



THE INTERNATIONAL OREM SOCIETY
for Nursing Science and Scholarship
founded 1991



MINISTÈRE
DE LA SÉCURITÉ SOCIALE
Inspection générale de la sécurité sociale

ABSTRACT-BOOK

WORLD CONGRESS ON FUTURE NURSING SYSTEMS
NEW APPROACHES - NEW EVIDENCE FOR 2020

12TH IOS WORLD
CONGRESS
MAY 10-13, 2012
LUXEMBOURG

BELGIUM

GER

Luxembourg

FRANCE



 European Year for Active Ageing
and Solidarity between Generations 2012



TIMETABLE

14:30 - 15:15 **Keynote 1 (KN-1)**
Thursday 10th May 2012
Chair:
Room: HÉMICYCLE CONFERENCE CENTER

KN-1-001 Moving forward – Demand for Nursing and Helping
Systems in 2020 and beyond
S.G. Taylor (University of Columbia, Columbia Missouri, USA)

15:15 - 16:00 **Keynote 2 (KN-2)**
Thursday 10th May 2012
Chair:
Room: HÉMICYCLE CONFERENCE CENTE

KN-2-002 Seeking better value for money in Long-term care
Y. Murakami (OECD, Paris, France)

16:30 - 17:15 **Keynote 3 (KN-3)**
Thursday 10th May 2012
Chair:
Room: HÉMICYCLE CONFERENCE CENTE

KN-3-003 Dignity enhancing care for persons with dementia: An
ethical interpretation of vulnerability, care and dignity
*Ch. Gastmans (Centre of Biomedical Ethics and Law at
University of Leuven, Leuven, Belgium)*

17:15 - 18:00 **Keynote 4 (KN-4)**
Thursday 10th May 2012
Chair:
Room: HÉMICYCLE CONFERENCE CENTE

KN-4-004 Using the concept Self-Care in patients care: New
challenges or old news?
T. Jaarsma (University of Linköping, Linköping, Sweden)

09:00 - 10:35 **Concurrent Session A (CS-A)**
Friday 11th May 2012
Chair:
Room: A22-J.Ensch

09:00 - 09:25 CS-A-005 Preventive home visits to people aged 80 and over in
Tyrol/Austria – A cross-sectional study
Ch. Them (Institute of Nursing Science, Tyrol, Austria)

09:25 - 09:50 CS-A-006 Koproduktion im welfare mix der Altenarbeit und
Familienhilfe
*M. Opielka (University of Applied Science Faculty of Social
Welfare, Jena, Germany)*

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|---------------|----------|---|
| 09:50 - 10:15 | CS-A-007 | Validity and internal consistency of mobility scales for healthy older people in Germany
<i>A. Brühl (Department of Statistics and Standardized Methods in Nursing Science, Vallendar University of Philosophy and Theology, PTHV, Faculty of Nursing Science)</i> |
| 10:15 - 10:35 | CS-A-008 | Better QOL for the elderly by Kinaesthetics employed in nursing practice
<i>H. Tadaura (School of Nursing, Miyagi University, Miyagi, Japan)</i> |
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09:00 - 10:35 **Concurrent Session B (CS-B)**

Friday 11th May 2012

Chair:

Room: A21-E. Dune

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|---------------|----------|--|
| 09:00 - 09:25 | CS-B-009 | Spiritual Self-Care as an Extension of Orem's Self-Care Deficit Nursing Theory
<i>M.L. White (McAuley School of Nursing, Detroit, US)</i> |
| 09:25 - 09:50 | CS-B-010 | The nutrition self care inventory
<i>L.M. Fleck (Family Medicine of Boca Raton Associates, Boca Raton, Florida, USA)</i> |
| 09:50 - 10:15 | CS-B-011 | Facing the bittersweet symphony of diabetes: contribution of the self-regulation theories in adjustment to type 1 diabetes
<i>S. Recchia (University of Lorraine, Metz, France)</i> |
| 10:15 - 10:35 | CS-B-012 | Client focused counseling and support based on self-care requisites defined by Orem in a context of salutogenesis
<i>Ilona. Nothdurft (Klinikum rechts der Isar der TU München, München, Deutschland)</i> |
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09:00 - 10:10 **Concurrent Session C (CS-C)**

Friday 11th May 2012

Chair:

Room: Espace Nic Klecker

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|---------------|----------|---|
| 09:00 - 09:25 | CS-C-013 | Use of Orem's Self-Care Deficit Nursing Theory in the Self-Management Education of the Patients with TYPE 2 Diabetes: A Case Study
<i>H. Arda Sürücü (Dokuz Eylul University, Faculty of Nursing, İzmir, Turkey)</i> |
| 09:25 - 09:50 | CS-C-014 | The prescribing practices of nurses who care for patients with skin conditions in the UK : a questionnaire survey
<i>N. Carey (University of Surrey, Guildford, UK)</i> |
| 09:50 - 10:10 | CS-C-015 | Development of Self-Care Handbook in Preventing Stroke for Persons with Hypertension
<i>N. Thepwan (Faculty of Nursing, Prince of Songkhla University, Songkhla, Thailand)</i> |

11:15 - 12:00 **Concurrent Session D (CS-D)**

Friday 11th May 2012

Chair:

Room: A22-J.Ensch

- 11:15 - 11:40 CS-D-016 Capability for Dietary Control among Muslim Thais
Risky to Diabetes
*C. Insuwan (Nursing of Faculty, Prince of Songkhla University,
Songkhla, Thailand)*
- 11:40 - 12:00 CS-D-017 Therapeutic self-care demand of people with COLD –
Clinical Pathway and interdisciplinary systematic
education
I. Flüs (University Hospital Ulm, Ulm, Germany)
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11:15 - 12:00 **Concurrent Session E (CS-E)**

Friday 11th May 2012

Chair:

Room: A21-E. Dune

- 11:15 - 11:40 CS-E-018 Bridging gaps in ICT and ageing: Designing high-tech
solutions for the tech-"no"-generation
M. Hoffmann (RBS-Center fir Altersforen, Itzig, Luxembourg)
- 11:40 - 12:00 CS-E-019 Domiphone, an innovative tool for a better quality and
control of home care services
N. Renaudin (Edenred, Brussels, Belgium)
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11:15 - 12:00 **Concurrent Session F (CS-F)**

Friday 11th May 2012

Chair:

Room: Espace Nic Klecker

- 11:15 - 11:40 CS-F-020 Orem's Self-Care Deficit Nursing Theory as a
Foundation for the Care of Adolescent Mothers
*V. Burns (Bellarmine University, Kentucky, United States of
America)*
- 11:40 - 12:00 CS-F-021 Who decides at the end of life? Decision-making
processes related to administration of artificial nutrition
and hydration in patients with dementia. Nurses' role
M. Haas (PTHV, Vallendar, Germany)
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14:00 - 14:45 **Concurrent Session D (cont.) (CS-D2)**

Friday 11th May 2012

Chair:

Room: A22-J.Ensch

- 14:00 - 14:25 CS-D2-022 New technologies of care during pregnancy and for the
support of parents
*B. Monhonval (sage-femme, Clinique Privée Dr E.Bohler,
Luxembourg)*
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14:25 - 14:45 CS-D2-023 *Projet du dossier de soins électronique à la « Stéftung Hëllef Doheem »*
A. Koch (Stéftung Hëllef Doheem, Luxembourg, Luxembourg)

14:00 - 14:45 Concurrent Session E (cont.) (CS-E2)

Friday 11th May 2012

Chair:

Room: A21-E. Dune

14:00 - 14:25 CS-E2-024 *Fallorientierte Pflegeorganisation am Friedrich-Ebert-Krankenhaus Neumünster (FEK) - 10 Jahre klinische, theoriebasierte Fallsteuerung*
C. Thielecke (Friedrich-Ebert-Krankenhaus, Neumünster, Germany)

14:25 - 14:45 CS-E2-025 *SCDNT as foundational structure for the development of an operational design for a nursing facility*
Chr. Zwinscher (Z&L Altenpflege, Frankenberg, Germany)

14:00 - 14:45 Concurrent Session F (cont.) (CS-F2)

Friday 11th May 2012

Chair:

Room: Espace Nic Klecker

14:00 - 14:25 CS-F2-026 *Relationship between self-care agency, self-care practices and obesity among rural midlife women*
L. Burdette (South Dakota State University, Brookings, United States)

14:25 - 14:45 CS-F2-027 *Development of Handbook of Chronic Foot Ulcer Prevention for Farmers With Diabetes*
A. Punritdum (Nursing of Faculty, Prince of Songkhla University, Songkhla, Thailand)

15:00 - 16:10 Concurrent Session G (CS-G)

Friday 11th May 2012

Chair:

Room: A22-J.Ensch

15:00 - 15:25 CS-G-028 *Prescribing for pain - what do nurses contribute? A UK questionnaire survey*
K. Stenner (University of Surrey, Guildford, United Kingdom)

15:25 - 15:50 CS-G-029 *Development of Continuing Care Options for Patients with Tuberculosis*
S. Detthippornpong (Nursing of Faculty, Prince of Songkhla University, Songkhla, Thailand)

15:50 - 16:10 CS-G-030 *Developing and Testing an Exercise Promoting Program of Community Health Leaders in Thailand*
C. Ekkarat (Nursing of Faculty, Prince of Songkhla University, Songkhla, Thailand)

15:00 - 16:35 **Concurrent Session H (CS-H)**

Friday 11th May 2012

Chair:

Room: A21-E. Dune

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|---------------|----------|--|
| 15:00 - 15:25 | CS-H-031 | Development of self-care agency through enhancement of motivation in people with schizophrenia
<i>J. Pickens (Arizona State University, Phoenix, United States)</i> |
| 15:25 - 15:50 | CS-H-032 | Prevalence of physical restraints use with elderly patients: Assessment and interventions to reduce them
<i>W. Billen (University of Luxembourg, Luxembourg, Luxembourg)</i> |
| 15:50 - 16:15 | CS-H-033 | Constructs of becoming a dependent care agent - An analysis for the viewpoint of care taker and care recipient
<i>K. Rädcl (Charité – Universitätsmedizin Berlin Zentrum für Human- und Gesundheitswissenschaften, Berlin, Germany)</i> |
| 16:15 - 16:35 | CS-H-034 | The difference between patient consulting and information
<i>I. Bürk (Klinikum rechts der Isar der TU München, München, Deutschland)</i> |
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15:00 - 16:35 **Concurrent Session I (CS-I)**

Friday 11th May 2012

Chair:

Room: Espace Nic Klecker

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|---------------|----------|---|
| 15:00 - 15:25 | CS-I-035 | The Caregives' Utilization of Child Care Handbook and Their Care Actions on Promoting Cognitive Development for Thai Children Aged 2-5 Years
<i>P. Nujinda (Nursing of Faculty, Prince of Songkhla University, Songkhla, Thailand)</i> |
| 15:25 - 15:50 | CS-I-036 | Self-care practices of Thai nursing students
<i>M. Arpanantikul (Ramathibodi School of Nursing, Mahidol University, Thailand)</i> |
| 15:50 - 16:15 | CS-I-037 | An overview of non-medical prescribing across one UK strategic health authority: a questionnaire survey
<i>N. Carey (University of Surrey, Guildford, UK)</i> |
| 16:15 - 16:35 | CS-I-038 | An Analysis of Self-Care Knowledge of Hepatitis B Patients
<i>Th. Luu (College of Medicine and Technique, Danang City, Vietnam)</i> |

09:00 - 10:35 **Concurrent Session J (CS-J)**

Saturday 12th May 2012

Chair:

Room: A22-J.Ensch

- 09:00 - 09:25 CS-J-039 The development of functional stability and self-care capabilities of elderly during intensive care treatment
A. D'Onofrio (Service de Médecin Gériatrique et Réadaptation Gériatrique du Centre Hospitalier Universitaire Vaudois-CHUV, lausanne, Suisse)
- 09:25 - 09:50 CS-J-040 Bedriddenness in long-term care - prevalence and influencing factors
S. Schrank (Institute of Nursing Science, Vienna, Austria)
- 09:50 - 10:15 CS-J-041 The study of self-care agency based on Orem's theory in individuals with hypertension admitted in the selected hospitals of Ardebil (Iran).
F. B. Farahani (Islamic Azad university, Dubai, United Arab Emirates)
- 10:15 - 10:35 CS-J-042 SCDNT: A foundation for practice, education and research
K. Renpenning (McL Educational Services, White Rock, BC, Canada)
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09:00 - 10:35 **Concurrent Session K (CS-K)**

Saturday 12th May 2012

Chair:

Room: A21-E. Dune

- 09:00 - 09:25 CS-K-043 Challenging RN-BSN students to apply Orem's theory to practice
S. Davidson (University of Tennessee at Chattanooga, Chattanooga, USA)
- 09:25 - 09:50 CS-K-044 2012 Update on the Self-Care Deficit Nursing Theory as a curriculum conceptual framework in baccalaureate education
V. Berbiglia (Berbiglia Educational Consultants, Helotes TX, USA)
- 09:50 - 10:15 CS-K-045 A self-care deficit approach to integrating technology into online and traditional classrooms
L.M. Stover (Clayton State University School of Nursing; Morrow, Georgia, USA)
- 10:15 - 10:35 CS-K-046 Development of a curriculum for nursing education based on SCDNT (Self-Care Deficit Nursing Theory)
S. Watzke (Institut für Weiterbildung in der Kranken- und Altenpflege gGmbH, Delmenhorst, Germany)
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09:00 - 10:15 **Concurrent Session L (CS-L)**

Saturday 12th May 2012

Chair:

Room: Espace Nic Klecker

- 09:00 - 09:25 CS-L-047 Residential care for older persons in Belgium: what are the future needs? Projections of residential care users 2010 – 2025
K. Van den Bosch (Federal Planning Bureau, Brussels, Belgium)
- 09:25 - 09:50 CS-L-048 Theory based development of indicators as the foundation of an active design of demographic change in rural areas
M. Heuberger (The Institute for Future Studies in Health and Social Management linked to the University of Applied Sciences, Darmstadt, Germany)
- 09:50 - 10:10 CS-L-049 Exploring Facilitators and Barriers to Healthy Aging
H. Taggart (Armstrong Atlantic State University, Savannah, GA, USA)
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11:15 - 12:00 **Workshop 1 (WS-1)**

Saturday 12th May 2012

Chair:

Room: A22-J.Ensch

- WS-1-050 Kinesthetic in practical nursing settings and nursing therapeutic interventions. Part 1
H. Bauder Mißbach (KINÄSTHETIK-PLUS Bewegungsschule & Verlag, Asselfingen, Germany)
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11:15 - 12:00 **Workshop 2 (WS-2)**

Saturday 12th May 2012

Chair:

Room: A21-E. Dune

- WS-2-051 Development of a sector-wide cost unit accounting system as a steering and planning instrument for institutional long-term care in Luxembourg
O. Scupin (University of Applied Science, Jena, Germany)
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11:15 - 12:00 **Workshop 3 (WS-3)**

Saturday 12th May 2012

Chair:

Room: Espace Nic Klecker

- WS-3-052 Design as the core professional process
SG. Taylor (Missouri University, Columbia, MO, USA)
- WS-3-053 Design as the professional process: part II
K. Renpenning (McL Educational Services, White Rock, BC, Canada)
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15:00 - 16:10

Workshop 4 (WS-4)

Saturday 12th May 2012

Chair:

Room: will be announced in workshop 1

- WS-4-054 Kinesthetic in practical nursing settings and nursing therapeutic interventions. Part 2
H. Bauder Mißbach (KINÄSTHETIK-PLUS
Bewegungsschule & Verlag, Asselfingen, Germany)
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15:00 - 16:10

Workshop 5 (WS-5)

Saturday 12th May 2012

Chair:

Room: A21-E. Dune

- WS-5-055 Health Technology Assessment (HTA) in Nursing
H.-P. Dauben, C.-B. Pierl (German Institute for Medical Documentation and Information, Cologne, Germany)
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15:00 - 16:10

Workshop 6 (WS-6)

Saturday 12th May 2012

Chair:

