



DEUTSCHE GESELLSCHAFT FÜR PFLEGEWISSENSCHAFT e.V.  
GERMAN SOCIETY OF NURSING SCIENCE

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**3<sup>rd</sup> International Conference  
of the German Society of Nursing  
Science (DGP)**

Nursing Research: Providing the basis for excellent nursing  
practice

11 and 12 May, 2023

Online

**Book of Abstracts**



### **Scientific programme**

“Nursing Research: Providing the basis for excellent nursing practice” was the focus of our 3<sup>rd</sup> international conference. There are four subtopics: Methodological issues of nursing research will address methodological challenges, solutions and innovations in nursing and interprofessional research. Theory development focusses on theoretical approaches and developments for nursing, nursing research and nursing practice. Clinical nursing highlights the development, evaluation and implementation of interventions in different nursing settings. Nursing in times of crisis picks up on current developments in climate change, pandemic and sustainability in nursing research and practice.

### **Keynotes**

The following renowned nursing researchers gave keynote presentations addressing the main conference topics.

- Riita Suhonen (University of Turku, Finland): “Nursing care environments, their qualities and possibilities in the care settings for older people”
- Michael Simon (University of Basel, Switzerland): "Capacity utilisation and staffing research: relevance for the healthcare system and the nursing workforce"
- David Richards (Western Norway University of Applied Sciences, Bergen, Norway): “Evaluation of a COVID-19 fundamental nursing care guideline (COVID-NURSE) versus usual care: results of a cluster randomised controlled trial”

On behalf of the Organising Committee

Prof. Dr. Inge Eberl, Chair of the German Society of Nursing Science



### **Submission and review process of the "Call for Papers" contributions:**

Authors were invited to submit abstracts of their scientific and/or practice-related papers. These should present the motivation and problem, the approach and methodology as well as the most important scientific/practical results including a short conclusion. The contributions were reviewed anonymously. Each abstract was evaluated by two reviewers. The criteria for the evaluation were the scientific or practical relevance of the topic as well as the content and conciseness of the submission.

A total of 89 abstracts were submitted, of which 84 abstracts were accepted, corresponding to an acceptance rate of 75 %. Of the accepted abstracts, 38 were selected for oral presentations and 31 for posterpresentation. on their ratings. There were also three symposia, including 14 abstracts and one workshop.

### **At this point we would like to thank our reviewers**

- Dr. Leire Ambrosio, University of Southampton
- Prof. Dr. Christa Büker, FH Bielefeld University of Applied Sciences
- Ass. Prof. Marco Clari, University of Turin
- Prof. Dr. Inge Eberl, Catholic University of Eichstätt-Ingolstadt (KU), LMU Klinikum München
- Prof. Natalya Istomina, PhD, Vilnius University
- Prof. Dr. Ann van Hecke, University of Gent
- Prof. Maria Adriana Henriques, PhD, Lisbon School of Nursing
- Prof. Dr. Sascha Köpke, University of Cologne, Institute for Nursing Science
- Univ.-Prof. Mag. Dr. Hanna Mayer, Karl Landsteiner Privatuniversität
- Prof. Dr. Gabriele Meyer, Universität Halle/Wittenberg
- Univ.-Prof. Dr. Ralph Möhler, Heinrich Heine Universität Düsseldorf
- Prof. Walter Sermeus, PhD, University of Leuven
- Prof. Dr. Erika Sirsch, VPU Vinzenz Pallotti University
- Prof. Dr. Renate Stemmer, Catholic University of Mainz
- Prof. Riitta Suhonen, PhD, University of Turku, Department of Nursing Science
- Prof. Sandra Zwakhalen, PhD, Maastricht University, Department of Health Services Research



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## Oral sessions

### Oral presentation 1: Long-term care

#### **Attitudes of nursing home managers on cognitive stimulation and its application: multicentre cross-sectional survey**

*Julie Guicheteau*

*Uniklinik Köln*

**Background:** Cognitive stimulation can improve global cognition and non-cognitive functions of people with dementia (PwD). The CogStim24 project aims to develop and test a complex intervention of cognitive stimulation in daily care in nursing homes for PwD. As part of the development of the intervention, a survey was conducted on the implementation of cognitive stimulation and on the attitudes of nursing home managers towards cognitive stimulation activities.

**Objectives:** To describe cognitive stimulation activities currently used in nursing homes, promoting and inhibiting factors for these activities, and attitudes of facility managers toward cognitive stimulation.

**Design and Methods:** Cross-sectional study (June to December 2021) nursing home managers of randomly selected nursing homes in Germany using a literature-based online or paper-pencil questionnaire.

**Results:** 106 nursing homes were recruited, of which 64 participated in the survey. Physical and relaxation exercises (98.4%), cognitive training (98.3%) and reminiscence therapy (95%) were the activities most frequently used in the nursing homes. For most nursing home managers (87.3%), cognitive stimulation can maintain cognitive functions and quality of life of PwD. Moreover, most participants considered nurses as potentially active actors for implementing cognitive stimulation. However, there is a need for training: only 45% offered regular training on the implementation of cognitive stimulation.

**Conclusion:** Nursing home managers have a positive attitude towards cognitive stimulation. The necessity of target group-oriented training for nursing and care staff as an important basis for the implementation of cognitive stimulation was also emphasized.

#### **Nurses' pressure ulcer knowledge in German Long-Term Care Settings**

*Arne Buss<sup>1</sup>; Felix Labatzky; Philipp Schmid; Steve Strupeit*

*<sup>1</sup> Universitätsmedizin Greifswald*

**Background:** In order to plan and implement evidence-based clinical practice in pressure ulcer (PU) prevention, adequate state of the art knowledge in bedside nurses is crucial. Data on PU knowledge from Germany are missing.



**Objectives:** The aim of this investigation was to assess current PU knowledge in registered nurses working in German nursing homes, home care services, and semi-residential care.

**Design and Methods:** We conducted a cross-sectional study in 189 nurses from 22 institutions across Germany. A validated instrument (the Pressure Ulcer Knowledge Assessment Tool 2.0-questionnaire) (PUKAT2.0) was translated and adapted into the German context prior to the study. Global knowledge as well as knowledge in six categories (etiology, classification and observation, risk assessment, nutrition, prevention of PUs, and specific patient groups) were assessed using descriptive methods. Moreover associations between PU knowledge and factors were analysed.

**Results:** Global PU knowledge was assessed inadequate (51%), whereas knowledge on prevention of PUs and etiology were worst (43%/47%), and knowledge on risk assessment and nutrition was best (81%/61%). Having received PU or wound management education and training was positively associated with PU knowledge.

**Conclusions:** This is the first study providing data on the topic from Germany using a validated tool. The findings of this study suggest a major need in education and training in nurses working in German long-term care settings and highlight special needs.

#### **From implementation to concept –a dual-tasking intervention in long term care**

*Benjamin Bohn*

*Pädagogische Hochschule Schwäbisch Gmünd*

**Background:** Individual risk factors such as sensory impairments lead to mobility loss (Rantakokko, Mänty & Rantanen, 2013). As mobility and quality of life (QoL) are strongly correlated, promoting mobility seems to be the most appropriate way to influence the quality of life of older people (La Grow et al., 2013). To this end, nurse-led mobility interventions have been developed to avoid negative consequences (Miller, 2012).

**Objectives:** This study examined feasibility of a dual-tasking group mobility intervention using a chatting and exercise table [Plaudertisch] in nursing homes. The aim of the intervention was to generate initial scientific data regarding to the feasibility of the intervention.

**Design and Methods:** A one-group pilot study of 18-weeks duration with a pre-posttest design was conducted to assess Intervention's possible impact on the residents' mobility and the QoL. The usage of the Intervention was evaluated using a questionnaire and interviews. Based on the results, we developed a mobility concept using the hybrid model of concept development by Schwartz-Barcott & Kim (2000).

**Results:** The Friedman and post hoc tests showed significant differences in the quality of life of participants with dementia and the Care Dependency Scale Analyses also indicated the importance of individual training recommendations and the need to develop concepts to motivate nursing home residents to exercise regularly. The mobility concept was based on the nursing process.

**Conclusions:** The mobility intervention appeared to have a positive impact on residents perceived QoL and the need for care. To improve training adherence, the whole nursing process is necessary.



## **Facilitators and barriers to implement nurse-led physical activities for people with dementia in nursing homes: a systematic review**

*Julian Hirt; Inga Weissenfels; Janine Vetsch; Steffen Heinrich*

**Background:** Physical activity is important to maintain and promote physical functioning and activities of daily living in people with dementia. Nurses are prone stakeholders to deliver physical activities in nursing homes. However, several barriers have been reported for implementing nurse-led physical activities. Further, strategies to sustainably implement such interventions in nursing homes are lacking.

**Objectives:** We aimed at synthesising the evidence on physical activity interventions for people with dementia in nursing homes which can be led by nurses and at identifying implementation facilitators and barriers.

**Design and Methods:** We conducted a systematic review, (i) combining database searches (MEDLINE, CINAHL, CENTRAL, and Web of Science Core Collection) and supplementary searches (citation tracking, web searching, and clinical guideline database searching), (ii) assessing independently the references' eligibility and quality of studies, (iii) double-checking data extractions, and (iv) synthesising the data narratively. We prospectively registered our review (PROSPERO CRD42021271833).

**Results:** We identified 24 interventions that were clustered to the five categories: dancing (n=2), physical exercises (n=8), technology-based physical exercises (n=3), walking (n=5), and function-focused care (n=6). For seven interventions, we identified evidence on implementation barriers and facilitators including (i) staff shortage, staff time resources, and ease of implementation for staff and (ii) adaptability of intervention and declined participation and social participation of people with dementia.

**Conclusions:** The identified nurse-led physical activities for people with dementia were heterogenous. Resource-saving and partly automatically running programs seem to be feasible. Technology-based interventions seem to address these aspects successfully; however, evidence is very limited.

## Oral presentation 2: COVID19- and End-of-Life-Care

### **Nurses' subjective workload and satisfaction with their work environment before and during COVID-19**

*Martin Zozman<sup>1</sup>; Nicole Tracy Graf Johansen; Reto Stocker*

*<sup>1</sup> Klinik Hirslanden Zürich / Private Universität im Fürstentum Liechtenstein (UFL), Triesen, Fürstentum Liechtenstein*

**Background:** The increasing cost pressure in the Swiss-health-system in recent years inevitably influences the organisation and processes of supply in hospitals. This circumstance also has an



influence on the area of nursing. In addition to a national shortage of nursing-staff, the demands on them are constantly increasing.

**Objectives:** Assessment of subjective workload and quality of the work-environment of nurses in a Swiss acute hospital before and during COVID-19.

**Design and Methods:** Three surveys were conducted. A quantitative descriptive cross-sectional survey on nurses' subjective workload (NSW) was performed in four surgical units over 20 months (July 2019-March 2021). The NSW-scale ranges from "1" (hardly any work) to "7" (extremely high workload), with "4" being accepted as ideal. The survey of the Practice-Environment-Scale-Nursing-Work-Index (PES-NWI) done before the pandemic (August 2019) ranges from "1" (totally agree) to "4" (totally disagree). An additional questionnaire was supplemented during the COVID-19-pandemic (April 2021).

**Results:** Out of 2356 shifts, the average NSW exceeded the ideal value of 4 with 4.6 (SD 0.74), 4.4 (SD=0.74) and 4.2 (SD=0.66) for the early, late and nightshift, respectively. Out of 126 questionnaires (PES-NWI), 52% were completed (n=66). The average PES-NWI-score was rated as adequate at 2.9 (SD=0.3). Out of 114 COVID-questionnaires, 58% were returned completed (n=66). 27.2% indicated a lower job satisfaction as before the pandemic.

**Conclusions:** The increased NSW can lead to work not being carried out in the planned time or even being omitted. COVID-19 exacerbated the situation and nurses' job satisfaction seems to be declining for this reason.

### **Changing teamwork in nursing during COVID-19 pandemic – qualitative results as basis to initiate change processes**

*Ricarda Servaty<sup>1</sup>; Andrea Ellermeyer<sup>1</sup>; Anna Christian<sup>1</sup>; Catrin Lang<sup>1</sup>; Theresa Siegler<sup>1</sup>; Petra Himmel<sup>1</sup>; Christine Boldt<sup>2</sup>*

*<sup>1</sup> University Hospital rechts der Isar, Technical University of Munich; <sup>2</sup> University Hospital rechts der Isar, Technical University of Munich; University of Applied Sciences Munich*

**Background:** The occurrence of COVID-19 posed major challenges for the University Hospital rechts der Isar (MRI). The change processes at MRI that became acutely necessary could neither be systematically planned and implemented nor supported with an accompanying evaluation. Therefore, nursing staff had to adapt their way of working to support these changes.

**Objectives:** The aim of this interview study is therefore to investigate which problems had arisen due to the unforeseen and extensive development of the pandemic and which needs for change were identified in order to be able to proceed sensibly in potential future scenarios.

**Design and Methods:** To explore change requirements nursing personal participated in guideline-based interviews. The interviews were analysed deductively using qualitative content analysis by Mayring.

**Results:** From June 2020 to March 2021, 26 nursing professionals were interviewed about their experiences during the first two waves. Topics were clustered into 20 main categories. One topic that



shows a high potential for change due to the number of mentions (positive as negative) is “teamwork design”. To support the staff of COVID-19 stations, there were transfers from other departments and new hires. The deployment of these individuals has presented challenges in terms of organisation, training and tasks and cooperation within the new teams.

**Conclusions:** The interviews showed beyond other change information which areas of teamwork are satisfactory and at which points there is great potential for change. Those change requirements further served as a basis for workshops together with the respective wards in which change processes were initiated.

### **Nursing research about COVID-19-related issues in Germany - a scoping review**

*Ralph Möhler<sup>1</sup>; Martin N. Dichter<sup>2</sup>; Annegret Horbach<sup>3</sup>; Gabriele Meyer<sup>4</sup>; Anne C Rahn<sup>5</sup>; Martin Müller<sup>6</sup>*

*<sup>1</sup> Heinrich-Heine-University Düsseldorf; <sup>2</sup> University of Cologne; <sup>3</sup> Frankfurt University of Applied Sciences; <sup>4</sup> Martin-Luther-University Halle-Wittenberg; <sup>5</sup> University of Lübeck; <sup>6</sup> Heidelberg University Hospital*

**Background:** The COVID-19 pandemic had a strong impact on healthcare and nursing practice, but research focused on the effects of vaccinations and treatment options. An overview on COVID-19-related nursing research in Germany is lacking.

**Objectives:** To describe the characteristics of COVID-19-related nursing research in Germany.

**Design and Methods:** We conducted a scoping review using the framework by Arksey and O'Malley. In December 2021, we systematically searched Medline (PubMed), CINAHL, the German Trial Register and congress abstract books of relevant conferences. All studies investigating nursing care processes, interventions and outcomes, staff and patient perceptions on nursing care, and other topics related to nursing care during the pandemic and with major contributions of nursing researchers from Germany were eligible for inclusion. Studies on medications or medical topics were excluded. We included all study designs and settings. Two reviewers selected studies and extracted data. We performed a descriptive data analysis.

**Results:** We included 93 studies. The majority were quantitative observational studies (n = 55), 18 used a qualitative design, 7 were (systematic) reviews and 13 used other designs. Target groups were predominantly nurses (n = 23) or healthcare professionals including nurses (n = 47). Patients or relatives were targeted in 18 studies. Most studies were conducted in acute or long-term care institutions.

**Conclusions:** Most COVID-related nursing studies in the first two years of the pandemic were observational studies and the major target groups were healthcare professionals or nurses. Only a few studies included people with care needs and their relatives.



### **Who cares for the ones who care? – Burden and moral distress of nursing staff related to end-of-life care in long-term care facilities**

*Susann Behrendt; Felipe Argüello Guerra; Miriam Räker; Chrysanthi Tsiasioti; Antje Schwinger*

*WIdO – AOK Research Institute*

**Background:** End-of-life care for the elderly is an essential part of everyday performance in German nursing homes (NH). Ensuring that residents in their last phase of life receive the highest possible quality and health care services along their needs and wishes is a key challenge. Nursing staff is often confronted with situations in which ethical principles of end-of-life care collide with health care reality.

**Objectives:** We aim to quantify the work-related burden and the level of moral distress of nursing staff when caring for NH residents at the end of life and show potential predictors for moral distress levels. In addition, we report changes of work-related burden in end-of-life care since the beginning of the COVID-19 pandemic.

**Methods:** We conducted an online survey targeting nurses and nursing assistants in German long-term care facilities (n = 552 respondents). Using the German version of the Moral Distress Scale (MDS-R), we adapted these items to the end-of-life care in NH. Potential predictors of moral distress were identified via linear regression.

**Results:** Our analysis indicates: nursing staff show high levels of work-related burden in end-of-life care. The COVID-19 pandemic worsened the work-related burden considerably. In particular, facility staffing, interdisciplinary cooperation and the availability of residents' advance directives are key fields for optimization strategies.

**Conclusion:** Awareness for the relevance of end-of-life care in NH is the first step of any optimization strategy in this field, not only to enable a dignified last phase of life for the residents, but also to relieve the nursing staff.

