with structured questionnaires from graduating nursing students at the final stage of their studies (N=2500, N=500/country), nursing administrators (N=500, N=100/country) and patients (N=1500, N=300/country). The one year follow-up concerns the students who are then qualified nurses, and nursing administrators. The main instrument for measuring PC is Nurse Competence Scale (NCS) Meretoja (2004). The data is analysed statistically.

Results: The current phase of the research project and possibly some tentative results will be presented in the conference. The research project produces information about the PC of nurses and the factors connected at the time of transition.

Conclusions: This research project connects two areas – education and working life – when examining the transition of nurses to working life. Based on the results of the study, European nursing education can be developed to meet the needs of health service, and to create means for smoothening the transition in organizations.

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18dgpP22 (065)

Ensuring adequate supply of long-term care services in rural areas

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Background and Purpose: Rural communities face multiple challenges due to increasing numbers of people in need of long-term care. Limited analysis of local health and long-term care impedes planning processes and raises concerns regarding access to services and health disparities. This project aims at providing a sufficient database for shaping health and long-term care in rural communities.

Model and Methodological and Theoretical Focus: Based on Klainberg's "Alliance for Health" Assessment Model we conducted a Community Health Needs Assessment (CHNA) in two rural communities.

Research Focus: Secondary data gathered from statistical departments have been analysed using quantitative statistical measures. Additionally, we interviewed experts working in community health care services and administration. Primary data will be analysed using content analysis.

Results: The preliminary analysis highlights the fast aging process of Samtgemeinde Freren as one result. Its median age will increase from currently nearly 45 years to more than 51 years in 2030 and will thus exceed the one of Emsland Region by three years.

Currently, a care-mix of family care and home care services supports nearly 80% of people in need of long-term care in Emsland Region and more than 70% in Osnabrück Region.

Although community members could reach different health care services in a 20 km range, home care services in Melle are especially affected by nursing shortage, as they cannot ensure service delivery to new clients anymore.

Conclusions: To monitor local health and long-term care delivery by using a CHNA is not common practice in Germany. However, its broader implementation would be a helpful addition meeting future challenges in health and long-term care.

Please cite as: Hof-Kleiner B, Büscher A, Seeling S. Ensuring adequate supply of long-term care services in rural areas. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP22.
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18dgpP23 (066)

The measurement of burnout in Croatian nurses

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Background and Purpose: The aim of this study was to explore the burnout in Croatian nurses with the emphasis on possible gender and age differences and to compare with the burning of Croatian Teachers. (Domović at all, 2010).

Methods: A convenience sample of 119 employed nurses have participated in this study. The Maslach Burnout Inventory (MBI) (Maslach et al., 1996) was used to collect data in this study. The Croatian version of this scale each of 22 item on the Scale represent a work-related feeling in theoretical framework of the three components of burnout: (1) emotional exhaustion, (2) depersonalisation and (3) personal accomplishment.

The raw data was compiled, and analysed using the statistical package SPSS 19. An analysis of the scale's psychometric properties, including reliability (Cronbachs α), and factor analysis were conducted The results are presented in light of the psychometric properties. Confirmatory factor analysis was used to determine the factorial structure of the MBI for the Croatian sample of nurses.

Results: Descriptive analysis shows that the Croatian nurses experience more stress and overexertion then Croatian teachers. With regard to the depersonalization score, however, the Croatian nurse sample scored a highest score, then Croatian teachers (Domović at all, 2010). Age was negatively associated with emotional exhaustion indicating that as nurses' age increased their levels of emotional exhaustion decreased. In addition, emotional exhaustion was positively related with depersonalization, meaning that with increased emotional exhaustion there is the inclination in depersonalization in Croatian nurses.

Conclusions: Differences in gender and age for two components of burn out there were no significant differences in all three burnout dimensions regarding the nurses sample in this study.

Please cite as: Bošković S, Skočić Mihić S, Tatlović Vorkapić S, Malnar D. The measurement of burnout in Croatian nurses. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP23.
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18dgpP24 (067)

Residents under 65 years of age in German nursing homes – a secondary analysis

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Background and Purpose: In Germany, about 7% of the nursing home residents are younger than 66 years (Statistical Federal Office, 2017). Little is known about the characteristics of this age group. It is not clear if they differ from older residents. The purpose of this study is to describe and compare younger and older nursing home residents due to gender, care dependency and medical diagnostic groups.

Methods: A secondary analysis of cross sectional studies in German nursing homes from 2014, 2015 and 2016 was conducted by Charité Berlin using a standardized questionnaire. The convenience sample consisted in total of 2753 residents in 14 (2014), 16 (2015) and 8 (2016) institutions. Procedures of descriptive and inferential statistics were calculated using SPSS 24.

Results: The samples were composed of 1091 residents in 2014, 994 in 2015 and 668 in 2016 (response rates: 86.9; 86.2 and 86.3%). 11.7% of the residents were younger than 65 years in 2014, 10.6% in 2015 and 13.0% in 2016. Most of the younger residents lived occasionally on wards with a high average of age. The younger residents were more often male (χ^2 ; $p < 0.000$), had a higher care dependency level (χ^2 ; $p < 0.000$), had more often a mental illness (χ^2 ; $p < 0.05$) and had less frequent a dementia (χ^2 ; $p < 0.000$) than the older residents (2014, 2015 and 2016).

Conclusions: This exploratory study showed differences between younger and older nursing home residents which should be investigated more deeply in further studies.

Please cite as: Heinze C. Residents under 65 years of age in German nursing homes – a secondary analysis. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP24.
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18dgpP25 (068)

HIOPP-3: Interprofessional optimization of medication in nursing home residents – a cluster randomized controlled trial

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Background and Purpose: Polypharmacy and potentially inadequate medication (PIM) such as neuroleptics are common in elderly nursing home residents. A lack of collaboration between health care professionals (HCP) involved in the medication process - general practitioners (GP), pharmacists and nurses - can lead to inadequate polypharmacy and PIM. HIOPP-3 aims to improve 1. medication safety with focus on number of PIM and neuroleptics and 2. the medication process in nursing homes by the use of an interprofessional toolbox.

Methods: Multi-centre cluster randomized controlled trial.

Research Focus: Sample size planned: 760 nursing home residents ≥ 65 years in 32 nursing homes at 4 regions. A tailored intervention is applied in every nursing home. Main aspects are 1. medication review by pharmacists, 2. interprofessional toolbox incl. workshops and information material for HCPs aiming to initiate a change management process in HCP teams focusing on the collaboration in the medication process. Data will be collected at baseline and after 6 months.

Primary endpoint is the number of PIM/neuroleptics, evaluated by multilevel logistical regression model. Secondary endpoints are e.g. hospitalization rates, length of hospital stays, falls, quality of life, health economic evaluation, analyzed by mixed regression models.

Methodological and Theoretical Focus: Randomized-controlled trial with qualitative and quantitative process evaluation to optimize medication safety in nursing home residents.

Results: HIOPP-3 is in the recruiting phase. The presentation will include the study protocol and first experiences with the intervention.

Conclusions: HIOPP-3 aims to improve inter-professional collaboration in the medication process and thereby medication safety in nursing home facilities.

Please cite as: Stolz R, Haumann H, Joos S, Doyle IM, Kirsch C, Thürmann P, Bernard S, Altiner A, Wollny A, Wilm S, Mortsiefer A, Kortekamp S, Wiese B, Schneider N, Bleidorn J, Junius-Walker U, Krause O. HIOPP-3: Interprofessional optimization of medication in nursing home residents – a cluster randomized controlled trial. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP25.

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18dgpP26 (069)

Community care network – how digitalization is transforming health care in rural regions

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Background and Purpose: The demographic change and the difficulties to access health care services are increasing the problems of care in rural regions. Furthermore, a structured network and a cooperation of the health care sectors is missing.

Methods: The levels of analysis of health systems research by Schwartz et al. (2003) are used as the framework for the conception of a community care network.

Research Focus: A mixed methods study is performed to derive factors which secure the realization of a community care network.

Methodological and Theoretical Focus: The development of the community care network concept is based on interdisciplinary research. It follows a design science approach.

Results: The community care network bundles the analogue and digital structures to give the elderly access to the supporting services. At the macro-level, knowledge-, network- and education-management are connected by a network manager based at the respective public health authority. At the meso-level, there is a platform which includes the coordination and bundling of digital and analogue health care services. At the micro-level, the individual person is supported by means of activating individualized hybrid services through an information and communication infrastructure. According to the people's requirements, they can choose between analogue and digital health care services.

Conclusions: Linking the three levels by means of a network manager, the difficulties to access health care services can be reduced and the cooperation of the sectors can be improved.

Please cite as: Stutz D, Hildner A, Suessmuth MC, Teuteberg F. Community care network – how digitalization is transforming health care in rural regions. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP26.
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18dgpP27 (070)

Discrimination among migrant nurses in their daily work routine

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Background and Purpose: Several studies have examined the challenges migrant nurses face as they seek licensure and access to international work. In the German nursing field, discrimination among migrant nurses in the workplace, regardless of race or gender have not been studied; a problem that leads to a reduction in the quality of nursing care and nurse turnover. The purpose is to document experiences of migrant nurses in the acute setting about social and institutional discrimination, challenges in the workplace and strategies to cope with those experiences.

Methods: This study employed a qualitative, explorative approach.

Research Focus: The study is conducted by using a qualitative content analysis. The data collection process included seven semi-structured interviews with migrant nurses between in 2017 in different German hospitals. A purposive sampling method was used. All interviews were recorded, typed, and analyzed simultaneously.

Methodological and Theoretical Focus: The study used the intergroup contact hypothesis to approach the issue.

Results: In total, four main categories were identified. The first two categories deal with the migrant nurses` daily work routine and challenges. The third category describes the experiences regarding discrimination in the workplace. The fourth category outlines the different strategies to cope with those circumstances. Although migrant nurses experienced more social discrimination from their patients, their nurse colleagues or other hospital personnel, institutional discrimination was still described.

Conclusions: More research is needed about discrimination against nurses in the workplace because discrimination may have serious psychological effects that impact nurse retention and the quality of patient care.

Please cite as: Heier L. Discrimination among migrant nurses in their daily work routine. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP27.
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18dgpP28 (071)

Nurse Staffing in mental hospitals and its impact on patient-related outcomes – systematic review

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Background and Purpose: In 2016, psychiatry representatives of the German “Gemeinsamer Bundesausschuss” claimed that there was hardly any international evidence that could show a significant association between staffing levels in mental hospitals and patient-related outcomes. This systematic review presents the evidence published for psychiatry up to date.

Methods: Systematic Review.

Research Focus: In autumn 2016, a complex search string containing both terms relevant for staffing in psychiatry and terms relevant for patient-related outcomes was developed. This search string was adapted to the Pubmed and EBSCO CINAHL search logics, resulting in more than 7.100 records after duplicates removed. More than 400 full-text articles were assessed for eligibility.

Methodological and Theoretical Focus: The political process of re-defining calculations of budgets for psychiatric hospitals has been initiated by the new Reimbursement Law PsychVVG but is still under discussion and further development. Therefore it will be important to show evidence for the impact of staffing level on patient-related outcomes.

Results: The finally included 63 articles are dominated by Anglo-Saxian and East-Asian studies. There is some inconsistent evidence for both significantly positive and negative associations between nurse (student) staffing levels and patient safety resp. recovery.

Conclusions: Especially in Europe, better research with more rigid, context-sensitive research designs is urgently needed to show clearer evidence that downsizing the nurse-to-patient-ratio on psychiatric units will soon result in negative effects for in-patients. But there are both financial and ethical limits for such an endeavour.

Please cite as: Blume A. Nurse Staffing in mental hospitals and its impact on patient-related outcomes – systematic review. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP28.
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18dgpP29 (072)

Enhancing salutogenic work processes in home care nursing

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Background and Purpose: Demographic studies refer to an incrementally aging population in Germany. This fact is positively correlating with an increasing need for home-care-services. Analysis of the age structure in home care nursing point out, this group is also growing older and is experiencing a progressive burden in deliverance of care. This leads to an increasing number of staff ill and detraction of care professionals. Purpose of this project is to examine specifics about this situation to find evidence for renewing working processes in a salutogenic way.

Methods: Qualitative and quantitative research were conducted to examine the staff of three home-care-services. Part of the process was to attend nurses in everyday work by focused ethnography. This data was evaluated by content analysis towards Mayring and will be presented in the current report.

Results: Home care nursing causes special necessities and high flexibility: the car as part of the workplace, mobile phones that serve as instructors and media for communication in different ways, and the wide range of different environments where care is delivered in. Focused ethnography showed especially psychological burden like distress, arising from permanent availability and dependencies on technological infrastructure. The observations also showed resources that help home care nurses to cope the challenging business, which include continuity in patients care and strategies for driving time.

Conclusions: Multiple specifics about the situation of home care nurses could be identified. Besides burden resources could be extracted. Both can facilitate renewing working processes in home-care-services.

Please cite as: Erbschwendtner S, Hülsken-Giesler M. Enhancing salutogenic work processes in home care nursing. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP29.
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18dgpP30 (073)

Mapping patient journeys: development of a nationwide register based database prepared for risk assessment among patients aged 65+ and above

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Background and Purpose: Use of health care services is the point where patients' needs meet the professional system. The patterns of health care use strongly depends on the life conditions and needs of the individual as well as the accessibility of health care services. However, there is still a relatively incomplete understanding of the broader array of factors affecting the patient journey. The purpose is to describe the construct of a database based on nationwide population-based registers, designed for risk assessment and mapping patient journeys in health care.

Methods: The database covers individual level linked information obtained from ten Danish population-based registers.

