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Introduction

Dear colleagues, dear members of EANS and DGP!

After the successful first international conference in 2018 and the Covid-19-associated cancellation of last year's second international conference, we are happy to organize the First Joint Conference of the German Society of Nursing Science (DGP) and the European Academy of Nursing Science (EANS).

The ongoing pandemic has been an important factor influencing nursing and health care globally. In many countries, the pandemic has put extreme pressure on nurses to provide adequate care. Already existing shortcomings in health care systems were highlighted and both professionals as well as care recipients and their relatives had to cope with a situation that was mostly unanticipated. This led to different approaches aiming to keep up high levels of care. Frequently, especially at the peak of the pandemic, this could not be achieved, which should be taken as a mandate for nursing research to reflect the past events and develop strategies to cope with future pandemics and crises.

Therefore, we are very happy to host a number of platform presentations concerned with the response of nursing science to the pandemic under the headline "Lessons learned from the pandemic in different nursing settings".

As nursing science and research is surely not exclusively concerned with the pandemic, we are also happy to be able to present further interesting research within poster presentations.

As the conference is part of the EANS doctoral summer school for PhD students, the programme also includes posters from EANS 3rd year students and the famous EANS summer school debate, this year addressing the topic "Evidence-based vaccination should be mandatory for all nurses & midwives!".

We are looking forward to welcoming you for a day of presentations, discussion and networking.

On behalf of the organising committee,

Sascha Köpke

Abstracts

01

The origins of DGP

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Background: In 2007 when Ruth Schröck left Germany to go to Edinburgh she handed over two Leitz folders full of documents about the origin of DVP (Deutscher Verein für Pflegewissenschaft = German Association of Nursing Science) (today: DGP Deutsche Gesellschaft für Pflegewissenschaft = German Society of Nursing Science) to the Hilde Steppe documentation office at the University of applied Sciences, Frankfurt/Main. DGP assigned me a research project “Preliminary Study on the Emergence of Nursing Science in Germany” based on these two folders. During the research there was the opportunity to extend the research to documents from “Hilde Steppe’s correspondence”.

Objectives: I want to present results of this research 2007 in order to start writing the “History of DGP”. In 2007 the research was titled as “preliminary study”, but nobody ever worked with this preliminary study (except Sabine Bartholomeyczik in her article about “30 years of DGP”).

Design and methods: In 2007 I formulated questions and at this moment I added new questions which I want to explain:

1. First sections: did they survive or did they disappear?
2. Were there “visionaries” in the beginning of DVP?
3. First Projects of research after 1990?
4. DVP: captured between institutions: Red Cross, Churches, Trade Unions, DBfK?
5. First contacts with “new federal states”?
6. Marianne Arndt’s preamble still actual?
7. Mitscherlich/Mielke, nationalsocialism as subject in the first years?
8. Role of men?

Results: First activities came mostly from nursing teachers. Management and men played a subordinate role. There was a lot of resistance against the DVP. Contact to “new federal states” went slowly.

Conclusion: The “Preliminary Study” should be continued in order to write the history of DGP and the history of nursing science. There is a delay of 14 years.

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02

Nursing-sensitive events and the association with individual patient levels nurse staffing – a study protocol

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Background: Nursing-sensitive events (NSEs) are common among hospitalized patients reaching up to 75%, resulting in increased patient burden and higher medical costs through additional medical procedures and longer length of stay. Especially older patients with high level of co-morbidity, frailty and cognitive impairment are particularly at risk. To reduce NSEs, appropriate nurse staffing levels are needed.

Objectives: The overall aim of the TAILR.DE project (Nursing-sensitive events and the Association with Individual patient Levels nurse staffing) is to examine the association between NSEs and individual nurse staffing levels in German hospitals.

Design and methods: TAILR.DE is a 3-year multicentre, longitudinal observational study with a participatory research design that is part of the international TAILR project (TAILR.INT). Patient records and nurse staffing data from medical,

surgical or mixed units in four German hospitals will be used. For each hospital, four units with 60 patients each will be included, with staffing assessments for each unit and shift.

Results: For each hospital and on an aggregated level (i) frequency, severity, preventability, and types of NSEs, (ii) individual patient-level nurse staffing, (iii) the association between NSEs and nurse staffing and (iv) thresholds of safe nurse staffing levels will be explored.

Conclusions: TAILR.DE will generate sensitive and high-quality data on nurse staffing and NSEs in a multi-centre study. Moreover, TAILR.INT will provide important building blocks to address and overcome a critical patient safety issue that have been described in the literature, i.e., the lack of staffing guidance in national health policy and at the local organizational level.

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03

The Covid-19 nursing study

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Background: The existing SARS-Cov-19 pandemic poses multiple challenges for professional nurses. Due to the combination of high pandemic-related work demands and low resources, strong insecurities can be observed among nurses. In addition, limitations in the quality of nursing care lead to a sense of a threatening deprofessionalisation of the nursing profession (Begerow, Michaelis & Gaidys, 2020 [1]).

Aim: The aim is to explicate the experiences of the nurses, as well as the subjectively interpreted empowering as well as stressful situations. The findings contribute to the development of nursing as a profession and the future improvement of nursing care.

Method: The questions of the study intend to describe the subjective perceptions of nurses. Therefore, a qualitative method in the sense of a web-based qualitative survey is used (Jansen, 2010 [2]). The data analysis is carried out with the summarising content analysis of Mayring (2015).

Results: The results reported are based on the survey period 03.04.2020 to 25.03.2021 in which n = 3424 nurses participated in the survey. The following categories could be analysed: "constant anxiety", workload, impact on the quality of care and ethical conflicts. The nurses describe working conditions that partly endanger their own health and that of the patients, and which can lead to ethical conflicts.

Conclusions: Concluding from the presentations, institutional framework conditions for a nursing and ethical debate for clinical care decisions must be developed and structural and nursing science concepts for a clear attribution of autonomy and responsibility for nurses must be introduced.

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04

The impact of covid-19 on district nursing care in the Netherlands: a nationwide qualitative study

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Background: The sudden massive outbreak of covid-19 overwhelmed healthcare systems, including district nursing care. It is unclear what impact covid-19 had on district nursing care.

Objectives: To identify the impact of the covid-19 pandemic on district nurses and their patients in the Netherlands, the impact on organisational level and perceived challenges.

Design and methods: A nationwide qualitative study. In total, 38 district nurses working as ambassadors for district nursing care in The Netherlands were interviewed via telephone by 13 interviewers in April 2020. A semi-structured interview guide was developed. The interviewers wrote a recap after the interviews following a structured guide. These recaps were analysed using thematic analysis.

Results: Four themes were identified:

1. Impact on daily care, including changes in care organisation and using personal protective equipment;
2. Impact on patient and professional, including fear for contamination with covid-19;
3. Impact on district nurses, including the impact on their time and energy, changes in leadership and their role within the care organisation, and psychosocial consequences and mental support;
4. Future needs, including their fears for the future, role and cooperation with other care professionals, and needed changes on organisational and national level.

Conclusions: The covid-19 pandemic had a substantial impact on district nursing care on patient, professional, organisational and national level. While the impact varied between different organisations, all interviewed nurses expressed their concerns about covid-19 in the community. Changes on organisational and national level are needed to prepare for future problems caused by the pandemic.

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05

Accompanying of dying people during COVID-19 pandemic. Italian nurses' experience through a qualitative study

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Background: The COVID-19 pandemic negatively affected the rituality of patients' accompanying to death and mourning. Due to the pandemic, visits in healthcare facilities were restricted nationwide, thus healthcare professionals were forced to take family members role, and to guarantee patients dignity during their end of life.

Objectives: Exploring nurses experiences on accompanying of dying people and the approach to improve their moment of death, during SARS-CoV-2 pandemic.

Design and methods: The convenience sample included nurses who cared for people during pandemic. We carried out Focus Groups interviews (FGI) with nurses who consented to study, from August to December 2020, until saturation of data. We transcribed verbatim every FGI and performed content analysis.

Results: The study enrolled 31 nurses of which 28 Female with 40 ± 11 aged (25-63 years). Majority of nurses worked in hospitals, in the North of Italy. Focus Groups lasted on average 95 minutes, from which emerged 4 main themes: death during coronavirus pandemic, nurses' experiences of accompanying in dying person and support families during the end of life, grief management after death and experiencing psychological distress due to caring for people during Covid time.