Room: Espace Nic Klecker

- WS-6-056 Self-care deficit nursing theory (SCDNT) curricular workshop: part I balancing demands and overcoming barriers to successful implementation of SCDNT
V. N. Folse, Sh. Metcalfe (Illinois Wesleyan University, Bloomington, IL USA)
- WS-6-057 Self-care deficit nursing theory (SCDNT) curricular workshop: part II curricular revision and design
S. A. Metcalfe, Sh. Metcalfe (Illinois Wesleyan University, Bloomington, IL USA)
- WS-6-058 Self-care deficit nursing theory (SCDNT) curricular workshop: part III teaching strategies
V. N. Folse, Sh. Metcalfe (Illinois Wesleyan University, Bloomington, IL USA)
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09:00 - 09:45

Keynote 5 (KN-5)

Sunday 13th May 2012

Chair:

Room: ABBAYE DE NEUMÜNSTER (Salle Robert Krieps)

- KN-5-059 Self-care in the context of nursing and health care system in Thailand
S. Harnucharurnkul (Department of Nursing Faculty of Medicine Mahidol University Bangkok, Bangkok, Thailand)
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09:45 - 10:30

Keynote 6 (KN-6)

Sunday 13th May 2012

Chair:

Room: **ABBAYE DE NEUMÜNSTER (Salle Robert Krieps)**

KN-6-060

One size doesn't fit all: Negotiating self-care demands
B. Geden (Family Health Center, Columbia Missouri, USA)

11:00 - 11:45

Keynote 7 (KN-7)

Sunday 13th May 2012

Chair:

Room: **ABBAYE DE NEUMÜNSTER (Salle Robert Krieps)**

KN-7-061

Redefining ICT - Integrated Care Transformation:
Technology considerations on fusing place and
personhood for smarter, caring places for longer living
*R. Bond (Netwell Centre Dundalk Institute of Technology,
Dundalk, Ireland)*

11:45 - 12:15

Keynote 8a (KN-8a)

Sunday 13th May 2012

Chair:

Room: **ABBAYE DE NEUMÜNSTER (Salle Robert Krieps)**

KN-8a-062

The European Innovation Partnership on Active and
Healthy Ageing
*M. Van den Berg (European Commission Unit Innovation for
Health and Consumers, Brussels, Belgium)*

12:15 - 12:45

Keynote 8b (KN-8b)

Sunday 13th May 2012

Chair:

Room: **ABBAYE DE NEUMÜNSTER (Salle Robert Krieps)**

KN-8b-063

Europe 2020: What strategy for active ageing?
*N. Jacobson (Ministry of Health and Social Affairs, Stockholm,
Sweden)*

ORAL PRESENTATIONS

KEYNOTE 1

KN-1-001

Moving forward – Demand for Nursing and Helping Systems in 2020 and beyond

S.G. Taylor

University of Columbia, Columbia Missouri, USA

Areas that will be explored in this keynote relate to the ever greater demand for professionally educated nurses in the future. Major areas of practice will involve helping persons learn how to care for self as well as providing care. The increasing number of people with chronic diseases and increasing use of technology requires nurses with knowledge of the science of self-care as well as technological skills. Future roles of professional nurses need to be developed in light of these variables. A solid science base is an essential part of professional education and practice

KEYNOTE 2

KN-2-002

Seeking better value for money in Long-term care

Y. Murakami

OECD, Paris, France

BACKGROUND

Spending on long-term care in OECD countries, at 1.5% of GDP on average, is set to double, even triple, by 2050, driven by the growing share of those aged 80 years and over. Most care recipients are old women living at home, but most LTC cost occurs in institutions (62% of total LTC expenditure). Demand for more and better care will have major financial and labour-market implications. Countries need to make their long-term care policies more affordable and provide better support for family carers and professionals. They will need to find a balance between offering access to good-quality care and making their systems financially sustainable.

CONCLUSION

Efficiency gains may occur by encouraging home and community care, improving productivity in long-term care, facilitating appropriate utilization across health and long-term care settings and care coordination, and addressing institutional efficiency. With rising costs, seeking better value for money in long-term care must be a priority.

KEYNOTE 3

KN-3-003

Dignity enhancing care for persons with dementia: An ethical interpretation of vulnerability, care and dignity

Ch. Gastmans

Centre of Biomedical Ethics and Law at University of Leuven, Leuven, Belgium

BACKGROUND

The number of elderly people continues to increase worldwide. Given that the elderly are especially prone to suffer from dementia, many countries will be confronted with a rising number of people with dementia. This demographic evolution results in important new responsibilities for elderly people in general and people suffering from dementia in particular, as well as for people – e.g. nurses – caring for them. What do they consider as good care for persons with dementia? What do they consider as their own responsibility in 'preparing the future'?

PURPOSE

In our contribution, we will propose a comprehensive clinical-ethical framework to deal with ethical issues in dementia care. First, we briefly outline the general philosophical-ethical background from which we developed our framework. More particularly, a wider ethical perspective is presented that is characterized by three aspects: the lived experience aspect, the dialogical interpretative aspect, and the normative aspect. Against this background, we identify and explore three corner concepts that must be observed in an ethical approach to care for persons with dementia: vulnerability, care, and dignity. Based on these concepts, the ethical essence of dementia care practices is described as 'providing care in response to the vulnerability of a human being in order to maintain, protect, and promote his or her dignity as much as possible'.

KEYNOTE 4

KN-4-004

Using the concept Self-Care in patients care: New challenges or old news?

T. Jaarsma

University of Linköping, Linköping, Sweden

With an increasing number of chronic patients worldwide, a new perspective on care is needed. Chronic disease is often felt as a burden to patients and families (symptoms and suffering) and can be viewed as a burden to health care and society (increasing use of resources and costs). In the Netherlands we have around 4,5 million chronic patients and more than 1,3 million persons have more than 1 chronic disease. In addition, the profiles or characteristics of patients are changing. As a result of improved detection and treatment of disease, chronic patients -in general- live longer and have more comorbidities, compared to patients in previous decades. Most patients try hard to cope and 'live a good life' with their illness, integrating the disease and consequences of the disease in their daily (family) life and work. Patients are increasingly organized and active in so called patient organizations and patients may ask for an increased role in their own care and express the 'demand for' or 'right to' self-care. Not only the profile of the patient is changing; we also are confronted with a changed 'profile' of health care and health care providers, reflected in an increased focus on a multidisciplinary approach and a call for prevention (primary and secondary).

Self-care can help to improve quality of care and outcomes such as morbidity and mortality. Although the number of research studies focusing exclusively on self-care interventions are still scarce, there is evidence that improved self-care of patients and families can improve outcomes such as a decrease of symptoms (such as fatigue, dizziness, anxiety), improved functional status, improved survival and improved quality of life of patients with for example, diabetes, heart failure, COPD or/and depression. Patients who had above average self-care management (such as keeping a sodium restricted diet, adhere to a fluid restriction, perform regular exercise) are described to have higher event free survival compared to patients who had a less self-care behavior. Other studies report less symptoms and improved quality of life as a result of a self-care intervention in diabetes or COPD patients.

It is important to question if self-care is relevant in all populations and if everybody wants to do self-care. If patients are not able to perform self-care, they should not be excluded from our care. First steps are taken in to elaborate on the relevancy of self-care in subpopulations. Self-care might have unintended effects, for example if patients choose 'take care of their own health and illness' and delay in to seeking care in case of exacerbations (e.g. COPD), prevention (e.g. melanoma), symptoms (e.g. stroke, cancer, chest pain) timely and effective treatment and care can be missed. Identification of 'effective' self-care in seeking care in case of symptoms of questions is needed and needs to be discussed with patients.

Several promising interventions and tools to improve self-care in chronic patients are currently developed and evaluated. An increasing number of technological tools are used, such a telemonitoring of symptoms and early detection and intervention in case of exacerbation. Also in patient education to improve self-care innovative tools are used such as (interactive) CD-ROMs, internet or computer games. The role of social media (Facebook, twitter) is less clear, but under development to be used to improve self-care in chronic patients, for example by using the social media to inform patients or to connect them to each other to learn about effective self-care.

CONCURRENT SESSION A

CS-A-005

Preventive home visits to people aged 80 and over in Tyrol/Austria – A cross-sectional study

Ch. Them¹, E. Schulc²

¹Institute of Nursing Science, Tyrol, Austria, ²Institute of Gerontology, Tyrol, Austria

PURPOSE

The primary aim is to generate data in people aged 80 and over living at home regarding the functional health status and the basic and instrumental activities of daily living through preventive home visits. The secondary aim is the provision of counselling and information by registered nurses about problem areas of the functional health status.

METHODOLOGY

Within the framework of an explorative cross-sectional study (started in October 2011), at first personal interviews based on a standardised questionnaire (Schulc et al., 2011, following Stuck et al. 2002) with people aged 80 and over who live at home (n=500) on the functional health status as well as on the basic (Barthel scale) and instrumental (IADL scale) activities of daily living are conducted by registered nurses in 28 municipalities and three towns in the Austrian province of Tyrol. In case any deficits are identified in the people aged 80 and over, the interviews will be followed by counselling (contents: targeted exercise and improvement of mobility; implementation of measurement of the vital signs; etc.) and information (topics: offer of social services of the municipality/town; symptoms – nursing-related information; etc.) provided by registered nurses. Participation in the study is on a voluntary basis on the part of the people aged 80 and over and is free of charge. The implementation of the study was approved by the Research Committee of UMIT (Private University of Health Sciences, Medical Sciences and Technology, Hall in Tirol).

RESULTS

The results of personal interviews with approx. 100 people aged 80 and over living at home in the Austrian province of Tyrol show the subjective assessment of their functional health status as well as the professional assessment of their basic and instrumental activities of daily living. The results will primarily be presented by means of relative and absolute frequencies as well as central tendency and dispersion parameter.

CONCLUSION

On the basis of these results, the future need for support and assistance will be identified, which should ensure long-time independent living of elderly people in Tyrol in their own homes.

CS-A-006

Koproduktion im welfare mix der Altenarbeit und Familienhilfe

M. Opielka, Th. Hilse

University of Applied Science Faculty of Social Welfare, Jena, Germany

Demenz wird mittlerweile als relevantes Thema erkannt. So können pflegenden Angehörige Hilfe z.B. durch Hausärzte, Pflegedienste und freiwillig Engagierte erfahren. Trotz vielerorts innovativer Konzepte fehlt es oft an wirklich integrierten Hilfe- und Unterstützungsprozessen, die balanciert alle formal-informellen Netzwerkpersonen einbeziehen. Vor diesem Hintergrund geht das durch das Bundesministerium für Bildung und Forschung geförderte Forschungs- und Entwicklungs-Projekt „Koproduktion im welfare mix der Altenarbeit und Familienhilfe - KoAlFa“ davon aus, dass besser vernetzte und abgestimmte Hilfeleistungen (welfare mix) zur Erhaltung der Selbständigkeit und Lebensqualität Betroffener und zur psychosozialen Entlastung pflegender Angehöriger beitragen.

Forschung und Entwicklung sind dabei eng verschränkt: Der F+E-Prozess zielt auf Modellentwicklung und die Schaffung nachhaltiger und interdisziplinärer Netzwerk- und Kooperationsstrukturen i.S. verbesserter Lebensqualität alter Menschen mit Demenz und ihrer pflegenden Angehörigen. Die qualitative Forschungsstrategie (Grounded Theory, Tiefenhermeneutik, Netzwerkanalyse) entspricht dabei der subjektorientierten und auf Kooperation orientierten Entwicklungskonzeption

Die interdisziplinäre Zusammenarbeit mit dem biowissenschaftlichen Fritz-Lipmann-Institut Jena ermöglicht den interdisziplinären Austausch von Natur- und Sozialwissenschaft, die FH Jena bringt vorrangig den Fokus von Sozialer Arbeit und Soziologie, das Kompetenzzentrum Generationen der FHS St.

Gallen die soziale Gerontologie ein. Partner aus der Praxis der Altenarbeit und Familienhilfe sind eng eingebunden.

Auf Akteursebene wird eine nachhaltige Vernetzung und ein Kooperationsaufbau zwischen den Tätigen im Hilfeprozess sowohl im berufspraktischen Alltag als auch im disziplinären Diskurs angestrebt. Es werden Empfehlungen für ein Schnittstellenmanagement zwischen Professionellen, freiwillig Engagierten und Familien entwickelt. Auf individueller Ebene werden mittels strukturierter Koproduktionsprozesse bedürfnisorientierte und abgestimmte Hilfeprozesse entwickelt. Auf struktureller Ebene werden in einem Diskurs zwischen Deutschland und der Schweiz verschiedene disziplinäre Kulturen verglichen.

Der Vortrag verdeutlicht die Methoden sowie erste Ergebnisse.

CS-A-007

Validity and internal consistency of mobility scales for healthy older people in Germany

A. Brühl¹, K. Avlund^{2,3,4}

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BACKGROUND

This study presents the results of structure validity tests of two measures of mobility for healthy older people. The aim of this article is to analyse whether the results of the validation study by Avlund et al. can be reproduced in Germany and to explore whether fatigue as measured by one of the scales is predictive of need of help and nursing costs at 3 year follow-up.

Study design and setting

Data were collected between 2004 and 2007 from 1197 75+ year-olds in Southern Germany. Mobility was measured by questions in relation to fatigue and need of help. Structural validity and internal consistency was tested using the Rasch model for item analysis. The fit of the Rasch model was compared with latent class analysis in order to explore whether the used scales produce quantitative or qualitative data. The predictive validity of the scales was analysed in relation to need of help in mobility and costs at the nursing-and at the health-insurance system in Germany at three year follow-up.

RESULTS

Two scales on mobility, one in relation to need of help (the Mob-H Scale) and one regarding fatigue (the Mob-T Scale), were derived.

The classes in the latent class solution differed in their sum-scores, so that the use of the sum-score produced valid differences although the qualitative latent classes showed a better model-fit than did the quantitative Rasch-Model. Furthermore fatigue as measured by the Mob-T scale turned out to be related to the development of dependency in mobility and to nursing care costs at 3-year follow-up. Further, the strongest predictor of nursing care costs was need of help, measured by the quantitative Mob-H-scale.

CONCLUSION

The Mob-T and the Mob-H Scales developed in Denmark were reproduced in a German population, using the Rasch model for item analysis. Further, fatigue in mobility activities (Mob-T) was predictive of need of help and nursing care costs at 3-year follow-up. These findings are substantial as they suggest that it is highly relevant to put attention to fatigue in mobility in health care programmes with the aim to reduce health care and nursing costs.

CS-A-008

Better QOL for the elderly by Kinaesthetics employed in nursing practice

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PURPOSE

Kinaesthetics, which is mainly developed in Germany, Austria, and Switzerland, has been a well-known concept in Japan since 2000. Some papers have reported that Kinaesthetics-based nursing practice is effective in various health promotion associated with acute and chronic diseases. However, its effects have not been elucidated using large-scale clinical settings till date. This research aims to scientifically determine the relationship between Kinaesthetics-based nursing practice on the quality of life (QOL) of elderly persons in an elderly care setting.

METHODS

QOL were investigated in elderly persons in two kinds of elderly homes that used nursing care employed the concept of Kinaesthetics or non-employed homes using common movement support in Germany and Austria. The visual analog scale for quality of life (VAS-QOL) was investigated in elderly persons before and after an interval of 1 month. The Symptom diseased syndrome (SDS) scale was used for elderly persons. Baseline data of pain, medications, presence or absence of disease, Barthel Index score, Braden Scale score, SOPMAS score were determined.

RESULTS

This study involved elderly individuals taken care by Kinaesthetics (N = 112; age, 77 ± 18 years) and common care (N = 37; age, 79 ± 16 years). The VAS-QOL scores for elderly persons were not significantly different between the baseline and second investigations. The SDS score for pain at the baseline investigation (*p = 0.021), that for pain at the second investigation (*p = 0.044), and that for concentration (*p = 0.008) were significantly different between the two groups of elderly persons. The SDS score for fatigue (*p = 0.036), bowel movement (*p = 0.006), and concentration (*p = 0.063) was significantly different between the two groups of elderly persons according to Mauchly's test. The total QOL degree of change for elderly persons in Kinaesthetics were positive than common care (*p = 0.041).

CONCLUSION

Nursing practice using Kinaesthetics concept related to some components of better QOL in the elderly.

CONCURRENT SESSION B

CS-B-009

Spiritual Self-Care as an Extension of Orem's Self-Care Deficit Nursing Theory

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BACKGROUND

This study extended the Orem's theory of self-care deficit nursing by including specific constructs of religion, spirituality, and spiritual self-care practices. Based on an extensive literature review, practice experience, and a discovery theory-building approach, a mid-range theory, White's theory of spirituality and spiritual self-care (WTSSSC), was developed.