Research Focus: The sample includes patients aged 65+, discharged from Danish public hospitals from 1 January 2007 to 30 September 2010. Data comprises demographic and social determinants linked with information on health and health care use.

Methodological Focus: The pre-modelling phase comprised five steps:

1. Identification of registers and data,
2. Definition of the population,
3. Definition of the index-admission and outcome,
4. Groups of variables and
5. Data management and merging

Results: The database includes 1,267,752 admissions for 479,854 unique persons.

Conclusions: The database is multi-component and multi-disciplinary in orientation. The architecture makes it possible to map individual life- and health trajectories over time, transcending organisational boundaries within social and health care services. The development of the database is neither final nor static and it is possible to broaden the database by including new variables and to update it for further epidemiological and clinical research.

Please cite as: Kyndi Pedersen M, Uhrenfeldt L, Lundbye-Christensen S. Mapping patient journeys: development of a nationwide register based database prepared for risk assessment among patients aged 65+ and above. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP30.
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18dgpP31 (074)

Cultural adaptation and evidence of validity of the demands of illness in cancer patients

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Background: Cancer affects the quality of life of the patient. There is a lack of instrument in Brazilian Portuguese that could identify the demands, concerns and needs of cancer patients.

Purpose: To culturally adapt and to evaluate the psychometric properties of the Demands of Illness Inventory (DOI) in cancer patients in Brazilian Portuguese language.

Methods: Methodological study; develop in two stages, cultural adaptation and psychometric evaluation of the instrument. To analyze the properties of the instrument it has been evaluated in 658 cancer patients in chemotherapy treatment of a large public hospital in São Paulo, Brazil. The Content Validity Index (CVI) and the Kappa coefficient have been used. The Exploratory Factor Analysis (EFA) have been performed and the correlation analysis has been performed with the Distress Thermometer instrument. The reliability has been tested by Cronbach's alpha and McDonald's omega coefficients.

Results: All the stages of cultural adaptation have been satisfactorily confirmed. The CVI and Kappa have presented values higher than 0.75 and 0.72, respectively. The Kaiser-Meyer-Olkin measurement have been obtained 0.930 and Bartlett's χ^2 of Bartlett 2414.1, $p \leq 0.001$. The EFA account for 46.5% of the total variance. For Cronbach's alpha was 0.961 and McDonald's omega was 0.952.

Conclusions: The DOI in the patient with cancer has culturally adapted in Brazilian context, presenting evidence of content validity, construct and reliability

Please cite as: Siqueira Costa Calache AL, Ticoma Benavente SB. Cultural adaptation and evidence of validity of the demands of illness in cancer patients. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP31.
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18dgpP32 (075)

Evaluation using a mixed-methods design: experiences from the EvaSIS-study to evaluate a new nursing documentation

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Background and Purpose: Mixed-methods designs help to approach a complex research topic from different methodological perspectives. Such a design was used to evaluate the efficiency of a newly established nursing documentation system (structural model). We explored the importance of using different methods in evaluation research.

Methods: In a formative process evaluation standardized surveys, focus groups, interviews and a document analysis were conducted. Target groups were nurses in inpatient and outpatient care facilities throughout Germany. Patients and their relatives as well as external auditors were also involved.

Results: In total 1.485 nurses from 1.146 care facilities as well as 292 auditors participated in online and paper-based surveys. 54 participants took part in the focus groups and 13 interviews were conducted with patients and their relatives. Additionally, 104 nursing records were analysed. Different methods sometimes yielded contradictory results: Despite individual care objectives not being part of the structural model and focus group participants welcoming this fact, they were still included in almost half of records. Also, while about 80% of participants in the online survey described the different elements of the structural model as transparent and comprehensible, the same elements were sometimes described as confusing when discussed in the focus groups.

Conclusions: To gain balanced results in the evaluation of complex subjects, a mixed methods approach and data triangulation can counter the weaknesses of individual methods. For example, supplementary document analysis can help to identify socially desirable responses in surveys or interviews.

Funding: The project was funded by the National Association of Statutory Health Insurance Funds (GKV-S).

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18dgpP33 (076)

Short version of the instrument for assessing stress in nursing students – validity study

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Background: The “Avaliação de Estresse Estudantes de Enfermagem” (Instrument for Assessing Stress in Nursing Students) aims to measure the occurrence of stress factors in several academic settings and it was already applied in different Brazilian regions. However, abbreviated instruments (reduced number of items and dimensions) have few benefits, such as: shorter time to fill the questionnaire; better adherence of the sample to the research; and lower risk of responses induced by fatigue, specially, when the tool has a large number of items.

Purpose: To validate a short version of the “Instrument for assessing stress in nursing students” in the Brazilian context.

Methods: This is a methodological study conducted with 1057 nursing students from five Brazilian universities who filled the 30 items of the original instrument, initially organized in eight domains. The R statistical package and the complement latent variable analysis were used for data analysis that included confirmatory and exploratory factor analysis, Cronbach’s Alpha and item-total correlation.

Results: The short version of the instrument showed 19 items allocated in four domains: Environment, Professional Training, Theoretical Activities and Performing Clinical Activities. Confirmatory factor analysis attested Absolut and Parsimony fitness to the proposed model, with satisfactory levels of residues. Alpha values per factor ranged from 0.736 (Environment) a 0.842 (Performing Clinical Activities).

Conclusions: The short version of the instrument has construct validity and reliability to measure stress in Brazilian nursing students in any phase of the college degree.

Please cite as: Siqueira Costa Calache AL, Marques da Silva R, Carneiro Mussi F, Melo Batista K, Serrano PM, Grazziano E. Short version of the instrument for assessing stress in nursing students – validity study. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP33.

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18dgpP34 (077)

Assessment of patient interpretations of the Austrian version of EMUCQ-items with cognitive interviews

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Background and Purpose: When admitted to an Epilepsy Monitoring Unit (EMU), some patients feel uncomfortable. In order to provide appropriate measures, nurses should assess comfort levels. Based on Kolcaba’s General Comfort Questionnaire (GCQ), nurse researchers have developed setting-specific instruments. For usage in Austrian Epilepsy Monitoring Units (EMUs), in a former study the GCQ was translated and items were assessed for cultural equivalence. Afterwards, inappropriate items were omitted and specific ones added. The aim of this study was to identify problematic items and necessary modifications to enhance the content validity of the newly developed EMUCQ.

Methods: EMU patients in Salzburg were recruited with a purposive sampling strategy. Five rounds of cognitive interviews were conducted using the think-aloud method and verbal probing to comprehend how patients understand and answer the questions. Eight additional items underwent patient rating in terms of their relevance for the EMUCQ. Qualitative data analysis was based on the framework method.

Results: From July to November 2017, a total of 12 men and 13 women participated in the study. In the questionnaire, 27 items remained unchanged while 11 items were reworded. Either these items were misunderstood or the patients referred to their situation at home when answering. Additionally, another six items that were considered relevant were added.

Conclusions: Cognitive interviewing proved to be an inevitable part of instrument development. The patients provided feedback about understandability and practicability of the questionnaire and the researcher could clarify problems immediately. A field pilot will be the next step for further testing.

Please cite as: Egger-Rainer A, Trinkka E, Lorenzl S. Assessment of patient interpretations of the Austrian version of EMUCQ-items with cognitive interviews. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP34.

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Poster viewing 2

18dgpP35 (078)

From the perspective of nurses: How can patients participate in home care in Germany?

Melanie Messer

Background and Purpose: Nurses are in frequent contact with patients in home care and have a particular responsibility for initiating patient participation. The aim of the study was to explore those areas in home care in which patient participation seems to be appropriate from the nurses' perspective.

Methods: Qualitative problem-centred expert interviews were conducted with 29 nurses, nursing managers and quality assurance officers in home care. The data was analysed in an iterative process using applied thematic and case analysis. The theoretical focus of the analysis was guided by theoretical approaches of negotiation and person-centred care.

Results: Nurses describe certain conditions that are necessary to enable patient participation, such as patients' willingness to cooperate, low potential of harm to patients and caregivers, and patients' ability to cope with the situation. Nurses consider the following as limiting factors for patient participation: high vulnerability of patients, working conditions of home care marked by staff shortages, lack of time and pressure through external quality assurance bodies, and qualification deficits of nurses. Nurses consider patient participation in home care possible mainly in everyday situations and related to basic care. However, in treatment care and specialised care nurses see no opportunities for patient participation as they regard this to be the responsibility of doctors.

Conclusions: The areas of action for patient participation in home care are rather limited. The results of the study can be used to inform nursing training and care-related policy development.

Please cite as: Messer M. From the perspective of nurses: How can patients participate in home care in Germany? In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP35.

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18dgpP36 (079)

Non-specialist nurses providing palliative end-of-life cancer care: a systematic review and meta-synthesis

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Background and Purpose: Many patients with life-limiting cancer illness are cared for by nurses without specialist knowledge in palliative end-of-life cancer care. Cancer is the leading cause of death worldwide, and hence, at some point, almost every nurse will be taking care of patients with a cancer diagnosis and their significant others.

The aim was to systematically review the qualitative evidence on non-specialist nurses providing palliative end-of life cancer care in non-specialist hospital wards

Methods: A comprehensive systematic review and meta-synthesis based on a peer reviewed protocol and the Joanna Briggs Institute aggregative method. A three step search strategy was performed. We aimed to identify published and unpublished literature. Databases were searched up until August 2017. Both authors assessed papers for methodological consistence. Afterwards, the extracted data were aggregated into as meta-synthesis.

Results: Three studies met all inclusion criteria. The meta-synthesis was based on 81 findings aggregated into five categories. The meta-synthesis: Non-specialist nurses providing palliative end-of-life cancer care are faced with a myriad of challenges. The five categories: 1. Being there for the patient, 2. Cooperation with significant others, 3. Being ethically trapped, 4. Faced with barriers and 5. Job satisfaction.

Conclusions: Being part of a palliative team requires non-specialist nurses to update their evidence based knowledge about palliative end-of-life cancer care in order to deliver holistic care to patients and their significant others. Non-specialist nurses need clinical leadership in order to deal with the psychosocial and existential suffering of patients and their significant others during palliative end-of-life cancer care.

Please cite as: Thorn H, Uhrenfeldt L. Non-specialist nurses providing palliative end-of-life cancer care: a systematic review and meta-synthesis. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP36.
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18dgpP37 (080)

Shared decision making in chronic care in the context of evidence-based practice in nursing: a topic for discussion

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Background and Purpose: The current focus in EBP is on the use of research evidence and less on the individual patient's values in the decision making process. Shared decision making (SDM) might strengthen the decision making process in EBP, especially in chronic care. We aim to discuss the relevance of SDM in chronic care and to suggest how it can be integrated in evidence-based nursing practice.

Research Focus: Literature on EBP and SDM from the databases CINAHL and PubMed with search terms '(shared) decision making', 'evidence-based', and 'nurs*'.

Methodological and Theoretical Focus: We described possible approaches to guide decision making and we discussed the integration of SDM with evidence-based chronic care.

Results: We identified three possible approaches to guide the decision process: the paternalistic-, the informed patient- and the shared approach. SDM can be integrated within the decision making step of EBP in chronic care. In the decision making process the degree of SDM depends on different attributes of the health care intervention: the level of research evidence, the number of available intervention options, the burden of side effects, the impact on lifestyle, the patient group values, and the impact on resources. Furthermore, the patient's willingness to participate in SDM, the expertise of the nurse, and the context affect SDM.

Conclusions: SDM can be integrated with EBP for many chronic care decisions that comprise different attributes of health care interventions, the patient's values, the nurse, and the context. It requires a positive attitude and specific communication skills.

Disclosure of Interest: All authors declare that they have no conflict of interest.

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18dgpP38 (081)

The effect of correcting illness perceptions on adherence to therapeutic regimen in patients with acute coronary syndrome

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Background and Purpose: Inaccurate illness perceptions are associated with coronary artery disease's poor outcomes and an intervention targeted at changing illness perceptions may improve adherence. This study was designed to examine whether an intervention targeted at correcting patients' illness perceptions about their acute coronary syndrome (ACS) would result in a better adherence to therapeutic regimen.

Methods: The present study was a prospective randomized control trial conducted in selected hospitals of Tehran University of Medical Sciences. 75 participants were random assigned to either receive an in-hospital intervention designed to correct their perceptions about their illness and telephone follow-up (n=38) or usual care from nurses (n=37) over a 12 week period. Illness perceptions and adherence to therapeutic regimen questionnaires were used to collect data from hospital patients before the intervention as well as at 3 and 12 weeks as outpatients after discharge.

Results: The intervention caused significant positive changes in patients' adherence to diet, exercise and medication regimen outcomes. The study showed differences in adherence to therapeutic regimen (p<0.0001) between the two groups 3 weeks after discharge. At 12-weeks, patients in the intervention group reported significantly higher scores of adherence to therapeutic regimen than controlled participants of the study (p<0.0001).

Conclusions: An in-hospital intervention along with telephone follow-up; targeted to correct patients' illness perceptions, increased adherence to therapeutic regimen outcomes after ACS.

Please cite as: Zakerimoghadam M, Fathollahbeigi F, Ghiyasvandian S, Kazemnejad A. The effect of correcting illness perceptions on adherence to therapeutic regimen in patients with acute coronary syndrome. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP38. DOI: 10.3205/18dgp081, URN: urn:nbn:de:0183-18dgp0819
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18dgpP39 (082)

The delirium Screening Tool RADAR-A: translation, validity, and reliability

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Background and Purpose: The screening tool Recognizing Acute Delirium As part of your Routine (RADAR) is a reliable and valide tool with only three items to assess Delirium. The translation and testing of psychometric properties are missing in German. Therefore the aims were to translate the RADAR, to determine the content validity, interrater-reliability, internal consistency, and feasibility of the Austrian RADAR (RADAR-A).