Conclusions: Nurses defined the experience as highly traumatic and described it as a war context. We will expect long-term consequences for healthcare workers and families. Unprocessed grief is on-going and maybe will leave indelible marks. Also positive discoveries emerged, like reciprocal support of healthcare teams.

Conflict of interest: All authors (Anna Castaldo, Maura Lusignani, Maria Matarese, Stefano Eleuteri and Marzia Papini) declare no potential conflict of interest.

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06

Health literacy and the Sustainable Development Goals: role of nurses in migrant's communities

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Background: Nurses' interventions are essential to achieve the Sustainable Development Goals (SDGs), namely in the intervention in migrants due to increased vulnerability in the development of health problems associated with social determinants of health. The promotion of health literacy is essential for reducing inequity.

Objectives: To map the importance of nurses' intervention with the migrant population in the promotion of health literacy.

Methods: Scoping review was conducted with research at CINAHL and Medline over the past ten years.

Results: We identified 151 articles of which 20 were selected for analysis. Migrants first resort to hospital emergency services, relegating health promotion and highlighting the need to enhance health literacy related to the functioning of the health system [1]. Addressing health inequalities involves working with vulnerable people, such as migrants, and health literacy is essential for navigating the complex health system of another country [2]. Culturally diverse media with low levels of health literacy benefit from multifaceted interventions with varied and culturally appropriate strategies.

Conclusion: Better health literacy rates will lead to better health outcomes for migrants [3]. Nurses care for people in any context, with a view to social justice, reducing inequality through intervention in social determinants of health, such as health literacy, in order to meet the SDGs that can affect everyone's health.

Conflict of interest: The authors declare no conflicts of interests.

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07

The intervention of the community health nurse in the promotion of physical activity of the elderly with type 2 diabetes

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Background: Portugal is one of the European Union countries with the highest prevalence of diabetes. Across the board, the resident population in Portugal aged 65 and over has been increasing. In addition, physical inactivity is considered as one of the major risk factors for noncommunicable chronic diseases, with Portugal having the lowest prevalence of physical activity (PA) in Europe. There is a decrease in total PA from 65 years.

Methods: A Scoping Review was conducted to understand the importance of physical activity in the elderly with type 2 diabetes aged 65 years and over and to understand how the community health nurse can intervene in this same group.

Results: A total of 41 studies were included, of which 37 were quantitative. The analysis of the studies showed a strong increase in the evidence of the benefits of PA practice in the elderly with diabetes, contributing to an independent and healthy lifestyle. There is compelling scientific evidence that leads to the belief that the practice of PA is a key element in diabetes control.

Conclusion: The community health nurse should promote the practice of PA among the elderly with type 2 diabetes. Thus, from a national perspective, it is a priority that different population groups have access to guidelines for PA, as well as the creation of conditions for physical activity through intersectoral and multidisciplinary policies.

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08

The NUPHAC-EU framework about Nurses' role in interprofessional PHarmaceutical Care: Cross-sectional evaluation in Europe.

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Background: Clear role descriptions promote the quality of interprofessional collaboration in clinical practice, and international collaboration in research, education and innovation [1]. A broad range of pharmaceutical care (PC) activities are described [2]. However, it is unclear to what extent healthcare workers consider PC tasks as nurses' responsibility in order to obtain best quality of care and patient outcomes.

Objectives: To investigate healthcare workers' opinions about the level of nurse responsibility in PC in an ideal healthcare situation.

Design and methods: A cross-sectional study with an online survey in physicians, pharmacists and nurses of different healthcare settings in 14 European countries was performed. Opinions about the level of nurse responsibility (not allowed, under supervision, shared responsibility, full autonomy) for tasks within seven PC domains, and potential barriers or enablers for nurses' role were questioned.

Results: A total of 923 nurses, 240 physicians and 199 pharmacists responded. The majority would allow nurses to perform tasks within six PC domains: patient medication self-management (86%), patient education (85%), medication safety (83%), care coordination (82%), monitoring medicines effects (78%), and monitoring adherence (72%). The most prevalent level of responsibility was 'allowed with shared responsibility'. Within prescription management 16-52% of the healthcare workers would not allow nurses to perform tasks.

Conclusions: A framework was created, consisting of seven PC domains, 26 tasks, potential levels of autonomy within these domains, and 20 contextual factors for nurses performing PC tasks. This framework can be used to enable healthcare workers to openly discuss allocation of specific (shared) responsibilities and tasks.

Conflict of interest: None of the authors has any conflicts of interest to report.

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09

Developing a complex intervention to prevent delirium during transitional care in older patients: the TRADE study

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Background: A high incidence and prevalence of delirium is observed in older acute hospital patients. Several factors, like moving from one place to another and the absence of relatives as orientation, are known to increase the risk for delirium.

Objective: The objective of the study is to develop a complex intervention to improve discharge management and to prevent delirium during transitional care in older hospitalized patients.

Design and methods: The TRADE study (TRAnsport und DELirium in older people) was developed based on the recommendations of the UK Medical Research Council for the development and evaluation of complex interventions. Available evidence on non-pharmacological intervention components was evaluated in a systematic search and review. Focus group interviews with involved health professionals were conducted to explore the local discharge and transitional care procedures. Prevalence and determinants of delirium were observed in a prior multicentre observational study. The results of these previous studies were synthesized in a structured expert workshop using nominal consensus technique involving health professionals to get a first draft of the intervention components and an implementation strategy. The draft was elaborated by the research team and consented in an online-delphi-process involving health professionals and patient relatives.

Results and conclusions: The aim of the TRADE study is to engage the patient's family or relatives in the discharge process and to use them as a useful resource in (re-)orienting the patient to transportation and arrival at the new institution or home. The intervention consists of education to the patients (detailed information about the discharge process), their family members or relatives (recommendations for delirium prevention), information materials (flyers, videos and posters) and defined "Dos and Don'ts" that staff should adhere to. The developed intervention will be examined for feasibility and acceptance in a pilot study accompanied by a comprehensive process evaluation. The pandemic COVID-19 and its impact on discharge management, patients and their relatives will also be considered and investigated in the study and process evaluation.

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Relatives' perspectives on pandemic-related visiting restrictions in nursing homes – a qualitative interview study

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Background: During the early phase of the Covid-19-pandemic, nursing homes in many countries have taken very restrictive measures to prevent and control infections, including a ban on visitors. Within a research network, the impact of these measures was investigated from the perspective of different target groups.

Objective: The objective of this study was to examine the experiences, challenges, and consequences of contact restrictions from the perspective of relatives of nursing home residents.

Design and methods: Within a qualitative approach, ten semi-structured, telephone-based interviews with relatives in four federal states in Germany (convenience sample) were conducted and analyzed using thematic framework analysis.

Results: Three main themes were identified:

- Continuous adaptation to varying information and visit management;
- Maintaining the caring role and taking responsibility at a distance;
- Coping with emotional crises and reflection.

Information and visit management was very heterogeneous and varied over time depending on the facility and the federal state. Relatives experienced feelings of exclusion and emotional stress, but also showed understanding and supported the measures implemented. Depending on the residents' illness and ability to communicate, different media were used and adapted to maintain contact. Previous experience and the relationship with the staff were decisive for trust and a positive assessment. Perceived changes in general health, motor skills and speech behavior of the person in need of care were mainly associated with the absence of external service providers.

Conclusions: Relatives remain part of the care arrangement even at a distance. They should receive more attention and easier access to information.

Conflict of interest:

- CLD confirms having no conflict of interest.
- RH confirms having no conflict of interest.
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Teaching-integrated student's research concerning the impact of the COVID-19 pandemic on different vulnerable groups

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Background: Students in their last year at the Department of Health Sciences and Management carried out different research projects in twelve interprofessional groups concerning the impact of the pandemic on different vulnerable groups as well as effects on different health care settings.

Objectives: The aim was to instruct students of Applied Health and Nursing Sciences, Health Care Management, and Midwifery (n=108) in research methods and guide them in several research projects regarding Public Health features like the actual pandemic influence on vulnerable groups.