### Oral Presentation 3: Theoretical and structural aspects

#### **Nursing as a functional system of society. A system-theoretical perspective on nursing and nursing science.**

*Christopher Dietrich*

Work on fundamental problems in nursing theory ceased in the late 1980s. Obstacles to defining nursing and the genuine object of nursing research remain. Existing approaches multiply the problems of theorizing nursing and nursing science because they present historically determined professional fields as a factual basis. The historical background of nursing is largely ignored in current research, and the diverse fields of nursing work are grouped in such a way that commonalities cannot be identified.



To clarify these problems, the focus must be on the point of observation. The proposal of a communication theory could help determine which actions are nursing actions by including the reaction of the person in need of care. Only if both participants perceive the interaction as a nursing interaction, the core of nursing can be discovered.

This approach distinguishes forms of the medical system and health communication from forms of nursing communication through a specific medium, the binary codification of observation and reproduction through self-reference with Luhmann's sociological systems theory.

### **Nurses as 'intervention incarnate': towards a theory of nursing interventions**

*Martin Wallner<sup>1</sup>; Hanna Mayer<sup>2</sup>*

*<sup>1</sup> University of Vienna (Austria); <sup>2</sup> Karl Landsteiner University of Health Sciences*

**Background:** Intervention research in nursing has proven challenging because of its complex and elusive subject area. While improvements are commonly discussed at the methodological level, there may be a more fundamental theoretical issue concerning a lack of clarity regarding the nature of nursing. The development of a theory of nursing interventions could contribute to address this gap.

**Objectives:** To discuss fundamental considerations concerning a theory of nursing interventions.

**Design and Methods:** Analysis of different ways of conceptualizing intervention theory, nursing theory and nursing-specific programme theories.

**Results:** Intervention theory can refer to a specific intervention, a heuristic scheme for developing interventions, or generalized, formal intervention theory. A theory of nursing interventions, as targeted, arguably belongs in the latter category and starts with the premise that nursing is social action, realized through the interaction between the nurse and the patient. It is expected to articulate how qualities unique to nursing, which have been theorized using concepts such as caring, person-centredness, or therapeutic relationship, contribute to care experiences and patient outcomes. Based on these premises, we argue that viewing the nurse merely as an interventionist is insufficient. Instead, we argue for an ontological assumption that considers the nurse as personified intervention, or rather its institutionalized embodiment.

**Conclusions:** These considerations can help clarify fundamental assumptions concerning nursing as an intervention and will inform further theory development. A theory of nursing interventions will serve to enhance our understanding of nursing practice and provide orientation in the development of appropriate research designs and methodologies.



## **Strategies to reinforce a sense of security in patients and family caregivers in palliative home care – an ethnographical study**

*Axel Doll*

*University Hospital Cologne*

**Background:** Patients and their family caregivers (fc) experience a wide range of challenges in palliative care at the patients' home. Both feel unprepared and unsecure according to symptom interpretation/management and emotional adaption.

**Objectives:** The aim of this study was to understand the interventions of the palliative home care teams (PCT): Which strategies use PCT to strengthen a sense of security in patients and fc?

**Design and Methods:** The data collection was conducted according a participatory ethnographical design. The researcher observed home visits of 6 PCT (nurses (n=24)/physicians (n=9) and documented 60 consultations in the private home of 44 patients and fc. Using the Grounded Theory Methodology these fieldnotes were coded and central concepts identified.

**Results:** To evolve a sense of security of the patients and their fc the PCT used 4 different strategies: 2 Strategies were coded as "encouraging": "Reassurance" and "Empowerment". Reassuring strategies were positive feedback and passing compliments about useful coping and self-management strategies. Reassuring interventions fostered the awareness of existing resources and competences. Empowerment: the PCT educated and enabled patients and fc to cope with their symptoms and feelings and thereby enlarged their (self)caring capacity. 2 other strategies were rather "relieving" and "unburdening": The PCT either used "conciliating" strategies to avoid the reduction of a sense of security or they gave "directive instructions" to reinforce secure symptom management. Conclusions 4 strategies to strengthen the sense of security of patients and fc could be identified. Further research is necessary to explore in which situations they are reasonable.

## **DEFINING TASKS AND ACTIVITIES FOR ACADEMIC NURSING IN COMMUNITY AND LONG-TERM CARE ARRANGEMENTS**

*Alisa Stephan<sup>1</sup>; Nadine Konopik<sup>1</sup>; Mirella Cacace<sup>1</sup>; Theresa Laschewski<sup>2</sup>; Ulrike Lindwedel<sup>2</sup>; Max Wessel<sup>2</sup>; Peter König<sup>2</sup>; Birgit Schaefer<sup>3</sup>*

*<sup>1</sup> Katholische Hochschule Freiburg; <sup>2</sup> Hochschule Furtwangen HFU; <sup>3</sup> Caritasverband der Erzdiözese Freiburg e.V. (DiCV)*

Compared to other European countries, nursing in Germany is still in its process of professionalisation. In fact, the work opportunities for academically qualified nurses in acute clinical settings are increasing. Unlike in the acute clinical setting, there are almost none in long-term care facilities or community care.

The aim of our study is to develop recommendations to define tasks and activities for academically qualified nurses focussing long-term care and community settings, to build a basis for adequate structures in community as well as in long-term care.



To identify the current state of tasks and activities of academically qualified nurses in Germany, we conduct a first scoping-review of the national literature. By simultaneously conducting a second scoping-review, this time of the international literature, we compare the current state to the international situation (target state). In addition, by performing structured content analysis of 14 interviews with individual experts and focus-groups according to Kuckartz (2022).

Based on our rich empirical material, we extract the following tasks: (1) EDUCATION, (2) COUNSELLING, (3) DIGITALISATION, (4) NURSING SCIENCE, (5) PUBLIC HEALTH, (6) INTER- AND INTRAPROFESSIONAL COLLABORATION, (7) NURSING AND THERAPY PROCESS, (8) CASE MANAGEMENT AND (9) QUALITY MANAGEMENT. We further assign a full set of activities to each of these tasks.

In conclusion, we recommend this structured categorisation as a helpful toolbox for non-hospital care institutions to deploy academically qualified nursing staff adapted to their organization. Furthermore, our study points a way forward, to improve patient care in community and long-term care settings in Germany.

## Oral presentation 4: Methodological aspects in nursing research

### **How do you see the World? Methodological implications for research with participatory visual methods**

*Sabine Ursula Nover<sup>1</sup>; Lola Maria Amekor<sup>2</sup>*

*<sup>1</sup> Vinzenz Pallotti University; <sup>2</sup> UKSH Campus Kiel*

**Background:** People with dementia are still rarely included in research as equal cooperation partners. This raises ethical questions with regard to depersonalisation, incapacitation, and exclusion. Although neither all research questions nor all forms of participatory research are suitable for involving people with dementia responsibly in the processes, it is worth discussing this idea.

**Objectives:** By focussing on methodology we will point out the challenges in participatory research with people with dementia, and outline possible solutions.

**Design and Methods:** We focus on the methodological implications, caused by the ethical aspects, which we discuss: the advantage for people with dementia and the role of the researchers. We will use the example of PhotoVoice for a methodological reflection.

**Results:** The PhotoVoice method seems to be suitable as a methodological approach, as it is low-threshold and does't require too much conditions from the participants. Although at least a minimum of linguistic ability should be present, the jointly conducted analysis can be well complemented by other communicative approaches.

**Conclusions:** If choosing a participative design it is important to ensure that participants' concerns turn the balance – even more than it is already the case within qualitative research. Participatory research should be done from an attitude of respect and responsibility, and researchers must perform the balancing act between paternalism and ethical responsibility. This has consequences for the methodological performance, and for the competences of the researchers as well as for the people involved.



## **Outcome measures in evidence-based practice improvements in acute care: a literature review**

*Karin Kaiser; Manela Glarcher*

*Paracelsus Medizinische Privatuniversität - Privatstiftung*

**Background:** Internationally, evidence-based practice (EBP) is seen as being key to improving the quality of care, patient outcomes, and the effectiveness of healthcare, which is why EBP improvement projects in acute care are becoming vital. Outcome measures refer to the effectiveness of health interventions and provide information for decision-making, but a uniform definition or categorisation of outcome is missing.

**Objectives:** To systematically review the literature on outcome measures of evidence-based practice improvements in acute care.

**Design and Methods:** A systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. CINAHL, Cochrane Library, PubMed, and Web of Science were searched from 2011 to 2021. Two reviewers independently performed the screening, data extraction, and quality assessment using the JBI quality assessment tools. Discrepancies were resolved through consultation with third persons.

**Results:** A total of 43 studies were included, of which 39 reported on clinical (care-related) outcomes (e.g. mortality) associated with EBP, 21 on fiscal measures (e.g. readmission rates), and nine on psychosocial outcomes (e.g. coping). Patient and/or provider satisfaction with care and patient functional outcomes (e.g. self-care) and were recorded in six and five studies respectively.

**Conclusions:** EBP improvement studies mainly focus on clinical outcomes, but neglect the patient/nurse perspective. Inconsistent or missing outcome definitions and calculations make it difficult to interpret and/or compare study results. There is a need for optimisation in the description of the EBP process in many studies. There is also a need to optimise the implementation of the EBP process.

## **Too ambitious to succeed? Lessons learnt from a longitudinal-qualitative study with older people living alone**

*Sabine Pleschberger<sup>1</sup>; Barbara Pichler<sup>1</sup>; Elisabeth Reitingger<sup>1</sup>; Birgit Trukeschitz<sup>2</sup>; Johanna Pfabigan<sup>3</sup>; Paulina Wosko<sup>3</sup>*

*<sup>1</sup> Universität Wien; <sup>2</sup> Wirtschaftsuniversität Wien (WU); <sup>3</sup> Gesundheit Österreich GmbH*

**Background:** Longitudinal qualitative designs gain importance in the field of research with older people. However, the conduct of such research is linked to a variety of pitfalls and challenges as apparent from our study on older people living alone (OPLA) and their non-kin care networks.

**Objectives:** This paper aims to reflect on experiences with this research and provides insights in both, design adaptations and study implementation to inform future studies in this field.

**Design and Methods:** The design was based on six-monthly serial interviews (over 18 months) with OPLA and their non-kin-carers in four Austrian regions. A systematic reflection process on the



methodological issues like approaching this target group was conducted in three meetings with the interdisciplinary research team and one workshop with interviewers. Comprehensive field notes of the processes regarding recruitment and the data collection contributed to the analysis.

**Results:** Various issues regarding the recruitment process were identified, like inappropriate recruitment by gatekeepers or the challenge of communicating the complex set of inclusion criteria. The intrusion in relationships by attempting to interview OPLA and their non-kin-carers separately was a relevant ethical concern. Issues concerning research relationships contained the high emotional involvement of researchers, reciprocity and the challenge of ending the relationships. Attrition at follow-up was higher than expected due to death, deterioration of health or lack of availability.

**Conclusion:** Conducting this kind of research in accordance with high ethical and methodological standards requires structured reflection and likely adaptations of the study plan. Resource allocation has to follow this.

### **Characteristics of Practice Development Projects in Germany - Results of a Scoping Review**

*Rebecca Palm<sup>1</sup>; Theresa Siegler; Anna Hoffmann<sup>1</sup>; Sibylle Reick<sup>1</sup>; Anne Fahsold<sup>1</sup>*

*<sup>1</sup> Witten/Herdecke University*

**Background:** Practice development is a clearly defined concept internationally. In Germany, however, the concept is understood differently. For this reason, it is unknown how the concept is implemented in patient care and whether it corresponds to the international concept.

**Objectives:** The aim was to create an overview of practice development projects in Germany and to examine whether the practice development projects included meet the internationally defined criteria for practice development.

**Methods:** A scoping review was performed. For this purpose, a literature search was conducted in MEDLINE, CINAHL, CareLit, and GeroLit as well as by hand search in non-indexed German-language journals. Articles were included in the evidence synthesis regardless of their methodological quality.

**Results:** Eleven articles from 2012-2021 were included in the scoping review. The goals pursued by the projects focus on the implementation of evidence-based nursing and advanced practice nursing, the integration of university-trained nurses, the improvement of clinical care, and the competence development of nurses and leaders in the acute hospital setting. The review showed that few practice development projects incorporate the internationally recognized criteria of practice development and are based on the current international definition of practice development.

**Conclusions:** We suggest the development of a reporting guideline for practice development projects to improve reporting. In our view, a concept clarification of practice development for implementation in Germany seems useful and necessary to achieve a uniform understanding.



## Oral presentation 5: Advanced nursing roles

### **Expand nursing competencies to improve person-centered care for nursing home residents: The Expand-Care Curriculum**

*Tilman Alexander Huckle<sup>1</sup>; Janna Sill<sup>1</sup>; Katharina Silies<sup>1</sup>; Nadine Pohontsch<sup>2</sup>; Dagmar Lühmann<sup>2</sup>; Katrin Balzer<sup>1</sup>*

*<sup>1</sup> Institute for Social Medicine and Epidemiology, Nursing Research Unit, University of Lübeck; <sup>2</sup> Department of General Practice/Primary Care, University Medical Center Hamburg-Eppendorf*

**Background:** Few academic nurses work in long-term care facilities in Germany, and potential roles are unclear. Within the project Expand-Care (DRKS00028708), a role profile for academic nurses has been developed and is currently evaluated in an exploratory cluster-randomised trial involving 11 nursing-homes. Intervention group nurses participate in a newly developed educational programme (Expand-Care Curriculum) to acquire expanded competencies for person-centered elderly care.

**Objectives:** To examine whether the curriculum is suitable to enable nurses to perform expanded tasks in practice.

**Design and Methods:** The curriculum comprises 300 hours of blended learning in two modules: 1) expanded nursing roles and competencies and 2) person-centered nursing and care for chronically ill people. Learning formats are: 1) face-to-face teaching, 2) self-directed learning and 3) training on the job.

Evaluation of feasibility and benefits targets outcomes based on the Kirkpatrick Model: degree of implementation, learning success, and self-image and understanding of professional roles. Semi-structured interviews, focus groups, and surveys will be analysed using qualitative content analysis and descriptive statistics. Effects of the curriculum will additionally be assessed by supervision of participants' performance in practice and written exams.

**Results:** Baseline data collection of the trial has been completed. After 2 weeks of face-to-face teaching, 4 participants are now undergoing training-on-the-job. Curriculum's content and learning success have been rated favourably so far. The curriculum will conclude in February 2023.

**Conclusions:** If feasibility and benefits will be confirmed, the curriculum will be made publicly available for academic nursing education to support evidence-based, person-centered nursing care for the elderly.



## **The impact of a community-based preventive program using Health Literacy to prevent Sexual Transmitted Infections**

*Susana Sul<sup>1</sup>; Liliana Ferreira<sup>2</sup>; Adriana Henriques<sup>1</sup>; Andreia Costa<sup>3</sup>*

*<sup>1</sup> CIDNUR/ESEL; <sup>2</sup> ACES Lx Central; <sup>3</sup> ESEL/CIDNUR; ISAMB/FM/UL*

**Introduction and Objective:** Sexually transmitted infections (STI) are currently an epidemic, presenting a high risk of morbidity and transmissibility. Despite compromising a pleasurable sexual experience, data points to its continuous increase. This study describes the design, development and implementation of a nursing community-based preventive program with the objective of promoting health literacy (HL) in the context of STI prevention.

**Methods:** A community intervention program was carried out on an STI counseling and detection consultation in Lisbon, based on the health planning process. Two data collection instruments were applied and a descriptive statistical analysis of the data was performed. This was followed by an intervention based on Health Education, also using strategies that optimized the success of the project, such as communication in health, establishment of partnerships, information and communications technologies (ICT) and marketing in health. Finally, proceed to the evaluation of the community project, using result indicators.

**Results:** The sample has considerably low levels of HL, as well as high risk behaviors for acquiring STI. The intervention has been successful in obtaining results that promote health literacy. A high percentage of the individuals considers that the project was interesting, useful and provided opportunities to acquired knowledge that allows them to improve their health.

**Conclusion:** Community programs to promote health literacy are essential in promoting sexual health. It is important to continue to explore the importance of establishing partnerships as a predictor of the success of a project, as well as exploring the potential of ICT in different age groups.

## **interprof HOME - Interprofessional collaboration in ambulatory health care. A cross-sectional survey.**

*Richard Dano<sup>1</sup>; Lea Bremer<sup>1</sup>; Christiane Müller<sup>2</sup>; Britta Tetzlaff<sup>3</sup>; Martin Scherer<sup>3</sup>; Katrin Balzer<sup>4</sup>; Indre Maurer<sup>5</sup>; Clarissa Elisabeth Weber<sup>5</sup>; Hans-Helmut König<sup>6</sup>; Tim Friede<sup>7</sup>; Eva Hummers<sup>2</sup>; Sascha Köpke<sup>1</sup>*

*<sup>1</sup> University of Cologne, Germany; <sup>2</sup> University Medical Center Goettingen, Germany; <sup>3</sup> University Medical Center Hamburg-Eppendorf, Germany; <sup>4</sup> University of Lübeck, Germany; <sup>5</sup> Georg August University Goettingen, Germany; <sup>6</sup> University Hamburg, Germany; <sup>7</sup> Georg August University Göttingen, Germany*

**Background:** Effective collaboration between professionals is crucial when dealing with the increasingly complex health problems of care-dependent persons [1], [2]. The interprof HOME study – funded by the Joint Federal Committee Germany – aims to develop and evaluate an intervention focussing on effective collaboration in person-centred home care.