Research Focus: A quantitative cross-sectional design with individuals from different health-care sectors (N=137) assessed the content validity. Patients from acute care settings (n=60) were included for testing reliability. Based on descriptive analyzes, calculations were performed with content validity index (CVI), Cohens kappa, AC1-Statistics, and Kuder-Richardson (KR-20).

Methodological and Theoretical Focus: The translation was carried out according to the principles of the International Society for Pharmacoeconomics and Outcome Research. The theoretical focus was based on the clinical decision-making for Delirium-Detection.

Results: The three items of the RADAR-A reached excellent values between .80 and .95 for the Item-CVI. Also the Kappa-Coefficient shows excellent agreements (.80≤κ≤.95). The results were satisfactory for the Scale-CVI/Average method (S-CVI/Ave .82-.87). Analysis of interrater-reliability demonstrated sufficient agreement between raters (n=60, Po=92.3-100%, AC1=.91-1.00). In terms of high rater agreements, Cohens kappa values showed no agreement (κ= -.025-0). Internal consistency for two items demonstrated a moderate KR-value (.498). The feasibility was rated to be partly satisfactory.

Conclusions: The content validity shows a satisfaction with the represented number of items. RADAR-A is an easy and comprehensible screening tool that sensitizes for delirium. However, before implementation in health-care sectors trainings are recommended with RADAR-A because of the results of reliability.

Please cite as: Wetzlmair J, Lohr P, Steininger A, Schulc E, Mueller G. The delirium Screening Tool RADAR-A: translation, validity, and reliability. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP39. DOI: 10.3205/18dgp082, URN: urn:nbn:de:0183-18dgp0825
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18dgpP40 (083)

Basic care revisited: the development of a research program to optimise basic nursing care

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Background and Purpose: The purpose is to describe the development of the 'Basic Care Revisited' (BCR) research program. BCR is a collaborative initiative that contributes to evidence-based basic nursing care and empowers nurses to provide care.

Methods: A description of the development of the 'Basic Care Revisited' program.

Research Focus: 'Basic Care Revisited' (BCR) addresses four basic nursing care themes (i.e. bathing and dressing, communication, mobility, and nutrition) – in different nursing settings. BCR is operationalized by the principles of the Medical Research Council framework that aims to develop and evaluate complex interventions.

Results: The BCR research programme has been built by and is currently undertaken in three academic (nursing) departments in the Netherlands in partnership with a large number of care organizations as well as with schools of nursing. In close collaboration with these partners, basic nursing care core themes for practice and policy have been identified, prioritised and translated into trials. Since the start of the program, the BCR research community has grown considerably. The initial project group of 3 professors and 6 postdocs was extended by 7 PhD students and over 100 students (Bachelor and Master). We believe that a strong international collaboration in this area really could make the change, putting the need for evidence for essentials of nursing care on the agenda.

Conclusions: Through this proposed research agenda we will expand our knowledge that can be used in daily practice by nurses, in education and, in other international research groups focussing on basic nursing care.

Please cite as: Zwakhalen S, Metzelthin S, Hamers JPH, de Man-van Ginkel JM, Roelof E, Maud H, Vermeulen H, Huisman-de Waal G, Schuurmans M. Basic care revisited: the development of a research program to optimise basic nursing care. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP40.
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18dgpP42 (084)

Practicability of an in-ear sensor for sensory seizure detection in children and adolescents with epilepsy

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Background and Purpose: Epilepsy is a serious health problem. Current numbers indicate that up to 0.5% of the children suffer under epilepsy. The syndrome is related to a higher mortality risk increased by 4 up to 15 times compared to children without epilepsy. A reliable seizure detection and recording could help to reduce mortality rates and serious health problems in children and adolescents with epilepsy. In this explorative study we aim to assess the usability of a device to detect epileptic seizures. This study is part of the EPItect project.

Methods: We are using a mixed-methods approach combining a pre-post design with a standardized questionnaire and focus group discussions gathering expert views about the usability of the epilepsy device and potential ways of improvement. The study took place at "Norddeutsches Epilepsiezentrum" (NEZ) in Raisdorf. We selected 60 children based on our inclusion criteria, currently we are in the interview process. We completed the focus group discussions, overall enrolling 25 professionals affiliated with the NEZ.

Results: Preliminary results indicate that the device might not be suitable for children with epilepsy. Final results will be expected by February 2018.

Conclusions: Epilepsy is a serious problem. A reliable seizure detection and recording could help to improve health care for children and adolescents with epilepsy. In this study, we aim to identify experiences of users and professionals in dealing with a seizure detection device.

Please cite as: Riede J, Bachmann S, Hering T. Practicability of an in-ear sensor for sensory seizure detection in children and adolescents with epilepsy. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP42.
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18dgpP44 (085)

The emotional status of patients with chronic lower limb ischaemia

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Background and Purpose: Peripheral atherosclerotic occlusive disease constitutes the main cause of chronic lower limb ischemia. Symptoms of this condition are particularly burdensome, and thus negatively affect patients' quality of life. Therefore, improvement of the latter represents principal objective of treatment.

The aim of the foregoing paper was to evaluate the level of anxiety and depression in patients with chronic lower limb ischaemia.

Methods: The study was based on a review of literature, diagnostic survey and statistical analyses. Validated instrument: Hospital Anxiety and Depression Scale (HADS).

Research Focus: The study included the group of 119 patients with chronic lower limb ischaemia that were qualified for surgical treatment and Percutaneous Transluminal Angioplasty.

First examination was performed in the first day of hospitalization, the next in the third and sixth month from the date of the first examination.

Results: Statistically significant differences between the groups were observed in the first measurement. The first measurement taken in the group of patients treated surgically obtained significantly higher results ($p=0,0070$). In the group of people undergoing surgical treatment the average value of depression in the first measurement and during further observation indicates the presence of borderline symptoms.

Conclusions: Patients qualified for surgical treatment showed higher level of depression.

Please cite as: Piotrkowska R, Książek J, Jarzynkowski P. The emotional status of patients with chronic lower limb ischaemia. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP44.
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18dgpP45 (086)

The non-compliance behavior among TB multidrug-resistance TB (MDR-TB) patients

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Background and Purpose: TB is a curable disease when patients treated with a standard 6 month course of 4 antimicrobial drugs. The majority of TB cases can be cured when medicines are provided and taken properly. However, Globally, still had 480 000 people developed multidrug-resistant TB (MDR-TB) in 2015.(WHO, 2016)

The purpose of this study was to investigate of factors influencing the MDR-TB cases. In order to foster the collaboration between public health and medical site for complete TB treatment.

Methods: This is a qualitative research design which used experts' valid interview guides to collect the data. The inclusion criteria of MDR-TB cases were: 1. diagnosis is open TB; 2. incomplete DOTs; and 3. willing to undertaken in depth interview. There were 32 participants participate in this study. The text was translated into transcript and using thematic analysis to conclude the result.

Results: The factors influencing the MDR-TB cases included: 1.Server Drug side effect influence the quality of life, 2. Patient have no insight; 3. the complex and helpless of health seeking process; 4. Lack of support system; 5. disease stigmatizing; 6. Health professional lack of empathy and; 7. Family care giver overload.

Conclusions: The suggestion of this study was that adjust the and decrease the side effect of anti-TB drug, such as smaller the tablet in order to easy oral intake, Health care professional have more empathy about the patient's feeling and situation. Besides the healthcare professional need to health education the side effect of the anti-TB drug and the way to ease the discomfort system. The training of related healthcare providers also is an important issue for TB patient and to avoid stigmatization and discrimination.

Please cite as: Yang YM. The non-compliance behavior among TB multidrug-resistance TB (MDR-TB) patients. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP45.

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18dgpP46 (087)

Complementary therapies in social psychiatry

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Background and Purpose: The use of complementary therapies are common and increasing in the Danish population in general and preliminary studies suggest that the consumption of complementary therapies are higher among people with psychiatric disorders. In Denmark people with severe mental illness perceives care and treatment in the social psychiatry. Nursing interventions involves a recovery-oriented focus, and rumors tells that several psychiatric residential homes implements various therapies such as massage and ear acupuncture as an integral rehabilitative treatment.

The aim of this project is to examine the prevalence of complementary therapies in psychiatric residential homes, to identify the resident's perspective of these interventions and to investigate if the residents find these interventions relevant in recovery processes.

Methods: The study is cross-sectional and respondents are residents from four strategic selected residential homes within social psychiatric. We conducted a questionnaire survey and made descriptive quantitative analysis, including the prevalence of complementary therapies, and possible recovery-relevant effects of these therapies.

Results: Preliminary results from three residential homes (n= 51 / 91 respondents - response rate 56 %) shows that the most common used complementary therapy is music therapy 43%, and only 10% of residents do not use these therapies at all. Overall, 43% of residents strongly agree, that these therapies strengthens their recovery process while 25% do not know.

Conclusions: Complementary therapies offered in the psychiatric residential homes are common used among the residents. Most of the resident believe that these interventions strengthens their recovery process. Bias and ethical considerations will be discussed.

Please cite as: Dürr DW, Lunde A. Complementary therapies in social psychiatry. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP46.

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18dgpP47 (088)

Perspective of patients with acute coronary syndrome after percutaneous coronary intervention: a descriptive quantitative study

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Background and Purpose: Patients with acute coronary syndrome (ACS) after primary percutaneous coronary intervention (PCI) are still at highest cardiovascular risk. Secondary prevention before dismissal is urgently needed. This study presents findings of the current Knowledge about ACS, the learning needs, and self-efficacy of these patients.

Methods: A descriptive survey of patients using a standardized questionnaire was performed.

Research Focus: Thirty-six patients with first episode of ACS after PCI 75 years in Vienna General Hospital in 2016 were enrolled. They completed the questionnaire consisting of the German version "Cardiac Patient Learning Needs Inventory", the German version "Cardiac Self-Efficacy Questionnaire" and parts of a questionnaire on treatment satisfaction and knowledge about ACS pre-discharge. Data analysis was carried out using the software program "Statistical Package for the Social Sciences" version 23 and descriptive statistics were used. The current study was reviewed and approved by the Ethics Committee of the Medical University of Vienna.

Results: The priorities of the learning needs of the subjects are primarily in the categories of "risk management" and "symptom management". The knowledge about ACS is high (64% of the subjects have given eight correct answers of eleven items). The mean self-efficacy score was for "take medication" highest (3.4), for „call or visit doctor about heart disease" middle (2.8) and for „Maintain usual activities outside home" lowest (2.6) .

Conclusions: Anxiety and the fear of being afflicted again are important concerns for Patients after ACS. The findings provide insights in to secondary prevention and further studies are essential to explore, how provides it.

Please cite as: Qin H, Mayer H. Perspective of patients with acute coronary syndrome after percutaneous coronary intervention: a descriptive quantitative study. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP47.

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18dgpP48 (089)

Baseline inquiries for the nursing science evaluation of the AGQua project

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Background and Purpose: In 2030, one in three inhabitants of Hamburg will be older than 60 years. The collaborating project "ACTIVE AND HEALTHY NEIGHBORHOODS UHLENHORST AND RÜBENKAMP" (AGQua), funded by the European Regional Development Fund (ERDF) and the Ministry of Health and Consumer Protection, addresses this challenge (Intervention details: <http://www.agqua.de>).

Methods: Process and summative evaluation is conducted by using a triangulation method of qualitative and quantitative data based on two time points. Additionally systematic counselling of collaborating partners is conducted also at two time points.

Research Focus: Social perceptions are assessed through content analysis by means of ten qualitative semi-structured interviews with inhabitants of the neighbourhoods. Health-Related Quality of Life (HRQoL), Social Participation and intervention is measured (n= 428 inhabitants, years ≥60). Results were stratified by age, gender, neighbourhood and are currently being appraised bivariate and multivariate.

Methodological and Theoretical Focus: Content analysis based on Mayring (2010). HRQoL was assessed by Short Form Health Survey (SF12). Social Participation was measured by Index for Measuring Participation Restrictions (IMET).

Results: The Interviews show that Interventions in the neighbourhoods should address the residents' needs and not their age. Attitude to technology is generally positive. Equality of technical and social components and removal of barriers is desired. Survey: HRQoL and Social Participation of respondents (MW age 73.3 ± 8.0, 54.7% female, 45.3% male) decrease with increasing age, however is higher than in the German standard sample. Final results will be presented at the conference.

Conclusion: Seemingly this method mix is suitable for process evaluation.

Please cite as: von Mandelsloh F, Begerow A, Morciniec D, Gaidys U. Baseline inquiries for the nursing science evaluation of the AGQua project. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP48.

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18dgpP49 (090)

Evaluation of patient satisfaction with emergency department nursing care

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Background and Purpose: Evaluation of Patient Satisfaction with Emergency Department Nursing Care Patient satisfaction with nursing care services is a subjective feeling the patients have experienced while staying in hospitals.

Purpose: The assessment of patient satisfaction with nursing care delivered in two emergency departments.

Methods: The questionnaire "The Newcastle Satisfaction with Nursing Scale" (NSNS) was the assessment tool for the purpose of this study.

Methodological and Theoretical Focus: The study was carried out on 503 patients in two Emergency Departments (ED) in Gdańsk [University Clinical Centre ED (KOR) and Specialist Hospital Emergency Department (SOR)]. The questionnaire "The Newcastle Satisfaction with Nursing Scale" (NSNS) was the assessment tool for the purpose of this study.

Statistical Methods: ANOVA test, Levene's test, the chi-square, t test.