Design and methods: According to a kick-off workshop including several impulses from the responsible project leaders and experts (Master of Public Health, nursing scientist, sociologist, psychologist and statisticians) the students formulated research topics within their group. With regard to these topics courses and tutorials were tailored and provided including quantitative and qualitative research methods and ethics in healthcare. Several groups were defined as vulnerable and taken into account by the students. Families with 4 and more children, children and teenagers,

students, older people within long term care but also health care persons and clinic managers were defined as target groups amongst others [1], [2]. A specific interest also was on the long-term effects of COVID-19 recovered persons [3]. The students used questionnaires but qualitative interviews in particular to collect data.

Results: The interprofessional student groups conducted surveys and guideline-based interviews with the target groups. Quantitative data were calculated by SPSS and qualitative data were transcribed by f4transkript and analysed by f4analyse for qualitative research. The result highlights will be reported on the conference.

Conclusions: The results show that Bachelor-students are able to conduct reasonable quantitative and qualitative research in circumscribed projects concerning current Public Health and Health Care problems, such as the influence of the pandemic on different vulnerable groups in the German Health System.

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Best practice models for nursing care in the COVID-19 pandemic: a web-based survey

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Background: The different regional dynamic of the COVID-19 pandemic in Germany requires regionally adapted pandemic management concepts that should be built on national and international recommendations and evidence-based approaches.

Objectives: The interdisciplinary research project egePan Unimed (development, testing and implementation of regionally adaptive care structures and processes for evidence-based pandemic management coordinated by university medicine) aims to identify and evaluate regional best practices in German pandemic management across healthcare settings. As part of the sub-project "Regional healthcare structures", the pandemic management in different nursing care settings was surveyed.

Design and methods: A nationwide online-survey among a geographically representative sample of 1,271 home care services, 1,006 nursing homes, 326 hospitals and 455 care support points in Germany was conducted in spring 2021. Target population are nursing or facility directors. Primary outcome are the experienced benefits, harms, barriers and facilitators and lessons learned for the future regarding the measures undertaken to protect people in need of care from infections and to balance this protection against other goods like social participation and autonomy. Descriptive statistical and content analyses will be carried out, complemented by inferential tests to explore hypothesized associations between certain pandemic management measures and experienced outcomes.

Results: At the congress, results across all four target settings will be presented.

Conclusions: Findings from this survey will provide an overview of regional pandemic measures undertaken to protect the most vulnerable people in nursing care, including a comprehensive assessment of the measures' feasibility and potential benefits and harms at individual and societal levels.

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Care during a blackout? Perceptions of disaster resilience in ambulatory care services

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Background: In addition to pandemics further hazards threaten our lives, e.g. large-scale prolonged power outages. Such a blackout is the focus of the research project "AUIPK – Maintenance of home care infrastructure in crisis and disasters". One of the four subprojects concentrates on the options and support needs of ambulatory care services in order to maintain care during such an event.

Objectives: The aim of the AUIPK project's sub-study presented was to elicit estimations of staff and managers of ambulatory nursing care services regarding crises and catastrophes.

Design and methods: An online survey was conducted at the end of 2020 to collect perceptions from 101 staff members, which was then analyzed descriptively. 8 guided interviews using content analysis with managers complemented quantitative survey data.

Results: Most respondents feel rather ill-prepared to a blackout or other disasters (e.g., fire, major accidents). Ambulatory care services seem less prepared than nursing homes do. Emergency plans rarely consider central tasks, such as evacuation. In the event of a disaster, respondents mainly rely on support from authorities, rescue services or civil protection. But there is a lack of concrete ideas about possible cooperations. Lessons learned from COVID pandemic are found to be only limited applicable to other crisis scenarios.

Conclusions: The findings of the study indicate a need to promote resilience in crises and disasters – on the level of staff members as well as on the level of ambulatory care services. On this basis strategies are now being developed, together with the perspectives of other stakeholders.

Conflict of interest: All authors declare that they have no competing interests.

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Accompanying counselling for families with children with disabilities. First results of a participative study

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Background: A child with a health impairment or disability places high demands on the family. Studies pointed out that these families are not sufficiently informed about counselling services and support.

Although very different counselling services are available, effective networking is lacking. In addition, the regulations applying to social benefits do not always interconnect, so that comprehensive and preventive offers are rarely realized.

Objectives: The aim is to evaluate the extent to which existing services in the cities of Bonn and Bielefeld meet the needs of families for counselling and support in order to close counselling gaps and further develop family-oriented counselling services.

Design and methods: The participatory study has a Mixed Methods Design. A quantitative questionnaire was used to determine the parents' need for advice and support. In addition, results, problem areas and solution strategies were discussed with parents, self-help representatives and institutional players.

Results: A total of 785 families participated in the survey. Only two-thirds of the families received counselling at the beginning of their child's impairment. One-third of the families received advice on inclusion offers. One in four parents wants counselling services and support especially for the affected child and the siblings. Families have problems finding support services because the counselling and support network is not transparent.

Conclusions: There is a large consulting gap right at the start of the health impairment. Further consulting gaps and problems at interfaces were identified. Parents want holistic counselling that also takes the children into consideration.

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Social presence in online nursing education: exploring its relevance amongst different types of learners

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Background: Social presence, a concept used to refer to the degree of salience when using an online communication medium, is essential for an online collaborative constructivist learning experience. While social presence has been associated with increased satisfaction and perceived learning amongst nursing students, the need for social presence can be subjective in nature, being influenced by the students' learning preferences, such as their sensory modality preferences, commonly denoted as VARK (Visual, Aural/Auditory, Read/write and Kinesthetic).

Objectives: To explore nursing students' need for social presence and its relevance to their sensory modality learning preferences (VARK).

Design and methods: An explorative qualitative design was utilized. Two semi-structured focus groups based on the Social Presence Model [1] were held with five second-year and seven third-year undergraduate nursing students at the Malta College of Arts, Science and Technology. Participants were also asked to report their preferred sensory modality/ies in online learning. The focus groups were video-recorded and transcribed verbatim. The transcripts were analyzed using conventional content analysis. The results were presented and agreed upon by the participants enhancing the study's credibility.

Results: All students identified themselves as multi-modal learners having diverse learning preferences. Social presence was associated with 'learning', and 'active participation.' The participants remarked its relevance for collaborative learning, drawing on their diverse learning styles for supporting one another and achieving better learning outcomes.

Conclusion: Despite having different learning preferences, all students remarked the need for social presence in online undergraduate nursing education. The design of online courses based on social presence is thus encouraged amongst fellow nurse educators.

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Practices, opinions, and attitudes of healthcare professionals after a nurse-led tobacco cessation training programme

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Background: Despite the significant benefit associated with the delivery of brief smoking cessation advice in clinical care, the actual delivery of these interventions in everyday practice appears to be well below desirable levels. Healthcare professionals reportedly lack the knowledge, skills, and time to deliver brief tobacco cessation interventions, recalling few positive experiences when helping smokers to quit, which further discourages them from taking an active role.

Objectives: To assess the impact of a public health nurse-led tobacco cessation training programme on health professionals' smoking cessation practices, opinions about counselling patients, and attitudes about their role in tobacco control.

Design and methods: A single group pre- and post-design was adopted. A three-hour training programme addressing tobacco use and tobacco cessation with emphasis on the 5As (Ask, Advise, Assess, Assist and Arrange) algorithm was provided to interested health professionals working in Malta between September 2018 and June 2019 (n=133). The 'Nurses Helping Smokers Quit' survey [1] was utilized to compare healthcare professionals' practices, opinions, and attitudes measured before and three months after the training program.

Results: Healthcare professionals were favorably disposed towards counselling patients to quit. Despite finding it difficult and lacking the time to help smokers quit, participants were more likely to deliver tobacco cessation interventions frequently following the training programme.

Conclusions: This nurse-led training programme was associated with a more comprehensive approach in helping patients to quit smoking. Public health nurses are encouraged to take an active role in tobacco cessation training initiatives as part of their contribution to tobacco control.

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A partnership to improve and defragmentize the transition from home to a nursing home: TRANSCIT model

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Background: The transition from home to a nursing home is a process often experienced as fragmented by older persons and informal caregivers and is associated with negative outcomes for all involved. Interventions aiming at improving this process are poorly informed by theory. A comprehensive theoretical framework is warranted.

Objectives: To develop a model aiming at the optimization and defragmentation of the transition process from home to a nursing home.