**Objectives:** To explore the current situation in home care and interprofessional collaboration in Germany – as a basis for intervention development.



**Design and Methods:** Cross-sectional study, using a self-developed questionnaire. People receiving home care and relatives (PRHC/RL), general practitioners (GP), registered nurses (RN) and therapists [(TH) occupational, speech and physical therapists] were asked to participate online or paper based.

**Results:** PRHC/RL (n=38), GP (n=33), RN (n=67), and TH (n=81) participated in the survey. 46% of PWCN/CG indicated their dissatisfaction with interprofessional collaboration. GP, RN and TH advocated for specific interventions to improve communication. Interventions with high approval were e.g. interprofessional case conferences (GP: 67%; RN: 80%; TH: 81%) and shifting tasks (GP: 56%; RN: 64%; TH: 43%). RN (strongly) agreed to carrying out delegated medical tasks (93%), while 54% of GP (strongly) agreed that they trust RN (54%). However, 45% of GP (strongly) disagreed with RN taking over medical tasks. Mutual workshops/trainings are considered as highly important (GP: 61%; RN: 73%; TH: 72%).

**Conclusions:** The survey emphasizes needs for improvements in interprofessional collaboration within the German home care system. Based on these results and triangulated with further qualitative data, interprof HOME interventions are currently developed to be implemented later in the study.

### Identification of patients' unmet health care needs by expert nurses in primary care

*Swantje Seismann-Petersen<sup>1</sup>; Emma Schlegel<sup>2</sup>; Simone Inkrot<sup>3</sup>; Sascha Köpke<sup>1</sup>*

*<sup>1</sup> University of Cologne, Faculty of Medicine and University Hospital Cologne; <sup>2</sup> University of Cologne, Faculty of Medicine and University Hospital Cologne; <sup>3</sup> University of Lübeck, Institute for Social Medicine and Epidemiology*

**Background:** Challenges due to the shortage of general practitioners (GPs) and increasing numbers of people with chronic conditions require innovative care models. Nurses in expanded roles can facilitate access to care while achieving equally good health outcomes as GPs. In the HandinHand study, expert nurses (ENs) carry out home visits based on a medically approved care plan to reduce GPs' workload and improve the care situation of chronically ill people.

**Aim:** To investigate whether ENs identify unmet health care needs beyond those addressed by GPs.

**Methods:** A survey was conducted with ENs (t1=9, t2=9) and GPs (t1 n=24, t2 n=43) assessing whether ENs identify unmet patient needs, and if so, which health professionals could take over the associated tasks. ENs were also asked about unnecessarily delegated healthcare tasks. Data analysis was descriptive.

**Results:** 8 out of 24 (t1) and 23 out of 43 (t2) GPs and 8 (t1, t2) ENs participated in the survey. 6 (t1) and 13 (t2) GPs indicated that ENs identified unknown care needs. 4 (t1) and 7 (t2) ENs reported additional care needs and also indicated that ENs (n=4 (t1), n=7 (t2)) or GPs (n=4 (t1, t2)) could take over the associated tasks. GPs delegated tasks that 2 (t1) and 1 (t2) ENs perceived as unnecessary.

**Conclusion:** The results suggest (1) that there are unmet health care needs, (2) that ENs are appropriately qualified to identify these needs, and (3) feel capable of handling the associated tasks.



## Oral presentation 6: Delirium & cognitive impairment

### **Caring for a relative with dementia and the lived experiences of boundaries in caregiving**

*Simon Krutter<sup>1</sup>; Andreas Büscher<sup>2</sup>; Margitta B. Beil-Hildebrand<sup>1</sup>*

*<sup>1</sup> Paracelsus Medical University Salzburg, Austria; <sup>2</sup> University of Applied Sciences Osnabrück*

**Background:** Caring for a relative with dementia (RwD) is a demanding process. If caregiver burden leads to caregiver overload, the boundaries of caregiving are reached and the institutionalization phase begins. To date, research on the boundaries of family caregiving has mainly focused on predictors leading to an institutional placement of the RwD. Thoughts and feelings of family caregivers about their relatives' transfer to a nursing home are scarce.

**Objectives:** What are the lived experiences of families caring for RwDs at home in a rural setting and how do they perceive the boundaries in dementia caregiving?

**Design and Methods:** A qualitative approach was used to explore the life-world of family caregivers within a case study design and a phenomenological framework. Following a concept analysis of family caregiving in dementia, 21 problem-centred interviews with family caregivers in [name of an Austrian county] were conducted. The interviews were analysed according to the hermeneutical sociology of knowledge approach.

**Results:** The results illustrate specific life-world aspects of family caregiving that exemplify the boundaries in the course of caregiving. Core characteristics presented are "a build-up of events in the lived experience", "dramatic events", or "cascading recruitment of formal services", whereby typical boundaries experienced by family caregivers are described.

**Conclusions:** The aspects of dementia caregiving and the lived experiences of the boundaries in caregiving were described comprehensively. The synthesis of the empirical results with the results of the concept analysis provided a deepened and broadened understanding of the meaning of the concept of caregiving dementia.

### **Importance and contribution of nursing documentation for the interprofessional delirium management**

*Claudia Eckstein<sup>1</sup>; Heinrich Burkhardt<sup>2</sup>*

*<sup>1</sup> (1) University Heidelberg, Germany; (2) University & University Hospital Tuebingen, Germany; <sup>2</sup> University Hospital Mannheim, Germany*

**Background:** Confusion and delirium are often undetected in the acute care. In order to identify these severe syndromes, the DanA concept (Delirium-intervention in the acute-geriatric Setting. A non-pharmacological team-based Approach) was piloted and evaluated. DanA focused on personal and written team exchange regarding confusion and delirium.



**Objectives:** We hypothesised that nurses' documented signs of confusion and delirium would increase quantitatively after the DanA implementation. We assumed that nurses' indications of confusion might predict a delirium diagnosis.

**Design and Methods:** The 14-month DanA-study was based on a pre-post-test design. Aside to patient and team-related evaluations, patient files were quantitatively assessed referring confusion and delirium. We compared the mean values of the intervention group (IG) (n = 212) and the control group (CG) (n = 183). A binary logistic regression was used to examine whether the nurses' indications of confusion were associated with a delirium diagnosis.

**Results:** Nurses documented significantly more indications of confusion in the patient files of the IG (51.5%) after the implementation of DanA compared to the files of the KG (37.2%) (p = 0.007). Nurses' documentation of confusion was shown to be a highly significant predictor (p < 0.001; 95% CI, 1.133-1.466) of a delirium diagnosis.

**Conclusions:** Delirium concepts, such as DanA, may contribute that nurses are more aware of signs of confusion, document them accordingly and share this information within the interprofessional team. Patients who were described by nurses as confused were significantly more likely to develop a delirium than those who were not classified as confused.

#### **Facilitators and barriers to implementing a unit for patients with cognitive impairments: a process evaluation.**

*Laura Adlbrecht<sup>1</sup>; Eva Ziegler<sup>2</sup>; Nicole Helfenberger<sup>2</sup>; Heidi Zeller<sup>1</sup>*

*<sup>1</sup> OST Ostschweizer Fachhochschule; <sup>2</sup> Geriatrische Klinik St. Gallen AG*

**Background:** An acute-geriatric hospital in cooperation with a research institute developed and implemented a concept for a specialized unit for persons with cognitive impairments to reduce the risks associated with their hospitalization. The concept encompasses an interprofessional care pathway, staff training, environmental adaption and individualisation of care and treatment plans. The implementation of such a complex concept comprising multiple and interacting components and professions is challenging.

**Objectives:** The aim of the study was to evaluate the implementation process and to identify facilitators and barriers in the implementation of the specialized ward for persons with cognitive impairment in the acute hospital.

**Design and Methods:** We applied the principles of action research during implementation and evaluation. We conducted a process evaluation using semi-structured individual interviews and focus groups with the interprofessional team. In addition, we analyzed documentation of the implementation process. We performed a qualitative content analysis following Kuckartz.

**Results:** Twentyeight staff members from the interprofessional team took part in the study. Our content analysis yielded seven main categories: "slowed down - uncontrollable contextual changes", "patients as system challengers", "corset of traditional structures and processes", "ambiguity and vagueness in vision and detail", "varying capacities to shape change", "neglected communication" and "fragmented interprofessionality".



**Conclusions:** The implementation of a specialised ward for people with cognitive impairments is challenged by numerous aspects rooted in the cultures of the professions and the organisation. Such extensive implementation projects require resources for organisational capacity building. In times of crisis, however, this sometimes may not be enough.

### **The nursing mobile workstation: an overview of the literature**

*Margot Vanmeenen; Julian Hirt; Ralph Möhler; Simon Malfait*

**Background:** Nursing mobile workstations (NMW) are commonly used in clinical care. They equip nurses with medication, records and nursing equipment. Knowledge about design and context in which NMWs are used, is scarce.

**Objectives:** The aim of the systematic review was to provide an overview of the existing literature on NMWs.

**Methods:** In April 2022 we systematically searched PubMed, CINAHL and Web of Science, using a combination of 'nursing', 'mobile', 'workstation' and their synonyms. Articles on NMWs used by nurses during direct patient care at nursing units in hospital settings, written in English, Dutch, French, and German were eligible for inclusion. There were no restrictions on study design, publication type and publication year. Two reviewers independently screened the references. One reviewer extracted data of which 10% was double-checked by a second reviewer. We extracted publication type/year, definitions and terminology used to describe NMWs. We narratively summarized the results.

**Results:** We included seventeen journal articles, six conference papers and three perspective papers, published between 2003 and 2021. Twelve articles had NMWs as main topic, fourteen articles briefly mentioned NMWs as clinical equipment. Nineteen different terms were used to describe the NMW. They comprised different equipment and features. An overall definition of the NMW was not found.

**Conclusion:** For an item that is widely used in nursing care, the available knowledge is limited. Future studies may explore the current functions and use of the NMW. A universal definition or term for the NMW is needed to summarise and analyse research on the topic.



## Oral presentation 7: Advanced roles

### **A WORKPLACE-BASED TRAINING PROGRAM FOR SAFE TASK SHIFTING IN AN EMERGENCY DEPARTMENT**

*Elin Saga<sup>1</sup>; Pia Cecilie Bing-Jonsson<sup>2</sup>; Kirsti Skovdahl<sup>3</sup>; Espen Lindholm<sup>1</sup>; Ragnhild Sørum Falk<sup>4</sup>*

*<sup>1</sup> Vestfold Hospital Trust; <sup>2</sup> University of South-Eastern Norway; <sup>3</sup> Østfold University College; <sup>4</sup> Oslo University Hospital*

There is a global shortage of healthcare personnel that is expected to become more severe towards 2030. Task shifting is one solution to this challenge. Although many tasks have been shifted from one health care profession to another, the training in the task and the quality of the task completion have seldom been evaluated. Patients' perspectives have been considered in training programs for task shifting to an even lesser degree.

This study evaluates a workplace-based training program for shifting the task of ultrasound guided femoral nerve block from anesthesiologists to nurses. It is a single-center feasibility study with a mixed method approach. The study was conducted at an emergency department in Norway between 2019-2020.

The training program was assessed in an OSCE, followed by three in-situ practical procedures under supervision by anesthesiologists. The training program is relatively short and was conducted in a hectic environment in an emergency department without any extra resources. All included registered nurses learned the procedure for task shifting and were thus eligible for further research on the effectiveness of task shifting in a randomized control trial. The nurses and anesthesiologists were in moderate agreement regarding the successfulness of the procedure and its benefit to patients in terms of pain relief. Patient interviews revealed that all patients experienced pain relief after the nerve block and that they felt safe and taken care of during the training. Based on our results, the proposed training program seems feasible for shifting the task from anesthesiologists to registered nurses.

### **Stakeholder involvement in the development of a Theory of Change for a complex intervention**

*Anika Hagedorn; Dominique Autschbach; Margareta Halek*

*Witten/Herdecke University*

**Background:** The MRC framework calls for engaging stakeholders in developing and evaluating complex interventions. Participatory Action Research (PAR) requires regular reflections and iterative adaptations of (interim-) results when participants are engaged as co-researchers. The application of a theory of change (ToC) allows the participatory development of the long-term goal and specific intervention components, while considering causal relationships and risks to adoption. Thus, this method is considered promising for participatory knowledge building.

**Objectives:** In order to produce both results tailored to the context and the target-group and to aptly work with ToC, we aim to investigate limits of working with ToC in PAR.



**Design and Methods:** The results are based on the development of a concept to strengthen the community in a nursing home using a triadic PAR approach that involves residents, staff and informal caregivers as co-researchers in a working group. After concept definition and operationalization, the group discusses piloting and possible modifications based on field reports. A monitoring committee oversees methodological and content-related processes.

**Results:** Working with the ToC map was successful during concept development and operationalisation. Detail and scope of the theory were sometimes overwhelming in terms of content and time. The development of a complete ToC within the working group was not feasible. In consultation with the co-researchers, the monitoring committee took over the definition of some ToC components.

**Conclusions:** When working with ToC in PAR, knowledge gaps between scientific and co-researchers need to be considered in advance to minimize setbacks and avoid timing issues.

### **Expectations of patients and relatives in APN-care – a quantitative study**

*Christina Dera-Ströhm<sup>1</sup>; Joachim Klein; Renate Stemmer<sup>1</sup>*

<sup>1</sup> *Catholic University of Applied Sciences, Mainz*

**Background:** Unlike in many countries (1), Advanced Practice Nurses (APNs) are not yet deployed in GP practices in Germany. The research project FAMOUS (funded by the Innovation Fund of the Federal Joint Committee) is examining the care of multimorbid patients by APNs in GP practices in Germany. Since October 2021, 9 APNs in one practice each are providing individual care for patients with at least 3 chronic diseases.

**Objective:** The aim of this study is to analyse the expectations of patients and their relatives towards the APN care.

**Design and Methods:** design: cross-sectional study; instruments of data collection: project specific questionnaires; time of data collection: at the beginning of APN care; time frame of data collection: October 2021 - September 2022; samples: patients (n= 217), relatives (n= 170); data analysis: descriptive and analytical analyses (frequency distributions, t-tests, variance analyses).

**Results:** Patients and relatives mostly expect better informations about health and new support services. They also hope to get usable help for everyday life. Relatives additionally expect a better communication and cooperation with the GP practice and that the care will allow patients to stay longer in their home environment.

**Conclusion:** Both patients and relatives have similar expectations of the APN care: better information (i. e. about the patient's health situation and support services) and more support in managing the consequences of their multimorbidity.

References:

(1) Maier, C., Aiken, L., & Busse, R. (2016). Nurses in advanced roles in primary care: Policy levers for implementation OECD Health Working Papers, No. 98.



### **Challenges and barriers for nurses participating in international research: High motivation and organizational obstacles**

*Anne-Kathrin Cassier-Woidasky<sup>1</sup>; Heike Rai<sup>2</sup>; Simeon Dale<sup>3</sup>; Sandy Middleton<sup>3</sup>; Waltraud Pfeilschifter<sup>4</sup>*

*<sup>1</sup> HTW Saar; <sup>2</sup> Universitätsklinik Frankfurt; <sup>3</sup> Nursing Research Institute, St Vincent's Health Network Sydney, St Vincent's Hospital Melbourne; and Australian Catholic University; <sup>4</sup> Städt. Klinikum Lüneburg*

**Background:** As part of an international research project, eight German Stroke Units implemented the FeSS (Fever, Sugar, Swallow) Protocols according to Middleton et al., an evidence-based guideline for nurse-led stroke care to improve management of fever, hyperglycemia and swallowing following stroke. In a pre-test/post-test intervention study, nurses were guided by a research team to implement and use the FeSS Protocols and to enter clinical data into an electronic database.

**Objectives:** To understand the methodological challenges and barriers to participating in nursing research related data entry done by ward nurses. To find appropriate solutions how to support nurse-led quality of care improvement.

**Design and Methods:** Data source were the research assistant's field notes during the pre-implementation data collection and nurses' comments from a post-implementation survey at project completion. These data have been analysed using an open qualitative approach, deriving categories from the notes according to Strauss/Corbin.

**Results:** We identified staff shortage and lack of interruption-free working time and deficits in research-specific skills and training as the main barriers. However, nurses were highly motivated and showed great efforts to contribute to the project and to use the protocol.

**Conclusions:** Despite a nursing staff shortage, worsened by COVID-19, nurses made significant efforts to support the project. However, the process revealed organisational requirements and educational considerations for nurses in Germany. Addressing these challenges could improve the readiness of clinical nurses to engage in scientific work as well as the quality of care.