Results:

- Nursing care services in both EDs were shown to be assessed highly by the patients.
- A statistically significant difference in the assessment was observed, $t(501)=5.938$, $p<0.001$.
- KOR obtained 5.85, SOR 5.33 points (6 points is the highest).
- A statistically significant difference in the patients' opinion on the instrumental activities carried out by nurses was observed between the two hospitals studied. SOR scored 3.34, while KOR scored 3.46 (4-point scale).
- 46.72% of all patients pointed to too long wait time for diagnosis as the main reason for their dissatisfaction. 53.77% of SOR patients pointed to too long wait time for diagnostics, and 42.11% of KOR patients, respectively.

Conclusions:

- Patients of both EDs highly evaluated nursing care provided to them.
- Patient satisfaction of KOR patients was higher than that of SOR patients.
- Waiting too long for diagnosis was the most common reason for the Emergency Department patients' dissatisfaction.

Please cite as: Małecka-Dubiela A, Medrzycka W, Kwiecień-Jaguś K. Evaluation of patient satisfaction with emergency department nursing care. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP49.

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18dgpP50 (091)

A participatory approach to develop a special health assessment instrument for people with intellectual disabilities

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Background and Purpose: Life expectancy of people with intellectual disabilities (ID) has adapted to those of the general population. Staff of residential homes and professionals of different health care sectors are not able to approach to the increasing health and care needs of ageing people with ID.

People with ID experience health disparities. They have a higher prevalence of premature death, morbidity and mortality than general population due to a limited access to health care system. Yet it doesn't exist a special health assessment instrument to provide adequate and comprehensive care to address these problems. As a first step to develop such an instrument it is necessary to interview people with ID and become acquainted with their experience with health care delivery and their perception of care needs.

Methods/Research Focus/Methodological and Theoretical Focus: A qualitative approach was chosen to interview people with ID who live in residential homes run by different social welfare bodies.

We developed and applied an open guideline interview in plain language supported by pictograms and pictures.

A qualitative content analysis by Kuckartz was used to code the participants' interviews.

The theoretical and methodological framework was based on life situation concept and person-environment analysis.

Results: We identified barriers and beneficial factors according to health care and need of care in residential homes and cross-sector measures from the perspective of people with ID.

Conclusions: The people with ID interviewed have provided differentiated and detailed information about their health and nursing care and have supplied important indications to develop a special health assessment instrument.

Please cite as: Stölting L, Greskötter J, Hasseler M. A participatory approach to develop a special health assessment instrument for people with intellectual disabilities. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP50.

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18dgpP51 (092)

Emotional safety of people with dementia: first results of EMSIDE – a model project

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Background and Purpose: Emotional safety will continue to be a meaningful topic of patient safety research. A feeling of safety enables people with dementia to behave actively in their living environment. Although some efforts have been made to describe emotional safety in the literature, there is little research that addresses the conditions of emotional safety explicitly in the context of dementia from a person's perspective. Therefore, our question is how can the project "Emotional safety in the context of dementia" (EMSIDE, 2017-2020) contribute to collecting and to sharing knowledge about emotional safety in people with dementia in their living environment?

Methods: The project consists of several methods: performing a systematic review, conducting individual interviews, and focus groups. To enhance the insight in the needs of the participants and to improve the implementation of the project results, continuous working groups, feedback loops, workshops and expert meetings are planned in detail.

Research Focus: The project has a predominately qualitative inductive design, focussing on people with dementia in an early stage of their disease and their informal caregivers. Qualitative content analysis will be performed.

Methodological and Theoretical Focus: EMSIDE is based on an integrative approach that combines practical relevant and research methods.

Results: First results will provide a comprehensive overview in emotional safety of people with dementia. The project will result in a draft screening tool and practice recommendations.

Conclusions: The project provides a current state of research on emotional safety in the context of people with dementia and will add needed knowledge.

Please cite as: Kuske S, Grobosch S, Wolf F, Hagedorn A, Wolpers G. Emotional safety of people with dementia: first results of EMSIDE – a model project. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP51.

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18dgpP52 (093)

Living with dying – patients perspective on decision making

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Background and Purpose: Living with terminally illness is a complex affair that involves ongoing changes, challenges and decision in everyday life. Although it is clear that the process of contending with advanced illness is commonly recursive rather than linear, previous research does not consider this. This study aims to gain a deep understanding of the complex and demanding decisions that have to be made by patients at different stages within end of life care. This study is part of a cooperative research project funded by the Hamburg Research Foundation.

Methods: This study employs a qualitative approach, informed by Philosophical Hermeneutic (Gadamer, 1990). In-depth semi-structured repeated dialogues were conducted with dying people (n=15) about the meaning of the decision making process and the experiences of it.

The analysis of dialogues occur with the hermeneutic rule of movement from the whole to the part and back to the whole (Gadamer, 1990). A cycle of five steps by Fleming et al. (2003) and Gaidys/Fleming (2005) is used.

Results: Health care requires an ongoing sequence of complex decisions. This hermeneutic study enabled units of meaning to be categorised, grouped into topics regarding and its meaning for understanding of the health care situation of dying patients and its decisions. Understanding for this decision making process should lead to support patients, their families and health care professionals more profoundly.

Conclusions: The study describes the meaning of the decision making of dying patients while supporting the development of nursing knowledge for end of life care.

Please cite as: Begerow A, Gaidys U. Living with dying – patients perspective on decision making. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP52.
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18dgpP53 (094)

Which non-cognitive aspects enable persons with dementia to make decisions?

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Current research about the assessment of decision-making capacity (DMC) of persons with dementia (PwD) shows that DMC is situation specific. Moreover PwD could not be assumed as incompetent solely on the basis of their diagnosis. Even if two of four components of DMC are impaired, namely understanding and reasoning, PwD could express a choice. This evidence raises questions about the underlying assumption of rational choices as the basis of decision-making and demonstrates the need to take non-cognitive aspects of decision-making into consideration.

The present study aims at investigating non-cognitive aspects which enable PwD to decide whether or not they want to participate in clinical research. Via an explorative approach non-cognitive dimension should be identified. Data will be collected through Problem-Centered-Interviews (PCI) with PwD and their relatives, who participate in enhanced consent procedures for research-participation. The PCI combines different communication strategies and is therefore an appropriate method to be adapted to the cognitive and verbal competences and needs of PwD.

The discussion of preliminary results should lead to a critical analysis of the emphasis of cognition in the scientific debate about decision-making in dementia, especially in the assessment of DMC. In the light of a disease, which leads to increasing cognitive decline, the discussion should result in a consideration of values, emotions, biography, motivation and context factors as influencers of decision-making.

The involvement of the perspective of PwD allows to derive non-cognitive aspects of decision-making and could contribute to a holistic view on decision-making-processes and a broader perspective on competence assessments.

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18dgpP54 (095)

Nursing tasks without direct patient contacts in German mental hospitals

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Background and Purpose: With the recent implementation of the PEPP-based reimbursement system in German mental hospitals, there is a research need to determine the routine tasks nurses perform during working hours without direct patient contacts and to estimate the mean proportion of time spent for these tasks.

Methods: Survey

Research Focus: Between 9/2016 and 4/2017, 30-minutes semi-standardized telephone interviews were conducted with 39 nurses from six psychiatric specialties in eight large public mental hospitals. Beyond standardized time estimation of routine tasks, participants could name further tasks they perform without direct patient contact. In addition, we asked for clinic-wide regulations for trainings etc. and time consumed thereby.

Methodological and Theoretical Focus: While the "PEPP-Entgeltkatalog" honours therapy-related time spent with more time-consuming patients, it does not provide reimbursement for the time nurses spend with shift changes, securing patient safety, instructing nurses-to-be and other health-maintenance-related back-stage tasks.

Results: In the sample, normal nurses routinely spend more than 25%, head nurses even more than 45%, of their respective working hours with the performance of tasks without direct patient contact.

Conclusions: If many valuable working hours spent by nurses are systematically ignored by the new PEPP reimbursement system, nurses in mental hospitals will either be forced to focus their working hours more on PEPP-honoured 'co-therapy' or a consequent reduction of the nurse-to-patient-ratio will result in a worsening of patient safety, ward atmosphere, and on-the-job-training of nursing students.

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18dgpP55 (096)

Nursing case mix in the hospital. Development of two systems for case mix classification

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Background and Purpose: While a number of case mix classification systems have been developed for nursing homes, still little is known about nursing resource use in hospitals. In the FiliP study a measure for case mix was needed, so a patient classification system was developed and compared to the groups of the Pflegepersonalregelung (PPR).

Methods: The sample consisted of N=196 patients from 3 wards (general medicine, respiratory and geriatric) out of 3 different hospitals. Every nurse on duty was accompanied by a rater that measured and assessed times for nursing effort during day shifts. Time measurement accounted for direct and indirect care. Additionally, assessment data was collected for each patient (64 dichotomous items related to characteristics of the patient). For PPR data only the group assignment was used, not the normative times of that classification. The statistical learning algorithms CART and eTREE were used for modeling.

Results: The 12 groups PPR model explained R²=48.09% of the variance in the measures times. A variant (FiliP-PPR), that collapses the PPR to 5 groups, explained R²=56.62%. A 7-groups model that uses dichotomous variables of the FiliP assessment (walking, showering, venous catheter, clothing upper body, changing position in bed and bowel continence) explained R²=56.52%.

Conclusions: The specific findings should not be generalized to other hospitals or even other wards of the hospitals that participated in the study. However, the results show that PPR groups are suitable to discriminate groups of patients with similar resource use.

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18dgpP56 (097)

The digital nurse – social participation by using a digital, linked education management

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Background and Purpose: Demographic change and constant shortages in the professional healthcare system result in increasing inappropriate healthcare services, especially for elderly people living in the countryside [1]. Therefore, new concepts for health nursing are necessary. In this context the Project "Dorfgemeinschaft 2.0" focusses on the human-technology-interaction and the sensitive technical approaches in order to design an individual (digital) education concept; "The Digital Nurse". Because of their duties and responsibilities academic nurses provide and implement information and education programmes which are appropriate to age (>65) [2]. The aim is to design an education concept which positively load subjective expectations in technology related situations.

Methods: The Mixed-Method approach comprises 3 workshops conducted with citizens in order to identify the needs relating to health, technology and education. A broadly oriented expert group recommended the outcomes, which were also validated at a nursing science congress. Additional data will be collected from international systematic research literature about "Nursing Informatics" and "professional competences". Furthermore, narrative interviews with elderly people about their "Tech-Stories", to specify their experiences and their perceptions of technology will be conducted.

Results: The citizens have a pragmatic approach to technology, as they perceive technology as a support and want to use it on their own and adopted to their needs. On the contrary, they fear increasing anonymization due to technology. Furthermore, there seems to be a lack of information about the benefit and handling of technology.

Conclusions: It is valid to say, that elderly people needs sensitization and slow introduction to technology, therefore will be conditions for potential solutions and utilisation possibilities.

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18dgpP57 (098)

Looking for the way out – a multi-method study facing the lack of nursing professionals

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Background and Purpose: The quantitative and qualitative demand for professional nursing in Germany is going to increase [1], [2]. The main reasons for this are demographic changes [3], the age structure of nursing staff [4], and the short retention time of nursing professionals due to high levels of mental and physical stress [5]. A literature analysis

indicates a gap between recommended actions and their transfer into practice. The interdisciplinary research cooperation care4care examines the demand for nursing professionals by looking at occupational and organisational structures, companies' recruiting and personal development practices, and employees' job decisions in Baden-Württemberg.

Methods and Research Focus: This abstract refers to a care4care sub-project from the University of Applied Sciences Esslingen. A qualitative multi-method approach is used. Ten semi-structured expert interviews have been conducted and analysed using the content analysis method [6]. A Delphi survey and company case studies will follow.

Results and Conclusions: The analysis shows a high awareness for an actual or expected lack of qualified nursing staff. Reasons for the problem and possible solutions differ. Nevertheless, the possibilities of realising ideas and strategies depend on specific constellations, and/or on political and occupational conditions (i.e. regional parameters, company size, or economic pressure). The importance of participation and representation of nursing professionals in decision-making processes appears to be a main topic. The results will be used to define the planned Delphi survey and company case studies.

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18dgpP58 (099)

Development of nursing care professionalization elements in Slovenia – group interview technique

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Background and Purpose: A vocation becomes a profession once it uses a systematic approach to generate its own knowledge and to transfer it directly into professional work. The aim of this paper is to show the attitudes of nursing care professionals towards the professionalization of nursing care and its development as a scientific discipline in Slovenia.

Methods: The group qualitative interview technique was used in two rounds.

Research Focus: Participants responded to 15 open premises/questions. Purposive sampling was used and groups comprised professionals from all levels of clinical environments, secondary and higher education teachers and master's and doctoral degree students (n=61).

Results: The results of the first round provided 3 themes and the second round generated 4 themes. The synthesis of findings from both rounds resulted in two overarching themes. The first is “National responsibility” and includes the responsibility of the nursing care management and the management of higher education institutions as well as the responsibility of the Nursing and Midwife Chamber-Association for developing nursing care as a scientific discipline. The second theme is “National indicators of the realization of national responsibility” which include (1) Classification of jobs in nursing care to reflect the 4 levels of nursing care competences, (2) research and development as work tools in nursing care, and (3) national institute for nursing care research.

Conclusions: The study defines the responsibilities for addressing gaps that are in the domain of multiple sectors. It is expected that the competences of the four categories of nursing care providers will be implemented as well as the resulting job classification. Research and development work must become a tool for working in direct nursing care and the National institute for nursing care research must act as the generator of evidence needed for the strategic development of nursing care and the integrator of research work.