Design and methods: A literature review and a panel discussion with experts were conducted. The review was focused on the older persons' and informal caregivers' perspectives during the transition process. The databases CINAHL and PubMed were searched. Subsequently, older persons' and informal caregivers' needs were identified and mapped to the transitional care stages (pre-transition, mid-transition, and post-transition). A preliminary model was discussed with an expert panel, leading to a final proposed framework: the TRANSCIT model.

Results: The TRANSCIT model identified four key components, throughout the three transition phases, paramount to improve transitional care:

1. Support;
2. Communication;
3. Information;
4. Time.

The components are interrelated and interdependent (e.g. time is needed to provide the necessary information and offer support). Moreover, older persons and informal caregivers expressed an overall need for partnership with healthcare professionals during the transition from home to a nursing home.

Conclusions: The TRANSCIT model provides important information about the optimization of care transitions. Future studies should assess the usefulness of the model to develop and evaluate transitional care interventions.

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COVID-19 associated experience and action in the setting of inpatient dementia care in Eastern Switzerland

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Background: In March 2020, the Swiss Federal Council decided on various pandemic-related measures to control the spread of the virus. Among other things, residents and visitors in inpatient care institutions were subject to far-reaching visiting bans [1]. This also applied to people with dementia (PWD). The experience and interaction of nurses, caring relatives and their PWD with this new reality have hardly been researched so far.

Objectives: How do nurses, caring relatives and their PWD experience and act under Covid-19 conditions in an inpatient care setting?

Design and methods: In the period from May to July 2020, a total of 13 people were interviewed with the help of semi-structured interview-guidelines. Interviewees were nurses, caring relatives and their PWD in the inpatient and home care setting. The interviews conducted so far were analyzed using thematic analysis [2].

Results: The most relevant experiences in the first pandemic phase were fears about the mental and physical health of the PWD in the facilities and uncertainty about how to proceed to (re)establish personal contacts and previously established care processes. These issues affected both professional and informal carers. The two groups each established different actions, based on different resources, to deal with the new reality. PWD, due to their cognitive limitations, did not establish systematic but situational actions to deal with the situation.

Conclusions: Greater flexibility of protective measures in dementia care and greater involvement of those affected in their implementation are crucial for their acceptance and for establishing successful coping strategies.

Conflict of interest:

- Steffen Heinrich declares no conflicts of interest with regard to the "Covid-19-Eastern Switzerland" study.
- Thomas Beer declares no conflicts of interest with regard to the "Covid-19-Eastern Switzerland" study.
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Transition to a nursing home – experiences of residents under 65 years of age

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Background: Transitions, i.e. the experience of transitions from one life situation to another, can contain critical and stressful experiences. According to Meleis et al. nurses often accompany to health-related transition processes [1]. The present work is devoted to the experiences of younger people during transition to a nursing home.

Objectives: The following research questions were formulated:

- Which factors influence moving into a nursing home?
- How do younger care dependent persons experience the transition to a nursing home?

Design and methods: Open, guideline-based interviews were conducted and evaluated using a qualitative content analysis based on Kuckartz [2]. There is a positive ethical vote from the German Society for Nursing Science.

Interviews were carried out with eight residents of nursing homes. The four men and four women were between 33 and 63 years old and had care levels between 2 and 5.

Results: In addition to health factors, social, economic and structural factors also played a role in moving into a nursing home. Facilitating factors were a culture of welcoming, a caring atmosphere, the possibility of social contacts and adequate care aids in the nursing homes. The aggravating factors included rigid norms and values in nursing homes. The attitude of being too young for a nursing home as well as age-related and cultural differences also made the transition more difficult.

Conclusions: A welcoming culture and the consideration of age-appropriate interests make moving into a nursing home easier for those under 65 years of age.

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A qualitative study on the perspective of nursing home managers of the COVID-19 pandemic

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Background: Managers in nursing homes play a crucial role in responding to the COVID-19 pandemic in residential care. How they experience and deal with this challenge has not yet been investigated for Germany.

Objectives: The study investigates how managers in nursing homes perceive the impact of the COVID-19 pandemic on their nursing homes.

Design and methods: A qualitative descriptive design was used. The sample comprised 134 participants from different nursing homes in Germany. Telephone interviews with an interview guide were conducted with nursing home managers, administrators and care unit managers. Data were analyzed using qualitative content analysis according to Kuckartz [1]. This study is part of a cross-sectional national survey-study with a randomized sample to develop a typology of care units, funded by the German Research Foundation (project number: 430919791).

Results: Managers in nursing homes are in a balancing act between two perceived responsibilities: complying with protective measures while maintaining resident self-determination. They see themselves as responsible and they are held responsible by others to protect the nursing home from COVID-19. This feeling of responsibility is influenced by uncertainty in the case of inaccurate external regulations and their perceived degree of competence to implement these regulations. They discuss the aim of preventing a COVID-19 outbreak as a potential risk to the self-determination of the residents.

Conclusions: Most managers in nursing homes feel deserted in their responsibilities. They need (1) consistent and clear instructions on how to protect their nursing home during COVID-19, and (2) more staff to ensure residents' self-determination.

Funding: This study is part of a cross-sectional national survey-study with a randomized sample to develop a typology of care units, funded by the German Research Foundation (project number: 430919791).

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Intensive care professionals' perspectives on dysphagia management: a focus group study

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Background: ICU (Intensive Care Unit) acquired dysphagia may lead to severe consequences for patients including increased morbidity and mortality [1]. Dysphagia management depends on multi-professional collaboration; however international guidelines are lacking.

Objective: To explore and compare nurses', physicians' and occupational therapists' (OTs) views of dysphagia management in ICU.

Design and methods: We conducted six focus group interviews [2] with nurses (n=23), OTs (n=6) and intensivists (n=4). Data was analyzed using framework analysis [3] using a matrix developed from the first interview. Content from all interviews was added to the matrix, and subsequently condensed and refined.

Results: ICU dysphagia management depends on recognizing subtle signs of dysphagia in patients at risk. Assessment, methods of therapy and care differed between professional groups depending on their knowledge and clinical roles. Notably, nurses had little theoretical insight into dysphagia and relied primarily on experience. Moreover, collaboration between professional groups and responsibility for dysphagia management across the care continuum was determined by practical skills, knowledge and formal decision-making competence and resources. Dysphagia management was judged effective when based on mutual respect and recognition of health professionals' different perspectives.

Conclusion: Systematic inter-professional collaboration in ICU dysphagia management requires working toward a common goal of preventing aspiration and rehabilitating the patients' ability to swallow safely. Prerequisites are dysphagia assessment, using appropriate therapeutic interventions, sharing of knowledge and improving skills among professional groups. Nurses may need to improve their assessment skills and their understanding of dysphagia to increase their contribution to inter-professional dysphagia management.

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The use of robotic systems for early mobilization of intensive care patients: a scoping review

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Background: The mobilization of intensive care patients and presents a safety risk to all those involved. Studies show that early mobilization can have a positive influence on healing process and rehabilitation of critically ill patients [1]. Robotic systems should help make it feasible to perform during the everyday work of intensive wards.

Objectives: The objective is, to answer the following research questions: how is early mobilization carried out on intensive wards using robotic systems? What effect does early mobilization carried out using robotic systems have on patient outcomes?

Design and method: A literature search was undertaken with the PRISMA-ScR [2]. A search was conducted from May to July 2020 using defined search strings in the following databases: MEDLINE, CINAHL, Cochrane Library, Embase, IEEE Xplore, Scopus and WTI. Articles were included in the search that contained rehabilitation-, (early) mobilization- and transfer robotics, with the aim of application on intensive wards.

Results: 14 articles (4 texts and opinions, 1 case report, 2 case-control studies, 1 quasi-experimental intervention study, 1 cross-sectional study and 5 RCTs) were included.

To mobilize intensive care patients, mainly electronic in-bed cycles, treadmills or tilt tables are used. The implementation of these systems has a positive effect on patient outcomes, demonstrated by the stability of respiration and bodily function [3].

Conclusions: Further research into the use of robotic systems in early mobilization is required. In particular, the systems currently in use have not yet led to optimal savings in human resources. It is also clear that robotic systems can usefully supplement but not replace conventional early mobilization.

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Novice nurses' occupational commitment – did the COVID-19 outbreak make a difference?