### Oral presentation 8: Methodological issues

#### **Development, implementation and evaluating explanation videos to strengthen health literacy in people with intellectual disabilities.**

*Dirk Bruland<sup>1</sup>; Nils Sebastian Vetter<sup>1</sup>; Matthias Voß; Norbert Seidl; Änne Dörte Latteck*

*<sup>1</sup> Bielefeld University of Applied Sciences*

**Background:** People with intellectual disabilities (PWID) represent a disadvantaged group regarding health and health literacy (HL). HL includes the acquisition, understanding and assessment of health-related information. A low HL level is associated with increased support from health professionals like nurses.



**Objectives:** To strengthen HL in PWID eight explanatory videos were developed, implemented and evaluated.

**Methods:** Development: theoretical basis is provided by an international literature review and 14 guided qualitative interviews with PWID; participative approach - five PWID were involved in the process of video conceptualization. Implementation: videos were implemented in daily life assorted by increasing complexity in twelve integration-aid-services. Evaluation: mixed-method approach a) cluster-randomized controlled study (N=167), b) 25 PWID and 25 supporters were asked via guided qualitative interviews and c) three focus groups with different experts from practice and HL researchers.

**Results:** Quantitative results show significant short-term positive effect. Additionally, results from qualitative interviews with PWID and supporters highlight relevant opportunities for improvement to reach long-term effects. Results of the focus groups guide in-depth possibilities for improvement. Overall, the videos were assessed as very helpful for nurses' practice but a more multimodal approach was requested. For this, elaborated supporting documents were claimed.

**Conclusions:** Nursing profession includes preventive measures, taking into account specific life situations and promoting health-related autonomy referring to the state of scientific knowledge. The modified eight videos, from easy to complex subjects, address multiple strengths of PWID to promote health literacy and health behavior. Video use empowers individuals and helps reduce the need for support.

### **How to map the evidence? Systematic overview of scoping and mapping methodologies in nursing research**

*Julian Hirt; Margot Vanmeenen; Simon Malfait; Ralph Möhler*

**Background:** In the last decades, review methodologies have evolved and differentiated. Formats to map knowledge and to identify research gaps gained increased importance. Different approaches have been proposed, such as scoping, mapping, and bibliographic reviews. All these methods focus on metadata of publications and study characteristics rather than on the analysis of the study data. However, the differences between these types of reviews are vague.

**Objectives:** To identify and compare scoping and mapping methodologies that have been applied in nursing research.

**Design and Methods:** We searched for publications focusing on producing a sort of overview of the available research on a nursing topic in MEDLINE/PubMed, Web of Science Core Collection, Scopus, and CINAHL. Two reviewers independently screened titles, abstracts, and full texts. Differences and similarities of the identified methodologies was reported narratively.

**Results:** We identified six review methodologies that are referred to as bibliometric analysis, evidence mapping, focused mapping review and synthesis, and scoping review. Typically, the identified methodologies aim to provide a graphical, tabular, or narrative overview based on potentially restricted searches without a formal critical assessment of the literature. While a bibliometric analysis



and some types of scoping reviews aim to perform a statistical analysis, other types are not restricted for the type of analysis.

**Conclusions:** Scoping and mapping methodologies are regularly applied in nursing research. Although there is some overlap between different methods, we described unique characteristics. A continuous monitoring of methodologies would help to inform researchers about the most suitable methodology for an individual research aim.

### **Prevalence, preventability, type and severity of nursing-sensitive events in German hospitals: a multicenter longitudinal observational study**

*Stefanie Bachnick<sup>1</sup>; Michael Simon<sup>2</sup>; Katja Falta<sup>1</sup>; Daniela Holle<sup>1</sup>; Maria Unbeck<sup>3</sup>*

*<sup>1</sup> Hochschule für Gesundheit Bochum; <sup>2</sup> University of Basel; <sup>3</sup> Dalarna University*

**Background:** Nursing-sensitive events (NSEs) have been found in international studies to occur in hospitalized patient up to 77% of all adverse events. Data about NSEs in Germany are lacking.

**Objectives:** To explore prevalence, preventability, type and severity of NSEs.

**Design and Method:** TAILR.DE (“Nursing-sensitive events and the Association with Individual patient Levels nurse staffing in German hospitals”) is a multicentre, longitudinal observational study and includes 16 units in four German hospitals. To assess NSEs, standardized retrospective record reviews are used. Descriptive analysis of prevalence, preventability, types, and severity of NSEs was conducted.

**Results:** So far, 625 records of 336 (54%) male and 289 (46%) female patients were reviewed with a mean age of 63.7 years (SD=19.1). 1193 NSEs were identified in 375 (60%) of the records (range 1-17), of which 941 (79%) were deemed preventable. The most common types of NSEs were deficiency in drug management (n=305, 26%), deterioration of vital signs (n=232, 19%), and skin, vessel or tissue harm (n=171, 14%). Fifty-two percent (n=621) of the NSEs were no-harm incidents. Five-hundred eleven of NSEs (43%) contributed to or resulted in temporary harm. Additional 53 NSEs (4%) contributed to or resulted in temporary harm that prolonged index hospitalization, required additional inpatient admission(s) or extra outpatient care.

**Conclusion:** TAILR.DE is the first study to assess and characterize NSEs in German hospitals based on record reviews. NSE detection is a key measure to follow the quality of care. The high prevalence of NSEs make the prevention a high priority.

### **Methodological reflection regarding the analysis of qualitative data from people living with dementia: scoping review**

*Sonja Teupen<sup>1</sup>; Claudia Dinand<sup>2</sup>; Jonathan Serbser-Koal<sup>1</sup>; Franziska Laporte Uribe<sup>1</sup>*

*<sup>1</sup> (1) German Center for Neurodegenerative Diseases (DZNE), Witten; (2) Witten/Herdecke University, Witten, Germany; <sup>2</sup> Witten/Herdecke University*



**Background:** Qualitative methods offer specific opportunities to consider the voices and subjective perspectives of people living with dementia. Advice concerning the collection of qualitative data from people living with dementia is available, whereas guidelines for the analysis remain scarce.

**Objectives:** The aim of this scoping review was to explore methodological considerations in the field of care research related to data analysis in qualitative studies featuring data from people living with dementia.

**Design and Methods:** A scoping review was conducted by searching MEDLINE and PsycINFO in December 2020. The search string was defined using the PCC framework (Peters). Peer-reviewed articles concerning qualitative research that included people living with dementia as research participants were eligible if they contained a methodological reflection on analysis. Articles were screened by two independent researchers. Reporting follows the PRISMA-ScR guidelines (Tricco).

**Results:** Thirteen articles were included. Four areas of reflection were identified: (I) analytical implications of data collection methods, (II) analytical perspective, (III) analytical techniques, and (IV) persons involved. Both diversity and scarcity of methodological reflection are evident with regard to the analysis of qualitative data from people living with dementia. The underlying question of possible methodologically relevant characteristics of people living with dementia is not at the centre of the reviewed literature.

**Conclusions:** The methodological debate should be intensified with regard to its quantity and enriched with regard to its quality. A rethinking on the part of researchers, journals, and funding bodies could encourage methodological reflection to become a more integral part of the research process.

## Oral presentation 9: Nursing education

### **Evidence-based nursing - Nurse students' perceived barriers and facilitators of research utilisation in clinical practice**

*Maija Huttunen-Lenz<sup>1</sup>; Thi Hoa Can<sup>2</sup>*

*<sup>1</sup> PH Schwäbisch Gmünd; <sup>2</sup> AWO Bildungsakademie Württemberg*

**Background:** Evidence-based nursing practice is considered crucial in ensuring good quality, safe, and efficient patient care. Evidence-based practice requires nurses to be able to understand and utilise research in practical context. Utilisation of evidence in clinical practice requires skills that nurses should acquire during studies. However, nurses and student nurses report high barriers to effective evidence-based practice.

**Objectives:** This study had two aims. Firstly, differences in perceived research utilisation barriers and facilitators among nurse students were examined. Secondly, it was examined whether socio-demographic characteristics were associated with perceived barriers and facilitators of research utilisation in clinical practice.



**Design and Methods:** “Barriers and Facilitators of Research Utilisation” scale by Funk et al. (1991) with four separate dimensions was translated in German. Using a cross-sectional design, nurse students at different stages of education were invited to participate (n= 69). Both uni- and multivariate statistical analyses were deployed, due to multiple testing significance level  $p = .006$  was used.

**Results:** Nurse students perceived research skills, organisational characteristics, research communication and innovation to be barriers rather than facilitators. Significant differences were found between the barriers ( $F(2,7)$ ,  $p < .001$ ), with organisational characteristics considered significantly greater barrier than other scale dimensions. Nurse student characteristics were not associated with the perception of the barriers or facilitators.

**Conclusions:** Organisational characteristics, such as lack of opportunities to implement new ideas, emerged an important barrier of utilisation of research in evidence-based nursing practice. Perception of the barriers was not influenced by individual characteristics, indicating potentially systemic barriers.

### **What do you think about nursing? Nursing trainees’ Professional Identity**

*Veronika Anselmann; Benjamin Bohn*

*Pädagogische Hochschule Schwäbisch Gmünd*

**Background:** Facing a global pandemic, society seems to acknowledge the importance of nurses for the healthcare system. In Germany, nursing vocational education has changed to academic career path. These changes can have influence on nurses’ career choice, nursing orientation and perception of a nursing career.

**Objectives:** Nurses’ perception of their job is part of a nurses’ professional identity, which could be described as their individual perception of the practice and behavior of nurses. Based on the Social Cognitive Career Theory and Professional Identity Theory, we assume that professional identity of nurses can differ and be influenced by different individual and structural aspects. The research question is: How do nursing trainees differ regarding their perception of nursing as a career?

**Design and Methods:** To answer this research question, we conducted a cross-sectional questionnaire study with validated scales with nursing trainees (N= 245). We used descriptive statistics and analyzed Cronbach’s alpha. We conducted a hierarchical cluster analysis and latent class analysis. To compare cluster, we calculated ANOVA and Scheffé’s post-hoc test.

**Results:** Results of the cluster analysis (ward approach) indicate a two- cluster solution for our data (AIC 251.984 BIC 265.296 aBIC 252.622). The results of ANOVA show significant differences between the cluster regarding professional development, nursing orientation, and perception of nursing as a career.

**Conclusions:** Our results give interesting insights in professional identity of the actual generation of nurses and can be used to develop effective recruitment strategies for future nursing staff.



## THE SCENARIO-BASED ANIMATION' EFFECT ON NURSING STUDENTS' KNOWLEDGE, ATTITUDE AND MOTIVATION: ROM EXERCISES EXAMPLE

Aysel ÖZSABAN<sup>1</sup>; Aysun BAYRAM<sup>1</sup>; Çiğdem TORUN KILIÇ<sup>1</sup>; Muhammed Hanefi CALP<sup>2</sup>; Havva ÖZTÜRK<sup>1</sup>

<sup>1</sup> Karadeniz Technical University; <sup>2</sup> Ankara Hacı Bayram Veli University

**Aim:** To develop a scenario-based animation video on range of motion (ROM) exercises and to evaluate the effect of the training given with the developed video on the knowledge, motivation, and attitude nursing students' levels.

**Methods:** The pretest-posttest randomized controlled experimental study was conducted with 104 (52: experimental group, 52: control group) first year nursing students. The data were collected with Student Information Form, Knowledge Test of Range of Motion Exercises, Motivation Towards E-Learning Scale and A General Attitude Scale Towards E-Learning. This study was carried out in two stages. In the first step, the scenario-based animation video was created. In the second step, experimental and control group was thought with the scenario-based animation video and basic skill video, respectively. Ethics committee approval was obtained (Date:21/12/2020, Number:24237859-775).

**Results:** It was determined that the scenario-based animation video developed significantly increased the nursing students' knowledge, attitude and motivation levels towards e-learning ( $p < 0.001$ ) regarding range of motion exercises. In addition, it was determined that the motivation and attitude scores of the students in the experimental group who received training with the animation video were statistically significantly higher than the students in the control group who received training with the basic skill video ( $p < 0.05$ ).

**Conclusion:** It can be concluded that animation videos in nursing education are instructive and positively effective in developing high motivation and attitude of students in distance education. It can be suggested that scenario-based animation videos should be integrated into education as course materials in distance education.



## Postersessions

### Poster session 1: Delirium and dementia

#### **Piloting a complex intervention for delirium prevention during discharge: a mixed-methods process evaluation**

*Natascha-Elisabeth Denninger<sup>1</sup>; Simone Brefka<sup>2</sup>; Marlene Benkert<sup>1</sup>; Gabriele Meyer<sup>3</sup>; Dhayana Dallmeier<sup>2</sup>; Michael Denking<sup>2</sup>; Martin Müller<sup>4</sup>*

*<sup>1</sup> University of Applied Sciences Rosenheim; <sup>2</sup> Agaplesion Bethesda Clinic Ulm; <sup>3</sup> Martin Luther University Halle-Wittenberg; <sup>4</sup> Ruprecht-Karls-University Heidelberg*

**Background:** We developed a complex intervention to prevent delirium during discharge from acute hospital. The intervention was tested in a cluster-randomized controlled pilot study with a stepped-wedge design and a mixed-methods process evaluation (PE).

**Objectives:** Examination of the feasibility of (I) the study design, and (II) intervention components and implementation strategies (e.g. implementation process, mechanisms of change, context).

**Design and Methods:** The PE is based on the UK MRC Guidance for process evaluation, the Normalization Process Theory (NPT) and a previously developed logic model. The qualitative methods comprise (a) interviews, (b) documentation, and (c) status analyses. Quantitative methods include (d) the Normalization MeASURE Development questionnaire, (e) standardized questionnaires, and (f) the number of page views of the intervention website. The qualitative data were analyzed using content analysis, and the quantitative data by descriptive statistics. The sub-studies were conducted simultaneously and results were comparatively synthesized (triangulation design).

**Results:** We conducted n=72 individual and n=2 group interviews, and n=7 status analyses (before/after intervention). N=58 questionnaires were completed. The implementation was difficult due to the pandemic, patient care had to be prioritized. In the participating wards, some adjustments were made to the original plan (e.g. contacting relatives by phone instead of face-to-face to share information about discharge and delirium). Further results will be presented at the conference.

**Conclusions:** Our data evaluation will enable us to assess the feasibility, implementation, change mechanisms, and context of the intervention, and to make recommendations for the further development of the intervention, implementation, and study design.



### **Introducing technology-based counselling in dementia into clinical care: a scoping review of implementation success**

*Dorothee Bauernschmidt; Janina Wittmann; Julian Hirt; Gero Langer; Gabriele Meyer; Anja Bieber*

**Background:** Counselling may be beneficial for people with dementia and informal carers, and accessibility may be enhanced by technology, e.g., telephone- or video-based. As part of a systematic review on technology-based counselling interventions, we focused on implementation [1].

**Objectives:** To assess how the implementation of technology-based counselling for people with dementia and informal carers is described and how successful such interventions have been implemented.

**Design and Methods:** We conducted a scoping review searching five databases (April 2021) in combination with citation tracking and web searching (November 2021) [1]. Data extraction was guided by a framework comprising the outcomes acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration, and sustainability to conceptualise implementation success [2]. Results were narratively summarised.

**Results:** We included 52 studies reporting on technology-based counselling interventions and published between 1993 and 2021. The design of the included studies varied. Interventions were heterogeneous and comprised single counselling interventions and multi-component programmes. Telephone, videoconferencing, email, online platforms, and chats were used for delivering counselling. As few of the included studies evaluated implementation, reporting on implementation outcomes was found to be insufficient and comprehensiveness of information varied widely. While we found information on acceptability and appropriateness for most interventions, cost and adoption were rarely reported.

**Conclusions:** There is insufficient information to assess the implementation success of technology-based counselling interventions in dementia. Guidance for the development and evaluation of counselling interventions could improve structured process evaluations and reporting.

### **Delirium in acute care - the perspective of the relatives**

*Naomi Neumann*

**Background:** Delirium is a common complication experienced by patients during hospitalization. For those affected, delirium is often characterized by the experience of negative emotions. The integration of relatives is associated with potential but also with burdens and distress, which can be positively influenced by targeted nursing support measures.

**Objective:** The aim of this systematic research is to show the potentials that relatives have within delirium management. In addition, burdens of the relatives and support possibilities are pointed out.

**Methods:** With a systematic literature analysis, which is based on the literature databases Pubmed, CareLit and Cinahl as well as a hand search, potentials and burdens of relatives are shown and measures to reduce the burdens are identified.



**Results:** Relatives show potentials in the context of delirium management, which have a positive impact on the affected person and the nurses. When patients develop delirium, relatives suffer from emotional and situational stress, which can be positively influenced by successful communication, trainings, and integration of relatives into the care process.

**Discussion:** Even if the concepts of delirium management in Germany are still inconsistent, relatives should be involved in the care of patients suffering from delirium. This requires trainings and sensitization of the nurses as well as adaptation of organizational structures. The implementation of a delirium team under the leadership of an APN could support nursing professionals.

### **Developing technology together with family caregivers of people with dementia - insights from an exchange**

*Franziska Anushi Jagoda; Margareta Halek*

*Witten/Herdecke University*

**Background:** Involvement of relevant stakeholders in research is an element of the development and feasibility of complex interventions (updated MRC-Framework). Family caregivers of people with dementia are a distinct group due to the particularly stressful and time-intensive care situation. However, little evidence exists regarding a tailored approach for researchers for this group keeping in mind their situation at home.