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18dgpP59 (100)

Housing-options for the elderly in rural areas – a systematic review

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Background and Purpose: Germany as well as other European countries are affected by aging societies and a large amount of seniors living in rural areas. In this regions a lack of housing-options exists, wherefore elderly persons often have to stay in substandard, non-age-friendly homes or have to move into a nursing home. This situation requires the analysis, reflection and implementation of new and sustainable age-friendly housing-concepts for rural areas. The aim of the study was to identify housing-options, which are tailored to the needs of the elderly in rural areas.

Methods: Computerized databases like Pubmed, Cinahl and Embase were screened for publications from January 2000 to July 2015. Predefined selection criteria were used to identify studies related to existing housing-options. A total of 45 publications were found. 23 studies met the inclusion criteria.

Results:

Based on the literature review a classification of already existing housing-options in rural areas was developed. Five domains of housing-options could be identified:

1. living in their home, involved in an age-friendly community
2. cohousing community
3. shared living
4. assisted living
5. retirement community

Conclusions: This review provides an essential insight into existing housing-options and projects for the elderly in rural areas as well as a 5-domain-classification regarding these options. Based on the results sustainable age-friendly housing-concepts and appropriate implementation-strategies can be developed. Nevertheless, the existence of alternative housing-options alone is not enough to support the needs of the elderly in rural areas, wherefore further topics and strategies regarding age-friendliness have to be scientifically reflected.

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18dgpP60 (101)

Nursing Care for tracheotomised patients – a spatial perspective from three German federal states

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Background and Purpose: Nursing care plays a pivotal role in providing long-term intensive care for tracheotomised patients. To address the patients' complex care needs, specialised nursing services need to be provided, usually around the clock and based on integrated approaches within multi professional care teams. Systemic and structural challenges actually complicate professional cooperation and care coordination in Germany. A first cross-sectoral analysis of the availability and regional distribution of specialised health care structures and services aimed at establishing basic information within the three German federal states of Berlin, Brandenburg and Mecklenburg West-Pomerania to support needs based and integrated care approaches.

Methodological and Theoretical Framework, Methods: Based on the framework of needs-based care and Community Health Assessment principles, an exploratory descriptive approach was used to identify specialised providers in the inpatient (acute care and rehabilitation) and outpatient sector (skilled nursing care services, nursing homes, shared apartments, general practitioners, medical specialists, therapists, providers of medical supplies). Systematic searches of (non-)official databases were conducted. Results were documented tabular and geographically.

Results: Information on specialised nursing care exclusively derived from non-official databases since they are actually not part of public monitoring or statistics. Thus, information on specialised providers are difficult to determine. This is especially true for specialised shared apartments. The structures of specialised services are subject to a considerable level of regional variation with higher density and diversity in urban regions. Numerous home care organisations provide specialised services in patients' homes or shared apartments. They are often established nearby inpatient care facilities that are mostly concentrated in central regions. In contrast, specialised nursing homes are overall rare. Qualitative information on the services offered (e.g. staff qualification, scope of services) is overall scarce.

Conclusions: This first cross-sectoral overview of specialised health care structures and services for tracheotomised patients in three German federal states enhances transparency within this highly complex field. With regard on nursing care as a crucial part of the multi professional care team, the results implicate the need for more transparency on the services offered. To enhance needs based and integrated care approaches, issues concerning nursing care coordination responsibilities, networking strategies and qualification standards also have to be further clarified and systematically assessed.

Please cite as: Stark S, Ewers M. Nursing Care for tracheotomised patients – a spatial perspective from three German federal states. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP60.
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18dgpP62 (102)

Palliative care needs of residents living with advanced Parkinson disease in nursing homes in Salzburg

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Model/Framework: No studies are available on how people live with an advanced phase of Morbus Parkinson (Hoehn & Yahr stage 4 or higher) in nursing homes in Salzburg. Which care demands these residents and their relatives have and how they cope with medical and care demands are the research questions of our explorative study.

Methods: The authors have included 8 “units of care”: residents and their caring family members. A mixed-Methods Approach was used: with quantitative, validated assessments instruments the researchers evaluated the correct illness stage and scores were being risen. In a second part, ethnographic interviews with residents and family-members were being conducted.

Results: From 17 residents, formally matching our inclusion criteria, 7 patients had to be withdrawn as they were misdiagnosed. The validated tools could not describe residents’ situations as anticipated. Doing ethnographic family interviews worked out well, residents seemed to enjoy having a break from the nursing-home-routine. In the 5 ethnographic interviews 3 major topics emerged: being in charge and having to organize medical care, worrying about deterioration and having positive wishes for the residents’ future.

Conclusions: This study is the first empirical data-base on Parkinson patients in an advanced illness phase in Salzburg and the Salzburg country. Although the 8 residents in our study were extremely reduced in their independency, they did not suffer. 7 from 8 were content with their personal situation and the care they received. The residents’ symptom burden was much smaller than the researchers anticipated.

Please cite as: Lex K, Lorenzl S. Palliative care needs of residents living with advanced Parkinson disease in nursing homes in Salzburg. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP62.
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18dgpP63 (103)

Survey and modelling of structural and procedural quality criteria as evidence-based decision-making guidelines for operative care management

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Background and Purpose: Structural and process-related quality indicators have become increasingly important in the care sector and will be directly connected to the proceeds of hospitals. The Federal Joint Committee (G-BA) therefore has released a directive (QM-RL) to the fundamental requirements of the quality management for all approved hospitals in 2016. Thus the aim of our study was to examine the state of care-related quality indicators in the university hospital munich to be able to make statements about the degree of fulfilment to assist the care executives and to find out which ones have an influence on the processes in direct patient care.

Methods: Structural and process-related quality indicators were assessed by using a pretested and adapted auditing questionnaire, that is used by TÜV certification authority. It includes ten basic and 95 quality items. Quantity and scores for all items were calculated and verified. The items were assigned to the categories of the QM-RL. Pearson correlation tables were calculated for all relevant categories and regression models were used to assess the effect of several structural quality indicators in care-related process quality criteria.

Results: Data originates from a baseline survey of 103 wards. The average fulfillment of quality items is 79.5 percent. There are strong correlations between several structural items like nursing education/training, emergency management, presence of described procedures, management of interfaces and categories related to patient safety outcomes. Furthermore there were several effects of specific structural items on care related process criteria.

Conclusions: Detailed structural quality criteria have been identified that directly affect care quality.

Please cite as: Fischer U, Koutrafouris C. Survey and modelling of structural and procedural quality criteria as evidence-based decision-making guidelines for operative care management. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP63.
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18dgpP64 (104)

empCARE – an evidence based stress reducing training programme for nurses

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Background and Purpose: Being empathic can reduce or even intensify nurses' mental stress. The primary aim of the empCARE training programme is to reduce nurses' mental stress by using empathy in a reflected way.

Model/Framework: empCARE is based on the Empathy-Pseudo-empathy-Process-Modell (EPPM) developed by Altmann, Schönefeld, Roth at the University Duisburg-Essen. EPPM explains the positive and negative effects empathic behaviour can have on the nurses themselves.

Methods: 280 nurses from two hospitals and a home care service participated on 25 intensive two day courses plus practice reflections in group coachings some weeks after the trainings. 53 participants were educated as mentors for the colleagues of their departments.

Research Focus: In a formative evaluation the participants rated contents, exercises and practical relevance of the training. Documentations and a thorough reflection of the trainings and coachings by the trainers are an additional source for the evaluation.

Methodological and Theoretical Focus: The participants' ratings and the analysis of the trainers' reflections bring together quantitative and qualitative evaluation methods and help to improve the training programme.

Results: empCARE proves as an evidence based training programme. It consists of a two day intensive course and coachings.

Conclusions: Reflected empathic behaviour can reduce nurses' mental stress. The empCARE tools can be used in individual reflection, interaction with patients or case discussions within teams.

Please cite as: Thiry L, Kaschull K, Kocks A, Lux V. empCARE – an evidence based stress reducing training programme for nurses. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP64.

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18dgpP65 (105)

Participation and drop-out by nurses in longitudinal research: lessons learned from the EvaSIS-study

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Background: Low response rates have been reported in several studies concerning nurses participating in cross-sectional and longitudinal research. Various strategies exist to improve response rates, incorporating incentive and design-based approaches. The EvaSIS-Study aimed to evaluate nurses' experiences with a newly established nursing documentation system (structural model) in out- and inpatient long-term care facilities throughout Germany using a design-based recruitment approach.

Methods: In a formative process evaluation, directors of nursing (DoN) in 8,957 facilities and 10,274 nurses in 453 facilities were invited to participate in paper-based and online surveys at two points in time. By using an individually generated code, participants' answers were matched to identify changes over time. In addition, nurses were given the choice to participate in in-depth focus groups.

Results: The design-based recruitment approach yielded in a proportionally low response rate in regard to the initially invited sample: 1,218 (13.6 %) DoN and 1,759 (17.1 %) nurses from 324 facilities responded at baseline (minimum response rate). 1,136 (12.7 %) DoN and 1,485 nurses (14.5 %) were eligible for participation in the follow-up survey three months after baseline which was completed by 534 DoN (47 %) and 618 nurses (41.6 %). Answers of 267 nurses (2.6 %) could be matched and compared over time. 54 participants took part in the focus groups.

Conclusions: The chosen approach did not contribute to a higher proportional participation of nurses in the EvaSIS-Study. Reasons for drop-out and meager participation remain mostly unknown. Next to design-based approaches, incentive-based methodologies should be considered to raise nurses' participation rates in future research.

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18dgpP66 (106)

Satisfaction of students with communication with nurses during the practical training

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Background and Purpose: The aim of the research is to determine the satisfaction degree of student communication with registered nurses, to explore possible demographic characteristics of students in assessing the quality level of communication, to identify the good aspects of communication and to give suggestions of improvement.

Methods: The study included 90 regular students of Undergraduate studies of nursing at the University of Rijeka's Faculty of Health Sciences. All three year grad students have completed a questionnaire made for this research, which is divided in two parts. The first part contains demographic data and the second part applies to nursing communication with students.

Research Focus: The collected data were statistically analyzed and displayed as absolute and percentage values, as well as arithmetic mean (X) and standard deviation (SD). In order to examine the differences in satisfaction with communication in dependence with socio-demographic categories, t-test for independent samples and one-way variance analysis were used. The level of statistical significance is set at $p < 0.05$. The data were analyzed using SPSS 16 (Statistical Package for the Social Sciences, version 16.0, SPSS Inc., Chicago IL) statistical program.

Results: Results has shown that students are not satisfied with communication because it's not encouraging, suggesting emphasis on importance of education through formal and informal education of nursing staff need to be conducted.

Conclusions: Students are not satisfied with communication. The next step is to conduct research among nursing staff to get to know their vision of communication in order to create programs within formal education of nursing students and informal education of nursing staff that will lead to improved future communication.

Please cite as: Malnar D, Uljancic S, Bikvić M, Bošković S. Satisfaction of students with communication with nurses during the practical training. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpP66.

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18dgpP67 (107)

Development of a theory based practice guideline for a quality of life oriented palliative care in residential care homes

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Background and Purpose: The expansion of palliative care in Germany is proclaimed by professional societies [1], [2] (Supplemental material to [3]) and specifically required by law (e.g. Hospiz- und Palliativgesetz). The orientation towards quality of life as a central target dimension of palliative care [4] is becoming increasingly important in the nursing care for the elderly in residential care homes. Accordingly, the LebenBegleiten project pursues the goal of developing an evidence-based, ethically based and quality of life-oriented practice guideline that addresses current laws and frameworks and focuses on the perspective of care home residents and their relations.

Methods and Research Focus: The study includes a participatory mix method design with a mainly qualitative orientation. By means of a document analysis [5], processes and procedures relating to palliative care were identified. Based on this, focus groups made up of employees and home counselors explored the lived practice of palliative care support [6]. Key points and elements of the developed practice guideline will be agreed upon by a Delphi survey [7].

Methodological and Theoretical Focus: Based on grounded theory methodology, quality of life-oriented palliative care in residential care homes is conceptualized as the fundament for the development of the practice guideline, thereby contributing to the professional-theoretical discourse on the subject of care in residential care homes.

Results: A poster presentation demonstrates the procedure of the participative development of a practice guideline in a mixed-method-design as well as theoretical starting points for a quality of life-oriented palliative care in residential care homes.

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18dgpP68 (108)

Responsible science – the interlocking of different kinds of knowledge. Pure theory or a beneficial approach?

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“Responsible Science” is an international research innovation program which is predicted high potential and which will be a guiding principle of targeting new research funding programs and evaluating criteria.

The Responsible Science approach is based on the idea of actively involving society in scientific research processes. The goal is to interlink two kinds of knowledge and approaches to jointly generate new knowledge and understanding (“population” and science). Especially nursing research projects could benefit from this, as there is already a tradition of involving stakeholders. Applied to nursing science, the inclusion of society, in contrast to other areas of science, means two things: firstly, people who are directly affected by a phenomenon/topic (experience this directly) and, secondly, people who are indirectly involved in this topic through their professional role and have different knowledge. The target group to be involved may therefore include patients (directly affected) and their relatives as well as caregivers (indirectly affected).

The aim of the methodical discussion is to critically reflect the possibilities and limitations of the Responsible Science approach. Taking the example of a drug self-management project, the interlinking of different kind knowledge in the various phases of the research process is discussed. Challenges regarding methods, different perspectives as well as different levels of participation and the challenge of working with so-called “untrained experts” are discussed. The focus will be on the basic principles of Responsible Science: participation, inclusion and openness, circularity and adaptivity and multi-methodology.