METHODOLOGY

To test this mid-range theory, empirical indices of many concepts were identified from prior studies and one new instrument (the Spiritual Self-Care Practice Scale) was developed. Hypothesized relationships among the concepts of the mid-range theory were examined and tested in a sample of 142 urban African American outpatients who had been previously diagnosed with heart failure.

RESULTS

Results of this study provided support that the WTSSSC is a viable extension of Orem's self-care deficit nursing theory. The relations between QOL and spirituality, spiritual self-care practices, chronic illness self-care for heart failure, and physical and mental health were statistically significant and in the expected directions.

CONCLUSION

The midrange theory can be used to incorporate spirituality and spirituality self-care practices that can mitigate effects of chronic disease related to overall QOL for African Americans with heart failure.

Results of this study provided support for the use of spiritual self-care practices to help manage chronic illness, specifically heart failure. Nurses who work with patients diagnosed with heart failure should provide instruction on self-care practices specifically for heart failure and encourage the use of spiritual self-care practices to enhance well-being and QOL. Nursing education needs to include spirituality and the importance

of spiritual self-care practices as part of teaching Orem's theory of self-care to enhance patient health and QOL.

This education could be presented in nursing education classes in colleges and universities; professional development programs; and presentations at state, regional, national and international conferences. Further research is needed to continue development of the WTSSSC.

CS-B-010

The nutrition self care inventory

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BACKGROUND

A concept tree was created to provide the theoretical basis for the development of a tool to establish the perceived nutritional status of participants diagnosed with obesity and overweight. The Self-as-Carer tool (Geden&Taylor, 1991) was used to assist in the perceived self care of these participants.

A review of current nutrition tools lead to the discovery and lack of those published in the nursing literature. Further research is considered to explore this counseling intervention with tool development for assessing nutrition specific information. Construction of this tool will aid the advanced practice nurse in the planning and creating of weight loss goals.

Obesity and overweight are the precursors to metabolic syndrome, diabetes and cardiovascular disease. Metabolic syndrome is a constellation of risk factors including: obesity, elevated cholesterol, elevated blood pressure, elevated blood sugar and/or increased waist circumference and can be considered the precursors to these diseases. Obesity is a national and global concern and can be preventable in the consideration and diagnosis of these disorders.

CONCLUSION

Theoretical constructs can be measured by the use of a tool, designed to be used in a measurement model. The use of a concept tree (Tappen, 2011) allowed for the organization of thoughts and principals for mapping using Orem's Theory of Self Care Deficit Nursing Concepts. Orem's theory illustrates the person's need to identify with normal human behavior and desires; Normalcy is a central theme of the theory (Orem, 2001). Young and middle age adults often desire to lose weight. To be overweight is considered to be in the outside parameters of normalcy, while overweight is found in the majority of adults in the United States. The strong influence of social dependency and the need to establish interpersonal relationships can affect an individual's behavior while searching for this normalcy.

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CS-B-011

Facing the bittersweet symphony of diabetes: contribution of the self-regulation theories in adjustment to type 1 diabetes

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BACKGROUND

The MONDIAB project, a joint cooperative project of the University of Lorraine and the University of Luxembourg, focused on self-care of patients with type I diabetes. A challenge to contemporary type 1 diabetes treatment is psychological adjustment to the disease.

PURPOSE

Based on the assumptions of the self-regulation theories, this research explored the role of psychosocial factors in adjustment to type 1 diabetes.

METHODOLOGY

French speaking diabetics from Luxembourg, France, Belgium and Canada were invited to participate to this study. Altogether, 321 patients aged between 16 and 65 years filled in the first questionnaire, thereof 120 patients participated in the second survey six months later. The online survey was composed of standardized instruments measuring patients' behavioral, physiological and emotional adjustment.

RESULTS

The study showed that (1) patients' self-care behaviors are predicted by their perceived control and their autonomous motivation, (2) patients' glycosylated hemoglobin is influenced by autonomy supportiveness from health care providers, (3) patients' well-being is associated to life goal disturbance, coping styles and self-efficacy, as well as perceived social support.

CONCLUSION

This project elucidated the importance of considering psychosocial factors for understanding and improving adjustment to type 1 diabetes. Findings encourage health care providers to actively involve patients in treatment decisions, to provide illness related information, to support patients' perspectives without judgment, pressure or control, in short to take into account patients' reality.

CS-B-012

Client focused counseling and support based on self-care requisites defined by Orem in a context of salutogenesis

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BACKGROUND

Health care professionals often ask patients "what is missing for you," and often assumptions are made in advance assessments, labels from diagnosis-related groups assigned to these people (DRG) or nursing diagnoses. The question reveals a distinct pathogenetic orientation of the medical establishment. The "what" refers to a location. A description of subjectively experienced events, feelings and perceptions are hardly addressed. The question of the "absence" also points to an existing deficit. It can be assumed, if something is missing that perfection, wholeness is almost impossible. Health-preserving capabilities are not included in the medical history or in the nursing assessment. In many cases, the person feeling ill is seen through the lens of pathogenesis. We should make clear our view of the need for the recognition and integration of the health related skills and experiences of the patient in preserving and or restoring health. The central concept of the model of salutogenesis is the sense of coherence (SOC sense of coherence, Antonovsky). This means "a global orientation that expresses the degree to which someone has a pervasive, enduring, yet dynamic feeling of confidence. Based on this understanding Antonovsky developed various constructs of trust, namely:

- The sense of comprehensibility, which takes into account the concept of controllability and understandability cognitive processing model.
- The sense of manageability which means to cope with an optimistic faith, life lessons and mobilize resources to be able, in terms of cognitive-emotional processes.
- The sense of meaning or significance. It includes the belief that life has meaning and that joy is worth the living. This relates to the emotional-motivational component of human experience.

CONCLUSION

On the basis of self-care needs described by Dorothea Orem it will be shown that the estimation of potential care needs in the context of a primary care situation is able to promote resource-based view of the self-care skills of the people involved in a particular way.

CONCURRENT SESSION C

CS-C-013

Use of Orem's Self-Care Deficit Nursing Theory in the Self-Management Education of the Patients with TYPE 2 Diabetes: A Case Study

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PURPOSE

The objective is to indicate the use of Orem's self-care deficit nursing theory in the education of the patients with Type 2 diabetes through a case study.

METHODOLOGY

Description of the Subject: Mrs. Türkan S. (T.S) was 66 years old and coming to the Diabetes Education Center. She was a high school graduate and retired. She was not working in a job at the time of the research. She was single and living alone. She wasn't smoking and drinking. She had health insurance. Suffering from Type 2 diabetes for 17 years. She had hypothyroidis and HT problems beside the diabetes. She uses Novarapid, Levemir, Incuria, Eutrox, Diaformin and Hyzaar drugs. She defined her health situation as mediocre. She didn't perform regular physical activity. She received basic diabetes education from a diabetes nurse three years ago. Power components of T.S.'s self-care agency were determined as not believing that her health will be better, not paying attention to some discomforts and information deficiencies concerning the disease management.

Problem Description: She didn't know what HbA1c and lipid profiles mean and the complications that high HbA1c, dyslipidemia and excessive weight can cause. She didn't perform regular physical activities, didn't comply with the medical nutrition therapy, made mistakes while applying the insulin, didn't carry out a proper foot care, didn't have her routine follow-ups performed regularly and wasn't aware of the complications of her treatment. In the light of these data, it was determined that (1) there was a deficiency in the effective application of the medical treatments and rehabilitative interventions, (2) there was a deficiency in the awareness concerning the effects and results of the pathological situation and (3) there was a deficiency in the awareness about the effects of medical care because T.S. had a lack of knowledge, did not believe that her health would get better, did not pay attention to some discomforts and thought that these discomforts would alleviate in the course of time.

Type of the Nursing System: T.S. had the potential of meeting her own self-care requirements in physical terms. Thus, supportive-educative system was found appropriate as nursing approach.

Technological Dimension: It was decided to apply the diabetes self-management education (DSME) which is based on Orem's self-care deficit nursing theory as supportive-educative system to enhance the self-care power of T.S. Within this context, three interviews were carried out with T.S. in three months and she was provided with consultancy via telephone calls.

CONCLUSION

The use of self-care deficit nursing theory provided convenience as a guide in diagnosis, planning and practices. Positive changes were observed in the health state of T.S. owing to the DSME provided on the basis of Orem's self-care deficit nursing theory.

CS-C-014

The prescribing practices of nurses who care for patients with skin conditions in the UK : a questionnaire survey

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BACKGROUND

This study extended the Orem's theory of self-care deficit nursing by including specific constructs of religion, spirituality, and spiritual self-care practices. Based on an extensive literature review, practice experience, and a discovery theory-building approach, a mid-range theory, White's theory of spirituality and spiritual self-care (WTSSSC), was developed.

METHODOLOGY

To test this mid-range theory, empirical indices of many concepts were identified from prior studies and one new instrument (the Spiritual Self-Care Practice Scale) was developed. Hypothesized relationships

among the concepts of the mid-range theory were examined and tested in a sample of 142 urban African American outpatients who had been previously diagnosed with heart failure.

RESULTS

Results of this study provided support that the WTSSSC is a viable extension of Orem's self-care deficit nursing theory. The relations between QOL and spirituality, spiritual self-care practices, chronic illness self-care for heart failure, and physical and mental health were statistically significant and in the expected directions.

CONCLUSION

The midrange theory can be used to incorporate spirituality and spirituality self-care practices that can mitigate effects of chronic disease related to overall QOL for African Americans with heart failure.

Results of this study provided support for the use of spiritual self-care practices to help manage chronic illness, specifically heart failure. Nurses who work with patients diagnosed with heart failure should provide instruction on self-care practices specifically for heart failure and encourage the use of spiritual self-care practices to enhance well-being and QOL. Nursing education needs to include spirituality and the importance of spiritual self-care practices as part of teaching Orem's theory of self-care to enhance patient health and QOL.

This education could be presented in nursing education classes in colleges and universities; professional development programs; and presentations at state, regional, national and international conferences. Further research is needed to continue development of the WTSSSC.

CS-C-015

Development of Self-Care Handbook in Preventing Stroke for Persons with Hypertension

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PURPOSE

This research aimed to develop a self-care handbook on preventing stroke for persons with hypertension by applying the Self-Care Deficit Nursing Theory (Orem, 2001) in order to promote the ability of persons with hypertension to care for themselves.

METHODOLOGY

Four steps were conducted: 1) literature review, 2) manual draft design, 3) manual pretesting, and 4) final modification.

RESULTS

The core contents of the handbook comprise 1) basic knowledge on hypertension and stroke, and 2) an ideal set of self-care actions in preventing stroke for persons with hypertension, namely dietary control, physical activity management, smoking cessation and alcohol consumption control, stress management and treatment adherence. The newly developed handbook on preventing stroke for persons with hypertension was confirmed in respect of its content validity by three experts and its applicability approved by five persons with hypertension. The final modification was made using a committee approach.

CONCLUSION

The handbook could be used as the self-care guideline in preventing stroke for persons with hypertension.

Outcome evaluation and monitoring of its effectiveness are highly recommended for further development.

CONCURRENT SESSION D

CS-D-016

Capability for Dietary Control among Muslim Thais Risky to Diabetes

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PURPOSE

This descriptive research aimed to explore the capability for dietary control among Muslim Thais with high risk of diabetes.

METHODOLOGY

Three levels of capability for self-care operations based on Orem (2001), i.e. estimative, transitive and productive were used as the conceptual framework. The sample comprised of 108 Muslim Thais with high risk of diabetes screened by a community health center in the south of Thailand. The Capability for Dietary Control Scale (CDCS) was used. Its content validity was approved by 3 experts and its reliability tested by using Cronbach's alpha coefficient (Alpha = 0.78).

RESULTS

The results revealed that mean of the total CDCS score was at the moderate level (M = 3.65, SD = 0.41). Considering to the subtotal scores of CDCS, the transitional operation was at a high level (M = 3.79, SD = 0.63). Whereas, estimative and productive operations were at a moderate level (M = 3.66, SD = 0.45; M = 3.50, SD = 0.54, respectively). However, the most common problem of dietary control practice among Muslim Thais with high risk of diabetes was on controlling high carbohydrate foods such as instant noodles, preserved or canned fruit and sweet dessert. In addition, most subjects reported on having late dinner after 8 pm and taking dinner as the biggest meal of the day.

CONCLUSION

The results will be beneficial to the health team on planning and promoting for the Muslim Thais risky to diabetes for improving dietary control capability that leading to the effective self-care operation for reducing incidence of diabetes among the population.

CS-D-017

Therapeutic self-care demand of people with COLD – Clinical Pathway and interdisciplinary systematic education

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BACKGROUND

Chronic obstructive lung disease (COLD) will get the third place for cause of death and the third place of morbidity till 2020. The prevalence in German population related to every age-group is 1% with a rise to 10% of people at the age after forty. Although receiving the best therapy, COLD is progressive and irreversible. Therefore, supporting quality of life and self-dependent active aging as long as possible are the most important aims of patients and, their dependents. They must be the aims of all therapeutic team members. In addition to medication, adaptation of lifestyle and achieving the therapeutic self-care demand (TSCD) are the most important responsibilities of a patient himself. Nurses in a hospital act as trainers and have to diagnose whether the self-care agency is adequate and if development is possible.

METHODS / RESULTS

- Literature Review in multiple databases, reference sources, national and international guidelines for COLD from German Association for Pneumology, of German Respiratory System League and the guideline of "Global Initiative for Chronic Obstructive Lung Disease" (GOLD)
- Research about content and methods of national Disease Management Programs (DMP)
- Categorizing key problems (Mind Mapping)
- Identifying health-deviation self-care requisites (HDSCR), but also necessary adaptations of Universal and Developmental self-care requisites
- Defining TSCD of Self-Care requisites using Self-Care deficit nursing theory
- Developing a systematic education program

- Designing an interdisciplinary clinical pathway for programming in several (South Germany) hospital information systems (EDV) with integrated tools for diagnosing and evaluating self-care agency and deficits, but also for planning and verifying education towards health insurance.

CONCLUSION

Each guideline recommends patient education for people with COLD. To avoid exacerbation of COLD,, training programs have to develop Self-Care in more differentiated ways than are now available. SCDN-T provides a structure of concepts for all professions and gives direction of action systems for common therapy.

CONCURRENT SESSION E

CS-E-018

Bridging gaps in ICT and ageing: Designing high-tech solutions for the tech-“no“-generation

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BACKGROUND

Information and Communication Technologies (ICT) constitute an integral part of our daily lives and are by no means confined to the digital natives' generation. It is rather incontestable that modern technologies present an enormous potential to enhance independent living and improve the quality of life of elderly and disabled persons. Hence, the crucial challenges are (a) to identify possible barriers hindering the uptake of technologies, (b) reduce fears of disgracing oneself or damaging something, and (b) enthuse low-tech-users for high tech solutions.

PURPOSE

The interdisciplinary TIVIPOL project, assembling computer engineers and psychologists, aimed at designing a useful, barrier-free and appealing ICT-device to increase autonomy and stimulate social interaction in persons living in a retirement home. TIVIPOL relies on the emerging concept of tangible user interfaces (TUI), giving a physical form to digital information.

METHOD

In order to increase the acceptance of the future prototype a “user sensitive inclusive” approach was chosen for the software design. In a first phase, semi-structured interviews were conducted with 40 (semi)autonomously living elderly persons to gather information on their social networks, as well as their experiences and attitudes towards modern technologies. In a second co-evolutive multidisciplinary designing phase, the touch-screen device SAMMY was developed. This allows persons to individually compose and pre-order the weekly menu, as well as to enroll in in-house activities. SAMMY was tested during a six months time-period on-site in a retirement home.

RESULTS

The results of the formative evaluation suggest a “differential indication” of modern technologies, i.e. a personalized solution for individual needs and expectancies of the end-users. In general, the study participants reported a high perceived usefulness and high user-friendliness of the prototype. The identified key factors for technology acceptance, as well as opportunities and drawbacks regarding the use of ICT-devices in housing for the elderly will be discussed.