**Objectives:** The aim of the sub-project of the eDEM-CONNECT-project was to develop a concept for the appropriate involvement of family caregivers of people with dementia in the development of technologies.

**Design and Methods:** A scoping review identified little evidence for a tailored involvement approach. A workshop was developed in close cooperation with an advisory board member of the family caregivers. It was conducted with family caregivers (n=4) by the researcher and the advisor as an equal team. The workshop focused on recruitment, incentives for participation and other basic conditions.

**Results:** Regarding recruitment the participants mentioned a 'door opener' and a 'bouquet' are needed. Money was not an important incentive, but rather the mutual exchange with like-minded people and learning something new. Regarding the amount of time in a project it became clear that more than two days a week with more than one hour a day is hardly possible.

**Conclusion:** In the workshop it became clear that many of the aspects addressed could only be revealed through exchange with the group itself. The cooperation with the advisory board was profitable, but also brought hurdles that had to be overcome.



## **Dementia & Pain in the acute Setting - A nursing challenge**

*Marc Brandstätter<sup>1</sup>; Ines G. Hartmann<sup>2</sup>; Nadja Nestler<sup>3</sup>*

*<sup>1</sup> Kardinal Schwarzenberg Clinic, Schwarzach ; <sup>2</sup> Kardinal Schwarzenberg Clinic, Schwarzach; <sup>3</sup> Paracelsus Medical University*

**Background:** Pain assessment in older people, especially in people with dementia, is more complex and time-consuming compared to people without cognitive impairment. Due to this, studies show an undertreatment of pain because of an inappropriate pain assessment on the basis of vague assumptions. In addition, nurses describe pain assessment in older people and in people with dementia as a challenge. Structured concepts for a decision making process for a self-or third party assessment can help to cope this challenge and lead to a better pain assessment.

**Objectives:** The aim of the research project was to evaluate the implementation of the “See Pain” framework for the decision-making process for pain assessment in people with dementia on pilot wards in one Austrian hospital.

**Design and Methods:** Before and after the implementation of the decision-making concept, an evaluation was carried out via semi-structured focus groups with 8 nurses of the pilot wards. The interviews were transcribed and analysed by qualitative content analysis according to Mayring with help of MAXQDA©. A coding tree was developed out of the interview guide and the categories of the used framework.

**Results:** Prior to the implementation, nurses described the orientation in the individual situation of the patients as significant and prerequisite, while they experienced the decision making using a well-founded concept as helpful in the assessment of pain in people with dementia afterwards.

**Conclusions:** Evidence-based concepts support nurses in the assessment of pain in people with dementia.

## **Educational interventions to increase knowledge of delirium among health care professionals in nursing homes - a protocol for a realist review**

*Vincent Molitor<sup>1</sup>; Theresa Sophie Busse<sup>2</sup>; Chantal Giehl<sup>2</sup>; Romy Lauer<sup>2</sup>; Ina Otte<sup>2</sup>; Horst Christian Vollmar<sup>2</sup>; Petra Thürmann<sup>1</sup>; Bernhard Holle<sup>3</sup>; Rebecca Palm<sup>1</sup>*

*<sup>1</sup> University Witten/Herdecke; <sup>2</sup> Ruhr-Universität Bochum; <sup>3</sup> Deutsches Zentrum für Neurodegenerative Erkrankungen e.V. (DZNE)*

**Background:** Delirium is a neuropathological syndrome that impairs cognitive performance, attention, as well as consciousness, and can potentially present an emergency. Causes of delirium may include infections, lack of fluid or newly introduced medications. Nursing home residents have a high risk for developing delirium, yet healthcare professionals (HCPs) seem to be little aware of the problem. Therefore, the aim of this realist review is to understand how and why an educational intervention for HCPs on delirium works in nursing homes.



**Methods:** The realist review process will include the following steps: search strategy and literature review; study selection and assessment; data extraction; data synthesis and development of an initial program theory. Searches will be conducted in established databases, by hand search, and including grey literature. Literature will be selected by two researchers independently. In addition, the experiences of nursing home staff will be explored in group discussions. To this end, context-mechanism-outcome configurations (CMOc) will be created to develop an initial program theory.

**Expected results:** An indication on how HCPs can overcome their knowledge deficits and thus become more confident in diagnosing, dealing with and treating delirium in nursing homes is expected. Contextual factors that influence the outcome of delirium education for HCPs in nursing homes may also be uncovered. The CMOc will serve as an elementary component for the development of interdisciplinary curriculum for an e-learning tool to improve delirium-specific knowledge in nursing homes.

## Poster session 2: Clinical aspects

### **Self-management strategies in patients with breast cancer undergoing chemotherapy: a study protocol**

*Juliane Heigl; Manela Glarcher<sup>1</sup>*

<sup>1</sup> *Paracelsus Medical University Salzburg, Austria*

**Background:** In Austria, 5,748 new diagnoses and 1,668 deaths from breast cancer were registered in 2019 (Statistics Austria, 2022), making it the most common cancer and the leading cause of cancer death in women. Due to the shift of therapy from inpatient to outpatient settings, patients are challenged with symptom management at their homes (Kropf-Staub, 2013). Symptom management is a dynamic process, which is supposed to follow a multi-professional approach and can be promoted through information, counselling, and training of patients by nurses (Naegele, 2020). The consequences of symptom burden are patient- and system related. For patients, there may be a delay or discontinuation of treatment, a worsened prognosis, a shortened survivorship and, consequently, a lower quality of life. For the health care system, this causes increased hospitalisation and medical costs (Gapstur, 2007).

**Objectives:** The aim is to understand the experience of symptom management in women with breast cancer and their information and counselling requirements.

**Design and Methods:** A qualitative phenomenological study will be conducted using problem-centred interviews with a semi-structured interview guide in 8 to 12 women. The data will be evaluated using qualitative content analysis at a manifest level (Mayring, 2015). Women with ongoing chemotherapy after the third therapy cycle are included. Women with exclusively surgical tumour treatment and/or terminal ill are excluded.

**Results:** The results serve as a starting point for the development of nursing concepts to promote symptom self-management in breast cancer patients.

**Conclusion:** Strengthening self-management of therapy- and disease-related symptoms is a challenge for nurses.



### **Perceptions of a good life for the oldest old living at home**

*Ariel Almevall*

*Luleå University of Technology (LTU)*

An increasing number of people are growing older and living longer in their homes. This study aims to describe key stakeholders' (politicians, managers, and professionals) perceptions of a good life for single-living oldest old persons living at home with extensive needs for support. Interviews with stakeholders were analysed with content analysis. The analysis resulted in the theme: An incongruence between intentions and actions in promoting a good life for the oldest old. The main findings show how incongruence permeated key stakeholders' experiences when supporting older persons living in their own homes when needing around-the-clock care. Findings are discussed in relation to the understanding of human life and ethics, where methods for dealing with ethical dilemmas can be a way to increase opportunities for older people to have the advantages of staying at home when needing care, without disadvantages linked to health or well-being.

To promote a good life for the oldest old persons, a congruence is needed between individual awareness and the prerequisite of promoting a good life. Developing methods that identify and bridge the gaps between intentions and actions could support abilities of organisations to promote a good life for the oldest old persons with extensive needs for support.

### **Evaluation of ICHOM Standard Set for Pregnancy and Childbirth Outcomes in Midwifery Clinical Practice**

*Milda Nagineviciute<sup>1</sup>; Aurelija Blazeviciene<sup>2</sup>; Egle Bartuseviciene<sup>2</sup>*

*<sup>1</sup>Lithuanian University of Health Sciences; <sup>2</sup>Lithuanian University of Health Sciences*

**Background:** Midwives support physiologic birth, and their care has been found to lead to fewer unneeded medical interventions, had greater patient satisfaction and a higher likelihood of breastfeeding. The International Consortium for Health Outcomes Measurement (ICHOM) developed the Pregnancy and Childbirth (PCB) outcome set to evaluate and improve perinatal care.

**Objectives:** This research aim is to evaluate the ICHOM Set of Patient-Centered Outcome Measures for Pregnancy and Childbirth in the Lithuanian healthcare system.

**Design and Methods:** The research was conducted in Lithuanian hospitals that provide health care services to women with pregnancies and deliveries of all risk levels. PCB Standard Set which includes outcomes to evaluate maternity care for all women during pregnancy, labor, delivery, and postpartum period was used.

**Results:** The maternity hospitals within Lithuania are currently categorized into III levels, which are identified risk of pregnancy level and the need for assistance for newborns. The first results showed that midwives who should work as independent caregivers for normal pregnancy and physiologic deliveries, work just as a part of a team with a doctor gynaecologist.

**Conclusions:** Low-risk pregnancy ending in a vaginal birth is best served and guided by a midwife, but the high number of delivered births by physicians supinates that this Pregnancy and Childbirth outcome set may be challenging to implement into clinical practice.



## **Interventions to reduce thirst in patients with chronic heart failure or hemodialysis: A Systematic Review**

*Franziska Wefer<sup>1</sup>; Lars Krüger; Nana Waldréus; Sascha Köpke*

*<sup>1</sup> University of Cologne, Herz- und Diabeteszentrum NRW, University Hospital of Ruhr University Bochum*

**Background:** Patients with chronic heart failure (CHF) or with hemodialysis (HD) often suffer from thirst. Increased thirst can be related to the underlying disease or interventions such medication and fluid restriction. Therefore, strategies, other than drinking fluids, are needed to reduce thirst in these patients.

**Objectives:** To identify non-pharmacological interventions to reduce thirst in patients with CHF or HD and explore patient preferences.

**Design and Methods:** A systematic review with a literature search in 5 databases was performed without time limitation. Title and abstract screening, full text screening, critical appraisal and data extraction was completed independently by two blinded reviewers. Methodological quality of included studies was assessed using the RoB 2 for randomized controlled trials and the JBI instruments for non-randomized and observational studies.

**Results:** 21 studies were included (15 intervention studies, 6 observational studies). 15 studies included patients with HD and 6 patients with CHF. Interventions were chewing gum (n= 8), low sodium diet (n=2), acupressure (n=1), frozen strawberry (n=1), fluid distribution time table (n=1), ice cube versus mouthwash (n=1), and a psychological intervention (n=1). The observational studies described patients' (n=5) or health care professionals' (n=1) strategies to reduce thirst. The most cited intervention of the patients was drinking fluids.

**Conclusions:** Intervention studies aiming to reduce thirst in patients with CHF or HD are rare. Most studies assessed chewing gum. Observational studies show that only some patients prefer gum-chewing. More research is needed to evaluate the effects of interventions aiming to reduce thirst.

## **Challenge of wound care at home - Improving mobility and Quality of life**

*Annalena Jana Kersten*

*University of Education Schwäbisch Gmünd*

**Background:** Advanced aged combined with multimorbidity is a known risk factor for increased care needs . Furthermore, chronic wounds occur in connection with the progressively increasing care needs, posing a challenge for nursing practice. In order to meet the advanced wound care needs, a comprehensive care and support services including nurses with bachelor level education are required. High quality wound care is especially important in-home care settings to prevent care transfers to acute care settings or readmissions due to suboptimal wound care.

**Objective:** The aim was to investigate the formal and informal care needs in the context of quality of life (QoL) and mobility. Perceived appropriateness of the care offers and informal support was assessed in relation of patients QoL and mobility.



**Design and Methods:** Qualitative interviews among elderly patients with chronic wounds receiving care at home were conducted (n=8), using a problem-centred, guideline-based approach. The interview guide covered 4 items; care structures, QoL and mobility, and care dependency and requirements. Data analysis was based on qualitative content analysis method by Mayring.

**Results:** Results indicated that a number of formal and informal care structures were accessed, such as neighborhood help or wound management experts to improve mobility and QoL. Results highlighted the need for low-threshold care offers with few access restrictions, better connections to wound experts, and support with errands outside home.

**Conclusion:** The range of care structures is available for people with chronic wounds. Lack of access to available services hindered their ability to improve mobility and QoL.

### Poster session 3: Technical/digital innovation

#### **Determinants of digital health literacy among nursing school principals in Germany: the predicting role of information and communication technology self-concept**

*Melanie Messer<sup>1</sup>; Tatjana Murau<sup>1</sup>; Kevin Dadaczynski<sup>2</sup>; Orkan Okan<sup>3</sup>*

*<sup>1</sup> Trier University; <sup>2</sup> Fulda University of Applied Sciences; <sup>3</sup> Technical University Munich*

**Background:** Digital health literacy means the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills. Nursing school principals are in a key position to promote the learning of digital health literacy starting in nursing education.

**Objectives:** The aim of the analysis was to identify factors associated with the digital health literacy of nursing school principals in Germany.

**Design and Methods:** An online survey was conducted from March to April 2022 among members of the management team of German nursing schools. The questionnaires of N=347 respondents were included in the analysis. Besides socio-demographic variables, health indicators and the information and communication technology self-concept (ICT), digital health literacy was measured using an adapted version of the DHLI tool.

**Results:** With a general mean score of 3.1, the self-rated digital health literacy of nursing school principals was quite high. While sex, age, suffering from a chronic disease and city size did not significantly predict the level of digital health literacy, ICT remained the single factor significantly predicting digital health literacy of nursing school principals ( $\beta = .502$ ,  $p < .001$ ).

**Conclusions:** ICT predicts higher levels of digital health literacy among nursing school principals, stressing the need and potential of the development of interventions to promote digital health literacy among the target group. The extent to which this also influences instructional design needs does need to be examined in future research.



## **The implementation of digitalization in nursing schools in Germany: insights in developmental status and determinants**

*Tatjana Murau<sup>1</sup>; Kevin Dadaczynski<sup>2</sup>; Orkan Okan<sup>3</sup>; Melanie Messer<sup>1</sup>*

*<sup>1</sup> Trier University; <sup>2</sup> Fulda University of Applied Sciences; <sup>3</sup> Technical University Munich*

**Background:** Nursing schools play a significant role in the training and education of future nurses. In the last few years, they have been faced with the challenge with an increasing demand for to digitalization in health and education. Currently, there is a gap regarding data about the implementation and corresponding determinants of digitalization processes in nursing schools in Germany.

**Objectives:** The aim of the study was to assess the state of implementation of digitalization, associated demands and practices, and corresponding determinants in German nursing schools.

**Design and Methods:** An online survey was conducted from March to April 2022 among members of German nursing schools' management teams. The questionnaires of N=347 respondents could be included in the analysis. Next to sociodemographic information, schools' educational aims concerning digitalization were assessed as well as the actual status in the usage of funding programs. Moreover, a regression analysis was conducted to identify relevant determinants.

**Results:** Digital education goals are overall indicated as important for nursing school principals (M=3.40), especially the aim of appropriate use of digital media (M=3.47). 83.9% of the respondents have already participated in the funding program DigitalPakt Schule. Except of age ( $\beta=-.165$ ,  $p < .001$ ), common determinants could not significantly contribute to the explanation of digitalization.

**Conclusions:** The study detected an ongoing process of incorporating digitalization and technology in nursing school practices and an actual engagement in funding programs. Further explanations of decisive determinants could provide approaches for more suitable funding and thereby a reduction of divergence between nursing schools.

## **Awareness and use of digital and technical applications of clinical instructors in nursing practice**

*Lisa-Maria Rehe; Kirsten Heiland; Theresa Zürn; Cornelia Mahler*

*Universitätsklinikum Tübingen*

**Background:** Digital and technical applications (DTA) in nursing are becoming increasingly important considering many challenges in health care. Nurses therefore must be knowledgeable of existing DTA. In order to implement the applications safely and appropriately, a wide range of digital competencies are necessary. However, digital competencies have not been included in nursing education. Clinical instructors (CIs) play an important role, as they ensure the transfer of theoretical knowledge into practice.

**Objectives:** The aim was to obtain an overview which DTA are known and used in nursing, as well as which attitudes CI have regarding the use of DTA.



**Design and Methods:** An online survey was developed based on existing literature. CI in acute and long-term settings, were invited to participate in the survey. Descriptive analysis of the data was performed using IBM SPSS.

**Results:** A total of 112 CIs completed the questionnaire. The majority (n=70) worked in acute care settings. The most well-known applications were electronic nursing documentation (known n=109/use n=107), electric transfer and mobility aids (known n=70/use n=52) and sensor systems to recognize activity (known n=48/use n=34). CI know few DTA beyond that e.g. tele care (known n=19), virtual reality glasses (known n=16) and assistance/service robots (known n=15). The complexity of technical applications was regarded to be the main challenge (n=97).

**Conclusions:** CI knowledgeable of DTA needs to be raised, possibly by further education and training courses. Research is needed to identify the reasons for low awareness of DTA and the resulting low use of different technologies within nursing.

### **Tele-presence applications in clinical nursing education: Clinical instructors' perception of advantages and challenges**

*Lisa-Maria Rehe; Kirsten Heiland; Hildegard Garmer; Theresa Zürn; Cornelia Mahler*

*Universitätsklinikum Tübingen*

**Background:** Clinical instructors (CI) are essential in the qualifying process of nursing students as they ensure the transfer of theoretical knowledge into clinical setting. CI are faced with increasing challenges in maintaining education, due to staff shortage in the nursing professions. Furthermore, digital technologies are becoming more important in nursing. Tele-presence applications (TPA) in clinical education (CE) could be an option to support the teaching of nursing skills in practice.