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Symposia

Interactive Lunch Symposium – New professional roles? On emergent technologies in nursing relations

18dgpS01 (109)

New professional roles? On emergent technologies in nursing relations

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Digitalisation is a challenge as well for society as for nursing. Hence, technological changes challenges nursing scientists as well as nursing practitioners and patients to cope with these changes. In this symposium three highly topical research projects will be presented which are currently examining requirements and consequences of the entry of evermore digital devices into care environments and further nursing contexts. The thematic scope of the proposed symposium ranges from changed work processes over changed teaching and learning processes to finally cover ethical issues related to those developments. The centre of interest, however, will be the particular role of digital technologies in each of these contexts with regard to processes of nursing professionalisation in Germany.

Against this background Hanna Wüller will present research results from the project ARinFLEX where she conducted a qualitative study to explore possible use cases for Augmented Reality. One use case is the support of wound care management with smart glasses. For this use case prototypes were developed and first evaluations conducted. We will present the prototype as well as the results of the evaluation to exemplify possible changes in nursing processes.

The integration of cutting-edge technology into care relations requires a thoroughly preparation of nurses-to-be.

Therefore, Miriam Peters argues that a systematically structured and purposeful development of technical competence and the ability to critically reflect on the use of technological assistance is needed. Within the research project GaBaLEARN an opportunity is created to test and practice professionally relevant skills and competencies in ecologically realistic digital learning environments. The results of empirical assessments (focus groups with teachers, learners and practical nurses) and theoretical analyses (systematic review) show that digital media in the context of nursing education are mainly used to mediate functional expertise. The systematic initiation of technological competencies is still at the beginning of the development.

The contribution of Anna Sophie Hauptsthofer is a further exemplification and future-oriented elaboration of the forehand presented diagnosis. Within the research project “Dorfgemeinschaft 2.0” a mixed-method-study is currently conducted that focuses on technology-related advisory practice of academic nurses and “Tech-Stories” of elderly people. Preliminary results indicate that elderly people need sensitisation and slow introduction to technology. Consequently, the individual education concept “The Digital Nurse” will be presented as answer which is also to be conceived of as a strategy of professionalisation.

Selected ethical issues of the integration of emergent technologies in care relations and educational contexts will be conclusively dealt with by Roland Simon and Marcus Garthaus. In contemporary curricular of nursing education, the development of ethical-moral competencies regarding the use and application of digital technologies is widely missing. Along a theoretical reflection possible criteria of required competencies for ethical judgement and presuppositions for integrating them into curricular will be pondered.

Programme Overview:

- Augmented Reality in Nursing: From identification of use cases to evaluation of prototypes
- On the role of digital technology in nursing education
- “The Digital Nurse“- Social participation by using a digital, linked education management.
- Ethical Issues of Technology in Nursing Education

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Decision Coaching – inter-professional approaches of informed shared decision-making: two steps forward, one step back

18dgpS02 (110)

Decision coaching – inter-professional approaches of informed shared decision making: two steps forward, one step back

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Background and Purpose: Considering the demographic and societal developments in Germany, rethinking the distribution of roles in health care is urgently needed. In Germany, nurses have already been involved in patient education in a structured manner within the scope of the disease management programs for diabetes mellitus, asthma and hypertension. So far informed shared decision making (ISDM) involving nurses has not been implemented in German healthcare. However, inter-professional approaches including decision coaching led by nurses have shown promising results. Studies indicate increased participation and knowledge, but also reveal various barriers that impede implementation of these decision coaching approaches.

Methods: We will present an overview of new inter-professional and evidence-based approaches to implement nurse-led decision coaching for diagnostic and therapeutic decision making. Chances, challenges and barriers will be discussed.

Research Focus: This symposium focuses on nurses' new roles in decision support.

Results: The symposium will include three presentations. The first presentation comprises the outline and first result of a Cochrane review on decision coaching, prepared by a multi-national group of reviewers. The second speaker will present a cluster-randomized trial that evaluated a complex intervention on nurse led decision coaching on immunotherapy in people with multiple sclerosis. Results of a mixed methods process evaluation will be presented. The last speaker presents the results of a non-blinded cluster-randomized controlled trial in German breast care centers, that evaluated a complex intervention comprising an evidence-based decision aid combined with nurse led decision coaching for women with ductal carcinoma in situ (DCIS).

Conclusions: Elaborated strategies are needed for successful nurse-led decision coaching and to overcome system immanent barriers for the implementation of nurses' new roles.

Programme Overview:

1. (S. Köpke) Decision coaching for people preparing to make health care decisions – Cochrane Review
2. (A Rahn): Decision coaching in multiple sclerosis – process evaluation results.
3. (B. Berger-Höger): Decision Coaching in oncology: promising results and challenging barriers.
In order to implement ISDM in certified German breast care centers a complex intervention comprising an evidence-based decision aid combined with nurse led decision coaching for women with ductal carcinoma in situ (DCIS) was developed and evaluated. The results of a non-blinded cluster-randomized controlled trial in German breast care centers will be presented.
4. (G. Meyer): Discussion and reflection

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Nursing work environment and outcomes after the DRG introduction in Swiss hospitals: the MatchRN study

18dgpS03 (111)

Nursing work environment and outcomes after the DRG introduction in Swiss hospitals: the MatchRN study

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Background and Purpose: Activity-based funding systems (e.g. DRGs) have been introduced in healthcare systems internationally to finance hospital services and nursing is often under pressure because of decreasing patients' length of stay, increasing acuity and cost containment measures. The Matching Registered Nurse Services with Changing Care Demands (MatchRN) study aims to examine how nursing processes and structures have changed since the introduction of Swiss DRGs in 2012 and to describe their associations with patient and nurse outcomes.

Model/Framework: MatchRN is based on Donaldson's contingency theory (2001) and Dubois et al.'s (2013) model of nursing care performance.

Research Focus: The MatchRN study is a multi-centre cross-sectional observational study, which included 124 units from 23 Swiss acute care hospitals where 1833 registered nurses (RNs) completed questionnaires assessing e.g. nurses' work environment, rationing of nursing care, work schedule flexibility and organizational readiness for implementing change (ORIC). Furthermore, 2073 patients completed surveys measure, e.g. patient-centred care (PCC) and readiness for hospital discharge.

Methodological and Theoretical Focus: We applied Generalized Linear Mixed Models to describe the association between nurse structures and processes and different nurse and patient outcomes.

Results: Patients reported high levels of PCC, e.g. 82% received sufficient information. However, 1/3 did not feel sufficient involved in treatment decisions. Adequate work environment was associated with higher levels of PCC. Work schedule flexibility (β -.07; [95%-CI -.12, -.02]) and nurse manager ability (β -.34; [95%-CI -.57, -.11]) were negatively related to self-reported burnout. RNs responded positively on ORIC. Nursing foundation for quality of care (β 0.33 (95%-CI 0.08 - 0.58), β 0.32 (95%-CI 0.10 - 0.55)) and supportive leadership (β 0.40 (95%-CI 0.27 - 0.53), β 0.49 (95%-CI 0.37 - 0.61)) were directly associated with change efficacy and commitment. Less than half (47.8%) of patients were ready for hospital discharge and more than half (58%) of them had received discharge preparation interventions of self-care. From 2010 to 2015 the number of patients per RN decreased from 6.28 [95%-CIs: 6.07-6.48] to 5.58 [5.17-5.99], while the proportion of RNs of all nursing staff decreased by 4.3% [3.1-5.6]. Rationing of care decreased from 1.07 [1.03-1.12] to 0.91 [0.79-1.01] while staffing and resource adequacy increased by 0.12 [0.06-0.18].

Conclusions: Swiss hospitals expand nursing services under activity-based funding without disrupting the nursing work environment. An adequate nursing work environment increased the level of ORIC and work schedule flexibility lowered nurse-reported burnout. Nurses perception of staff and resource adequacy was associated with PCC. Discharge preparation intervention was associated with readiness for hospital discharge.

Programme Overview:

1. Sharma: Organizational readiness for implementing change in acute care hospitals in Switzerland
2. Dhaini: Work schedule flexibility influences burnout among registered nurses in Swiss hospitals
3. Bachnick: Patient-Centered Care, Nurse Work Environment and Rationing of Nursing Care in Swiss Hospitals
4. Mabire: Patient readiness for hospital discharge and its relationship with nursing interventions and organizational context
5. Simon: Assessing the impact of the DRG introduction on nurse staffing and rationing of nursing care in Swiss acute-care hospitals

Please cite as: Sharma N, Dhaini SR, Bachnick S, Mabire C, Simon M, MatchRN Study Group. Nursing work environment and outcomes after the DRG introduction in Swiss hospitals: the MatchRN study. In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018. Düsseldorf: German Medical Science GMS Publishing House; 2018. Doc18dgpS03.

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User Involvement – methodological consequences for research

18dgpS04 (112)

User involvement – methodological consequences for research

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Background and Purpose: Service-user involvement is increasingly recognized as significant part of health research. In Anglophone countries, this approach is already integrated in research, whereas in other countries, only first steps have been taken. User involvement in research positively affects healthcare and the quality of life of patients. It enables researchers to understand health needs and requirements from the users' perspective, thus enabling the development of tailored services, self-management programs or health related technologies. However, service-user involvement involves methodological challenges. The level of involvement and suitable methods of involvement must be defined, depending upon the research aim, the target users and the setting.

This methodological symposium aims to address what service-user involvement signifies and how it can be applied, by presenting three research projects. Methodological consequences, practical pitfalls and challenges of user involvement will be discussed.

Methodological and Theoretical Focus:

Presentation 1: The AIDE-MOI-Study explored needs and utilization aspects in everyday life from the perspective of community-dwelling older people by involving them iteratively in the development of a wearable fall detection sensor linked to a smartphone application. The methodological approach, based on a theoretical framework, provides guidance in determining the users and the methods of involvement corresponding to the stage of development. Data was collected via focus groups and analysed using qualitative content analysis. User involvement allowed going beyond technical requirements, thus identifying human factors influencing acceptance and later usage.

Presentation 2: Patients, who wish to play an active role in health research or in the training of health professionals, require methodological and professional skills. Similarly, health researchers and trainers working with patients benefit from specific methodological experience. Within the PIONEERS action research project, academics and patients co-operatively developed a framework for patient involvement in research and education at university level, using qualitative social science research methods. A follow-up project aims to systematically implement and evaluate this framework on large scale. Thus, co-operation with patients can be inherent part of education and research.

Presentation 3: The MOCCA-project evaluates a newly developed coaching program delivered by outpatient nursing services for community-dwelling persons with mild to moderate dementia. This recovery orientation in nurses' coaching program is being implemented to enhance autonomy and self-determination of persons with dementia. Research aims to explore how interactions between nurses, persons with dementia and relatives are experienced and how the recovery focus impacts on care relationships and on long-term care pathways. Thus, a methodological strategy enabling persons with dementia to be involved as equal partners in data production is needed. Flexible interviewing techniques and participant observation of coaching interactions have been chosen.

Conclusions: Involving service-users in research and teaching challenges established modes of academic work. Issues concerning power must be considered. If users are to be granted equal power in the production and distribution of knowledge, methods must be adapted, and a common understanding of collaborative partnerships needs to be established.

Programme Overview:

1. Introduction: Participatory/collaborative approaches of service-user involvement and their methodological consequences
2. Project-presentation AIDE-MOI
3. Project-presentation PIONEERS
4. Project-presentation MOCCA
5. Conclusions, moderated discussion

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The 'Dutch approach' in community-based nursing: Four examples of innovations that aim to facilitate 'ageing-in-place'

18dgpS05 (113)

The 'Dutch approach' in community-based nursing: four examples of innovations that aim to facilitate 'ageing-in-place'

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Background and Purpose: Like most Western countries, the Netherlands are facing an ageing society. To deal with this challenges the Dutch government facilitates an ageing-in-place policy and promote self-management in older adults. This is in line with the new concept of positive health, which indicates that health care has to focus on capacities and opportunities of clients instead of their impairments and limitations. Community nurses have an important role in supporting clients to maintain, gain or restore their competences to stay in their homes as long as possible. However, to do so community nurses need the knowledge, attitude, skills and social/organizational support. In this symposium four innovations will be presented, which aim to facilitate community nurses to support their clients in managing their everyday life as independently as possible.

Methods: Different study designs and research methods were used ranging from qualitative or quantitative cross-sectional studies which make use of interviews and questionnaires towards a longitudinal randomised controlled laboratory experiment that combine qualitative and quantitative data collection methods.

Research Focus: All presented studies aim to improve the quality of community-based nursing care.

Results:

- The first speaker talks about the experiences of community nurses with the Stay Active at Home programme.
- The second speaker describes the (development of the) Translating Innovation into Practice (TIP)-toolbox.
- The third speaker reports about the efficacy of a decision support app in dementia care.
- The fourth speaker discusses which client characteristics have to be incorporated into a new funding model for community-based nursing.

Conclusions: In this symposium four innovations in community-based nursing will be presented. The audience get insight into the development, feasibility and efficacy of these innovations.

Programme Overview:

1. Silke F Metzelthin, Rowan Smeets, Whitney AG Hanssen, GA Rixt Zijlstra, JM de Man-van Ginkel, Erik van Rossum, Gertrudis IJM Kempen: Experiences of community nurses with the Stay Active at Home programme: results of a qualitative study.
2. Ruth Vogel, Gerrie JJM Bours, Silke F Metzelthin, Petra MG Erkens, Jan PH Hamers, E van Rossum: Supporting the implementation of innovations and nurse leadership in community-based nursing care.
3. Theresa Thoma-Lürken, Michel HC Bleijlevens, Monique AS Lexis, Jan PH Hamers: Efficacy of a decision support app for nurses in community-based dementia: a randomized controlled laboratory experiment.
4. Anne OE van den Bulck, Silke F Metzelthin, Arianne MJ Elissen, Marianne C Stadlander, Jaap Stam, Dirk Ruwaard: Which client characteristics predict community-based nursing care needs? Results of a survey study among Dutch nurses

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- Study 4: The study was not externally funded.