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Background: Novice nurses' commitment has been investigated increasingly [1], and right now, COVID-19 pandemic tests the commitment [2].

Objectives: The aim of this study was to explore whether there was a difference in the nurses' occupational commitment before the COVID-19 outbreak and during it.

Design and methods: The data for this study emerged from the follow-up survey of ProCompNurse project targeted to the nurses graduated year ago in Finland, Germany, Iceland, Ireland, Lithuania and Spain. The sample for this study was 360 nurses. The sample “before COVID-19” (n=215, 60%) responded before the 31st of January 2020 and the sample “during COVID-19” (n=145, 40%) in February-May 2020. The data were collected by the Occupational Commitment Scale [3] comprising 24 items (four-point scale, 1=strongly disagree-4=strongly agree).

Results: As for the total sample, over three quarters of nurses worked either in acute care units or in hospital wards and about quarter in community care. One-third had planned fairly or very often to change nursing into another profession. The overall occupational commitment mean scores of the total sample and both groups were average. The mean score in the “before COVID-19” group and in “during COVID-19” group was about the same; difference was not statistically significant.

Conclusions: The findings of this explorative study suggest that the COVID-19 outbreak possibly had no immediate consequences to the occupational commitment of the novice nurses. Understandably, the situation today can be totally different due to the prolonged pandemic and overstressing circumstances.

Conflict of interest: Authors declare no conflict of interests.

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COVID-19 in nursing homes – lessons learned in Dutch UKON organizations

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Background: The COVID-19 pandemic has a huge impact on healthcare delivery. At the start of the pandemic the focus of (media) attention was on intensive care units in hospitals, after a while it appeared that the influence on nursing homes was overlooked.

Objectives: As a preparation on the second wave of infections: to gain insight into what went well and what may be improved in nursing home care during the first COVID-19 pandemic in terms of: organization of care, collaboration, communication, and experiences of residents/family and professionals.

Design: A questionnaire was developed by an academic nursing home network in the east of the Netherlands, UKON, and sent to their 15 member organizations.

Results: The questionnaire was filled out by 59 respondents; 12 nurses, 14 (para)medics, 15 managers, 5 policy makers, 2 directors, 11 others. Themes were:

1. Prevention, quarantine, isolation and cohort;
2. Personal protection equipment;
3. Fear for infection;
4. Experiences residents/family;
5. Experiences professionals;
6. Communication within and between teams;
7. Communication and policy in the organization.

Among professionals there was a feeling of proud, solidarity and shared responsibility. At the same time there was a fear for infection among professionals and the ban for visitors was experienced as undesirable. The care team focused on wellbeing and a meaningful day schedule for residents besides direct care provision.

Conclusions: The COVID-19 pandemic entails great challenges for nursing homes. Positive learning aspects were more equality between different care professionals and an increased responsibility for residents' wellbeing by nursing care team members.

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Needs Assessment for an Interprofessional Academic Program for Medication Safety – a nursing perspective

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Background: An interprofessional academic program on medication safety aiming at enhancing education and training of multipliers may systematically minimize medication risks in routine health care. Nurses play a key role in the medication process therefore their perspective is needed.

Objectives: Aim of this project is to assess the need for such a program and to develop an innovative curriculum including the perspectives of involved health professionals.

Design and methods: An interprofessional working group guided the curriculum development process. An analysis of existing programs on medication safety was followed by a needs assessment consisting of in-depth telephone interviews with potential students, lecturers, employers and stake holders. An online survey integrating these results was conducted in August 2019. The invitation to participate in the survey was distributed by associations and societies of health care professionals.

Results: A total of 687 persons participated in the survey, 64.6 % were pharmacists, 10.4 % nurses und 8.9 % physicians. 95.9 % of the participants rated an interprofessional academic program as useful or rather useful. The following topics were regarded as most needed by nurses: interprofessional communication (93.4 %), medication safety enhancing measures (91.8%), and medication process/medication errors (91.8 %). Patient involvement, health literacy, patient safety and quality assurance and risk management were rated higher by nurses than by other health professions.

Conclusion: Nurses confirm a need for an academic interprofessional program on medication safety focusing on topics related to their daily practice in the medication process. The needs assessment will lead to a competency-based interprofessional academic curriculum integrating certificate courses.

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Health and well-being of the elderly during the Corona pandemic: challenges for nursing in community-based care settings

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Background: The Corona pandemic and the associated policies to control the spread of the infection have a comprehensive impact on people's health and well-being. For instance, protective measures associated with social distancing lead to diverse changes in daily routines, in particular for people whose independence is limited due to disability or old age. This brings new challenges to the nurses who support them.

Objectives: The research project aimed to identify the subjective effects of the Corona situation on the health and well-being of older clients in community-based care.

Design and methods: In this quantitative study N=146 clients ages 60 years and older were asked via standardized questionnaires to report to the following topics: use of social networks and information behaviour; changes in lifestyle due to the restrictions associated with COVID-19; handling and satisfaction with measures to deal with the Corona situation, and the subjective influence of the measures on health and well-being.

Results: Participants with professional and informal care-support reported higher rates of well-being than those without that same support. Only a few participants express negative impacts on their subjective health. Participants who live with their partner have a comparatively low level of well-being.

Conclusion: The results indicated that the perception of well-being is closely related to the design of the living situation. It is important for nursing staff to individually assess all aspects that have an influence on the well-being of clients and to systematically take them into account in their daily practices.

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Situation of older people at the beginning of the COVID-19 pandemic: a scoping review

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Background: People aged 60 years and older are considered a major risk group for severe COVID-19 disease. For safety reasons, measures to limit physical contact have been implemented in many countries implying various consequences for the health and wellbeing of older people.

Objectives: To describe topics in publications related to COVID-19 and older people at the beginning of the pandemic. The focus was on three fields of action of major importance for older people: personal factors, participation and activity, and environmental factors.

Design and methods: The systematic literature search was conducted in a database hosted by the Robert Koch Institute comprising COVID-19-related publications that were systematically and regularly identified in Medline, Embase, and preprint servers. Additionally, publications from 14 national professional societies and organizations were searched. Two reviewers independently selected publications and extracted data. A content analysis was conducted.

Results: We included 149 publications; about two-thirds were discussion papers. Major topics were: determinants for severe COVID-19 disease, adverse consequences to health, functional capabilities and wellbeing of older persons as a result of contact restrictions, decline in physical activity and health care discontinuities, and ageism. A great impact was expected in people with dementia and residents in long-term care facilities.

Conclusions: The contact restrictions during the pandemic are expected to have major direct and indirect adverse consequences affecting older peoples' wellbeing, health status and dignity. There is urgent need for empirical studies as a basis for protecting the vulnerable group of older persons from future health crises and overcoming ageism.

Conflict of interest:

- RM confirms having no conflict of interest.
- BG confirms having no conflict of interest.
- JF confirms having no conflict of interest.
- GM confirms having no conflict of interest.
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Attitudes towards advanced nursing roles in primary dementia care – results of an observational study (Germany)

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Background: Advanced nursing practice (ANP) roles were implemented in several countries. Contrary to this, ANP does not exist in Germany. The lack of need for ANP models is due to the oversupply of general Practitioners. Therefore there is a lack of knowledge about the current attitudes of nurses, GPs and patients towards ANP roles in German dementia primary care.

Objectives: To demonstrate the attitudes of general practitioners (GPs), nurses, persons with dementia, and caregiver towards suitable tasks and qualification needs for and the acceptance and impact of advanced nursing roles in German dementia primary care.

Design and methods: A questionnaire was generated that includes specific assessment, prescription, and monitoring tasks of advanced nursing roles in dementia primary care as well as qualification requirements for and the acceptance and the impact of advanced nursing roles. Data were analyzed using descriptive statistics

Results: Advanced nursing roles were highly appreciated across all groups. Nurses and GP's expressed different to tasks like prescriptions authorities and monitoring tasks. Patients and caregivers appreciated other than nurses and GPs a takeover of tasks by nurses. In order to take on different tasks, different qualifications should be required, such as a dementia-specific qualification or an academic degree. Extended roles were rated as beneficial, strengthening the confidence in nursing care and improving the situation.

Conclusion: Results of this analysis revealed an extended consensus among nurses, GPs, and patients towards an extended ANP role.