**Objectives:** The aim was to determine to what extent TPA are perceived as a possibility by CI to support CE and what advantages and challenges are seen.

**Methods:** An online survey was developed based on existing literature. CI in acute and long-term settings, were invited to participate in the survey. Descriptive analysis of the data was performed using IBM SPSS.

**Results:** Using TPA in CE was regarded as an option by 40 of the 112 responding CI. Nursing skills, such as the positioning of a person or prophylaxis were regarded as useful topics. 46 CI cannot imagine applying TPA. The reasons given were ethical aspects, safety concerns, and lack of interaction. Independence in time and place were regarded as positive aspects (n=80) and data privacy as a challenge (n=74).

**Conclusions:** TPA is perceived differently by CIs and offers different opinions depending on the setting. To identify a benefit of TPA for CI, its use must be seen in relation to the individual context and added value. Further research is needed to identify the added value of TPA in CE.



## **Implementation and evaluation of digital nursing interventions at home of stroke patients\* using telepresence robots**

*Norbert Lichtenauer; Katrin Ettl; Karsten Weber; Christa Mohr*

*OTH Regensburg / RCHST - Labor Pflege*

**Background:** Demographic change, advances in medical technology and the associated multimorbidity and chronification of disease patterns have fundamentally changed the need for care and support. The project TePUS (Telepresence robot for the care and support of stroke patients) addressed the home care of stroke patients by means of nursing and therapeutic interventions. For this purpose, synchronous and asynchronous interventions were combined.

**Objectives:** By implementing telepresence robots (TPR) in the home over a period of about six months, we evaluated the practicality of existing technology (robots and apps), the acceptance and use of care technology, the impact on the quality of life of those affected and their relatives, and the necessary support needs.

**Design and Methods:** A mixed methods approach was chosen. Quality of life was assessed with the SAQOL-39, supplemented by interviews at the end of the intervention period. In addition, the video consultation sessions were recorded and the app data collected were analyzed.

**Results:** The interventions had an impact on quality of life, independence, mobility and cognition. The more extensive the previous experience of the test persons with new media, the higher was the willingness to use the digital offers. Individual and interpersonal support were significant influencing factors for the subjective effectiveness of the interventions offered.

**Conclusions:** The use of digital nursing interventions by means of telepresence robots in the home environment requires broad interdisciplinary expertise and close cooperation between the professionals involved. Digital nursing interventions are used by patients, but there is a great need for support.

## Poster session 4: Various aspects of care

### **A question of attitude - diversity competence in professional care**

*Sabine Ursula Nover<sup>1</sup>; Lola Maria Amekor<sup>2</sup>*

*<sup>1</sup> Vinzenz Pallotti University; <sup>2</sup> UKSH Campus Kiel*

**Background:** „Inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, the right to dignity and to be treated with respect“ (ICN Code of Ethics for nurses). Diversity debates are more topical than ever. Expanded to include intersectionality, they also draw attention to the fact that inequality is cumulative and can be found everywhere. The quote from the ICN shows that it has no place in care.

**Objectives:** We will show to what extent the occurrence of inequality in care can lead to a deterioration of professional care and can reinforce existing power imbalances.



**Design and Methods:** Because the attention to individuality plays a prominent role in long-term care of people with dementia, we chose this setting for our research. The interviews from a study on the habitus of carers were subjected to secondary analyses using the thematic analysis by Braun/Clarke (2006).

**Results:** Practices of creating difference and othering as well as exercising power on the one hand, respect, appreciation of individuality and practices of 'perceiving' on the other hand can be found. Social participation is promoted.

**Conclusions:** With a credible commitment of professional nurses to the ICN Code, there is also a commitment to continually examine oneself in the self-production of inequity. Therefore, regular obligatory inclusion of diversity training in initial and continuing education is just as urgently needed as regular offerings for reflection and supervision.

### **Employed people with concurrent parenting and caregiving responsibility: A phenomenological study**

*Dorothee Bauernschmidt*

*Martin Luther Universität Halle-Wittenberg, Medical Faculty*

**Background:** Due to higher life expectancy, later childbirth, and increasing female labour force participation, more middle-aged individuals are confronted with concurrent care needs of family members of the younger and older generations and have to reconcile these care responsibilities with employment.

**Objectives:** To explore the lived experience of employed people caring simultaneously for minor children and care-dependent people and their perceptions of professional support services.

**Design and Methods:** A phenomenological approach was applied and narrative interviews with 16 participants were conducted. Interviews were audiotaped and transcribed verbatim, followed by an interpretive phenomenological analysis to describe patterns and common meanings. The trustworthiness of results was established by peer debriefing.

**Results:** The main themes 'everyday life experience', 'prioritisation of care', 'care and guilt', 'family structure', 'caregiving', 'employment', and 'searching for support' as well as the constitutive pattern 'bearing care and responsibility' were identified. Participants feel responsible to meet all arising care needs and experience limitations in their ability to fulfill those needs. To succeed in caring was shown to be an essential aspect in their lifeworld; therefore they seek support. The perceived deficits of professional support were contrasted by the interviewees' desire for continuous, competent, and attentive support.

**Conclusions:** Reconciling multiple care responsibilities with employment is challenging and associated with a high amount of care work and the confrontation with moral dilemmas. The participants' desire for more effective support can be met by a caring attitude of professional actors. Underpinning nursing interventions with care-theoretical approaches could help to improve clinical nursing practice.



### **Use of Temporary Nurses: A Managerial Perspective**

*Maryam Ahmadi Shad<sup>1</sup>; Nicole Grossmann<sup>1</sup>; Sarah Naima Musy<sup>1</sup>; Florian Liberatore<sup>2</sup>; Petra Liselotte Klumb<sup>3</sup>; Michael Simon<sup>1</sup>*

*<sup>1</sup> University of Basel/Institut für Pflegewissenschaft; <sup>2</sup> Zurich University of Applied Sciences (ZHAW)/Institute of Health Economics and Management; <sup>3</sup> University of Fribourg/Department of Psychology*

**Background:** Nursing shortages are challenging the health care systems worldwide. To ensure adequate nurse staffing, supplementing permanent staff with temporary nurses has been a crucial strategy to respond to staff shortfalls. While the temporary deployment is growing fast, there is still little knowledge on management perceptions on this matter.

**Objectives:** To describe the use of temporary nursing staff from managerial perspectives in Swiss hospitals.

**Methods:** In 2022, a survey was conducted targeting management positions in several German and French speaking hospitals in Switzerland. Several topics were investigated concerning temporary work assignments. Descriptive statistics (mean and percentages) was conducted.

**Results:** A total of 36 nursing directors and 26 unit managers with 10.5±7.4 years of management experience responded. The majority (77.4%) of participants employ temporary staff. Most often because of vacancies (81.2%). Most of the directors and managers (71.1%) believed that temporary nurses are a great relief for the team to fill short-term shortages. However, they agreed that, this imposes high costs (95%) and causes interruptions in continuity of care (76.6%). Furthermore, the majority of managers (70%) believe that adverse events increase when temporary nurses work on the unit. About a third of the respondents believe that deployment of temporary nurses from external pools or freelancer will increase in the future.

**Conclusions:** Despite the financial and safety downsides of temporary deployments, hospitals are forced to use them to ensure the sufficiency of care. Nevertheless, hospital managers prefer expanding permanent and pool employments for the future.

### **Addressing sustainability and heat protection in healthcare services in a teaching-integrated approach**

*Margrit Ebinger<sup>1</sup>; Marion Burckhardt; Ivana Birisic*

*<sup>1</sup> DHBW Stuttgart*

**Background:** Climate change affects various determinants of health and will account for approximately 250.000 additional deaths per year (WHO 2022). The Intergovernmental Panel on Climate Change (IPPC) recommends therefore to maintain the global temperature increase below 1.5°C. Due to the nature of their activities hospitals and other healthcare services make a big contribution to the carbon and climate footprint.



**Objectives:** The aim was to instruct nursing student's in teaching integrated research projects to address sustainability and heat protection in healthcare institutions.

**Design and Methods:** In an initial workshop students were sensitized about the health impacts of climate change. According to their healthcare companies they formed ten interprofessional groups. After a systematic literature review students addressed either sustainability or heat protection as a topic and developed evidence-based ideas for their projects. According to the Knowledge-to-Action (KTA) framework they interviewed stakeholders and finally adopted their recommendations to the local context.

**Results:** Ten different projects were developed and discussed with stakeholders, ranging from sustainability in hospital administrations, sustainable waste or food management, green hospital approach, or proposals for heat protection regarding patients and staff.

**Conclusions:** The results show that students had a great interest in the topics "sustainability and heat protection". As a result, their recommendations could engage stakeholders to invest in sustainability and heat protection in their institutions.

#### References

WHO (2022): Fact Sheets: Climate change and health (who.int)

IPPC (2022): Special Report: Global Warming of 1.5 °C (ipcc.ch)

#### **Patient recruitment in acute care hospitals: Experiences and lessons learned from the Sleep Acute study**

*Carolin Höckelmann; Marcelina Roos; Anne Adams; Martin N. Dichter; Sascha Köpke*

*University of Cologne, Faculty of Medicine and University Hospital Cologne*

**Background:** Patient recruitment for clinical studies influences the scientific process, but is also a major challenge.

**Objectives:** To assess factors related to recruitment of inpatients in acute care hospitals within the Sleep Acute study on self-assessed sleep quality and disturbances in hospitals.

**Design and Methods:** In a multicentre study, patients were included across disciplines if they were able to give informed consent and had stayed at least two nights. Patients were recruited by distributing written study information the day before data collection. On the day of data collection, research team members made personal contact to provide information, obtain written consent, and hand out and collect paper-based questionnaires. For group analyses of Pearson's chi-square and Kruskal-Wallis tests were used. Reasons for not participating were assessed during personal interviews.

**Results:** Data collection took place from 05/2021 to 06/2022. Of 498 eligible patients, 319 were interested in and 246 participated (response rate=49.4%). An average of 4.5 patients could be recruited per ward. There were no significant differences between participants (n=246) and nonparticipants (n=252) for the clinical characteristics of specialty, admission type, surgery and length



of stay. Reasons (multiple answers) for not participating were no interest (n=106), not specified (n=63), no time (n=34), lack of physical (n=36) or emotional well-being (n=9), lack of hearing/seeing aid (n=4) and others (n=13).

**Conclusions:** Despite the large staff and time effort, patients' recruitment has proven particularly difficult in acute care hospitals. To improve recruitment, the level of support should be adapted to the complexity of the questionnaire.

## Poster session 5: Reflections of nursing practice

### **Video communication as a challenge in visual qualitative research with family carers**

*Thomas Falkenstein; Daniela Haselmayer; Marlene Werner; Martin Nagl-Cupal*

*University of Vienna, Department of Nursing Science*

**Background:** Communications with digital tools has gained more importance in qualitative research during the COVID-19 pandemic. It was necessary for a planned photovoice study to reflect how digital tools could be used instead of face-to-face meetings.

**Objects:** The objective of the study was to identify issues, challenges, and opportunities digital communication tools offers in the study as well how far the goals of the visually based research can be realized.

**Methods:** Field notes as well as qualitative interviews from the group discussions of the study with family carers (11 mothers and 2 fathers) in Austria were retrospectively analyzed. Further, telephone interviews with 8 of 13 participants were conducted and analyzed by using the content analysis.

**Results:** Results of the previous research showed that digital communication tools connect family carers across space, overcoming distances and limited everyday resources. Furthermore, it was a good opportunity for the family carers to network and, despite their continuous care obligation, they had the opportunity to take part in this study from home. However, some parents would have preferred personal exchange.

**Conclusion:** For marginalized groups, digital communication tools can be helpful as a connecting and social element. For family carers digital communication might be a low-threshold solution to get in touch with each other. It should be noted that not everyone has access to digital communication tools.



### **Implementation of Evidence Based Nursing in a structured process to improve nursing practice**

*Nadja Nestler<sup>1</sup>; Marc Brandstätter<sup>2</sup>; Ines G. Hartmann<sup>2</sup>*

*<sup>1</sup> Paracelsus Medical University Salzburg, Austria; <sup>2</sup> Kardinal Schwarzenberg Klinikum, Schwarzach*

**Background:** Evidence Based Nursing (EBN) has been demonstrated as an important step to improve nursing practice, to reduce mortality and complications of patients.

**Objectives:** The research project wanted to improve nursing practice by implementing EBN in a structured process by strengthening nursing experts.

**Design and Methods:** Due to a complex intervention, the framework of the Medical Research Council (MRC) was used to guide the implementation of EBN in one Austrian hospital. At first the intervention of the implementation process by strengthening nursing experts was identified and developed. Nurses of pilot wards were surveyed about the usage of nursing research in practice, using a standardized questionnaire to calculate the foundation for the process of optimization. After an education on EBN, the nurses involved in the project identified clinical nursing themes and performed a guided EBN process. After the implementation phase, an evaluation took place in form of qualitative interviews with nurses of the pilot wards, especially nurses involved in the project and nurses without involvement.

**Results:** 69 nurses were involved in the survey prior to the intervention. Most of them did not use nursing research in practice, nevertheless they consider it as necessary. But missing knowledge and structural factors hindered the usage of nursing research. After the intervention, the involved nurses described changes, but also necessities for the sustainability.

**Conclusions:** EBN as a necessary method for a professional nursing practice has to be implemented as a guided and theory-based process.

### **Factors affect nurses transfer theoretical knowledge regarding nursing theories into practice in government hospitals 2016.**

*Nagar Salih*

**Abstract:** Background: as nursing is a professional discipline, nursing theory is a framework designed to organize knowledge and explain phenomena in nursing, at a more concrete and specific level. Nursing theory is the terms given to the body of knowledge that it used to support nursing practice.

**Objective:** To study the factors that effect transfer of nurse's theoretical knowledge regarding nursing theories into practice in government hospitals (Alshaab, Khartoum north and Omdurman Teaching Hospitals).

**Methods:** Descriptive cross-sectional hospital-based study, done in period extended from October 2015 to January 2016 at government hospitals, include 120 nurses, the data were collected by using Self-administered closed ended questionnaire and analyzed by using computer program (SPSS version 20).



**Results:** The current study showed that most of study group are female (89.2%), majority of them (74%) have bachelor degree, their experience range from 1-3 years. Also study showed the most common factors contributes in misapplication of theoretical knowledge regarding nursing theories into practice were environmental factors with percentage (64.2%) it include "clinical area setting, nurse patient ratio, availability of equipment's" and documentation factors with percentage 78.3% such as (record and report based on evidence based practice, based on nursing care plan, and reality of work).

**Conclusions:** The study reveal that there was a clear evidence which support that environmental, staffing, decision-making, training, documentation factors were directly affect application and transfer of theoretical knowledge into practice.

### **„What have I to do with nursing?“ A qualitative study of public images on nursing**

*Kim Neumann; Manfred Fiedler; Gisela Grosse; Christiane Knecht*

*FH Münster University of Applied Sciences*

**Background:** During the Corona pandemic, nursing has received increasing societal attention. Although previous research shows that the profession's internal understanding of nursing differs from stereotypical ideas in society, little is known about how nursing is perceived by society. However, in the face of an aging and multimorbid population, the need for a societal debate about nursing becomes obvious.

**Objectives:** The aim of this Master's thesis was to answer what characterises the public image of nursing and to derive implications for a social awareness campaign developed by interprofessional students of Münster University of Applied Sciences.

**Design and Methods:** Ten problem-centred interviews were conducted with a heterogenous sample representing the German population. Data were analysed based on grounded theory. Ethical reflection was used prior to the start of data collection.

**Results:** The study shows a diverse public image of nursing, depending on the personal experience background. Because nursing is associated with age and illness, the participants do not deal with it and do not associate nursing with themselves. They fear to face their own vulnerability und finitude related to nursing. Dealing with nursing is therefore rather avoided. This distancing attitude is consistently maintained. The results contributed to further development of the above-mentioned social awareness campaign.

**Conclusions:** Ideas are needed from within the profession so that the gap between public image of nursing and nurses' self-image can be narrowed. The topic of nursing and thus one's own vulnerability is removed from taboos.



## Using resonance theory as an approach to analyse implementation processes of nursing technology

*Ronny Klawunn; Dorina Sieker; Marie-Luise Dierks*

*Hannover Medical School (MHH)*

**Background:** New nursing technology is increasingly available to assist nurses and improve patient care delivery. Resonance theory (according to Hartmut Rosa) could be beneficial as a subject-oriented approach to analyse user behaviour and the adaptation of nursing technology to work routines. It describes and characterises a normatively desirable mode of relationship in which people relate to each other and their environment in an affective, responsive, and transformative way.

**Objective:** To analyse empirical case studies from the implementation of two nursing technology examples (a repositioning mattress to prevent pressure ulcers and a patient-nurse communication app) using resonance as an approach.