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Green Care Farms – An innovative Care Model for People with Dementia?

18dgpS06 (114)

Green care farms – an innovative care model for people with dementia?

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Background and Purpose: According to demographic developments in most European countries the number of people with dementia (PwD) is rising. Besides other small-scale living facilities green care farms developed in several European countries. The objective of the symposium is to give an overview on models of green care farming in Europe and to present results of different studies concerning barriers and motivating factors for developing green care farms as well as results on psychosocial outcomes and quality of care.

Methods: The symposium combines four presentations reporting on green care farming in Europe. Different study designs were used. Often, mixed methods were used including qualitative and quantitative methods (observations, semi-structured interviews, repeated standardised measurements, etc.).

Results:

- The first presentation will present results focusing on barriers and motivating factors for green care farms in northern Germany. Results of in depth interviews with green care farmers (n=4) and political and administrative responsables (n=6) are combined with results from a standardized survey of home care services (n=16), nursing homes (n=26) and potential users (n=7). The findings point out opportunities and difficulties in implementing Green Care Farms in Germany.
- The second presentation will describe results of a mixed-methods study into the effects of green care farms that provide 24-hour nursing home care for PwD in the Netherlands. It is investigated whether there are differences between green care farms, traditional nursing homes, and regular small-scale living facilities in terms of the daily lives of residents, quality of care, quality of life, and experiences of informal caregivers (n=115). Qualitative data gain insights into the positive and negative experiences of informal caregivers of PwD.
- The third presentation will describe results of a study identifying key components of farm based day care services for PwD in Norway, using Concept mapping as method. Two brainstorming sessions with 19 informants, all experts with many years of experience within this field were conducted. In all 85 statements were created. The eight final clusters forming the key components includes being in nature environments, experience an everyday setting, and fulfil personal interest.
- The fourth presentation will report on Care Farming, the first project of its kind to focus specifically on farming communities and rural communities to support individuals with dementia in the UK. The study investigates how farmers, their families and carers cope when they are affected by dementia. There are three main objectives – to consider the impact of dementia on farming businesses; to evaluate how dementia affects farming families and communities, and; to consider how voluntary and state agencies can support farming families with dementia.

Conclusions: The presented studies demonstrate strengths and but also weaknesses of green care farms in daily practice and the results will be useful for farming communities, healthcare and service providers, and academics researching the condition.

Programme Overview:

1. Implementing Green Care Farms for PwD in Germany
2. Effects of 24/7-green care farms for PwD in the Netherlands
3. Farm based day care services for PwD in Norway
4. Care farming in the UK
5. Discussion

Please cite as: Wolf-Ostermann K, Schmidt A, Sherriff I, Pedersen I, de Boer B, Verbeek H. Green care farms – an innovative care model for people with dementia? In: 1st International Conference of the German Society of Nursing Science. Berlin, 04.-05.05.2018.

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Using the MRC framework for developing and evaluating of complex interventions in geriatric nursing

18dgpS07 (115)

Using the MRC framework for developing and evaluating of complex interventions in geriatric nursing

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Background and Purpose: Many interventions in nursing care are complex, i.e. consisting of different components that either act independently or inter-dependently. The UK medical research council's (MRC) framework for developing and evaluating complex interventions offers methodological guidance for health care researchers to come up with innovations that have the potential to change health care practice in a patient- and practice-oriented way. In this symposium, we will present and discuss projects on nursing interventions for older individuals in institutionalized care settings that follow this framework. While presenting independent studies from all four phases described in the MRC framework, a comprehensive picture of challenges and opportunities of researching complex interventions in nursing care can be drawn.

Model/Framework: The symposium focuses on the UK Medical research council framework for developing and evaluating complex interventions in nursing research.

Methods: For each phase of the MRC framework, development, feasibility and piloting, evaluation, long-term implementation, we will present a worked example in the field of nursing. In all presented studies, the methodological challenges described by the MRC framework will be discussed and strategies and solutions to address these challenges will be presented. Different study designs were used in the presented studies, depending on the phase of the research process.

The discussant will reflect on the presented studies and on future directions of complex interventions' research in nursing. The symposium will be completed by a plenary discussion.

Research Focus and Results: All presented studies will address the quality of care for older people in institutionalized settings; specifically, they aim to support safe mobility and maintain a maximum of social participation and autonomy even in the presence of chronic disabling health conditions.

Conclusions: The studies presented in this symposium show that the MRC framework for developing and evaluating of complex interventions provides useful guidance for nursing research. Adhering to theoretical frameworks can improve the feasibility of interventions. Nursing interventions adequately addressing the complexity of delivering care to older people have the potential to substantially improve the quality of care.

Programme Overview:

The symposium will include the following presentations:

1. Introduction: The MRC framework in nursing research; Katrin Balzer
2. Study 1 (Development phase): Development of an intervention to prevent and reduce the use of physical restraints in acute care settings; Jens Abraham
3. Study 2 (Piloting phase): Piloting a complex intervention to improve social participation in nursing home residents with joint contractures (JointConImprove); Susanne Saal
4. Study 3 (Evaluation phase): Evaluation of DAILY NURSE: a nursing intervention to change nursing staff behavior towards encouraging residents' daily activities and independence in the nursing home; Michel Bleijlevens
5. Study 4 (Implementation phase): Implementation of a complex intervention to prevent physical restraints in nursing home residents – a pragmatic cluster-randomised controlled trial; Ralph Möhler
6. Discussion: Future directions of complex interventions research in geriatric nursing; Martin Müller

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Innovations in evidence synthesis – current methodological approaches and tools

18dgpS08 (116)

Innovations in evidence synthesis – current methodological approaches and tools

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Background and Purpose: Evidence syntheses in nursing aim to identify and summarise the available evidence on a specific research question or topic with various aims as e.g. informing clinical nursing practice or developing policies. Originally developed for treatment questions, the scope and methodology of evidence syntheses has evolved in recent years to include qualitative, mixed-methods, diagnostic and prognostic approaches for example. In parallel, novel methods for accelerating the development process of evidence syntheses were proposed, strongly based on methodological recommendations from e.g. the Campbell and the Cochrane Collaboration and the Joanna-Briggs-Institute. Other innovations cover the development and testing of tools aimed at supporting authors in the process of evidence synthesis and presentation of results. Currently, there is an overwhelming number of terms and methods in the field of evidence synthesis and it becomes increasingly difficult to distinguish between them. The aim of this symposium is to present current approaches for evidence synthesis and presentation, discuss opportunities and limitations, and give examples for practical use.

Methods: We will present an overview of new approaches for evidence syntheses and presentation, i.e. “living systematic reviews”, “evidence (gap) maps”, and current methodological recommendations for developing methods like “overviews of reviews”. Also, we will address tools as e.g. GRADE, MAGICapp, Covidence, or robot reviewer aimed at supporting the development process of evidence syntheses and subsequent products including guidelines and decision aids. Presentations will include practical examples of ongoing or recently completed work and discussions about new opportunities and challenges of the different methods and tools.

Methodological Focus: This symposium addresses the state of the art in evidence-synthesis methodology.

Results: We will present new approaches and innovative tools in the field of evidence-syntheses and discuss opportunities and challenges in their practical use.

Conclusions: Evidence syntheses have an important role in nursing science and practice. In recent years evidence synthesis methodology has rapidly evolved to meet the challenges in research and requirements of clinicians and stakeholder accounting for the need for up-to-date research syntheses and evidence-based guidelines. This symposium will help researchers and clinicians by presenting an overview of new approaches to further improve the development and application of evidence syntheses.

Programme Overview:

1. Introduction: Development of evidence syntheses in recent years (R. Möhler)
2. Innovations in conducting and presenting systematic reviews – an overview (S. Köpke & R. Möhler)
3. Making sense of the volume and quality of the evidence using GRADE and Summary of Findings Tables (N. Cullum)
4. Evidence (gap) map – a useful tool for researcher and policy makers? (J. Hirt)
5. Advancement of evidence-based guideline methodology in Germany – on the road to S4? (Anke Steckelberg)
6. Discussion: Challenges and opportunities in evidence syntheses (S. Köpke)

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CAPAN: Building Research & development CAPAcity in Nursing at a new University Hospital

18dgpS09 (117)

CAPAN: building research & development CAPAcity in nursing at a new university hospital

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Background and Purpose: The symposium reports from: CAPAN. CAPAN is a newly established nursing research CAPAcity building program. The context is a hospital that has recently changed status from regional hospital to university hospital. Capacity building is in nature highly contextually anchored and therefore it is necessary to focus on the overall organization as well as the individual nurse/unit/department.

The overall objective for nursing care at the hospital is that person-centred care is transferred, adapted and based on the best documented knowledge that comes from different sources. The purpose of CAPAN is to facilitate the generation, dissemination and absorption of a development- and research culture that is constructive, creative, inclusive and visible at all levels.

Model/Framework: The PARIHS framework has inspired the program because it focuses on interactions between evidence, context and facilitation. Further, the approach to nursing practice is inspired by the Person-Centred Nursing Framework. Both frameworks are reflected in the nursing strategy at the hospital.

Methods: A purposeful Program Theory frames the program including a process evaluation within an action research methodology. Qualitative and quantitative methods are included in the data generation processes.

Research Focus: CAPAN includes producing and transferring knowledge to, from, and between nurses, patients and collaborators (researchers and non-researchers) in clinical practice. CAPAN uses transformative and co-productive processes that is positively recognized by all participants.

Working groups with participation across the organization including researchers and non-researchers have been formed in order to create a collaborative inquiry and feed-back process. The degree of implementation of the program components over time and across different clinical settings is documented. This includes focus on contextual factors, development of new action-driven initiatives and reports on how participants engage in and respond to the program components in CAPAN.

Methodological and Theoretical Focus: An action research tradition influenced by critical theory is the central methodological and theoretical component. CAPAN involves and empowers researchers and non-researchers to collaboratively take action in order to develop and re-construct the current culture of inquiry.

Results: Results from the first program year includes: Establishing a program database, preparation and distribution of a nurse survey to all nurses in the region, development of a reflection tool, an educational program for leaders and a collaborative program for researchers/non-researchers and linking international guest professors.

Conclusion: CAPAN has been positively recognized and supported by nurses, patients and other collaborators in clinical practice. Facilitating transformative and co-productive processes that focuses on real organizational issues and quality of care seems to be regarded as relevant and worth prioritizing by nurses across the hospital.

Programme Overview: Three presenters will focus on three different topics focusing on the experiences with CAPAN so far:

1. The overall principles of establishing a capacity building program in clinical practice.
2. Concrete examples of initiatives that support clinical relevant research- and development culture across functions and positions
3. Pitfalls and dealing with the ever-present unforeseen changes in a dynamic and political organization while developing and implementing a new framework.

The symposium will end with a discussion.

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Methodological challenges in stepped-wedge trials in nursing home research

18dgpS10 (118)

Methodological challenges and approaches in nursing home research

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Background and Purpose: Designing studies in the field of nursing home research brings along different methodological challenges. This symposium aims to provide an insight view of how nursing researchers are dealing with those challenges in recent studies. Therefore different aspects as i.e. recruitment and randomisation, measuring of staffing levels, implementation processes and methodological approaches will be presented and discussed.

Programme Overview

1. Methodological challenges in clinical nursing home research. A case study of a cluster randomised controlled trial. Research in the nursing home setting comprises certain risks and pitfalls that can influence internal and external validity of the study. We will present a case study dealing with a recent cluster-randomised controlled trial. Three methodological challenges will be discussed:
 - recruitment of nursing home clusters and individual residents, i.e. consecutive recruitment after randomisation
 - measuring patient reported outcomes, particularly quality of life in a population with a large proportion of cognitively impaired persons
 - validity of routine documentation and problems using routine data as outcome measure
2. Challenges for adequately examining staffing levels in nursing homes: experiences from the research line 'Nurses on the Move'
High-quality administrative data on staffing levels in nursing homes are scarce and accurately measuring staffing levels is challenging. Based on experiences from the Dutch research line 'Nurses on the Move', practical (i.e., how to collect data) as well as conceptual (i.e., how to operationalize the concept of staffing) tips for a more adequate measurement of staffing levels will be provided.
3. Reaching sustainability – how an implementation framework guides the introduction of a new care model
Implementation frameworks such as CFIR (consolidated framework for implementation research) support and guide the introduction of changes in the health care setting. In this presentation we will explore its use providing the example of the INTERCARE study at Basel University (Nurse-led care model in Swiss nursing homes: improving INTERprofessional CARE for better resident outcomes), focusing on the preparatory context analyses and the differentiation of core and peripheral elements of the intervention planned.
4. Realist Evaluation in Nursing Home Research
Research in nursing homes using traditional evaluation methods reaches its limits. An alternative methodology to experimental and quasi-experimental designs is the Realist Evaluation of Pawson & Tilley (1997). The approach will be presented as well as its application in an ongoing study of Dementia Special Care Units.