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Service and assistance robotics in nursing care. The results of a scoping review

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Background: The aim of the REsPonSe project is to alleviate the work of nursing care staff through the use of the Cliniserve® Smartphone-App combined with the autonomous service robot JEEVES®, thereby providing them with more time for primary nursing tasks.

Objectives: The aim of the systematic literature review [1] was to provide an overview of available evidence on the topic of service and assistance robotics applied to patient care and to describe the possible application of these robotic systems in nursing settings.

Design and methods: The search was carried out in the following databases: PubMed, CINAHL, Cochrane, Web of Science and IEEE Xplore and was conducted from May to July 2020 without limiting the year of publication. The inclusion criteria were specified using the PCC formula (Population, Concept, Context): a) Service/assistive robotics in nursing care; b) Users: nursing care staff, service and assistant personnel, those in need of care, relatives; c) Language: English, German.

Results: A total of 3.697 publications were found. Following the removal of duplicates and a blind screening of title and abstract by two reviewers, 87 publications qualified for the blind full-text screening. Ultimately, 31 articles fulfilled the inclusion criteria. The publications originate from 14 different countries and were published during the period from 1998 to 2019.

23 robotic systems were identified. Possible applications were described, i.a., as fetch and carry activities.

Conclusion: Intended users of robotic systems must be included in the development of application as well as in implementation and evaluation [2], [3].

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- Uli Fischer: There are no conflicts of interest.
- Inge Eberl: There are no conflicts of interest.

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Domain knowledge for the development of a chatbot to support family carers of people with dementia

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Background: Managing agitation of people with dementia at home is one of the main challenges for family carers. Agitation often burdens family carers and is one of the most frequent causes of instability in home-based care. Tailored information and support services are not easily accessible or unavailable.

Objectives: The overall aim of the interdisciplinary project eDEM-CONNECT is to develop chatbot-based communication and a service platform for managing agitation of people with dementia and promoting aspects of stability in home care. Ontologies represent the chatbot knowledge base. The aim of the nursing research part of the study is to provide the domain knowledge on agitation and aspects of stability and to prepare it for ontology engineering.

Design and methods:

1. Literature review on the concept of agitation and aspects of stability;
2. Qualitative secondary analysis of interviews with family carers of people with dementia from the UK MARQUE study;
3. Thematic analysis of qualitative interviews with family carers in Germany;
4. Conceptual modelling.

Results: The literature review generates various concepts describing agitated behavior, its causes and consequences. The (secondary) interview analysis served to validate and complete the concepts. Conceptual modelling formalized the knowledge base. Building on this work, the initial ontology was implemented.

Conclusions: The project provides new insights into behavioral change in people with dementia and highlights the contribution of nursing science in interdisciplinary technology projects.

Knowledge gaps point to the need for care-specific databases. Transferring knowledge about high complex nursing situations into formalized computer formats presents a major challenge.

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Developing the 'COVID-NURSE' clinical guideline for patients with SARS-CoV-2: missed care and barriers to care

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Background: Meeting patients' fundamental care needs may be compromised by the challenges of SARS-CoV-2. No evidence-based nursing guidelines exist for patients with SARS-CoV-2.

Objective: to identify omitted or delayed (missed care) nursing care for inpatients with SARS-CoV-2, and any barriers to this care, as part of developing a pandemic nursing care guideline.

Methods: We conducted an online mixed methods survey structured using Kitson's Fundamentals of Care Framework. We recruited a convenience sample of UK-based nursing staff who had nursed inpatients with SARS-CoV-2. We asked respondents to rate the care of these patients, compared to non-SARS-CoV-2 patients, and identify barriers to care. We analyzed quantitative data descriptively and qualitative data using Framework Analysis, integrating data in side-by-side comparison tables.

Results: Of 1062 respondents, greater than 50% rated mobility, talking and listening, non-verbal communication, communicating with significant others, and emotional wellbeing as worse for patients with SARS-CoV-2. Eight barriers were ranked within the top five in at least one care area: wearing Personal Protective Equipment, severity of patients' conditions, restrictions in taking items in and out of isolation rooms, lack of time to spend with patients, lack of specialized services, lack of knowledge about SARS-CoV-2, insufficient stock, and fear of catching SARS-CoV-2.

Conclusions: A majority of nurse respondents report worse care in one third of fundamental care activities for patients with SARS-CoV-2, and many different barriers to delivering this care. We incorporated this data into the 'COVID-NURSE' clinical guideline, which we are testing throughout the UK in a cluster randomized controlled trial.

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COVID-19 has changed the lifestyles of Spanish university students during lockdown: a Spanish online survey

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Background: Coronavirus disease 2019 (COVID-19) pandemic has changed the behavior of individuals.

Objective: to investigate the perceived changes in lifestyles behaviors among Spanish university students during the confinement. Analyze the results by gender and propose nursing strategies.

Design and methods: An observational, cross-sectional online survey study was conducted during the month of April in 2020. The FANTASTIC questionnaire was used to assess lifestyles of the 488 Spanish participants who took part in the study. This study was developed by the nursing department at the Camilo José Cela University with acceptance of the Ethics Research Committee.

Results: Most of the participants were women (76.3%) and was studying health sciences (50.2%). Female university students have been especially affected compared to their male fellows. Social and family relationships, personality, interior and career were the aspects that worsened during the confinement for women. For men, lack of physical exercise, social and family relationships, and career were affected to a greater extent. In both cases, confinement was a protective factor against tobacco and alcohol consumption. Nursing strategies must consider the university

population at risk, health promotion interventions must be designed with a gender perspective and alleviate the consequences of the detriment of lifestyles due to the pandemic.

Conclusions: The lifestyle of Spanish university students worsened during the confinement caused by the COVID-19 pandemic. Female students were the most affected. Health promotion strategies should address the university student's population focused on its necessities.

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COVID-19 pandemic: challenges, strategies and consequences for direct nursing home care – multi-centre qualitative study

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Background: In early 2020, German care homes had to adapt their practice in response to the COVID-19 pandemic facing outbreaks among residents and staff. New infection control guidelines and policies had to be implemented instantaneously.

Objectives: To examine the challenges, strategies and consequences of the pandemic in direct nursing home care from the perspective of nursing home managers and head nurses.

Design and methods: Cross-sectional qualitative design. Nursing home managers and head nurses throughout Germany were interviewed via telephone. Data analysis was carried out using the thematic framework analysis according to Ritchie and Spencer.

Results: From April to June 2020, 78 interviews (40 with nursing home managers and 38 with head nurses from 43 nursing homes) were conducted. Results show that the pandemic was accompanied by various challenges for direct care. These include additional workload due to the implementation of new guidelines, enabling social contacts for residents, and communication while using personal protective equipment. The pandemic led to anxiety and an increased need for communication among residents, relatives, and nursing home staff.

Conclusions: Nursing homes were faced with multiple challenges that were addressed with various adaptations of direct care for residents, relatives and nursing home staff. Based on the study, recommendations can be made for future situations that require the rapid implementation of infection control measures during a pandemic.

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Exploring career capital of overseas nurses seeking registration and work opportunities in Malta

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Background: Many countries are experiencing the effects of nurse shortages and resort to recruitment of Internationally Qualified Nurses (IQNs) [1]. Such often come from highly skilled nursing positions with years of experiences; and on arrival to the host country, certain skills are not recognized and utilized [2]. Such issues could lead to reduced job satisfaction and might significantly impact on their quality of life. Against this backdrop, further knowledge and a better understanding of experiences, motivations and connections these nurses bring with them is necessary to better understand how to utilize their potential.

Objectives: To explore the individual human, social and motivational capital of IQNs seeking work opportunities as qualified nurses in Malta.

Design and methods: A qualitative design using phenomenography was used. Following ethical approvals, data was collected through three semi structured focus groups with 16 participants attending a pre-registration nurse bridging program for non-EU citizens delivered at the Malta College of Arts Science and Technology.

Due to COVID19 social distancing measures interviews were conducted online using Microsoft Teams.

Results: Four major categories emerged: a) experiences at country of origin and overseas; b) training and education; c) taking the decision to leave home country and d) support from local community and colleagues.

Conclusions: IQNs already possess a considerable degree of Career Capital and need be taken into consideration when it comes to deployment and work opportunities in order to preserve skills and enhance job satisfaction and retention in Malta.