CS-E-019

Domiphone, an innovative tool for a better quality and control of home care services

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BACKGROUND

Europe is facing unprecedented demographic challenges in particular with the ageing of its population. The ratio of older people to total population is higher than on any other continent and this leads to new preoccupations and needs. As such, the segregation of the elderly in retirement houses is a real concern and institutional care becomes more costly over time. Policies and actions are being developed at different levels to foster a healthy and dignified elder population. Public authorities' objective may be to help dependent people to remain autonomous as long as possible, while using efficiently their funds.

METHOD

Edenred designed Domiphone to answer the need of local authorities while distributing social allowances to help dependent people to remain at home.

RESULTS & CONCLUSION

Domiphone is an online solution (through a phone server) enhancing the quality of management and the follow-up of domestic services to dependent population. Domiphone is at the heart of the care provision, offering advantages to all stakeholders. The follow-up of the service enables the financing authority to better manage its funds without administrative burden, but most of all, Domiphone makes sure that the care has been provided to the person in need. Older people can stay at home longer, where they feel the most at ease and secure. An additional development of the tool also enables the family to follow the care and thus prevents any abuse. This system has proved to be very effective and deals with 15 million calls per year with 30 000 services providers in France. Seven major financing authorities trust this tool and 80 000 persons are benefiting from social allowances through this system.

Domiphone is currently implemented in 2 European countries evolving with the tendencies of the demographic changes, offering flexibility and power of adaptation to the demand and social needs. A step further could consist in the development of elderly computer literacy, enabling them to control their own care services and giving access to greater choice and independence.

CONCURRENT SESSION F

CS-F-020

Orem's Self-Care Deficit Nursing Theory as a Foundation for the Care of Adolescent Mothers

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Teenage mothers and their offspring are widely recognized as high-risk and vulnerable populations. As such, they present a unique challenge for health care workers devoted to advocating for them (Fallon, 2011; Frances, 2011). In planning prevention, intervention, and crisis management for this population, Orem's (1991) Self-Care Deficit Nursing Theory is a useful springboard from which to begin. A practice model based on Orem's theoretical perspective challenges the health care professional to assess both self-care deficits and self-care agency, thereby facilitating interventions that are grounded in the client's unique array of strengths and weaknesses. The use of nursing systems, primarily partially compensatory and supportive/educative, as well as social-interpersonal technologies, can promote early identification of potential crises for these young women and careful planning that is both individualized and based on nursing science.

LITERATURE

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CS-F-021

Who decides at the end of life? Decision-making processes related to administration of artificial nutrition and hydration in patients with dementia. Nurses' role

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PURPOSE

To define the role of nurses in the decision-making process and clarify their involvement; To identify the influences different settings have on the decision-making-process.

BACKGROUND

Nurses often have a close and trust-based relationship with patients with advanced dementia and their relatives during the end-of-life care process. As a result they become involved in complex ethical decision-making processes regarding artificial nutrition and hydration. There is little known about nurses' role and how their work does affect the decision-making process. Thus, the question is how to precisely define the role to understand their relational work.

DESIGN / METHODS

Qualitative approach; 24 interviews with nurses in hospitals, nursing homes and home care services.

RESULTS

Nurses' involvement varies significantly in the different care settings. Nurses in nursing homes take over an active and mighty role in the decision-making process while the nurses' role in acute care depends on the hierarchical structure. In home care services nurses pave the way for their patients to "die with dignity".

CONCLUSION

Nurses can make a valuable contribution to the decision making process. While nurses in acute care and nursing homes do not use an ethical language to describe their involvement, nurses in home care services use the language of dignity. However, nurses' active work does not necessarily imply a moral reflection.

Nurses' involvement in decision-making is dependent of the setting which needs to be considered and analyzed more in-depth. For nurses to fulfill their roles, their tasks and responsibilities in the decision-making process need to be spelt out clearly.

CONCURRENT SESSION D (CONT.)

CS-D2-022

New technologies of care during pregnancy and for the support of parents

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BACKGROUND

This is an educational tool accessed on the web through www.cbk-learning.lu for patients of the Clinic.

It is an innovative and unprecedented concept in the field of education and prevention for women's health and in supporting parents and prospective parents through new multimedia technologies.

PURPOSE

- Establish early contact with the patient base through new interactive technologies and thereby anticipate their questions, needs and concerns
- Ensure continuity in communication between the patient and the health professional
- Ensure contact with patients beyond the birth and/or hospitalisation

METHODS

The www.cbk-learning.lu website has been created to achieve these objectives. It is unique due to the variety of learning tools:

- information sheets, photos, videos, quizzes, annotated slideshows, "E-Learning" web conference activities, dynamic lexicon, bibliography, useful links

- content based on reliable data and focused on the key issues and needs of patients, all validated by a multidisciplinary team at the Clinique Bohler
- Web conferencing/chat capabilities for pre- and post-natal sessions led by professionals from the Clinic. Patients can view the sessions remotely while interacting with caregivers via an instant messaging system.

RESULTS

- A quantitative analysis of site usage shows that 51% of patients giving birth at the clinic enrolled, and a third of this 51% have a consultation time of more than eight minutes (above the average time for a standard website session).
- A qualitative analysis on the perceived quality of the site content (user satisfaction survey) is currently in progress

CONCLUSION

Relevance of the introduction of e-learning approach in hospitals in complementarity of hospital care.

The use of new multimedia technologies can enhance and facilitate access to quality information tailored to the specific needs of the patient base and help maintain remote contact with this patient base.

CS-D2-023

Projet du dossier de soins électronique à la « Stëftung Hëllef Doheem »

A. Koch

Stëftung Hëllef Doheem, Luxembourg, Luxembourg

De la documentation des soins vers un système d'informations cliniques commun dans le milieu d'aide et de soins à domicile

Problématique:

Dans le système d'informations cliniques de la « Stëftung Hëllef Doheem », la documentation des soins joue un rôle primordial. Actuellement manuscrit, le dossier de soins tend à répondre à deux objectifs principaux:

1. Assurer la continuité des soins au sein d'une équipe multidisciplinaire.
2. Garantir le suivi qualitatif et administratif des prestations.

Il n'est guère probable que le dossier de soins manuscrit puisse répondre de manière exhaustive à la complexité des attentes et des besoins actuels.

Dans ce contexte, il importe que la tenue de la documentation réponde aux critères de base:

- Exhaustivité.
- Lisibilité.
- Validité.
- Fiabilité.
- Comparabilité.

Pour aller à l'encontre de la multiplicité des objectifs déterminés, la « Stëftung Hëllef Doheem » a pris la décision de lancer le projet « dossier de soins électronique » sur base des critères repris ci-dessus.

Méthode:

Sur base d'un cahier de charge définissant les besoins réels orientés vers une qualité opérationnelle auprès de ses clients, la « Stëftung Hëllef Doheem » a pu, en dépit de la multitude des logiciels existants et des outils proposés, faire le choix pertinent de l'outil correspondant aux objectifs déterminés.

La recherche de la solution informatique et l'élaboration du projet se sont orientés autour des axes thématiques suivants:

1. Évaluation des logiciels existants selon les critères définis.
2. Traitement des données.
3. Structure du dossier de soins électronique.
4. Utilisation pratique (avec terminaux fixes et mobiles).
5. Choix du système de classification des soins.
6. Praticabilité du système de classification dans la logique de la démarche de soins.
7. Bilinguisme.
8. « Evidence Based Nursing ».

Résultats actuels et résultats escomptés :

Résultats actuels:

- Choix du logiciel (GRIPS©)
- Définition des partenaires du projet (RECOM et ilogs).
- Détermination du langage de classification (ENP©, European Nursing Pathways).

Résultats escomptés :

- Optimisation de la qualité.
- Meilleure efficacité et mise en réseau.
- Augmentation de l'efficacité des processus clé de la « Stéftung Hëllef Doheem ».
- Amélioration de l'interactivité interne et externe.
- Meilleure traçabilité et évaluation des données.
- Individualisation de la démarche de soins basée sur des interventions « Evidence Based ».

CONCURRENT SESSION E (CONT.)

CS-E2-024

Fallorientierte Pflegeorganisation am Friedrich-Ebert-Krankenhaus Neumünster (FEK) - 10 Jahre klinische, theoriebasierte Fallsteuerung

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Eine Veränderung des Versorgungsbedarfs in Quantität und Qualität sowie eine zunehmende Komplexität des deutschen Gesundheitswesens stellen hohe Anforderungen an Krankenhäuser. Die Einführung des G-DRG Systems erfordert auch in der pflegerischen Tätigkeit eine effektive und kompetenzfördernde Arbeitsweise.

Das FEK schafft mit seiner Fallorientierten Pflegeorganisation den Rahmen für Fallsteuerung im klinischen Setting. Eine Verflachung der Hierarchieebenen räumt den verantwortlich Pflegenden größere Entscheidungsspielräume ein. Aufgrund einer pflegfachlich notwendigen Ausdifferenzierung der Aufgabenbereiche arbeiten Pflegekräfte mit unterschiedlichen Qualifikationen gemeinsam im Versorgungsprozess.

Care Manager, als zentrale Funktion, realisieren die Fallsteuerung, welche methodisch als pflegerisches Case Management umgesetzt wird. Case Management wird sowohl als „methodische[s] Konzept auf personaler Handlungsebene“ als auch als „Organisations- oder Systemkonzept in administrativer Funktion“ umgesetzt.

Die Selbstpflegedefizit-Theorie (SPD-T) dient neben der pflegfachlichen Betrachtung insbesondere der Einzelfallsteuerung als theoretischer Bezugsrahmen. Die SPD-T mit den impliziten Haltungen zum professionellen Handeln unterstützt die Stärkung der Patientenautonomie und stellt damit ein wichtiges Element zur Umsetzung einer patientenorientierten Versorgung dar. Anhand der theoretischen Konzepte können Patientenfälle analysiert und strukturiert werden. Neben dem Pflegeprozessmodell bietet die SPD-T ferner die Grundlage für die pflegerische, klinische Entscheidungsfindung. Unter Bezugnahme der Theorie wird der Pflege- und Unterstützungsbedarf, welcher sich ausschließlich an den Handlungskompetenzen und -einschränkungen der Patienten orientiert, nachvollziehbar beschrieben und abgeleitet.

Die fallorientierten Aufgabefelder erfordern eine Spezialisierung der Pflegeprofession. Grundlage für die Personalentwicklung im Care Management ist eine umfassende Bildungskonzeption, deren pflegetheoretischer Bezug die SPD-T darstellt. Mit der Krankenpflegeausbildung, internen Weiterqualifikationen und einem Bachelor Studiengang werden die Care Manager auf die Aufgaben in der klinischen Fallsteuerung vorbereitet.

Flächendeckend ist das Care Management mit 33 Personen auf 21 Stationen in der gesamten Klinik implementiert. Die duale Funktion der Care Manager, als berufsgruppenübergreifende Fallsteuerer und pflegfachliche Kontrollinstanz, ist etabliert. Die Verbindung der SPD-T mit anderen theoretischen Ansätzen hat sich für die praktische Umsetzung dieses semizentralen Modells der Fallsteuerung als wertvoll erwiesen.

CS-E2-025

SCDNT as foundational structure for the development of an operational design for a nursing facility

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BACKGROUND

Operational design and concepts of nursing for long-term care facilities often are separated or grounded in different views of care delivery purposes. In the literature this situation is mentioned as a specific problem which is the foundation for a bunch of practice problems for patients, families, staff and the management involved in care processes.

PURPOSE

Z&L Nursing Care faced this problem for many years. In order to present new ways and methods of care and nursing treatment a conceptual development group was formed and the SCDNT and the concepts of the Human Ontogenetics Theory have been chosen as the conceptual foundations of operational design and concepts of nursing.

The center of this new operational design focuses on the educational demand of the staff members, family members and patients. The core concept is related to self-care agency, nursing agency and dependent care agency.

Furthermore we focus on the therapeutic self-care demand of nursing care recipient and the critical stage of the new life situation related to nursing home admission.

CONCLUSION

This presentation will show the preliminary results of the development process. We will present results related to economical and technical processes. Feedback from patients, family members, physicians and staff members will be part of the presentation.

CONCURRENT SESSION F (CONT.)

CS-F2-026

Relationship between self-care agency, self-care practices and obesity among rural midlife women

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PURPOSE

To examine the relationship between self-care, self-care practice, and obesity among rural midlife women framed in Orem's Self-care and Rural Nursing Theory.

BACKGROUND

Obesity is a world-wide health concern. Self-care practices are linked to obesity reduction, yet have been no prior studies of the relationships between self-care and obesity among rural midlife women. This study is the first to apply Orem's theory and rural nursing theory as a theoretical framework.

METHOD

A predictive correlational cross-sectional design was used. Participants completed demographic and basic conditioning factors (BCFs) data, Denyes Self-care Agency Instrument (DSCAI-90©) and Denyes Self-care Practice Instrument (DSCPI-90©). Anthropometric measurements were height and weight. A predictive model of self-care in rural midlife women was constructed based on Orem's self-care theory and rural nursing theory.

RESULTS

Participants were 224 ambulatory rural women, ages 40-64 years, from 10 northern counties of an upper plains state. Mean age was 52 years. Mean body mass index (BMI) was 29.2. Facilitators and barriers to self-care agency and self-care were identified by Pearson product moment correlation coefficients and hierarchical regression analysis. Self-care agency predicted self-care. The hypothesized model was tested and revised. BMI had the greatest direct effect on self-care agency. Self-care agency had the greatest direct effect on self-care. F test confirmed BMI as a predictor of self-care agency. No significant relationship was found between self-care agency, self-care and distance to healthcare provider. No significant relationship was found between chronic diseases and self-care agency. A negative relationship was found between chronic diseases and self-care. Qualitative data identified the meaning of health, self-care and impact of distance on access to healthcare in rural midlife women.

CONCLUSION

The study provided new knowledge of the relationship of self-care agency, self-care and obesity in the context of the rural environment.

CS-F2-027

Development of Handbook of Chronic Foot Ulcer Prevention for Farmers With Diabetes

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PURPOSE

This research aimed to develop a handbook of chronic foot ulcer prevention for farmers with diabetes by integrating the self-care concept of Orem (2001) and Loss Causation Model.

METHODOLOGY

Four steps were conducted, i.e., 1) literature review, 2) manual draft design, 3) manual pretesting, and 4) evaluation for improvement. The handbook contents were designed for giving information to strengthen three aspects of self care operations in chronic foot ulcer prevention for farmers with diabetes: 1) estimation (understanding risks of chronic foot ulcer in farmers with diabetes), 2) transition (making choices on chronic foot ulcer prevention), and 3) production (planning, operating and evaluating chronic foot ulcer prevention). Content validity evaluation was performed by using a panel of three experts. In addition, 10 farmers with diabetes were asked to evaluate its usability.

RESULTS

The newly developed handbook of chronic foot ulcer prevention for farmers with diabetes is composed of 3 parts: 1) cover page, introduction and table of contents, 2) core contents on chronic foot ulcer prevention for farmers with diabetes, and 3) references. The content validity evaluation confirmed that the manual was suitable and clear. The farmers with diabetes participating in the pretesting responded that the manual had clear contents and an interesting format, and was distinct, readable, and practical.

CONCLUSION

This manual could be used for the population of farmers with diabetes in preventing chronic foot ulcer. Outcome evaluation and monitoring of its usage should be conducted continuously.

CONCURRENT SESSION G

CS-G-028

Prescribing for pain - what do nurses contribute? A UK questionnaire survey

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BACKGROUND

Pain is widely under-reported and under-treated and this can have negative consequences for health and psychosocial wellbeing (Langley 2011). Nurses who are trained to prescribe can improve access to pain medications (Stenner & Courtenay 2008). In the United Kingdom, around 40% of qualified nurse prescribers treat patients in pain (Courtenay & Gordon), little is known about their profile or training needs.

PURPOSE

To provide information about nurses in the UK who prescribe medication for pain.

METHOD

An online questionnaire survey of 214 nurses who prescribed for pain. Data was collected between May and July 2010 and analysed using descriptive statistics and non-parametric tests.

RESULTS

Half the participants (50%) worked in primary care, 32% in secondary care and 14% worked across care settings. A range of services were provided, including: general practice, palliative care, pain management, emergency care, walk-in-centres and out-of-hours. The majority (86%) independently prescribed 1 to 20 items per week. Non-opioid and weak opioids analgesics were prescribed by most (95%) nurses, whereas fewer (35%) prescribed strong opioids. Training in pain had been undertaken by 97% and 82% felt adequately trained, although 28% had problems accessing training. Those with specialist training prescribed

a wider range of pain medications, were more likely to prescribe strong opioids and were more often in pain management roles.