**Design and Methods:** In the 'Centre of Implementing Nursing Care Innovations' study, nursing technologies are implemented and investigated in a trauma surgery ward in the Hannover Medical School. Participant observation has been conducted at the research project station since July 2020.

**Results:** The case study of the repositioning mattress shows that the technology does not change the responsive relationship between nurses and patients. Despite problems during use, e.g. lack of patient adherence, nurses transfer the system into everyday practice. Therefore, the system can be used in a resonance-promoting way. In contrast, the communication app, which causes fewer problems, is not transferred to work routines because nurses do not see its practical benefits. One reason may be the shift to digital patient communication, which some nurses reject.

**Conclusions:** The theoretical approach can explain why some (resonance-promoting) technology is transferred into everyday practice while others are rejected.

## Poster session 6: Various aspects of nursing science

### Theoretical contributions by nursing researchers of the German-speaking area: A focused mapping review and synthesis

*Jasmin Eppel-Meichlinger<sup>1</sup>; Ana Cartaxo<sup>1</sup>; Theresa Clement<sup>1</sup>; Julian Hirt<sup>2</sup>; Martin Wallner<sup>1</sup>; Hanna Mayer<sup>1</sup>*

*<sup>1</sup> Karl Landsteiner University of Health Sciences; <sup>2</sup> Eastern Switzerland University of Applied Sciences*

**Background:** Although nursing has progressed in establishing as an academic discipline in the German-speaking area, there is an ongoing discussion in the scientific community about the lack of theory building. How theoretical contributions are represented in nursing research from the German-speaking area has not yet been systematically assessed.

**Objectives:** To provide an overview of theoretical contributions by nursing researchers of the German-speaking countries.



**Design and Methods:** We conducted a focused mapping review and synthesis. In the Web of Science Core Collection, we selected all articles published between 2016 and 2021 in international nursing journals in German or English language, with a contribution of at least one author affiliated with an institution in Austria, Germany, or Switzerland. Furthermore, we searched journals from the German-speaking area (Pflegerische, Pflege & Gesellschaft, and QuPuG) via LIVIVO. We included original research articles aiming to develop, analyse, or expand a theory, concept, or model.

**Results:** We identified 32 out of 1419 (2%) publications in nursing journals that met the eligibility criteria. Most theoretical research followed an inductive and theory-building approach and mainly referred to Grounded Theory and concept analysis as methodology. Theoretical results were primarily descriptive, situation-specific, and presented as models. Illness experience and self-management were the most prevalent phenomena.

**Conclusions:** The proportion of publications with a theory-related aim was low. Approaches of theoretical contributions were heterogeneous, based on different methodologies and without a recognizable pattern. More efforts should be made to develop empirically testable theories, to revise and synthesise existing theories on a meta-level.

### **RefHunter is now available in a web format: an overview of functions**

*Julian Hirt; Thomas Nordhausen*

**Background:** Database searching is a high priority in nursing science. The RefHunter manual for literature search has been available since 2018 in a pdf format supporting researchers to develop database-specific search strategies.

**Objectives:** We aimed at transferring RefHunter to a web format with improved usability and enhanced functionality.

**Design and Methods:** The development of the RefHunter web format was financially supported by the Martin Luther University Halle-Wittenberg and the Eastern Switzerland University of Applied Sciences and carried out in collaboration with an information technology service provider.

**Results:** The RefHunter web format allows to systematically search for databases by name or criteria. In the criteria-based search, databases can be filtered by content (e.g., document type, research design) and/or functions (e.g., accessibility, search language). A watch list that can be saved and managed enables the targeted selection of databases and their comparison. A PDF generator can be used to download the watch list, including other selectable information on the database(s). Information aids such as the ten-step guidance for literature search, the search protocol, and the glossary are prepared in a suitable way. A newsletter provides news on RefHunter and on literature search (e.g., database updates, publications). To promote the collaborative character, the information on databases' content and functions can be edited in wiki-style and a discussion forum is available.

**Conclusions:** The transfer to a web format was a necessary step to improve the usability of RefHunter as a freely available source of information and the interdisciplinary cooperation and professional-methodical exchange on literature searching.



### **Structural Data of Nursing Courses in Germany - A Quantitative Study**

*Nico Haller<sup>1</sup>; Shanice Schüle<sup>2</sup>; Johannes Gräske<sup>3</sup>; Julia Lademann<sup>4</sup>; Steve Strupeit*

*<sup>1</sup> University Medicine of Greifswald; <sup>2</sup> University of Education Schwäbisch Gmünd; <sup>3</sup> University of Applied Sciences Alice Salomon Hochschule Berlin; <sup>4</sup> University of Applied Sciences Frankfurt*

**Background:** Against the backdrop of the demographic change, the number of people in need of care in Germany is thought to increase. The growing need of professional nursing care in quantity and the complexity of nursing fields, the German Science and Humanities Council recommends that 10 to 20 % of bedside nurses should have a Bachelor degree. However, the academization of nursing is proceeding very slowly, despite a slight increase in the number of students.

**Objective:** The primary objective of this study was to conduct a survey of member universities of the German Dean Conference of Nursing Science [„Bundes-Dekanekonferenz Pflegewissenschaft“] in order to collect structural data of the different nursing study programs.

**Design and Methods:** An exploratory study was conducted with a quantitative study design. The survey was conducted in June/July 2022, using an online questionnaire. To gain the data, the 51 different representatives of the member universities of the German Dean Conference of Nursing Science [„Bundes-Dekanekonferenz Pflegewissenschaft“], with a study program in the profile of nursing, were contacted and asked for their assistance.

**Results:** 39 universities participated in the survey. The response rate was 76.47 %. The corresponding mean values and percentages, were calculated for the results. The results are always given per question and study program.

**Conclusion:** These structural data can serve as comparative values in the future as well as a basis for further research.

### **Innovative simulation methods in practical training of midwives**

*Eimantė Bartkutė; Laura Malakauskienė*

*Lithuanian University of Health Sciences*

**Background:** Nowadays healthcare trends encourage to create alternative training methods like virtual simulations intended to prepare students for clinical practice. HybridLab method is a combination of virtual learning and hands-on clinical simulation, which is successfully applied in the training of nursing and midwifery specialists. The main goals of this technique are to standardize acquired skills, create optimal learning conditions, promote teamwork and time management skills. Consequently it is important to analyze students' satisfaction of the hybrid method in order to develop and improve this teaching option.

**Objectives:** To evaluate midwifery students' satisfaction with HybridLab method.

**Design and Methods:** The research was conducted in Lithuanian University of Health Sciences. Standardized questionnaires were handed out to 35 midwifery students of 3rd and 4th year, then returned and analyzed.



**Results:** All respondents rated satisfaction with the hybrid teaching method better than average. 54.3% of the respondents agreed that the simulation teaching methods were useful and effective. The provided learning materials and activities have encouraged the learning of practical skills for 48.6% of the midwives. 57.2% of the respondents have indicated that this type training material was motivating and helpful for learning.

**Conclusions:** Midwifery students positively evaluate the HybridLab method, which helps them not only develop skills, but also strengthens their satisfaction for making appropriate decisions in clinical practice, so it is important to develop this teaching method.

### **Introducing the Library of Guidance for Health Scientists (LIGHTS): a living database for methods guidance**

*Julian Hirt; Stefan Schandelmaier*

**Background:** Improving methodological quality is a priority in the nursing research community. Finding appropriate methods guidance can be challenging due to heterogeneous terminology, poor indexing in medical databases, and variation in formats.

**Objectives:** To introduce the concept, development methods, and the searchable database of the Library of Guidance for Health Scientists (LIGHTS, [www.lights.science](http://www.lights.science)).

**Design and Methods:** Eligible for LIGHTS are journal articles that aim to provide guidance for performing (including planning, design, conduct, analysis, interpretation), reporting, and assessing the quality of health-related research involving humans or populations (i.e., excluding basic and animal research). A team of health researchers, information specialists, and methodologists continuously identifies and manually indexes eligible guidance documents. The search strategy includes focused searches of specific journals, specialized databases (e.g., EQUATOR Network, or Online Resource for Research in Clinical trials, ORRCA), and suggestions from researchers.

**Results:** As of December 10, 2022, LIGHTS included 1,291 articles (354 reporting guidelines, 80 quality assessment tools, and over 850 other methods guidance articles). The website [www.lights.science](http://www.lights.science) provides a user-oriented search interface including filters for study type, specific methodological topic, research context, guidance type, and development process of the guidance. Automated matching of alternative methodological expressions (e.g., enter “loss-to-follow-up” and find papers indexed with “missing data”) enhances search queries.

**Conclusions:** LIGHTS is a peer-supported initiative to increase access to and use of methods guidance relevant – but not limited – to nursing researchers, statisticians, peer reviewers, journal editors, and funding bodies.



## Symposia

### Symposium 1: Reducing restrictive practice in different care settings

#### **The use and reduction of restrictive practices in vulnerable populations in different care setting**

*Jens Abraham<sup>1</sup>; Stella Calo<sup>2</sup>; Ralph Möhler<sup>2</sup>*

*<sup>1</sup> Martin-Luther-University Halle-Wittenberg; <sup>2</sup> Heinrich-Heine-University Düsseldorf*

#### **Program overview**

Physical restraints, such as bedrails, belts in bed and chair, or fixed tables, are commonly used in different care settings. Vulnerable populations include older people with cognitive impairment, e.g. dementia or delirium, and people with intellectual disabilities. There is evidence that physical restraints are not effective to reach the intended goals, such as reducing falls, secure lines and tubes, and control specific behaviours like wandering. In addition, the use of physical restraints is associated with negative effects on peoples' health-related outcomes and well-being. There are widespread recommendations to reduce or eliminate physical restraints in vulnerable populations. This symposium will present an overview about current research on the use and reduction of physical restraints in different care settings and populations, and discuss the implications for practice and research.

#### **Presentations**

- Introduction (Jens Abraham)
- Use of physical restraint on people with intellectual and developmental disabilities: a scoping review
- Reducing physical restraints in acute care: first results of a cluster-randomised controlled pilot study (PROTECT) (Jens Abraham)
- Reducing physical restraints in geriatric long-term care: an updated Cochrane Review (Ralph Möhler)
- Summary and discussion (Ralph Möhler)

#### **Reducing physical restraints in geriatric long-term care: an updated Cochrane Review**

*Ralph Möhler<sup>1</sup>; Tanja Richter<sup>2</sup>; Sascha Köpke<sup>3</sup>; Gabriele Meyer<sup>4</sup>*

*<sup>1</sup> Heinrich-Heine-University Düsseldorf; <sup>2</sup> University of Hamburg; <sup>3</sup> University of Cologne; <sup>4</sup> Martin-Luther-University Halle-Wittenberg*

**Background:** Physical restraints (PR) are commonly used in geriatric long-term care, despite clear evidence for the lack of effectiveness and safety.

**Objectives:** To evaluate the effects of interventions to prevent and reduce PR use in geriatric long-term care.



**Design and Methods:** We systematically searched the Cochrane Dementia and Cognitive Improvement Group's register including several databases and trial registers. We included randomised controlled trials and controlled clinical trials conducted in the community or in care facilities. Two reviewers selected studies, extracted data and assessed risk of bias. We performed meta-analyses or described the study results narratively. We used GRADE to describe the certainty of the evidence.

**Results:** We included 11 studies with 19,003 participants. All studies were conducted in long-term care facilities. Four studies investigated interventions with an organisational approach on PR reduction, six studies simple educational interventions, and one study provided information about residents' fall risk to reduce PR use. We found moderate certainty-evidence that organisational interventions probably reduce the number of residents with at least one PR (RR 0.86, 95% CI 0.78 to 0.94) and probably largely reduce the number of residents with at least one belt (RR 0.54, 95% CI 0.40 to 0.73). For simple educational interventions, we found inconclusive evidence (very low-certainty evidence). We found no evidence on an increase or decrease of falls or fall-related injuries for all interventions.

**Conclusions:** Organisational interventions are effective in reducing PR use without an increased risk for falls or injuries. The evidence for simple educational interventions is inconclusive.

### **The use of physical restraint on people with intellectual and developmental disabilities- a scoping review**

*Stella Calo<sup>1</sup>; Ralph Möhler<sup>2</sup>*

*<sup>1</sup> Heinrich- Heine Universität Düsseldorf; <sup>2</sup> Heinrich- Heine- Universität Düsseldorf*

**Background:** Physical restraints (PR) are commonly used in people with intellectual and developmental disabilities, despite the risk for harm and ethical implications. Several studies have investigated different issues of PR use in this population, but a systematic summary is lacking.

**Objectives:** To systematically identify and synthesise studies about PR use in adult people with intellectual and developmental disabilities and to identify knowledge gaps.

**Design and Methods:** We conducted a scoping review using the framework by Arksey and O'Malley. A systematic literature search was performed in PubMed, CINAHL, ERIN and PsycInfo, completed by snowball techniques. We included qualitative and quantitative studies conducted in peoples' homes or long-term care institutions, acute care settings were excluded. Publications in German, English and Dutch language were eligible for inclusion. One reviewer conducted the study selection and data extraction, another reviewer independently checked 10%.

**Results:** We included 41 studies published between 1984 and 2020. Most studies were conducted in the US, UK and Australia. Settings and definitions of the population were heterogeneous. The qualitative studies (n = 5) described experiences, perspectives and attitudes of people with intellectual and developmental disabilities and health care staff regarding PR use. The quantitative studies (n = 35) investigated prevalence, characteristics of people exposed to PR, strategies for challenging behaviour, and interventions to reduce PR use.



**Conclusions:** Most quantitative evidence about PR use in people with intellectual and developmental disabilities is observational, only few studies investigated interventions to reduce PR use. The needs of people of different ages should be addressed.

### **Reducing physical restraints in acute care: first results of a cluster-randomised controlled pilot study (PROTECT)**

*Susan Gottschalk; Gabriele Meyer; Jens Abraham*

*Martin Luther University Halle-Wittenberg*

**Background:** Physical restraints (PR) are common in acute care settings, although evidence for their effectiveness and safety (e.g. prevention of falls) is lacking. The use is associated with adverse events, such as patients' mobility decline and injuries. We developed a complex intervention to prevent PR use in acute care settings, which comprises the qualification of key nurses as multipliers and a short inter-professional information session. Our previous feasibility study revealed the need for further development of the intervention and the study procedures.

**Objectives:** To refine and pilot the complex intervention and to improve study procedures.

**Design and Methods:** In a preparatory phase, we conducted focus groups and individual interviews with the target groups to explore the possibilities for adaption of the intervention. Subsequently, in September 2022 we started a two-arm cluster-randomised controlled trial (cRCT) with a six-month follow-up accompanied by a comprehensive process evaluation (Trial registration number: DRKS00027989).

**Results:** The intervention (e.g. development of written information material) and study procedures (e.g. assessment of PR via direct observation) were further developed during the preparatory phase. The pre-planned number of eight hospitals with n=26 wards was recruited for the cRCT. To date, baseline data collection was conducted in six hospitals, the intervention was implemented in five hospitals. Major challenges (e.g. staff shortage) regarding the recruitment process and other study procedures were identified.

**Conclusions:** The intervention and study procedures were adapted and the pre-planned number of hospitals was achieved despite major challenges.

## Symposium 2: Conducting research in people with dementia

### **Walking Interviews to explore residents' perspective on built environment in nursing homes – A methodological reflection**

*Anne Fahsold<sup>1</sup>; Rebecca Palm<sup>2</sup>; Hilde Verbeek<sup>3</sup>; Bernhard Holle<sup>1</sup>*

<sup>1</sup> Deutsches Zentrum für Neurodegenerative Erkrankungen (DZNE) e.V.; Witten/Herdecke University; <sup>2</sup> Witten/Herdecke University; <sup>3</sup> Maastricht University



**Background:** A well-designed built environment can enhance the abilities and improve quality of life for residents with dementia. Various assessments evaluate the dementia-sensitivity of nursing homes. However, the direct perspective of people with dementia is rarely the basis underlying those instruments. One reason is the methodological challenge of interviewing those residents.

**Objectives:** To find a methodical approach to conduct interviews with residents with dementia on the topic of environmental design and to explore their perspective on their daily living environment.

**Design and Methods:** We explored their perspective using “walking interviews”. Questions resulted from a theory-based interview guide and through narrative impulses during the walk. Additionally, photos and site plans of the facilities should depict the environment in detail.

**Results:** 13 walking interviews were conducted with residents with dementia in two nursing homes. The majority of intended questions appeared too abstract even when paraphrased. Subsequently, we added questions from environment-related narrative prompts. Results gained this way represent a part of the residents' perspective on their environment, but situational re-construction in the analysis proved to be challenging due to the solitary audio material.

**Conclusion:** “Walking interviews” seems to be a method creating an interview situation with people with dementia that leaves room for uncertainty in conversation, but needs flexibility in the way of selecting questions. Furthermore, the interpretation of environment-related interview sequences can be deepened by including visual data. This possibility should be critically examined for future projects due to the vulnerability of the interviewees and the unavoidable recording of other residents.