Competing interests: The author declares that he has no competing interests.

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Measuring readiness for discharge in German hospital care: a review of suitable tools

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Background: Discharge from the hospital is accompanied by the risk of discontinuities in care. In principle, this can be avoided by means of discharge management and by taking transitional care approaches into account. The German expert standard "Discharge Management in Nursing Care" [1] offers a nursing quality-related conceptual framework for this purpose. This standard was updated in 2019. Since then, the assessment of "readiness for hospital discharge" (RHD) has been recommended as a nursing sensitive outcome measure.

Objective: To identify a generic tool for measuring RHD in German hospital care.

Design and methods: A review of literature was conducted in 2021. Resources searched were: PubMed, Cochrane Library, parts of EBSCO, Google Scholar and Springer Link.

Results: 35 relevant international publications were identified mentioning different concepts or criteria for assessing RHD. Within these published articles, 7 different assessment tools were described in 19 studies in total. No studies or tools were reported for the German health care context. For the Swiss context, two studies describe a single item and the translation of the short form of the Readiness for Hospital Discharge Scale (RHDS) [2].

Conclusions: No valid or available tool for measuring RHD in German language was identified. While this concept is already being researched and discussed internationally [3], there exists a research gap in Germany in this regard. Along with this, there is a need to conceptualize RHD in the German nursing care setting, in order to develop an appropriate measurement tool for monitoring the quality of hospital discharge management.

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First steps towards an intersectoral electronic hygiene report

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Background: The growing number of patients being cared for by different facilities simultaneously or in succession causes an increasing risk of nosocomial infections. The German Infection Prevention Act (IfSG) [1] requires appropriate documentation and information of the parties involved to coordinate care regarding infection prevention aspects. If this information is not communicated sufficiently, it results in discontinuity of care and avoidable illnesses [2].

The timely electronic exchange of hygiene-relevant information between the parties involved could improve this situation. Therefore, standardized data models are needed to ensure interoperability between electronic systems.

Objectives: This study answers the questions:

1. Which hygiene-related information is relevant?
2. What structure must these data have?

Design and methods: The three-phase multi-methods procedural model for building reference models - in particular the first phase [3] - was used to answer the research questions. Pursuant to this model, a literature search was conducted using the database Pubmed and various databases of hygiene-relevant associations and institutions. An initial set of items and their values was created from the extracted information using content analysis methods.

Results: The literature search resulted in 73 relevant publications. 75 items (e.g. risk of infection, symptoms) and their values could be identified and were assigned to 8 sections.

Conclusions: The extracted information, their values and structure represent an initial literature-based data set that can be empirically verified, modelled, and consented in the following phases. It can serve as a data model for a medical information object (MIO) within the German telematics infrastructure.

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- G. Schulte declares that there is no competing interest.
- M. Przysucha declares that there is no competing interest.
- U. Hübner declares that there is no competing interest.

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Understanding the role of nurses with expanded/advanced competencies in primary care

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Background: Increasing numbers of people with chronic diseases and decreasing number of General Practitioners (GPs) in rural areas pose challenges to health care. Academically qualified nurses could be one way to tackle this situation. Collaborative, integrated care models positively impact patient outcomes in different primary care settings [1]. In the “HandinHand” project, expert nurses (EN) take over extended tasks in the care of older people with chronic

diseases in cooperation with GPs in a rural area of Germany. As part of a mixed-methods process evaluation, we examined the understanding of EN roles from the perspectives of ENs, GPs, patients and relatives.

Methods: Based on the MRC framework for complex interventions [2], a logic model was developed and applied as the basis for data collection. Eighteen semi-structured interviews were conducted with ENs (n=10), GPs (n=4), patients (n=2), and relatives (n=2) shortly after the start of the intervention and inductively analysed using qualitative content analysis [3].

Results: Analyses revealed three main categories across participant groups:

1. “skills, competencies, tasks”;
2. “role attributes”;
3. “differences to other health professionals”.

In addition, “similarities with other health professions” was identified among ENs, GPs and patients. The category “uncertain/unclear role perception” was only found among ENs.

Conclusions: Even if individual tasks and specific role attributes, attributed to nurses with expanded competencies, can be identified, a clear distinction of the EN role from other health care roles is still missing. Participants’ understanding of the EN role will be further investigated during the course of the project.

Conflict of interest: The authors declare no conflict of interests.

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Rationing and prioritisation of nursing care in acute inpatient setting during the Covid-19 pandemic (RaPiD Care)

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Background: The COVID-19-pandemic is still challenging healthcare systems, especially in acute inpatient setting.

Objectives: Investigation of rationing and prioritisation during the COVID-19-pandemic in acute inpatient nursing care.

Design and methods: In five acute care hospitals in Germany, qualitative semi-structured telephone interviews were conducted with nurses and nursing team leaders. A two-step content analysis was performed based on previous results [1] and frameworks for clinical practice and risk management [2], [3].

Results: Ten nursing team leaders and 16 staff members were interviewed. Six themes were developed: ‘Policies, Strategies and Legislations’, ‘Planning and Coordination’, ‘Clinical Practice’, ‘Workforce’, ‘Other Resources’ and ‘Collaboration with Health Infrastructure’.

A triage system for treatments was prepared in advance but not needed in practice. Prioritisation of care activities was described with regard to: (i) personal hygiene and basic needs, (ii) documentation, (iii) communication and (iv) care activities for patients with lower care demands. Strategies to cope with scarce resources mainly involved reorganisation of care processes and primarily aimed to reduce nurse-patient-contacts and prioritise care for COVID-19 patients. Interviewees based their decisions on individual experiences, provided plans, or priority lists. Frequent reasons for prioritisation and rationing were lack of time, staff, and material. Staffing levels varied in different phases of the pandemic. Prioritisation of nursing care was also described outside the pandemic due to staff shortage.

Conclusions: Rationing and prioritisation of nursing take place during the COVID-19 pandemic. To alleviate staff shortages, new workplace and skill mix models are needed. Decision-making should be supported by transparent monitoring and evaluation.

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- KS declares that there are no conflicts of interests.
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- SF declares that there are no conflicts of interests.
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Effective interventions supporting nurses working in epidemics or pandemics: a meta-review of systematic reviews

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Background: The COVID-19 coronavirus outbreak was declared a global pandemic in March 2020; one of a scale in terms of its reach and duration never seen before in recent decades. The pandemic has put extreme high workload and pressure on nurses leading to worsen mental health problems, including anxiety, depression, post-traumatic stress disorder/symptoms, burnout, and moral injury [1]. Although psychosocial interventions were considered helpful, access and take-up by nurses have been much lower than expected but particularly least requested or received by those with higher levels of mental health difficulties [2]. Previous pandemic research has highlighted the importance of supporting nurses' mental health which is associated with their work functioning and willingness to work in future infectious disease outbreaks [3].

Objectives: To synthesize evidence on the effectiveness of psychosocial interventions for treating mental disorders/symptoms in nurses working in an epidemic/pandemic, and to identify effective implementation mechanisms which optimize uptake of treatment.

Design and methods: A meta-review of systematic reviews on interventions targeting nurses, midwives, and nursing/midwifery associates, assistants, trainees, and students. We will search various literature databases including MEDLINE, PsycINFO, and Cochrane Database of Systematic Reviews, WHO websites, and international governmental websites, from the first SARS emergence in Year 2002 to April 2021. We will appraise quality of included reviews using AMSTAR 2 [4] and conduct a narrative synthesis across outcomes and results within included reviews [5].

Results: We are a team of systematic review experts. The meta-review is underway and due to complete in July when the results will be presented at the conference.

Conflict of interest: None to declare.

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Perspectives of technical aids providers on establishing patient safety in home mechanical ventilation

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Background: Home mechanical ventilation (HMV) requires integrated and coordinated services to ensure safe healthcare. Technical aid providers in Germany are attributed legal responsibilities in establishing safety for ventilator-associated devices. However, it is largely unknown, whether and how this is achieved.

Objectives: As part of a larger study, the providers' perspectives on safety in ventilator-associated technical aid supply were investigated. The particular focus was on perceived safety, as well as on roles and strategies in establishing safety.

Design and methods: With an explorative qualitative design, eleven episodic interviews with representatives of technical aids providers were conducted. Interviews were analyzed using content analysis, between 08-10/2020.