CONCLUSION

This is the first survey to describe the range of settings and types of medicines prescribed by nurses for patients in pain. Many nurse prescribers are involved in prescribing pain medications, with an emphasis on treating minor ailments and acute pain. Improving access to ongoing training is essential in order to support development in this area of practice and to maximise benefits to patient care.

REFERENCES

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CS-G-029

Development of Continuing Care Options for Patients with Tuberculosis

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PURPOSE

This research aimed to develop the continuing of care options for patients with tuberculosis by using the CIPP model and five helping methods based on Orem's theory, i.e., doing, teaching, guiding, supporting, and providing environment for developing care ability of the patients and their families.

METHOD

The guideline developing processes of Iowa model were conducted by dividing them into two steps: 1) designing the main content and options, and 2) evaluating of the options by examining the content validity using a panel of 3 experts, two physicians who had experience in the treatment of tuberculosis and a nurse clinician who had been working in the office of TB Prevention and Control. The options were tried out by a representative staff member of each managed care group within the tuberculosis control team (physician, pharmacist, nurse clinician, primary care staff and DOT caregiver).

The newly developed options were divided into 2 phases of patient care: 1) intensive phase, and 2) continuing phase. Both phases consist of four processes, namely, 1) goal setting, 2) evaluating criterion identification, 3) providers' roles and functions design and 4) care activity design based on the helping methods. After the options were examined for their content validity, the results revealed that all experts agreed on their principle. However, suggestions were made on adding the evaluation criteria of each phase, clearly designing the nurse's roles and functions on TB control and prevention in the hospital setting, sequential reordering of figures and contents. After the revision was completed, the options were tried out by the staff and all confirmed that they were understandable and suitable for use in care system for the target population. However, the options for DOT caregivers on controlling medication taking on a daily basis were not practical, especially for those patients who had limitation to access the primary care services. The options were redesigned to help the caregivers adjust their care activities on medication taking control based on each patient's context.

CONCLUSION

The options can be used effectively only in the case of staff who are knowledgeable and skillful in managed care for TB patients. Continuous staff training and modifying of the roles and functions to be responsive to the dynamic care system in order to decrease the number of tuberculosis patients and infection are highly recommended.

CS-G-030

Developing and Testing an Exercise Promoting Program of Community Health Leaders in Thailand

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PURPOSE

This study aimed to develop an exercise promoting program and test its effect on exercise behaviors among community health leaders in Thailand.

METHOD

Forty subjects were voluntary recruited. The concept of community participation and stage-based approaches were used for the program development. Multiple tools, such as exercise record, exercise handbook, and program manual were designed. The data of exercise performance were collected from individual record on duration in a day and numbers of day in a week. Exercise behaviors were categorized using standard of healthy exercise behaviors (30 minutes a day and at least 3 day a week). Two groups (acceptable-inacceptable) were compared on the pre-post program implementation by using Chi-square.

RESULTS

The results showed that the program was able to promote the exercise behaviors among community health leaders both in terms of duration in a day and numbers of day in a week ($p < 0.05$).

CONCLUSION

The study results support on the beneficial of community participation and behavior modification through stage-based approach among health leaders in Thai community.

CONCURRENT SESSION H

CS-H-031

Development of self-care agency through enhancement of motivation in people with schizophrenia

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BACKGROUND

Motivation is one of the foundational capabilities and a power component of self-care agency. Human actions result from motivations and intentions that reflect personal values (Taylor, S & Renpenning, K, 2011). Motivation, intention, and choice are essential for engagement in self-care actions.

PURPOSE

This paper examines (1) ways in which motivation may be negatively affected by a serious mental illness such as schizophrenia or schizoaffective disorder, and (2) the potential utility of the Transtheoretical Model of Change (Prochaska, JJ & DiClemente, CC, 1983, JCCP, 390) and Motivational Interviewing (Miller, WR & Rollnick, S 2002) as supportive-educative nursing technologies to help people with these disorders engage in health-promoting self-care actions.

METHOD

The Transtheoretical Model of Change provides a framework for understanding and facilitating change. Stages of change are: precontemplation, contemplation, preparation, action, and maintenance. Motivational Interviewing, often used with the Transtheoretical Model, is a way of "being with" people that helps them navigate stages of change. Principles of Motivational Interviewing include: expressing empathy, supporting self-efficacy, working with resistance, and developing discrepancy between current behavior and desired goals. This method differs from traditional approaches. It does not externally impose change which may be inconsistent with the person's values, but supports change based on individual goals and desires. This approach may be helpful with people who have schizophrenia/ schizoaffective disorder, since it is supportive, nonjudgmental, and grounded in individual experience and choice.

CONCLUSION

Nurses who use the Transtheoretical Model of Change and principles of Motivational Interviewing can potentially help people with schizophrenia/schizoaffective disorders identify intention to change, discover intrinsic motivation for change, choose change strategies consistent with personal values and desires, and engage in self-care practices that lead to improved health outcomes.

CS-H-032

Prevalence of physical restraints use with elderly patients: Assessment and interventions to reduce them

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BACKGROUND

The use of physical restraints is one of the most rigid ways to suppress the capacity for self-care of elderly patients. This study investigated the prevalence of physical restraints in Luxembourg as well as the reasons and attitudes of those who adopt physical restraints. Based on literature analysis, practical approaches to avoid the use of physical restraints were developed. A question to clarify was to which extent electronic devices can be considered a solution to overcome the professional caregivers' dilemma between duties of care and autonomy and human dignity.

METHOD

A questionnaire was distributed to 886 professional caregivers and to 35 management staff of nursing homes in Luxembourg. The participation quote for the management staff of residential homes was 51.4% and 27.1 % for professional caregivers.

RESULTS

The evaluation of the survey revealed- despite high personnel and financial resources available in nursing homes - a percentage of 53.5% in the use of physical restraints and this percentage is likely to be increased by a dark figure of unreported cases. The majority of professional caregivers indicated that they feel insecure and burdened with regards to the use of physical restraints. As the main reason for using physical restraints 51% of the participants stated that they are afraid of complaints from family members, while 43% fear legal consequences. The definition of what interventions are considered to be physical restraints was not clear: 37% don't consider full side rails being physical restraints, 17% the same for belts.

CONCLUSION

Physical restraints are often determined by the philosophy and code of conduct and practice of the nursing homes. In an environment lacking of legal regulation of physical restraints, the actions of professional caregivers are often motivated by self-protection and not by motives related to elderly care. Moreover, the fact that such interventions represent a social and legal taboo may even lead to a more extended use of physical restraints as well as to an increased psychological burden for professional caregivers. Ethical boundaries concerning the use of electronic devices to constantly monitor and control the position of patients should also be considered in future discussions.

Even if these interventions violate fundamental human rights, physical restraints are yet widely used. This subject should be integrated in the vocational training of professionals. Within a larger social framework, the question should be raised as to which rights and risks are to be assigned to dementia patients and how the protection of their dignity and their self-care can be promoted.

CS-H-033

Constructs of becoming a dependent care agent - An analysis for the viewpoint of care taker and care recipient

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BACKGROUND

The phenomenon of taking on care responsibilities is the object of investigation of a graduation project aiming to uncover the subject related constructs for care acceptance from the perspectives of two affected groups: care-dependents and care-giving relatives. Understanding of the cognitive structures of care acceptance and the alignment with the results of research on care acceptance are important for the

theoretical as well as practical approach to the demonstrated future tasks within the area of providing for help- and care-dependent persons.

METHOD

The method of similarity analysis to identify cognitive structures that have been developed for instance for the purpose of dealing with disease and care is however still largely unknown within the care related sciences.

CONCLUSION

In the study being presented the social constructs of the target groups concerning care acceptance will be identified by the cognitive structures as well as the specific cognitive dimensions structuring perception and thought. The results show a cognitive structure in the order of care units that also conforms to a simplified version of the semantic differential by Osgood, Suci & Tannenbaum (1957). Validation of the compiled similarity data was subsequently the object of 14 semi-structured interviews. The aim is to develop a theoretical structural model for care acceptance whose origin lies in the dependency of the human being and therefore in his relation to "the other". In the interview statements of the subjects are manifest recurring patterns of knowledge about care that conform with the areas of the designed structural model of care. The data compiled in the study represent the basis on which to arrive at a culture-specific model of knowledge about care acceptance.

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CS-H-034

The difference between patient consulting and information

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BACKGROUND

Given the changing health care structures and associated shorter length of stay in hospitals, advisory activities in both the ambulatory and in-patient settings are increasingly becoming a challenge for nurses in the health sector. There is a consensus that educational tasks - information, advice and guidance in addition to the traditional "hands-on nursing" activities have become increasingly important. However, there are few clearly distinguishable definitions of the core tasks - counseling, coaching, training and guidance. The enigmatic phrase "advice" is often equated with giving information, giving advice, instruction and tips, and providing recommendations and strategies daily.

CONCLUSION

According to Muller-Mundt et al. there is a "care advice gap", which has several causes. The importance of counseling, coaching, training and guidance to respond positively to the demand is lacking both in the curricula frameworks and in textbooks. Nurturing the advisory activity is not perceived as a targeted measure, and therefore nurses do not use this as a planned and professional tool. The emphasis on traditional, quasi-paternalistic role models has oriented thinking of the patients as primarily passive recipients of prescribed care and nursing as primarily assisting the physician. This thinking clearly needs revision to care being viewed as an independent, communication and interaction-intensive service involving nurses, their patients, and their social environments in an ongoing interaction process extending throughout the life-span. Self-care needs as described by Dorothea Orem are used as a basis to show how counseling can help the patient/client and their families to make appropriate individual decisions about lifestyles and practices during an illness and when with the illness is part of their future lives.

CONCURRENT SESSION I

CS-I-035

The Caregives' Utilization of Child Care Handbook and Their Care Actions on Promoting Cognitive Development for Thai Children Aged 2-5 Years

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PURPOSE

This research aimed to describe the caregivers' utilization of the child care handbook and their care actions in promoting cognitive development for Thai children aged 2-5 years.

METHOD

One hundred and fifty caregivers were recruited using multistage sampling. The demographic data sheet, the utilization of child care handbook questionnaire and the care action on promoting cognitive development questionnaire were used for data collection. The content validity of both questionnaires was examined by three experts and their reliability was evaluated by test-retest method, yielding 83.17 % agreement. The demographics and utilization of child care handbook were analyzed using frequency and percentage. While care actions on promoting cognitive development were analyzed using mean and standard deviation.

RESULTS

The results showed that most caregivers rarely studied the handbook content (92.66%) but commonly used care measures in the handbook for promoting cognitive development of their child (92.75%). However, time constraint was reported as their main problem in using the handbook (90.83%). Small numbers promoted their child's cognitive development by past experiences (9.28%). With regard to the part of child development records, only 52.66 % of the caregivers had done their task. The majority were incomplete (lack of continuation and out of date, 84.81%).

The level of caregivers' actions promoting language usage was found at a medium level for all age ranges. Speaking and calculating were commonly promoted, whereas storytelling or reading books was rarely enhanced. The care actions promoting muscle development and adaptability were performed at a high level in all age ranges, except age range 31-36 months which was at a medium level. Self-care training was the most common whereas drawing and doing jigsaw puzzles were the less. Management of the environment to promote cognitive development of the children was found at a high level in all aged ranges. Drawing skill was supported the most, whereas doing jigsaw puzzles was less frequent. Applauding the children was the most common reinforcement, whereas schedule control in watching television was less. Being aware of potential accidents and keeping dangerous things from children were the most safety procedures performed, whereas providing playground or wide space were the less supported.

CONCLUSION

The results of this research are advantageous for healthcare teams to improve the utilization of the child care handbook to promote cognitive development for the Thai children age 2-5 years.

CS-I-036

Self-care practices of Thai nursing students

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BACKGROUND

Thai nursing students not only are taught to take care of their own health, but they are also trained to care for the health of others. However, it is usually found that most students put self-care in last place due to time constraints. According to Orem self-care practices are human actions that adult persons begin and carry out in order to maintain their life and well-being.

PURPOSE

The purpose of this study is to explore self-care practices of Thai nursing students. Data was collected from 700 undergraduate nursing students through questionnaires.

RESULTS

The results showed that students engaged in three common self-care practices to optimize their health. 66.1% performed exercise, 58 % adjusted their diet, and 95.7% used stress management. 35.7% of the students exercised infrequently. Exercise included the following: 25.6% of the students ran, 10.6% played badminton, 8.7% performed aerobic exercise, and 6.4% participated in other fitness activities. Changes in eating practices included a 30.7% and 33.9% increase in eating vegetables and fruits, respectively. 19.7% decreased eating salty, sweet, fatty and spicy foods while 20% reduced their consumption of sweet drinks. In terms of stress management, 50.4% listened to music, 34.9% watched movies, 27.3% went shopping, 27.1% consulted parents, 23.3% consulted friends, 15.9% ate snacks, and 15.7% played games.

CONCLUSION

From the findings, the state of nursing students' health is important since they will be future health care professionals. Therefore, nursing schools have responsibility to support and empower students to care for their own health in order to accomplish their full health potential.

This study was supported by Health Promotion Nursing Network and Thai Health Promotion Foundation

CS-I-037

An overview of non-medical prescribing across one UK strategic health authority: a questionnaire survey

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BACKGROUND

Over 50,000 non-medical healthcare professionals across the UK now have prescribing capabilities. There is no evidence available on the extent to which non-medical prescribing (NMP) has been implemented within organisations across a Strategic Health Authority (SHA).

PURPOSE

The purpose of the study was to provide an overview of NMPs across one SHA.

METHOD

A convenience sample of 1581 NMPs with a recognised email address completed an on-line descriptive questionnaire during November 2010- February 2011. Responses were received 883 (55.3%) participants.

RESULTS

The majority of NMPs were based in primary care and worked in a team of 2 or more. Nurse Independent Supplementary Prescribers (NISPs) were the largest group (68.6%) compared to Community Practitioners Prescribers (CPs) (22.4%), Pharmacist Independent Supplementary Prescribers (PISPs) (4%), and Allied Health Professionals (AHPs) and optometrist independent and/or supplementary prescribers (0.9%). Over 90% of NISPs prescribed medicines; 10% used supplementary prescribing. Approximately a third of PISP, AHPs, and CPs did not prescribe. Clinical governance procedures were largely in place, although fewer procedures were reported by CPs. General Practice nurses prescribed the most items. Factors affecting prescribing practice were: employer, the level of experience prior to becoming a NMP, existence of governance procedures and support for the prescribing role ($p < 0.001$).

CONCLUSION

NMP in this SHA reflects national development of this relatively new role in that the majority of NMPs are nurses based in primary care, with fewer pharmacist and AHP prescribers. This workforce is contributing to medicines management activities in a range of care settings. If NMPs are to maximise their contribution robust governance and support from healthcare organisations is essential. The continued use of supplementary prescribing is questionable if maximum efficiency is sought. These are important points that need to be considered by those responsible for developing NMP in the UK and other countries around the world.

CS-I-038

An Analysis of Self-Care Knowledge of Hepatitis B Patients

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BACKGROUND

Hepatitis B is one of the most important diseases affecting the Asian population. Many people have insufficient knowledge about hepatitis B. Its treatment has many limitations. Self-care of patients plays an important role in improving their health and preventing the spreading of HBV to others. The aim of this study was to determine the levels of self-care knowledge in patients with Hepatitis B and to identify background characteristics that affected their self-care knowledge.

METHOD

A descriptive comparative research was designed to survey self-care knowledge of hepatitis B patients. Two hundred and thirty patients with hepatitis B at two large hospitals in the south of Vietnam participated. Patients were interviewed through a questionnaire. Data were analyzed by Stata 10.0 program with descriptive statistics, chi-square and Fisher.

RESULTS

Only 51.9 percent of the interviewed patients had high self-care knowledge. The rest had moderate or minimal self-care knowledge. Among these, the proportions of patients who had high knowledge about diet, personal hygiene, and management and monitoring of hepatitis B were low. By contrast, there were high proportions of patients who had high knowledge about exercise and rest, and prevention of the spreading of HBV to others. Self-care knowledge of hepatitis B patients was affected by education level, occupation and previous health education.