### **Benefits and challenges – Involving relatives in interviews with residents with dementia.**

*Kathrin Schmüdderich<sup>1</sup>; Bernhard Holle<sup>1</sup>; Rebecca Palm<sup>2</sup>; Martina Roes<sup>1</sup>*

*<sup>1</sup> Deutsches Zentrum für Neurodegenerative Erkrankungen (DZNE) e.V.; Witten/Herdecke University; <sup>2</sup> Witten/Herdecke University*

**Background:** When developing a dementia-specific nurse-led care model, it is important to include the perspective of residents with dementia. To ensure a comfortable interview situation for the interviewee and to bridge formulation and understanding difficulties, there are efforts to conduct interviews with residents with dementia together with a relative or trusted person. However, doing so may influence the interview content.

**Objectives:** To explore a methodical procedure to include relatives in interviews with residents with dementia about their care situation, problems and needs without losing focus on the residents' perspective.

**Design and Methods:** As part of a case study, we conducted qualitative interviews with staff, relatives and residents with dementia together with a relative in four nursing homes. To avoid relatives emphasizing their own perspectives in the resident interview, we first interviewed themselves and we mutually agreed that divergent opinions on resident statements could be mentioned afterwards.

**Results:** We interviewed 10 residents together with a relative. All relatives supported the residents' participation. During the interviews, we directed all questions to the residents. The relatives



restrained themselves. If they felt that the residents had problems to answer the questions, they sometimes rephrased/repeated questions or formulated response options for residents to agree or disagree with.

**Conclusion:** Involving relatives can be helpful if clear arrangements are made so that residents have ample opportunity to describe their own perspectives. Biases could arise from relatives having even greater influence on the selection, recruitment and consent of residents with dementia when conducting joint interviews in nursing homes.

### **Self-rated sleep quality of people with dementia- chances and barriers**

*Jonas Dörner<sup>1</sup>; Martin N. Dichter<sup>2</sup>; Sascha Köpke<sup>2</sup>; Margareta Halek<sup>3</sup>*

*<sup>1</sup> (1) German Center for Neurodegenerative Diseases (DZNE), Witten; (2) Witten/Herdecke University, Witten, Germany; <sup>2</sup> (3) University of Cologne; <sup>3</sup> (2) Witten/Herdecke University, Witten, Germany*

**Background:** Sleep disturbances of people with dementia (PWD) in nursing homes are frequent and associated with different diseases and all-cause mortality.

**Objectives:** To assess self-rated sleep quality PWD to figure out potential chances and difficulties.

**Design and Methods:** N=46 interviews were conducted with the Pittsburgh Sleep Quality Index (PSQI) which contains 18 items to examine feasibility. Field notes about experience of using were taken inter alia related to support needed, time of the day for data collection and understanding of items and scales. Additionally, descriptive analyses of missing values and correlation to dementia severity according to the Dementia Screening Scale (DSS) were conducted.

**Results:** n=43 assessments contained at least one rated item. Highest missing values were detected in open items about temporal aspects of sleep reaching from 25,6% - 67,4%. Field notes showed that the time point for data collection was more successful in the morning after breakfast compared to later in the day. Written instructions for the PSQI were easier to understand by paraphrasing essential information. Long sentences or items assessing multiple information needed to be simplified with other formulations. Scales of items were better to understand if e.g. a relation like 'once per week' was required compared to other items with Likert scales. A significant correlation between dementia severity and missing values was found.

**Conclusion:** PWD are able to make statements about their own sleep quality. A successful data collection depends on the length of the instrument, complexity of item formulations and the understanding of scales.



## **Conducting cognitive interviews with people with dementia in long-term care facilities: experiences and lessons-learned**

*Marcelina Roos; Martin N. Dichter*

*University of Cologne, Faculty of Medicine and University Hospital Cologne*

**Background:** Before an assessment instrument is used in clinical practice or research, evaluating its feasibility is a critical preliminary step. Cognitive interviews with the target population are recommended to gain valid insights into the question-answer process. While cognitive interviewing has been successfully applied with people without cognitive impairment, little is known about its use with people with dementia.

**Objectives:** To explore the technique of conducting cognitive interviews with people with dementia as an approach to evaluate the feasibility of self-assessment instruments and to derive implications for future research.

**Design and Methods:** We conducted cognitive interviews with people with mild to moderate dementia living in long-term care facilities to evaluate the “Quality of Life Assessment Schedule” (QOLAS). To encourage participants to verbalise their thoughts, we used a variety of theory-based cognitive interview techniques during and after administering the QOLAS.

**Results:** We conducted 14 cognitive interviews in three long-term care facilities. One resident with advanced cognitive decline was unable to answer any of the cognitive questions. After administering the QOLAS, residents had difficulty to reconstruct their thoughts. This hindered asking retrospective questions. Asking specific questions during the application of the QOLAS provided detailed insights into the question-answer process. All participants described feeling valued by their involvement.

**Conclusion:** Cognitive interviews can be an appropriate approach to include the perspective of people with dementia, especially at an early stage of disease, in evaluating the feasibility of self-assessment instruments. However, cognitive interview techniques must be adapted to the target population.

### Symposium 3: The use of video feedback in the care of people with dementia

#### **Interaction under the microscope. Enhancing person-centered dementia care using video feedback. Current international approaches**

*Claudia Dinand<sup>1</sup>; Martin Berwig<sup>2</sup>; Rigmor Einang Alnes<sup>3</sup>; May Helen Midbust<sup>3</sup>; Christiane Luderer<sup>4</sup>; Debby Gerritsen<sup>5</sup>; Stephanie Timmermans<sup>5</sup>; Deanne O'Rourke<sup>6</sup>*

*<sup>1</sup> Witten/Herdecke University, Germany; <sup>2</sup> German Center of Neurodegenerative Diseases (DZNE), Witten, Germany; <sup>3</sup> Norwegian University of Science and Technology, Ålesund, Norway; <sup>4</sup> Martin-Luther-University Halle-Wittenberg, Germany; <sup>5</sup> Radboud University Med*

Person-centered and relationship-based care is considered the international gold standard in dementia care. However, there is a lack of appropriate tools, transfer and sustainable implementation



in dementia care practice. Video feedback (VF) seems to be a powerful tool to improve dyadic interaction between people with dementia and their carers, across settings and nations.

The aim of this symposium is to present and bring together recent research findings from international researchers who have investigated the use of varying forms of VF in different care settings and dementia subtypes, to highlight differences and similarities and discuss further practice and research needs and possible issues for collaboration.

Following research topics will be presented: Marte Meo VF/long-term care - Systematic Review (Norway); Marte Meo VF/frontotemporal dementia/Home Care - Feasibility; Sensitivity Scale - Development and Video Interaction Analysis (Germany); VF in long-term care - Realistic Evaluation (Netherlands); VF and person-centred communication – Acceptance/Feasibility (Canada).

### **The Acceptability and Feasibility of using Video Feedback to Enhance Person-Centred Dementia Communication**

*Deanne J. O'Rourke<sup>1</sup>; Michelle M. Lobchuk<sup>1</sup>; Genevieve N. Thompson<sup>1</sup>; Christina Lengyel<sup>2</sup>*

*<sup>1</sup> College of Nursing, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada; <sup>2</sup> Department of Food and Human Nutritional Sciences, Faculty of Agricultural & Food Sciences, University of Manitoba - Winnipeg, Manitoba, Canada*

**Background:** Video feedback has shown potential to enhance formal and informal caregivers' person-centred interactions and communication with individuals living with dementia. To expand on the success of this self-reflective technique, further knowledge is needed to support its use and integration into clinical and real-world settings.

**Objectives:** To explore care aide and nursing leadership perspectives as to the acceptability and feasibility of a communication intervention utilizing video feedback techniques to enhance long-term care aides' person-centred dementia communication skills.

**Design and Methods:** This presentation will share qualitative findings obtained from a pilot study that aimed to examine the effectiveness of a communication intervention utilizing video feedback on care aides' language-based and person-centred dementia communication skills. Focus groups and interviews were held with care aides who participated in the study, as well as nursing leadership, to explore the feasibility and acceptability of the intervention. Transcripts from the focus groups and interviews were analyzed for thematic content using content analysis methodology.

**Results:** Ten care aides and five nursing leadership team members participated in either a focus group or interview. Themes from the participants indicated the intervention was highly acceptable and relevant as a learning method. The key feasibility challenges included initial hesitancy and resistance to the video-recording component of the intervention and time/resource challenges to implement the intervention.

**Conclusions:** Although the study findings contribute to existing literature which supports the effectiveness of video feedback techniques to enhance person-centred dementia communication, attention should be paid to implementation factors to support acceptance and successful delivery.



### **Seeing what works: using Realist Evaluation to explore effects of video feedback in long-term dementia-care**

*Stephanie Timmermans<sup>1</sup>; Annemiek Bielderma<sup>1</sup>; Jose Peeters<sup>1</sup>; Cécile Boot<sup>2</sup>; Anke Persoon<sup>1</sup>; Debby Gerritsen<sup>1</sup>*

*<sup>1</sup> Radboud University Medical Center, Nijmegen, the Netherlands; <sup>2</sup> Radboud University, Nijmegen, the Netherlands*

**Background:** In long-term dementia-care, a growing group of clients has severe challenging behaviour. Many relatives and nursing staff members (NS) cannot manage this behaviour and need an intervention for improving their communication and care relationships with the client. Video Feedback (VF) may be useful.

**Objectives:** Scientific evidence on the effectiveness of VF is lacking. Our project 'Learning to see what works' investigates how and why VF affects the communication and care relationships between clients, relatives and NS, and for which cases VF can be successful.

**Design and Methods:** Using the Realist Evaluation framework we study the context, mechanisms, and outcomes of VF in a mixed-methods multiple case study including 25 cases. This presentation addresses the sub-question: What are the context factors, mechanisms, outcomes of VF based on practical experiences of VF-supervisors and NS? Semi-structured in-depth interviews are conducted and analysed applying Realist Analysis according to Jagosh.

**Results:** Interviews (n=11) took place until data saturation was achieved. Preliminary findings are that participants were positive about VF although NS was not always enthusiastic about being filmed. NS appeared to have limited insight into the working mechanisms of VF, yet VF made them more aware of the client's perspective (e.g., excessive auditory stimuli). The VF-supervisor appeared essential for keeping participants motivated and creating a safe situation. Lastly, expected VF-outcomes were more focused on NS than on clients.

**Conclusions:** VF is a promising intervention for use in people with dementia and severe challenging behaviour, although more insight into its mechanisms and effects is necessary.

### **Video Feedback according to Marte Meo in long term dementia care. A Scoping Review**

*Rigmor Einang Alnes<sup>1</sup>; May Helen Midbust<sup>1</sup>; Aud Elisabeth Witsø<sup>2</sup>*

*<sup>1</sup> Department of Health Sciences, Norwegian University of Science and Technology (NTNU), Ålesund, Norway ; <sup>2</sup> Department of Public Health and Nursing, Norwegian University of Science and Technology (NTNU), Ålesund, Norway*

**Background:** To ensure a good interaction between persons with dementia and their caregivers can be challenging. Marte Meo is a counselling method using video feedback for facilitating and support interaction between persons with dementia and their caregivers.

**Objectives:** To explore the use and benefits of Marte Meo video feedback in dementia care.



**Design and Methods:** A scoping review was conducted searching seven databases focusing on Marte Meo as an intervention. Articles from 2006 to 2020 were searched, and 101 articles were identified. When duplicates were removed and all articles were screened following PRISMA-ScR, 21 articles were assessed. In eight of these articles, formal and informal caregivers to persons with dementia were the target group for the intervention.

**Results:** The studies included were qualitative and consisted of small samples. The main findings stated that Marte Meo, using video feedback, helped the caregivers to see the situation from the persons with dementias view, and obtain a new understanding of the person's communications needs. Through this, care givers were able to adjust their skills in communication and interaction in line with the needs of person with dementia. It also came to light that the professional caregivers reduced stress by feeling a sense of positive mastery in the interaction.

**Conclusion:** Although there are promising results, there is a need for larger and more thorough research to obtain credible findings on what the use of such a method can contribute to dementia care

#### **Video feedback at home with persons with frontotemporal dementia and their carers. Final results**

*Claudia Dinand<sup>1</sup>; Margareta Halek<sup>1</sup>; Martin Berwig<sup>2</sup>*

*<sup>1</sup> Department of Nursing Science, Faculty of Health, Witten/Herdecke University, Witten, Germany; <sup>2</sup> German Center of Neurodegenerative Disease (DZNE), Witten, Germany*

**Background:** Due to progressive loss of social cognitive abilities, persons with behavioral variant frontotemporal dementia (bvFTD) and their carers (dyads) have a high reported need for enhancing dyadic interaction. Therefore, video feedback can support succeeding interaction.

**Objectives:** To evaluate the feasibility of video feedback (Marte Meo) in practice for dyads and for a future confirmatory trial.

**Design and Methods:** A pilot effect study with a quasi-experimental, one-group, pre-post design and double pre-measurement was conducted including an embedded qualitative change evaluation using videography. Data were collected at three time points. Between t1 and t2, each dyad received five video feedback sessions. Outcomes included inter alia affect, behavioural and psychological symptoms of dementia, interpersonal abilities of the person with bvFTD, sensitivity of primary carers, personal goal attainment regarding video feedback, quality of dyadic relationship and changed patterns of interaction. Pilot process evaluation was carried out by questionnaires and interviews.

**Results:** Five dyads were enrolled. Great clinical significant effects were found in particular for quality of relationship and positive and negative affect. Regarding the feasibility of the intervention, VF seems to be appropriate and useful and was well accepted by the dyads. All carers benefited as much or even more than they expected. Carers used variant interactional strategies to keep in touch, while the persons with bvFTD initiated actions through unique body language. Dyads that started at a less common level of interaction improved the most.



**Conclusion:** Overall, Video feedback seems feasible for this target group and can enhance dyadic and person-centered interaction.

### **Video-based development and testing of an assessment of nurses' sensitivity**

*Christiane Luderer<sup>1</sup>; Jasmin Palkoska<sup>2</sup>; Anne Riethmüller<sup>3</sup>*

*<sup>1</sup> Institute for Health and Nursing Science, Medical Faculty, Martin-Luther-University Halle-Wittenberg, Germany; <sup>2</sup> University Hospital of the Otto-von-Guericke-University Magdeburg, Controlling and Digitization (Department for Risk Management), Germany; <sup>3</sup>*

**Background:** Empathy and sensitivity are important for person-centeredness in nursing, strengthen the well-being and supports the persons, cared for in overcoming the illness. The concept of compassionate care proves that person-centered care works. Nevertheless, the measuring of sensitive nursing behavior has only been insufficiently recorded.

**Objectives:** In the project, a tool for self-assessment and external assessment of nurses' sensitivity was developed and examined regarding its suitability as a reflection and feedback instrument. The two phases of the development using qualitative video interaction analysis and interpretation within the documentary method to generate an item pool, which was transferred to a standardized instrument to be tested, will be described.

**Design and Methods:** Video material from clinical/inpatient as well as outpatient care, including the care of persons with dementia was used to be evaluated in analysis groups in a qualitatively structured procedure. The focus laid on the dyadic processes between nurses and care recipients. The method of documentary analyses helped to reflect influencing effects given by the (freeze) frames. The results of the analysis groups were recorded in transcripts and items, which indicate nurses' sensitive behavior, were generated by qualitative analysis.

**Results:** The items were transferred to a questionnaire, which was used in nursing practice instructions (N=58) as an instrument for self-reflection (learners) and for external reflection (practice instructors). Results of factor analysis, interrater reliability and validity will be presented.

**Conclusions:** A multi-step development led to a helpful assessment of nurses' sensitivity in real time-interactions as well as in video-based feedbacks for nurses.



## Workshop: Digitally supported communication

### Interprofessional communication in home care: Barriers and facilitators of digitally-supported communication

*Stefanie Sauter; Kim Nordmann; Marie-Christin Redlich; Michael Schaller; Florian Fischer*

*Hochschule für angewandte Wissenschaften Kempten*

Most published studies on interprofessional collaboration in health and social care focus on the hospital setting. However, care for the elderly within their homes poses numerous challenges to various people involved, such as professionals across nursing, medicine, and other health care professions. The coordination of these different stakeholders requires an interprofessional approach. In addition to an ageing, multimorbid population with increasingly complex needs, the shortage of healthcare professionals in nursing and medicine has led to a so called “crisis”, which is particularly relevant in rural areas. Low-threshold instruments enabling communication and cooperation among various service providers are needed for an efficient and patient-centered care. Currently, communication and cooperation between primary care physicians and ambulatory care providers is sporadic and depends on individual commitment of the respective professionals. To overcome the challenges caused by missing or unstructured information exchange between the various professions involved in home care, digitally-supported communication tools may be a solution. The workshop aims at addressing barriers and facilitators of digitally-supported interprofessional communication in home care. The workshop organizers will present results of a scoping review on digitally-supported interprofessional communication, which will be discussed afterwards, using the format of a world café. Within this discussion, expertise from nursing science and practice will be integrated in an overall model emphasizing the critical incidents of implementing and using digitally-supported communication tools among professionals in elderly care. Results will inform future topics and priorities within a research project in this area.

Interactive elements: World café on barriers and facilitators of digitally-supported.