Results: The interviewees – majorly qualified in intensive nursing care – ascribe themselves a primary responsibility for establishing safety in HMV. In addition to device supply, the majority of their tasks comprise contractually agreed instruction and training in device application. Furthermore, they provide healthcare services, such as tracheostomy tube changes to some extent. Additionally, they adopt discharge management tasks and support interprofessional communication. Interviewees identify primary safety risks and challenges to their work in healthcare fragmentation and lacking accountability, coordination problems or structural deficiencies, such as shortage and qualification deficits among nurses and physicians.

Conclusions: The results complement existing evidence on safety in a highly complex healthcare field. They can contribute to develop recommendations for improved HMV technical aid supply. This should include discourse on whether and how assigned responsibilities can adequately be addressed by providers, carefully taking into account the mandates of highly qualified nurses.

Conflict of interest: Both authors declare that they have no competing interests.

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Creating evidence for naturopathic nursing interventions in oncology – a systematic approach

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Background: Nurses working in oncology care have extensive experience in the application of integrative naturopathic interventions for symptom relief and quality of life enhancement in oncology patients. There is a high patient demand for these interventions. However, a lack of external evidence, impedes their use in practice.

Objective: Aim of this poster is to describe a methodology for the systematic development of evidence-based best-practice recommendations for integrative naturopathic interventions, integrating the knowledge of experienced nurses.

Design and methods: The systematic methodological approach presented here consists of three steps:

1. A scoping review on chosen symptoms
2. An expert panel consisting of nurses (with/without academic qualification), physicians, and a psychologist - all with naturopathic and/or anthroposophical backgrounds – followed a structured expert consensus process. Interventions were rated for safety, effectiveness (scale from 0 = no effect to 5 = maximum effect), minimum qualification, practical feasibility
3. An supplementary literature review based on the findings of the consensus conference.

Results: By synthesizing internal evidence with the best available external evidence, statements on the practice and evidence base of naturopathic nursing interventions can be generated and recommendations for action can be made. It represents an extension of the procedure already successfully applied for mucositis, insomnia, hand-foot syndrome and poly-neuropathy.

Conclusion: Including clinical expert knowledge in the development of recommendations in areas where research evidence is scarce is a suitable method allowing practitioners to participate in building the body of nursing knowledge. The developed evidence-based recommendations could be discussed as S1-guideline in the AWMF classification.

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Coping with COVID-19: the experience of nurse leaders in Southern Switzerland. A narrative inquiry

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Background: The COVID-19 pandemic has forced many countries to repurpose physical infrastructures and reallocate healthcare human resources, resulting in a major challenge for hospitals and healthcare professionals at different levels. Facing ethical dilemmas, mental stress and physical strains, nurse leaders are tasked to take complex and timely decisions to ensure the health, safety and wellbeing of patients and their staff. However, there is a lack of research and high-quality evidence in the field of crisis leadership, particularly in healthcare [1].

Objectives: The aim of this study is to investigate the experience of nurse leaders of hospitals within the Ente Ospedaliero Cantonale (EOC) Group in Southern Switzerland, during the first wave of the pandemic.

Design and methods: The narrative inquiry approach was used to shed light on nurses with leadership roles during the COVID-19 pandemic and how they made meaning of their experience [2]. A questionnaire with open-ended questions was sent to nurse leaders in order to investigate emotional responses, challenges encountered, strategies adopted and suggestions for improvement.

Results: Twenty narratives were collected and analyzed. Emerging themes were grouped into three domains: personal (ethical dilemmas, sense of responsibility), organizational (unpreparedness, decision-taking challenges, new practices/standards) and socio-cultural (strengths of individuals and teams, sense of belonging, skill mix).

Conclusions: Findings from this study provide helpful lessons learned from the pandemic and will inform local policies and strategies that should target the organizational, professional and personal domains in order to provide better support to nurse leaders in future similar situations.

Conflicts of interest: The authors declare no potential conflicts of interest with respect to the authorship of this abstract/presentation.

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Effects of the COVID-19 pandemic on home health care: focus-group results from different perspectives

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Background: During the COVID-19 pandemic, the main focus in healthcare was on delivery of acute COVID-care. Delivery of non-COVID care in the home was less in the picture, while continuation of home health care (HHC) might be essential to prevent increases of care demands.

Objectives: To investigate how the COVID-19 pandemic has affected service utilization in HHC and what (management) lessons were learned for the future of HHC.

Design and methods: Four semi-structured focus-group interviews took place. We invited representatives from four large home care providers in the Netherlands i.e. 1) board members and/or directors (strategic level); 2) managers and/or policy officers (tactic level); 3) community nurses (operational level); and 4) members of the client council (client level). Focus-groups were transcribed and coded by three researchers.

Results: Care provision in HHC was reduced, especially during the first wave of the pandemic and mostly for clients with less complex care needs. This reduction was caused by among others decreases in referrals to HHC from the hospital and GP's, fear of clients for contamination with COVID-19, the urge for community nurses to work more efficiently, and the increased availability of informal caregivers. Decisions for management of the pandemic during the first wave most often were made top-down and within a short timeframe.

Conclusions: Close regional collaborations and (earlier) preparation and testing of crisis management policies are of great importance to realize sustainable continuation of HHC during pandemics. Critical evaluations of the efficiency of HHC were stimulated by how the pandemic was managed.

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Nursing profession in Belgium during the COVID-19 pandemic: lessons learned

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Background: 2020, year of the nurse? Notably, COVID-19 has spotlighted nurses.

Objectives: Reflection on the dynamics around the nursing profession during the COVID-19 pandemic in Belgium.

Design and methods: Consensus discussion with Belgian nursing academics based on media coverage and participatory observations.

Results: We observed three dynamics:

1. Selective heroism. There was a strong media appreciation for specialized and technical nursing care (e.g., critical care). Domains such as mental health and elderly care received much less attention, presumably because these are perceived as less complex and therefore less valuable.
2. Nursing leadership as the big absentee. While various healthcare professionals (e.g., virologists and infectiologists) and managers made frequent appearances, nurses were absent from the public debate. Nurses' expertise, as the professional group closest to patients, remained untapped in public and political debates. Consequently, the nursing perspective remained largely masked for policymakers. A minority of nurses also questioned the science regarding vaccinations.

3. Reforms driven by tangible issues. This pandemic exposed weaknesses in the healthcare system, particularly in elderly care. Efforts are currently being made to improve wages and create more jobs for nurses. However, this pandemic also showed that a better skill mix and master-trained nursing profiles are needed, in particular, to strengthen clinical leadership.

Conclusions: The nursing profession needs structural reappraisal, in terms of social image building, the further pursuit of professionalization through the systematic positioning of master-trained nurses, and the associated development of a legal and financial framework to promote autonomous advanced practice nursing and nurse-led care.

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COVID symptomatology and post exposure quality of life in institutionalized and non-institutionalized patients

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Background: The perceived quality of life in the medium term after suffering from COVID-19 has been evaluated only in hospitalized patients [1]. We consider it necessary to investigate patients that have suffered minor or moderate symptoms and that were not hospitalized.

Objectives: Analyze how various severities of COVID-19 have influenced the quality of life in patients post 6 months exposure.

Design and methods: Prospective observational design. Inclusion criteria:

1. patients over 50 years old;
2. positive PCR;
3. meet criteria for diagnosis and recovery of COVID-19 according to the WHO.

A descriptive and correlational statistical analysis was carried out between the different variables. The study has the authorization of the Research Ethics Committee.

An interview was performed 6 months after recovery, in which data related to the disease, its symptoms and quality of life were collected using the clinical risk group, prior to covid-19 and the EuroQol-5D scale questionnaire (EQ-5D / EQ-VAS) [2].

Results: 223 patients were included (133 women, 59.6%). The mean age was 57 ± 17.96 years; age range 18-99: 13.5% were institutionalized; 33.6% polymedicated and 14.8% presented chronic pathology. 7.6% required hospital admission for covid19, 71.3% had moderate symptoms without admission and 21.1% mild symptoms. The mean post-covid quality of life was significant for the group with moderate symptoms ($p = 0.044$).

Conclusions: The assessment in the quality of life after 6 months of covid is superior for patients with moderate symptoms, requiring long-term research in patients with severe symptoms.

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