CONCLUSION

Education should be increased to improve self-care knowledge of patients with hepatitis B. Emphasis should be placed on increasing knowledge about diet, personal hygiene, and management and monitoring of hepatitis B. Hepatitis B patients who are farmers, housewives, and retired people with low education levels and without previous health education should be given priority. Further studies are necessary to learn about the relationship between self-care knowledge and practice of hepatitis B patients.

CONCURRENT SESSION J

CS-J-039

The development of functional stability and self-care capabilities of elderly during intensive care treatment

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BACKGROUND

Functional decline during hospitalization for acute care affects more than 30% of elderly patients. It is caused by a combination of several factors including health status, hospital environment and healthcare system. It is very worrying because it is associated with loss of quality of life, higher risk of institutionalisation and longer hospital stay. The study aims to describe the functional trajectory of elderly patients hospitalized in an acute medical service, and to identify the factors that can influence it. Preliminary results on the functional trajectory and its relation with the acute confusional state, and on discharge destination are presented.

METHOD

All patients admitted to a geriatric acute care pilot unit over a 3-month period underwent a comprehensive geriatric assessment. Nurses used the Katz index (0-6, higher scores indicating better performance) within 24 hours of admission and at discharge to determine self-care performance for Activities of Daily Living (BADL) and the Confusion Assessment Method to identify acute confusional states.

RESULTS

Average age of patients (N=93) was 84.0±7.8 years and 66/93 (71%) were women. The average length of stay was 12.9±7.8 days. Mean BADL scores were 3.2±2.2 (admission) and 3.7±2.2 (discharge). Among non-deceased patients (85/93, 91.4%), the majority returned home, directly (34/85, 31%) or after a rehabilitation stay (15/85, 13.7%). During hospitalization, 25/93 (27%) patients had an acute confusional state. Compared with other patients, confused patients had a lower BADL score at admission (BADL 2.0±1.9 vs 3.6±2.1, p<0.004) and at discharge (BADL 2.0±2.1 vs 4.3±1.9, p<0.001).

CONCLUSION

These preliminary results suggest that improvement in self-care performance for BADL during hospitalization is associated with a higher frequency of discharge to home, either directly or after a rehabilitation stay. However, a confusional state is associated with worse functional performance at admission and at discharge. Future analyses should investigate this relation more closely.

CS-J-040

Bedriddenness in long-term care - prevalence and influencing factors

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¹Department of Nursing Science, Vienna, Austria, ²Department of Nursing Science, Witten/Herdecke, Germany

BACKGROUND

A basic need of humans is activity, the loss of loss has severe consequences for the art of shaping one's life. Nevertheless bedriddenness and thus increasing immobility which causes the need of long term care is paid little attention in nursing research. It is known that bedriddenness is a hidden ongoing process, but the knowledge about the whole extent and the influencing factors is far from being clearly defined.

PURPOSE

The purpose of this study was to determine the prevalence of bedriddenness and to gain more knowledge about the factors influencing becoming bedridden.

METHOD

The study is based on a quantitative cross-sectional survey, supplemented with expert interviews and observations. The first part (the prevalence investigation) was carried out in 12 long-term care facilities in Vienna (n=3054). A standardized questionnaire was used to collect the data. Additional expert interviews with heads of long term care facilities were done to highlight influencing factors from the nursing perspective. The second part of the study consists of observations to gain more knowledge about the influencing factors.

Results

The prevalence of bedriddenness in Vienna long-term care units is 49,8%, immobility 61,8%. The results show that these phenomena manifest themselves independent of sex, body stature, length of stay and number of patients/nursing station. The expert interviews show deeper insights in the common phenomenon from the nursing perspective. The observation is still going on.

CONCLUSION

The study shows the prevalence of bedriddenness in long-term care units in Vienna and illustrates the importance of studying influencing factors. The developed instrument can be a basis for routine assessments in long term care units. Funded by Felix Mandl Fonds.

(http://pflgegwissenschaft.univie.ac.at/fileadmin/user_upload/inst_pflgegwiss/Homepage_neu/Home/Institut/Projekte/Endbericht_Pr%C3%A4valenzhebung_2011.pdf)

CS-J-041

The study of self-care agency based on Orem's theory in individuals with hypertension admitted in the selected hospitals of Ardebil (Iran).

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BACKGROUND

The concept of self – care was first developed by Orem and published in 1959. According to Orem, self – care involves those learned behaviors that individuals perform in order to preserve or promote their life, health, well being and prevention or treatment of their disease. Orem's theory is based on the fact that

individuals need self-care activities and the nurse can help them reach the needs to preserve their life, health, and well being. The need to pharmaceutical intervention is reduced or removed among the patients who are responsible for their self-care. Accordingly self-care program can play a very important role in the management of individuals with chronic diseases including hypertension.

PURPOSE

The purpose of this study is to determine the self-care agency of individuals with hypertension admitted in the selected hospitals of Ardebil.

METHOD

This study is descriptive. 820 individuals, 18 or older afflicted with hypertensions, were selected through census sampling method from the Alavi, Imam Khomeini, and Sabalan Hospitals of Ardebil between July 11th and September 11th in 2011. All of the subjects met the criteria for inclusion in the study. The data was collected through interview by using the self-care agency scale and a questionnaire designed to determine the basic conditioning factors.

RESULTS

The findings showed that the self-care agency rate with the mean and S.D of $58/43 \pm 11/14$ was moderate. Statistical analysis showed that variables such as sex, living place, marital status, age, occupation, education and income level, and health insurance had a significant relationship with self-care agency ($P < 0/05$).

CONCLUSION

Self-care agency of individuals with hypertension was moderate and self care agency and health are affected by basic conditioning factors.

Key words: hypertension, nursing, Orem's theory, self-care agency.

CS-J-042

SCDNT: A foundation for practice, education and research

K. Renpenning

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Purpose

The purpose of this workshop is to provide an opportunity for persons to develop and or to increase their understanding of self-care deficit nursing theory as a foundation for clinical practice, education, and research.

Method

The four components of the broad general theory, the theories of nursing system, self-care, self-care deficit, and dependent-care, will be presented. The variables associated with the theories, their interrelationships, and utility for practice will be illustrated in case studies. The reciprocal relationship between practice, education and research that can be the result of practicing from this perspective will also be addressed.

CONCURRENT SESSION K

CS-K-043

Challenging RN-BSN students to apply Orem's theory to practice

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BACKGROUND

It is a challenge to engage RN-BSN students in learning and applying nursing theory. In associate degree nursing programs, nursing theory is mentioned but not discussed in detail. One university nursing program adopted Dorothea Orem's nursing theory as the basis for their curriculum.

PURPOSE

In an attempt to engage RN students in learning Orem's theory, a group project was designed to help them apply the theory to their practice.

METHOD

The RNs were introduced to Orem's theory in their first course. Subsequent courses continued to build on this knowledge. In the Nursing Issues course, a group project was designed using Orem's nurse characteristics. There were four RNs to each group with each group labeled a nurse characteristic. A central idea was assigned to the class by the professor. Each group was to address the idea from the perspective of their nurse characteristic. During the 7 week hybrid course, discussion questions were posted weekly pertaining to the group topic. Also, articles of interest were posted along with the charge for the students to find related articles. The discussions centered on the student's perception of the project question in relation to their nurse characteristic. The idea is related to current nursing practice giving the RNs the opportunity to apply the theory to the issues they deal with in their practice. The assignment is for the group to research the topic using current literature, develop a nursing staff in-service, submit a formal paper using APA format and create a power point presentation. The last class meeting is utilized for the various groups to present to the class the topic from the perspective of Orem's nurse characteristic.

CONCLUSION

By applying Orem's theory to a nursing professional issue, the RNs learn the theory and its relevance to their current practice.

Orem, D.E. (2001). Nursing: Concepts of practice (6th ed.). St. Louis, MO: Mosby.

CS-K-044

2012 Update on the Self-Care Deficit Nursing Theory as a curriculum conceptual framework in baccalaureate education

V. Berbiglia

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This paper is an update of the paper presented for the 11th World Congress IOS. Although Dorothea Orem's Self-Care Deficit Nursing Theory (SCDNT) has been used for a curricula framework for years, it was not until 2001 that Orem identified the Nursing Practice Sciences and the Foundational Nursing Sciences and specified the appropriate content for the two sciences. The broad purpose of this paper is to provide an update on the use of the SCDNT in the United States. The specific purpose is to delineate the appropriate content for baccalaureate programs that adopt a Self-Care Deficit Nursing Theory (SCDNT) conceptual framework for their curriculum and to provide examples of programs that comply with Orem's recommendations for content.

CS-K-045

A self-care deficit approach to integrating technology into online and traditional classrooms

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PURPOSE

The purpose of this presentation will be to present a theory-based approach using Orem's Self Care Deficit Nursing Theory to guide nurse educators to introduce innovative technology into the classroom setting.

METHOD

Orem's Self-Care Deficit Theory provides a strong foundation for enabling nurse educators to learn about educational technology and become comfortable with these skills, so that when the selected technology is used in the classroom setting, faculty can utilize it effectively. The self-care deficit that will be discussed is the ability to understand, navigate and utilize educational technology. In this situation, the self-care agent is viewed as the nurse educator, with the goal of decreasing dependent care and increasing self-care related to their educational technology skills and abilities. Orem's six general conditions and five premises about human beings (Orem, 1991) will be applied to guide the assessment of the nurse educator's self-care deficit with regard to utilization of educational technology. Orem's ten basic conditioning factors (Orem, 1991) will be highlighted as they relate to the ability of the self-care agent to meet the therapeutic self-care demand of educational technology utilization. The five methods of helping which were identified by Orem (1991) will be applied in the context of methods for assisting the self-care agent to meet technology

self-care requisites in order to understand, navigate and apply the technology in both traditional and online classroom settings.

CONCLUSION

Application of Orem's Self-Care Deficit Theory provides an excellent model for nurse educators to experiment with new technology in the classroom, and offers theory-based direction to ensure that the technology integration process is efficient and effective for both the educator, as well as the learner.

CS-K-046

Development of a curriculum for nursing education based on SCDNT (Self-Care Deficit Nursing Theory)

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BACKGROUND

Goal-orientated changes in the German Public Health System are necessary due to demographical developments. These changes have to be especially suitable for the care of chronic and multimorbid patients.

Prevention of illnesses and nursing care dependency as well as the establishment of the greatest possible independency despite health impairments are the primary goals in German health care. The promotion of autonomy, competency in health-care and self-management of patients are very meaningful. For the education of nurses this means that the competences of patients and dependent-care agents have to be in the center of the regards to the principles of nursing.

PURPOSE

For these requirements, SCDNT offers a sustainable scientific basis as it includes the concepts of Self-care, Self-care deficit and of the nursing systems. For a Curriculum these concepts are to be used for a new systematisation of the contents of education. It is also important to adapt the contents to the German education guidelines.

METHODOLOGY & DESIGN

The curriculum is a spiral curriculum. Starting from the theory of Self-care with an increasing complexity and further leading to the theory of Self-care deficit, the concept of Dependent-care and Dependent-care deficit. A problem-oriented and activity-orientated didactical concept was chosen for the best possible coverage of the elements of the theory. With the help of real practice settings and practical examples the Self-care agency of the patients is put into the center of all nursing reflections from the first day of their education. This approach reduces the theoretical teaching contents and opens room for intensive studies of the proper object of nursing, the analysis of self-care deficits/dependent-care deficits and meaningful nursing methods.

CONCLUSION

After 5 years the responses to the curriculum of practicing nurses, nursing students and the teachers show, that with the help of SCDNT, professional standards within the education were established.

Nursing staff was better qualified to stimulate the self-care/dependent-care agency of humans and to define their professional assignments for patients and society.

CONCURRENT SESSION L

CS-L-047

Residential care for older persons in Belgium: what are the future needs? Projections of residential care users 2010 – 2025

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BACKGROUND

Demographic ageing of the population in the coming decades is expected to have significant implications on the needs and use of long-term care (LTC) in Belgium. There is a need to predict the impact of demographic aging on LTC in Belgium.

PURPOSE

The objective of the study reported here was to develop a projection model of the number of users of residential care, taking into account (a) variables related to population structure in terms of sex and age, (b) living situation, (c) the availability of informal care-givers and (d) trends in disability.

METHODS

The construction of the projection model proceeded in three steps. First, logistic equations incorporating the most important variables determining residential long-term care use were estimated, using data from a large administrative panel for the Belgian population aged 65 and over. Secondly, from these equations we derived quarterly transition probabilities between ten LTC situations, conditional on sex, age, living situation and province. We distinguished the following care situations: no care, home care (two levels), residential care (five levels), hospitalization and death. In the third step, these transition probabilities were used in conjunction with populations' forecasts to produce projections of the number of users of residential care in Belgium up to 2025.

RESULTS

We present results for a base (demographic) scenario and for five alternative scenarios, based on different hypotheses about future evolutions in morbidity, household situation and the availability of informal care, and the future use of formal home care. According to the base scenario, the number of older persons in residential care is projected to rise from 125,500 in 2010 to 166,000 in 2025, which is an increase of 32 %. The projected rise is smaller if the age-specific incidence of some chronic conditions declines, or if home care could be expanded considerably beyond the increase that is already required by the ageing of the population.

CONCLUSION

This projection model may support future planning for residential care for older persons in Belgium.

CS-L-048

Theory based development of indicators as the foundation of an active design of demographic change in rural areas

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BACKGROUND

To have a positive influence on the demographic change in rural areas, it is unsatisfactory to focus only on the expected demand for care. Instead of this, the aim of scientific and political intentions has to be an increasing individual potential, an increasing rate of healthy years and a rising quality of life by active ageing. To support an active ageing in local settings it is necessary to identify indicators that describe the local situation with regard to active ageing.

METHOD

Based on a detailed search for literature the "Active Ageing" Concept of the World Health Organization 2002 served as theoretical background. This concept describes all relevant aspects of ageing in eight determinants. In order to generate indicators, based on the "Active Ageing" Concept, an operationalization model was developed. The model includes four steps: specification of concept, selection of indicators, rules of correspondence and final specification. In this work, four of the eight dimensions were selected for the operationalization process.

RESULTS

By operationalization the four dimensions "health and social service", "gender", "personal determinants" and "physical environment" a total of 38 indicators were found. The majority of the indicators were generated and specified by definition. The indicators describe the potential local demand as well as the existing resources for an active ageing. Furthermore, the possibility of calculating prospective demographic changes in small scales was included in the indicator system.

CONCLUSION

Based on this indicator system it is able to identify potential needs for action. It will be possible to define goals, start projects and evaluate those. After a critical discussion, the results of this work could be the starting point for further research and a basis for political decisions. Hence, the indicator system can support the efforts for an active design of demographic change in European rural areas.

CS-L-049

Exploring Facilitators and Barriers to Healthy Aging

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BACKGROUND

By the year 2020, it is estimated that the number of U.S. adults over the age of 65 years will be greater than 54 million (U.S. Census Bureau, 2008). The frail elderly (greater than 80 years old) are the fastest growing segment of the population. This trend is similar in many other developed countries. As the proportion of elderly increases, it is more important than ever to foster active aging that enhances quality of life and health.

PURPOSE

The purpose of this qualitative study was to explore the meaning of active aging in the oldest old (aged 80 years and over).

METHOD

After Institutional Review Board approval, phenomenological study began. Ten participants aged at least 80 years were interviewed individually and asked the following questions: 1. What do you think has contributed to your longevity? 2. What do you do to stay healthy? 2. What are the factors that help you remain active? 3. What are the barriers to remaining active? Interviews were tape recorded and transcribed and data will be analyzed using the thematic method of content analysis.

RESULTS

Themes will be identified and categorized into factors that foster and impede healthy aging.

CONCLUSION

Results of this study will be used to provide a foundation for identification of the basic conditioning factors that foster or hinder active healthy aging. Implications for self care agency, the role of the nurse in fostering healthy aging, and nursing curricula will be discussed.

WORKSHOP 1

WS-1-050

Kinesthetic in practical nursing settings and nursing therapeutic interventions.

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KINÄSTHETIK-PLUS Bewegungsschule & Verlag, Asselfingen, Germany

BACKGROUND

Concepts of movement and locomotion are often not used in nursing practice. Although nurses interventions related to patient movement are practice related there is an increasing demand for theoretical construction on how nurses can foster patients ability for movement in critical life situations.

PURPOSE

In this workshop we will show several studies related to patient movement in critical situations related to hospital and nursing homes.

A descriptive model of movements will be presented and practical examples will be discussed.