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Author index

(Angaben beziehen sich auf Abstract-ID)

Abbasi Dolatabadi, Zahra	051	Fünfstück, Mathias	043
Abraham, Jens	115	Gaidys, Uta	010, 089, 093
Aichinger, Heike	075, 105	Gand, Daniel	060
Altiner, Attila	068	Garthaus, Marcus	045, 109
Andrea, Smoliner	108	Gerber, Anne	020
Ayerle, Gertrud M.	037, 064	Gerhardus, Ansgar	060
Bachmann, Sandra	084	Ghiyasvandian, Shahrzad	081
Bachnick, Stefanie	009, 044, 046, 111	Glanz, Sabine	035
Backhaus, Ramona	040, 118	Görres, Stefan	043
Bahadorifar, Hossein	051	Gratwohl, Franziska	044
Ballhausen, Nicola	052	Grazziano, Eliane	076
Balzer, Katrin	032, 047, 115	Grebe, Christian	042, 096
Baranzke, Heike	006	Greskötter, Jasmin	091
Basinska, Kornelia	028	Grobosch, Sandra	092
Beer, Thomas	052	Grossmann, Nicole	044
Beerens, Hanneke	040	Grothe Thomsen, Thora	117
Begerow, Anke	010, 089, 093	Gurtner, Caroline	112
Behrens, Johann	024	Güther, Helen	006
Bentner, Martina	016	Haas, Margit	004
Berg, Almuth	118	Haberstroh, Julia	094
Berger-Höger, Birte	110	Hagedorn, Anika	092
Bergh, Sverre	053	Hahn, Sabine	022, 112
Bernard, Simone	068	Halek, Margareta	053
Beurskens, Anna	014, 080	Halfens, Ruud	022
Beutner, Katrin	034	Hamers, Jan P. H.	040, 083, 118
Bieber, Anja	063	Hanf, Maria	075, 105
Bikvić, Marija	106	Hasseler, Martina	043, 091
Bleidorn, Jutta	068	Haumann, Hannah	068
Bleijlevens, Michel	115	Hauptelshofer, Anna	097, 109
Blume, Andreas	071, 095	Hegedüs, Anna	024
Bošković, Sandra	066, 106	Heier, Lina	070
Bours, Gerrie	014, 080	Heinze, Cornelia	067
Brandenburg, Hermann	005, 006, 041, 042	Henkel, Adrienne	032, 047
Brannath, Werner	043	Hering, Alexandra	052
Bratan, Tanja	075, 105	Hering, Thomas	084
Breuer, Johanna	021, 108	Herzog, Anna	056
Brijoux, Thomas	042	Hildner, Andrea	069
Brito Poveda, Vanessa	050	Hirt, Julian	048, 052, 116
Broda, Anja	063	Hochgraeber, Iris	007
Brunkert, Thekla	036	Hof-Kleiner, Bernadette	065
Burkhardt, Heinrich	015	Hølge-Hazelton, Bibi	117
Büscher, Andreas	065	Holle, Bernhard	007, 118
Caine, Vera	003	Holle, Daniela	053
Capezuti, Elizabeth	118	Houdelet, Alexandre	005
Carneiro Mussi, Fernanda	076	Huisman-de Waal, Getty	083
Cerezuela Torre, María	064	Hülken-Giesler, Manfred	072, 109
Condon, Louise	013	Hussels, Björn	032, 047
Cullum, Nicky	116	Israelsson-Skogsberg, Åsa	031
Czwikla, Jonas	060	Jackson, Cath	013
da Silva Souza, Regina Claudia	050	Jarzynkowski, Piotr	054, 085
de Boer, Bram	114	Jeitziner, Marie-Madlen	046
de Man-van Ginkel, Janneke M.	048, 083	Jie, Asiong	014
Dhaini, Suzanne R.	111	Joos, Stefanie	016, 068
Dierking, Diane	056	Junius-Walker, Ulrike	068
Donzé, Jacques	044	Kaiser, Mara	003
Doyle, Ina-Merle	068	Kaschull, Karoline	104
Dreyer, Jan	007	Kazemnejad, Anoshirvan	081
Dürr, Dorte Wiwe	087	Kelechi, Teresa	049
Eckstein, Claudia	015	Kirk, Sue	030
Egger-Rainer, Andrea	077	Kirsch, Claudia	068
Eicher, Manuela	020	Kjerholt, Mette	117
Eichhorn, Juliane	100	Klafke, Nadja	016
Erbschwendtner, Sabine	072	Klauber, Jürgen	033
Erjauz, Barbara	100	Kleinknecht-Dolf, Michael	012, 019
Ernst, Jutta	001, 026	Kliegel, Matthias	052
Eva, Soom	112	Klingshirm, Hanna	034
Ewers, Michael	101	Kocks, Andreas	104
Fathollahbeigi, Faezeh	081	Kohlen, Helen	003, 004
Fatkulina, Natalja	064	Köhler, Kerstin	007
Fischer, Gabriele	098	Kollak, Ingrid	056, 058
Fischer, Silke	056	Kopetz, Jan	047
Fischer, Uli	103	Köpke, Sascha	110, 116
Fischill, Magdalena	027	Koppenburger, Anne	109
Fleischer, Steffen	118	Kortekamp, Stefanie	068
Friesen, Jolanda	014, 080	Koskinen, Sanna	023, 064

<i>Koutrafouris, Christina</i>	103	<i>Richter, Christin</i>	075, 105, 118
<i>Kozel, Bernd</i>	024	<i>Riede, Jens</i>	084
<i>Krause, Olaf</i>	068	<i>Riedel, Annette</i>	107
<i>Kricheldorf, Cornelia</i>	042	<i>Rittershaus, Thomas</i>	005
<i>Krotsetis, Susanne</i>	032, 047	<i>Roelof, Ettema</i>	083
<i>Krug, Katja</i>	062	<i>Rothen, Hans Ulrich</i>	046
<i>Krutter, Simon</i>	057	<i>Rothgang, Heinz</i>	043, 060
<i>Książek, Janina</i>	054, 055, 085	<i>Ruppert, Sabine</i>	025
<i>Kuske, Silke</i>	092	<i>Rutjes, Anne</i>	046
<i>Kwiecień-Jaguś, Katarzyna</i>	090	<i>Saal, Susanne</i>	034, 048, 115
<i>Kyndi Pedersen, Mona</i>	073	<i>Sandow, Brigita</i>	098
<i>Lämmel, Nora</i>	098	<i>Schärer, Barbara</i>	044
<i>Langer, Gero</i>	075, 105	<i>Schmidt, Annika</i>	060, 114
<i>Leech, Ronell</i>	038, 039	<i>Schmidt, Sylvia</i>	043
<i>Lehmeyer, Sonja</i>	107	<i>Schmiemann, Guido</i>	060
<i>Lehwaldt, Daniela</i>	064	<i>Schnabel, Eckart</i>	008
<i>Leino-Kilpi, Helena</i>	023, 023, 064, 064	<i>Schneeweiss, Andreas</i>	016
<i>Lex, Katharina</i>	102	<i>Schneider, Marleen</i>	096
<i>Lichtwarck, Bjørn</i>	053	<i>Schneider, Nils</i>	068
<i>Lindahl, Berit</i>	030, 031	<i>Schols, Jos M. G. A.</i>	022
<i>Linde, Anne-Christin</i>	107	<i>Schulc, Eva</i>	082
<i>Lohmann, Susanne</i>	037	<i>Schulz, Maike</i>	060
<i>Lohr, Pia</i>	082	<i>Schuurmans, Marieke</i>	083
<i>Lorenz, Stefan</i>	077, 102	<i>Schwinger, Antje</i>	033, 060
<i>Lottmann, Ralf</i>	058	<i>Seeling, Stefanie</i>	065, 097, 109
<i>Luderer, Christiane</i>	056	<i>Seibert, Kathrin</i>	043, 075, 105
<i>Luft, Lisa</i>	006	<i>Serrano, Patricia Maria</i>	076
<i>Lundbye-Christensen, Søren</i>	073	<i>Sharma, Narayan</i>	111
<i>Lunde, Anita</i>	087	<i>Sherriff, Ian</i>	114
<i>Lux, Vera</i>	104	<i>Silies, Katharina</i>	032
<i>Mabire, Cédric</i>	111	<i>Simon, Michael</i>	009, 018, 020, 028, 036, 044, 046, 111, 118
<i>Mack, Claire</i>	035	<i>Simon, Roland</i>	109
<i>Mahler, Cornelia</i>	016	<i>Siqueira Costa Calache, Ana Lucia</i>	050, 074, 076
<i>Malecka-Dubiela, Anna</i>	090	<i>Skela-Savič, Brigita</i>	017, 099
<i>Malnar, Daniela</i>	066, 106	<i>Skočić Mihić, Sanja</i>	066
<i>Marques da Silva, Rodrigo</i>	076	<i>Smoliner, Andrea</i>	021
<i>Martin, Jacqueline</i>	012	<i>Snijders, Ingrid</i>	014
<i>MatchRN Study Group</i>	111	<i>Souza Machado, Fernanda</i>	050
<i>Mattern, Elke</i>	037	<i>Spirig, Rebecca</i>	012, 019, 026
<i>Mattes, Melanie</i>	021, 108	<i>Stark, Susanne</i>	101
<i>Maud, Heinen</i>	083	<i>Steckelberg, Anke</i>	110, 116
<i>Mayer, Hanna</i>	021, 088, 108	<i>Steininger, Alfred</i>	082
<i>Medrzycka, Wioletta</i>	090	<i>Steinmann, Anna</i>	008
<i>Meijeren, Lianne</i>	048	<i>Stemmer, Renate</i>	035
<i>Meinhart, Christoph</i>	027	<i>Stephan, Astrid</i>	063
<i>Melo Batista, Karla</i>	076	<i>Steudter, Elke</i>	061
<i>Messer, Melanie</i>	078	<i>Stoffers, Ester</i>	029
<i>Metzelthin, Silke</i>	083, 113	<i>Stöhr, Doreen</i>	011
<i>Meyer, Gabriele</i>	034, 048, 063, 110, 118	<i>Stölting, Lina</i>	091
<i>Meyer, Nikolaus</i>	035	<i>Stolz, Regina</i>	068
<i>Moes-Melchior, Inge</i>	029	<i>Strupeit, Steve</i>	059, 062
<i>Möhler, Ralph</i>	115, 116	<i>Stutz, Daniela</i>	069
<i>Mohr, Jutta</i>	098	<i>Suessmuth, Maria Carmen</i>	069
<i>Morciniec, Daniel</i>	089	<i>Suikkala, Arja</i>	023
<i>Mortsiefer, Achim</i>	068	<i>Suntjens, Frits</i>	029
<i>Moser, Albine</i>	029	<i>Tatlović Vorkapić, Sanja</i>	066
<i>Mueller, Gerhard</i>	082	<i>Teuteberg, Frank</i>	069
<i>Mueller, Lionel</i>	046	<i>Them, Christa</i>	061
<i>Mueller, Martin</i>	034, 115	<i>Thilo, Friederike J. S.</i>	022, 112
<i>Mueller, Martina</i>	049	<i>Thiry, Ludwig</i>	104
<i>Müller, Andreas</i>	016	<i>Thoma-Lürken, Theresa</i>	113
<i>Müller, Dorothee</i>	098	<i>Thordsen, Isabella</i>	059
<i>Müller, Marianne</i>	012	<i>Thormann, Kathrin</i>	046
<i>Müller, Martin</i>	115	<i>Thorn, Hronn</i>	079
<i>Musy, Sarah N.</i>	018, 044	<i>Thürmann, Petra</i>	068
<i>Naef, Rahel</i>	001, 026	<i>Ticoma Benavente, Sonia Betzabeth</i>	074
<i>Nakas, Christos T.</i>	018	<i>Treff, Nadine</i>	107
<i>Nauerth, Annette</i>	096	<i>Trinka, Eugen</i>	077
<i>Needham, Ian</i>	024	<i>Trompetter, Eva</i>	096
<i>Nolting, Hans-Dieter</i>	008	<i>Tsiasioti, Chrysanthi</i>	033, 060
<i>Palm, Rebecca</i>	118	<i>Uhlmann, Lorenz</i>	016
<i>Pedersen, Ingeborg</i>	114	<i>Uhrenfeldt, Lisbeth</i>	073, 079
<i>Peschke, Dirk</i>	075, 105	<i>Uljancic, Sasa</i>	106
<i>Peters, Miriam</i>	109	<i>van den Bulck, Anne</i>	113
<i>Petry, Heidi</i>	001, 026	<i>van der Heijden, Anouk</i>	029
<i>Piotrkowska, Renata</i>	054, 055, 085	<i>van der Weijden, Trudy</i>	014, 080
<i>Qin, Hong</i>	088	<i>van Rossum, Erik</i>	040, 118
<i>Rahn, Anne</i>	110	<i>Van Wyk, Neltje</i>	038, 039
<i>Reiber, Karin</i>	098	<i>Verbeek, Hilde</i>	040, 114, 118
<i>Rellecke, Julian</i>	008		

<i>Vermeulen, Hester</i>	083
<i>Vogel, Ruth</i>	113
<i>von Mandelsloh, Franziska</i>	089
<i>Voß, Henrike</i>	002
<i>Wetzlmair, Jutta</i>	082
<i>Wied, Theresa</i>	094
<i>Wiese, Birgitt</i>	068
<i>Wilm, Stefan</i>	068
<i>Woepking, Marie</i>	056
<i>Wolf, Florian</i>	092
<i>Wolf-Ostermann, Karin</i>	060, 075, 105, 114
<i>Wollny, Anja</i>	068
<i>Wolpers, Gabriela</i>	092
<i>Wüller, Hanna</i>	109
<i>Yang, Yung Mei</i>	086
<i>Zakerimoghadam, Masoumeh</i>	051, 081
<i>Zuniga, Franziska</i>	028, 036, 044, 046, 118
<i>Zwakhalen, Sandra</i>	083