This workshop will be continued by a separate practical workshop where we will show different practical methods of moving patients in critical nursing situations.

Room and time will be presented in the program or in this workshop.

WORKSHOP 2

WS-2-051

Development of a sector-wide cost unit accounting system as a steering and planning instrument for institutional long-term care in Luxembourg

O. Scupin

University of Applied Science, Jena, Germany

BACKGROUND

Demographic changes will influence the so called care market and cause specialized programs and supplies in the care sector.

PURPOSE

Related to this upcoming demand the nursing system of a country was subject to development programs for future tasks. Costs and service of recent programs should be explored in order to the development of future strategies to deliver care systems for those in need of nursing care.

METHOD

This project was designed to explore quality and cost indicators for the description of nursing and care measures. All nursing homes in Luxembourg were included in this study.

CONCLUSION

In this workshop we will present the results of the study and the steps of this project.

Step ONE: Systematic review of all care measures

Step TWO: Analysis of the costs and the development of an identical cost frame of reference.

Furthermore we will present preliminary results of a task analysis and discuss methodology issues.

WORKSHOP 3

WS-3-052

Design as the core professional process: Part I

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This is an abstract for two sequential sessions. The first session addresses design as a core process of a professional. In the second session, case studies illustrating the meaning of design in the practice arena will be addressed.

Design is the core process of a professional. As a professional intellectual activity, design requires both practical experience and theoretical support. Banach and Ryan (2009) state that "mastery of a profession can only come through mentoring, coaching, and experiential learning as a member of a community of practice, in addition to the appropriate academic development of a leader throughout the course of a career (p. 105). Design, planning, and execution or production are interdependent and continuous activities. This paper will examine the terms that have a specific meaning for the art of design including problem situation, frame, reframing, and reflective thinking.

The process of designing provides purpose for the professional. The elements of design, including understanding the operational environment, setting the problem, creating a theory of action, working the problem, developing a design concept, and assessment and reframing, are explored from a theoretical perspective. The significance of these concepts to practice, education, and research are described. Design applies to the individual practitioner as well as the organizations of health care.

Case studies illustrating design of nursing services, centered on promotion of self-care will be presented. Represented will be delivery of services by one individual to a single client and delivery of services by a health care agency.

Taylor, SG. & Renpenning, KM (2011). *Self-care Science, Nursing Theory, and Evidence-Based Practice*. New York: Springer Publishing Co.

Banach, SJ. & Ryan, A. The art of design: A design methodology. *Military Review*, 89(2), 105-111.

WS-3-053

Design as the professional process: Part II

K. Renpenning

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In this workshop case studies will be presented which illustrate integration of the principles of design and self-care deficit nursing theory emphasizing the impact this can have on developing a data base for nursing and building an evidence based practice. As presented in Part one of "Design as the Professional Process," every practitioner providing and or designing a health care service or seeking a solution to patient health care problems operates from a particular perspective or conceptual framework which influences the framing of problems, the data collected, and solutions proposed. This framework may be explicit but is more often implicit. Use of self-care deficit nursing theory in the design process makes the components of the conceptual framework explicit. The case studies presented will focus on the particular value of SCDNT in naming and defining the variables of concern to nursing, proposing their relationships in problem identification and building the data base essential for developing evidence based practice.

WORKSHOP 4

WS-4-054

Kinesthetic in practical nursing settings and nursing therapeutic interventions.

H. Bauder Mißbach

In this workshop you'll have the opportunity to work with team members of a kinesthetic group. Please ask in Part 1 of this session for the workshop room.

WORKSHOP 5

WS-5-055

Development of a sector-wide cost unit accounting system as a steering and planning instrument for institutional long-term care in Luxembourg

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Health Technology Assessment (HTA) plays an increasing role in European Health services. By this the traditional focusing on big technologies (e.g. PET) has changed in the last year and new areas are introduced to be served by systematic, transparent assessment reports.

The classical approach has very often used the systematic review approach based on RCT knowledge. Due to new areas of health, and especially due to the fact that HTA is also increasingly used beside regulatory and reimbursement questions new methods have to be used to find, to collect, to classify and validate and to assess existing knowledge to give the best possible answer to a given question in time.

Based on three different kinds of HTA reports by the German Agency for HTA we will describe and discuss the different approach how to do HTA in a pragmatically but also methodological correct way and to assure the best possible quality. The examples are chosen in relation to systems assessments (ambulatory support of home care nursing), procedural assessments of systems and specific service (nursing technologies) assessment.

We will describe and show how evidence levels can be used within the different scenarios, how the impact of the different evidence in relation to the assessment is and what the differences between a national HTA, regional HTA and local HTA is as well in relation on how to do as on how to take the message up to develop the own opinion based on a HTA product.

WORKSHOP 6

WS-6-056

Self-care deficit nursing theory (SCDNT) curricular workshop: part I balancing demands and overcoming barriers to successful implementation of SCDNT

V. N. Folse, S. M. Metcalfe

Illinois Wesleyan University, Bloomington, IL USA

Purpose: Implementation of SCDNT based curriculum over several decades has resulted in positive professional role development of students and a history of excellence in meeting student outcomes and professional regulations. Nevertheless, curricula are not static; the continued infusion of new regulations, national reports, and accrediting standards necessitates ongoing curricular revision. This presentation will describe the successes and challenges of maintaining a theory based curriculum in the present educational and practice environment.

Type of project results: During the curricular revision process completed in 2010, faculty scrutinized standards by American Association of Colleges of Nursing (AACN) and Commission on Collegiate Nursing Education (CCNE), and nationally proposed changes in the education of all healthcare professions identified by the Institute of Medicine (IOM), establishing interfaces between these and SCDNT. Fields of nursing knowledge (modified to include nursing research/evidence-based practice and nursing informatics and minimize history), nursing agency, and nursing process (Orem, 2001) were retained as organizers (horizontal threads) of the revised curriculum. Nursing populations remained a vertical strand, reducing the competing priorities of specialty areas. Program goals were identified that reflected the three SCDNT organizers and included priorities identified by AACN, CCNE, and IOM.

Discussion: The scope of SCDNT allowed the faculty to establish links between the theory and revised professional practice standards. Overcoming barriers to operationalizing SCDNT theory were more substantial. Challenges included seminal and important texts on the theory being out of print, the diminishing number of Orem scholars on the faculty, the increase need for part-time clinical faculty, competing demands of practice and education inconsistent with valuing nursing theory, and the exploding complexity of knowledge needed to assure quality and safety. Methods of overcoming these barriers will be explored including faculty development and student access to SCDNT materials. Final decisions on the structure of the nursing courses are presented in Part II.

WS-6-057

Self-care deficit nursing theory (SCDNT) curricular workshop: part II curricular revision and design

V. N. Folse, S. A. Metcalfe

Illinois Wesleyan University, Bloomington, IL USA

Purpose: Content of nursing curricula is influenced by changing practice environments, accrediting guidelines, national standards, and the underlying faculty culture. How the content is structured and sequenced as well as the context of delivery is the prerogative of the faculty (Taylor & Renpenning, 2011). The second part of this presentation will explore the consequence of adaptations in content, structure, and the sequence of courses made in a well-established self-care deficit theory-nursing curriculum to reflect external influences.

Type of project results: Faculty consensus resulted in retention of the SCDNT as the framework for the revised curriculum. Orem's fields of knowledge, one of the major organizers, were adapted to minimize nursing history as well as make explicit culture, inter-professional communication, management, and evidence-based practice. Nursing informatics was added as a specific field. Learning experiences were altered to introduce health promotion and risk reduction content in initial clinical courses. In addition, two significant decisions were made in relation to the theory. The first was to introduce the student to the SCDNT in the first clinical course rather than as an introduction to professional nursing in the first nursing course. Faculty believed concurrent teaching of the theory within a clinical patient situation would strengthen student application. The second decision was to reduce the emphasis on the language of the theory and the emphasizing specific design of types of nursing systems. The last decision related to barriers previously discussed.

Discussion: As the first class of the revised curriculum graduates in April 2012, faculty will evaluate the changes and reflect on the need for further modifications. Process evaluation has provided evidence that some decisions regarding the placement and leveling of the SCDNT throughout the curriculum and lack of emphasis on the design of nursing systems, particularly supportive-educative systems, need to be reconsidered.

WS-6-058

Self-care deficit nursing theory (SCDNT) curricular workshop: part III teaching strategies

V. N. Folse, S.A. Metcalfe

Illinois Wesleyan University, Bloomington, IL USA

Purpose: Undergraduate students indicate the most consistent challenge in mastery of the theory is related to the lack of faculty congruence in the use of the theory and the inconsistency in expectations for use in clinical and written work, which are reflected in the barriers identified in Part I. Students verbalize they need more guidance, particularly with the first clinical application, and state they would benefit from repetition and review of the theory in each nursing course.

Type of project results: Pedagogical examples will be offered that illustrate key tenets of SCDNT, including the assessment of self-care agency. Excerpts from daily patient assignment guides and nursing care studies will reflect how key SCDNT concepts are actualized and how they interface with standardized nursing classification systems such as nursing diagnoses, nursing interventions, and nursing outcomes used in practice settings as well as reflect evidence-based practice and quality and safety standards. The use of clinical evaluation tools and reflective journaling will evidence the development of the student's nursing agency.

Discussion: Assuring faculty mastery of the complexity of SCDNT and providing consistency in pedagogical approaches are essential strategies in preserving the integrity of a theory based curriculum. Strengthening the focus of AACN, CCNE, and IOM, while retaining an Orem based curriculum, assures the future needs of the graduate within a dynamic healthcare environment are addressed in the academic setting. The blended use of SCDNT with nomenclature used in the practice setting has the potential to provide a practical framework for student development. This approach is supported by the stated functions of the SCDNT that include generating a method of thinking about nursing (Orem, 2001). Key concepts addressed in Parts I, II, and III of this Curricular Workshop will be reviewed to facilitate discussion among participants.

KEYNOTE 5

KN-5-059

Self-care in the context of nursing and health care system in Thailand

S. Harnucharunkul

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This presentation explores self-care in the context of nursing and health care system in Thailand.

In particular the keynote addresses conceptual framework of self-care in various level of health care system

especially at primary health care level, the role of health care personnel, family and community in self care, as well as research and program.

KEYNOTE 6

KN-6-060

One size doesn't fit all: Negotiating self-care demands

B. Geden

Family Health Center, Columbia Missouri, USA

Case presentations from the realities of a primary care nurse practitioner will be made. The cases will illustrate the process of negotiating self care demands in the presence of specific of basic conditioning factors and foundational capabilities.

In the day-to-day world of primary care, nurse practitioner must work with patients to bring together the realities of the medical guidelines for the management of patients' health problems with the unique patients' therapeutic self-care demands and their abilities to meet these demands.

The development of patients' action systems for meeting their care requirements requires the nurse to make adaptations and accommodations that meld the known demand within the realities of the patient's own living experiences.

The product of the nurse's work is a blend of the ideal course of action with realities of patients to help them achieve improved health outcomes.

KEYNOTE 7

KN-7-061

Redefining ICT - Integrated Care Transformation: Technology considerations on fusing place and personhood for smarter, caring places for longer living

R. Bond

Netwell Centre Dundalk Institute of Technology, Dundalk, Ireland

BACKGROUND

Urbanization, globalization, climate change and population ageing are four global trends that together comprise the major forces that are shaping the 21st century. At the same time as cities are growing, the proportion of people aged 65 years and more is increasing rapidly. Yet many of our cities are not in great shape to support the health and well-being of their citizens, young and old, in the face of these challenges. Information and communications technologies (ICT) are increasingly being relied upon to support the connectivity, reach, scalability and cost efficiencies needed to underpin new types of knowledge-based services that can alleviate the stresses. However, at all levels of spatial hierarchy, regional, city, neighbourhood and home, we need more person-centric, co-design processes and mechanisms forged on collaboration, participation and innovation, to enable the spatial and service arrangements we need for a more inclusive society. Sustainable, age-friendly cities that care, and that honour the richness and diversity of our human potential, require a great deal of converging integration, and to achieve this we need an open 'metanoia' or mind-set transformation.

PURPOSE

In this presentation, through a process of observation, reflection and synthesis, Rodd will;

- Provide an overview of some on-going innovations in areas covering 'aware homes | aware care', and 'places to flourish'. The opportunity for technology within the WHO's age-friendly cities framework in re-setting a broad collaborative agenda will also be outlined.

- Reflect on some of the underlying tensions involved in breaking silos and adopting more holistic thinking. Concepts of order, evidence, guiding principles, sequencing in more organic processes, and values all interact, and challenge participants both organisationally and personally.

Finally, influenced by thinkers such as Teilhard de Chardin and Christopher Alexander, Rodd will try to draw together a synthesis that can guide short term actions within a longer term movement towards smart, sustainable, inclusive, shareable and attractive places for all. The approach is based on a model of human action (what we do), passivity (what we undergo), and the quality of the relationships and connections between us and our environment across time.

KEYNOTE 8A

KN-8a-062

The European Innovation Partnership on Active and Healthy Ageing

M. Van den Berg

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BACKGROUND

Through the Europe 2020 flagship initiative, Innovation Union, the European Commission put forward the concept of European Innovation Partnerships (or EIPs). The Partnerships aim to promote breakthroughs to address societal challenges and to foster competitiveness. It was agreed that the concept be tried and tested via the launch of a pilot partnership on Active and Healthy Ageing; and in November 2010, the Competitiveness Council welcomed the objectives of the proposed EIP and expressed its support for the development of a partnership on Active and Healthy Ageing.

PURPOSE

The pilot EIP on Active and Healthy Ageing is a new stakeholder-driven approach to research and innovation. The main aim is to raise the average number of healthy life years by 2, by the year 2020. The EIP is also expected to bring added value by joining up efforts, bridging the gaps between public and private actions and instruments, facilitating a scaling-up of results, and improving framework conditions. It seeks to improve the quality of life of older people; to lead to more efficient care solutions and to stimulate economic growth in the EU.

The Partnership's work plan has been decided by the Steering Group in May 2011. The Steering Group has put forward a Strategic Implementation Plan on the 7th November. According to them, the following six Specific Actions in the areas of prevention, care and cure and independent living have been identified where stakeholders have demonstrated significant readiness and commitment to engage: Prescription and adherence action at regional level; Personalised health management, starting with a Falls Prevention Initiative; Actions for prevention of functional decline and frailty; Promoting integrated care models for chronic diseases, including the use of remote monitoring at regional level; Development of interoperable independent living solutions, including guidelines for business models; Innovation for age friendly buildings, cities and environments.

KEYNOTE 8B

KN-8b-063

Europe 2020: What strategy for active ageing?

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The Social Protection Committee's Working Group on Ageing (SPC-WG-AGE) was established in April 2011. It is composed of 35 members representing 23 Member States and representatives of the European Commission.

Initially the working group focus on the contribution to the 2012 Ageing Report (currently the Pension Adequacy Report), but is also covering broader themes linked to active, healthy and dignified ageing.

The SPC-WG-AGE extends the SPC's capacity to discuss ageing-related challenges in depth and thus helping the SPC to make a strong contribution to the Europe 2020 strategy through policy recommendations on more efficient and cost-effective ways of responding to the needs of the rapidly growing population of older people. The SPC-WG-AGE helps the SPC in defining priorities on ageing related issues and promotes complementarity and consistency with the work of the Ageing Working Group (AWG) of the Economic Policy Committee (EPC).

The Pension Adequacy Report is the first priority for the SPC-WG-AGE. The report discuss the challenges to the current and future adequacy of pension systems (all pillars), taking into account the various policy dimensions in the open method of coordination (OMC) pension objectives, the Country Specific Recommendations and the objectives for the Europe 2020. The report will attempt to identify policy solutions to maintain adequacy now and in the future and areas for further work.

As a second priority the SPC-WG-AGE would develop the agenda to contribute to the Europe2020 strategy in general and the next European semester in particular. The SPC-WG-AGE would also contribute to the development of healthy, active, and dignified ageing agenda.

1. The SPC-WG-AGE could initiate a discussion on how to better prepare the SPC for the next round of the Country Specific Recommendations within the Europe2020 strategy. The Group could prepare a framework to assess Member States on the basis of a comprehensive approach to adequacy and sustainability of social protection. For the 2012 European semester, the Group could focus on such an assessment framework for pension policies.

2. The development of healthy, active and dignified ageing agenda should start at the end of 2011 with the presentation by the Commission of a staff working document on long-term care. This should be the basis for discussions in the SPC-WG-AGE on further work, notably in the view of the planned communication on long-term care and taking into account the European Innovation Partnership on Active and Healthy Ageing.

3. In March 2011 the SPC and EMCO have been invited to examine the list of areas of action on active ageing in relation to the 2012 European Year for Active Ageing and Solidarity between Generations. These should be further developed and adapted by the SPC and EMCO into common principles for active ageing during the course of 2012, in accordance with the experiences of the European Year 2012 for Active Ageing

and Solidarity between Generations and the Council conclusions adopted under the Spanish and Belgian presidencies.

4. The SPC-WG-AGE should contribute to dealing with gender equality in old age, notably as a follow-up to the White Paper on pensions. This should be done in cooperation with the Network of Experts on Gender Equality, Social Inclusion, Health and Long-term care (EGGSI) and should cover not only incomes but also provision of services.

5. The SPC-WG-AGE would help the SPC in defining priorities of future ISG work by discussing how future adequacy could be assessed in a more comprehensive way. This should be as consistent as possible with the next round of AWG budgetary projections (2015 Ageing Report).

6. In 2013 a joint report by the SPC/EMCO/EPC could review obstacles to, and opportunities for, extended working lives and the development of end-of-career labour markets across the Member States. It could examine how to ensure that higher pensionable ages and the abolition of early retirement schemes lead to higher effective retirement ages rather than to spending shifts to different social programmes (invalidity, unemployment, social assistance) or to increased poverty in old age. The report could partially draw on the results of the 2012 Labour Force Survey ad hoc module on transition from work into retirement.

POSTERS

POSTER SESSION

PosSess-001

Unterstützungsbedarfe für Dependenzpflegende unter Berücksichtigung individueller Erwartungen an professionelle Pflegende

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Ausgangssituation

Angehörige, die in die Situation geraten, für Familienangehörige ein Dependenzpflegesystem aufzubauen, sind nicht selten zu Beginn mit den Herausforderungen konfrontiert, die ihre Vorstellungen bzgl. der Belastungen für das Familiensystem und für die eigene Selbstpflege überschreiten. Die Dimensionen der Verlaufsformen der Dependenzpflege werden im Wesentlichen von den Grundlegenden Bedingungsfaktoren „Gesundheitszustand“ und „Familiensystem“ geprägt. In Untersuchungen sind zwar die Motive zur Übernahme der Pflege von Angehörigen erforscht worden, dennoch sind die Motive in kritischen Übernahmesituationen nicht hinreichend bekannt.

Fragestellung und Methodik

In der vorliegenden Untersuchung wurde vor dem Hintergrund zweier chronischer Erkrankungen die Komplexität der Zielvorstellungen von Dependenzpflegenden bei Eintritt der Pflegebedürftigkeit an zwei Fallstudien erforscht. Im Mittelpunkt standen dabei die Erwartungen der Dependenzpflegenden an professionelle Pflegende hinsichtlich Schulungen, Anleitungen, Informationen und direkte Unterstützung.

Im Rahmen pflegediagnostischer Dialoge wurde ermittelt, wie betroffene Dependenzpflegende die Gesamtsituation der Pflegeübernahme erleben. Die Dialoge wurden transkribiert und mittels qualitativer Inhaltsanalyse ausgewertet.

Ergebnisse

Die Ergebnisse der Dialoge zeigen für Pflegepraktiker hilfreiche Aspekte der Beratung und Begleitung von Dependenzpflegenden auf. Insbesondere kann gezeigt werden, dass die Beurteilung der Pflegesituation durch Angehörige, Pflegebedürftige und professionell Pflegende sehr unterschiedlich sein kann. Erste Hinweise können gegeben werden, wie es gelingen kann, die Souveränität von Dependenzpflegenden gezielt zu fördern.

PosSess-002

Attitude of the elderly face the dependence on self-care for walk, after surgery for fracture of the proximal femur

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BACKGROUND

The theoretical framework comes primarily from the following authors: Orem (1983), Sanmarti (1988), Neto (1998), Sidan i(2003), Meleis (2007), Baixinho (2008), Jacelon (2010). Given the systematic literature review (Baixinho, 2008) several studies show that "...there is a decline in functionality of the elderly after femoral neck fracture, which translates into difficulties in self-care and that a percentage of those people don't remain as an independent walking, conditioning with other self-care, making the elderly dependent on others" (p 84). This phenomenon does not differ much from the global data or the circular of the General Direction of Health (DGS)(Portugal, 2008) as "...patients with proximal femoral fractures have a mortality rate estimated between 20 and 30 % in the year following the fracture and only 15 % of patients with femoral neck fracture regain their previous functional capacity, leaving about 40 % with severe disability" (p1).

PURPOSE

The present study was developed in order to answer the following research question: "What is the attitude of the dependent elderly who face self-care limitations following surgery for fracture of the proximal femur?". The main aim was to describe the attitude in relation to the situation.

METHODS

The study design was exploratory and descriptive, Level I. The sample of 10 was based on a non-probability accidental sampling method. Sample characteristics were: over 65 years old, aware, capable of coherent verbal response, with fracture of the proximal femur and underwent a surgical procedure. As a technique for data collection, we used semi-structured interview, consisting of closed questions. The data analysis techniques used for the variable under study were content analysis and analysis of evaluative assertion, based in Bardin (2008) and Vala (2009). In the analysis of collected data we present the coding of the variable under study, in the cognitive, affective and behavioural categories.

RESULTS

We identified 200 units of enumeration, of which 97(48.5%) were included in the affective category, 58 (29.0%) in the cognitive category and 45 (22.5%) in the behavioural category. The result of encoding the variable under study, obtained by evaluative assertion analysis was 0.95 points on a scale of favouritism/no favouritism of seven points [-3 to +3], which corresponds to an attitude which tends to be favorable and/or positive in a degree of intensity of about one point.

CONCLUSIONS

We conclude that there is a need to develop more research in this area and that this study may represent a contribution to improve the delivery of nursing care for the elderly and thus provide better quality of life.

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PosSess-003

Self care approach from a physical side for people with schizophrenia--To promote the self care agency of people with schizophrenia

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BACKGROUND

This is a basic study for development of nursing care to promote self-care agency in people with schizophrenia. Psychiatric nurses in Japan try various psychosocial interventions to promote self-care agency in schizophrenic people. However, they are not very concerned with interventions that focus on physical aspects.

PURPOSE

The aim of this study was to identify how psychiatric nurses promote self-care agency in people with schizophrenia from a physical side.

METHODS

The sample was 5 nurses who had frequent routine contact with schizophrenic people and were experts who worked as nurses for long time (25 – 40 years experience). Data were collected by semi-structural interviews and analyzed qualitatively.

RESULTS

Nurses assessed patients for skin tension and expression, living conditions and communication status. When doing so, nurses tried using techniques of observation and communication that did not put pressure on patients. Based on their assessments, they tried to promote self-care agency of people with schizophrenia through the following approaches: avoiding increasing tension, healing them through the body, asking them about physical sensations, starting with realistic and concrete actions, promoting repetition and continuation, relaxing their body through conversation and asking about their feelings.

CONCLUSIONS

In this study, nurses who provided care for people with schizophrenia had less physical contact with patients, than when caring for patients with physical diseases. They may, therefore, assess physical and mental conditions of patients by making full use of visual and lingual cues. They also try to take advantage of patient-nurse interactions and their own body sensations to promote self care agency in people with schizophrenia.

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PosSess-004

Nursing Process: Utilization of Dorothea's Orem theory in an Adult Clinical

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BACKGROUND

The nursing process is considered a valuable tool within the nursing profession. It allows nursing professionals to (a) give care in a rational, logical and systematic way and (b) to gather data and identify problems in individuals, families and communities with the finality of planning, implementing and evaluating nursing care.

PURPOSE

The purpose of this case study was to apply the nursing process framed by Dorothea Orem's Self-Care Deficit Nursing Theory (SCDNT) to the care of an elderly adult, with the goal of improving the patient's state of health.

METHODS

The nursing process was studied in the educational experience, Adult Clinical, as part of the BSN program at the University of Veracruz during the Fall Semester 2011. The professor in charge of the course chose an elderly patient with chronic renal failure who was initiating peritoneal dialysis. The assessment guide was based on the SCDNT. The nursing diagnoses were made with the use of the NANDA-I. The interventions and outcomes were made with the use of the NIC and NOC, organized in tables created by the professor.

RESULTS

Case study findings demonstrated an improvement in the patient's health, as evaluated in two of the diagnoses in a month's time. The first diagnosis had a beginning 6/20 points in a Likert Scale and an ending score of 16/20. The second diagnosis had a beginning 4/20 points on a Likert Scale and ending score of 16/20.

CONCLUSIONS

The nursing process, based on scientific methodology, plays an important role in the academic formation for nursing students as well as working nursing professionals. This case study provides an overview of the use of a SCDNT framed nursing process.

PosSess-005

Therapeutic Self-Care Demand in Patients (TSCD) who need Noninvasive Positive Pressure Ventilation (NIPPV) suffering COPD

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In Germany 15% of patients older than 65 years suffer from chronic obstructive pulmonary disease (COPD). According to the WHO (2007) COPD is a major cause of chronic morbidity, a personal and public health burden and is projected to rank third cause for mortality world wide in 2030. In 2008 Ingolstadt Hospital established a respiratory unit which has lead to an increase in the number of patients with the need for NIPPV. NIPPV as an additional intermittent self administered ventilation system that, combined with long-term oxygen, helps to relieve shortness of breath and improve the patient's quality of life. However the patients and their carers need education and support to be able to cope with the technology and what must be a changed lifestyle. A comprehensive literature research revealed that present programs for patient's

information and education in Germany do not meet aspects of patients' self-care demands. Nurses from the hospital in Ingolstadt, München Schwabing und Ulm meet regularly to address the TSCD of patients needing NIPPV using Self-Care Deficit Nursing Theory. Practice knowledge and experience backed by results from the literature have resulted in a structure which explains the TSCD for patients with NIPPV. The TSCD for care recipients and carers to manage NIPPV is comprehensive and should be known in advance for the development of adequate education programs by nurses. Being aware of TSCD helps to visualise existing self-care deficits in the care recipient and carer and ensures that the program is suited to their individual needs.

Education of patients and carers must be an integral part of the care and treatment during a hospital stay. Only with proper education of everybody involved in the care process helps sufferers to benefit from this development in technology and adds much to the quality of life of patients and their carers.

PosSess-006

Conséquences de la prise en charge des personnes âgées dépendantes sur la santé des aidants naturels (famille)

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La prise en charge des personnes âgées implique pour les «aidants informels» des conséquences physiques et psychologiques liées au degré de dépendance et à la présence de plusieurs maladies. En outre, les niveaux de surcharge des aidants s'associent aux taux de maltraitance des personnes âgées.

Cet étude poursuit un triple but: (1) déterminer le pourcentage d'aidants qui ont des problèmes de santé associés aux soins de longue durée des personnes âgées en situation de dépendance, (2) connaître les conséquences des soins de longue durée sur la santé des «aidants informels» (famille) en Espagne et, (3) comparer les résultats de cette étude avec la recherche de l'Institut des Personnes Âgées et des Services Sociaux, IMSERSO (2005).

L'échantillon est composée de 789 personnes âgées dédiées à la prise en charge d'une ou plusieurs personnes âgées de la famille, avec un niveau variable de dépendance (physique ou intellectuelle).

Le questionnaire structuré (Centre Reina Sofia) a été administré personnellement et au domicile des «aidants informels» (Metra-Seis/Synovate). La sondage des foyers fut aléatoire et stratifié selon l'habitat et la région. L'échantillon est proportionnelle au poids de chaque zone géographique au niveau national.

Les résultats de l'étude montrent que 47,7% des aidants ont des problèmes de santé, les conséquences des soins de longue durée sur la santé des «aidants informels» sont principalement de deux types: (1) des problèmes physiques, qui affectent au 38% des «aidants informels», en étant les problèmes musculo-squelettiques (26%) et cardiovasculaires (9,3%) les plus fréquents et, (2) des problèmes psychologiques (troubles affectifs et troubles anxieux), qui affectent au 19,8% des «aidants informels». Parmi les aidants qui ont des problèmes de santé, 5,3% ont maltraité la personne âgée en charge. La prévalence de la maltraitance est reconnue par 4,4% des aidants avec des problèmes physiques, et par 7,8% des aidants avec des problèmes psychologiques.

Conformément aux résultats de la recherche de l'Institut des Personnes Âgées et des Services Sociaux, IMSERSO (2005), l'étude conclue que: a) globalement, les taux de maladies physiques et psychologiques sont plus élevés chez les femmes aidantes que chez les hommes, en outre l'âge est aussi déterminante, b) les niveaux de surcharge des aidants s'associent aux problèmes physiques et aux taux de maltraitance des personnes âgées et, c) les indicateurs de risque sont identifiés pour prévenir la maltraitance et réduire les conséquences sanitaires sur les aidants. En conclusion, l'étude montre la nécessité de connaître les facteurs de risque pour prévenir le développement de problèmes de santé et la maltraitance dérivés des soins de longue durée aux personnes âgées en situation de dépendance.

PosSess-007

Workplace Wellness Program for Nurses: A Logic Model Approach

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This study aimed to determine the clinical nurses' appraisal to the wellness promotion in the hospital and the significant relationship that might exist on those variables.

The study utilized a descriptive-correlation research design. It was conducted in a city government hospital where 131 regular permanent clinical nurses from different units were included. The research instrument was a three-part questionnaire: Part I for the availability of the existing basic health promotion program for nurses, Part II for the perceived administrative support to the existing hospital health promotion

program, and Part III depicts the extent of workplace wellness promotion on the seven dimensions of wellness. The obtained data was treated with descriptive statistics and inferential statistics of Pearson r .

On the availability of the existing basic health promotion program, the respondents rated that the hospital has an available sustenance for the workplace wellness of the nurses with an overall mean of 2.60. However, the weak areas were prioritized based on the lowest ranking as top priority in the workplace wellness program for nurses. These were physical activity facilities and access to physical facilities outside of work hours, nutrition education/weight management program, written policies on physical activity and fitness programs, allocated budget for health program, employee participation and health screening. With regard to the administrative advocacy on health promotion, the respondents perceived that there is support and encouragement given on health-related activities with an overall mean of 2.61 except for continued monitoring, focus on employees' welfare quality of service and sensitivity to employee's needs which are less supported. The respondents also evaluated a low extent of workplace wellness promotion in the hospital units with an overall mean of 2.43.

Statistical evidence supported that there is an existing relationship between the extent of workplace wellness and the availability of it and support of the administration. All variables on availability of the existing hospital's basic health promotion program and perceived administrative support to the existing hospital health promotion program are significantly related to the nurse-respondents appraisal of the extent of workplace wellness promotion except for nutrition education/weight management program ($r=0.068$), allocated budget for health program ($r=0.236$), employee participation ($r=0.232$) and health screening ($r=0.075$) under social wellness appraisal. The null hypotheses were all rejected at 0.05 level of significance. Moreover, since the respondents experienced low extent in the level of wellness, a nurses' workplace wellness program was formulated and proposed.

PosSess-008

Auswirkungen von Belastungen aus der Dependenzpflege auf die Selbstpflegesysteme pflegender Angehöriger

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Problemstellung

In der Vergangenheit hat sich die Pflege- und Versorgungsforschung primär auf die Versorgungsoptimierung der Pflegebedürftigen konzentriert. Da nachweislich die Anzahl der häuslichen Pflegesituationen in bis 2020 steigen wird, ist es erforderlich, die Ursachen und den Umgang mit Belastungen aus Dependenzpflugesituationen zu erforschen. 60% der pflegenden Angehörigen sind bereits heute über 55 Jahre und der Anteil aller Hauptpflegeverantwortlichen, die noch aktiv im Berufsleben stehen liegt bei ca. 40%. Die Dependenzpflege wird damit zu einem wichtigen Faktor in einem Mehrfachbelastungssystem der eigenen Selbstpflege, denn bei der Übernahme der Dependenzpflege unterschätzen viele Angehörige die tatsächlichen Belastungen für ihren eigenen Alltag. Hieraus resultieren häufig Überforderungssituationen, die zu einem vorzeitigen Zusammenbruch des Dependenzpflegesystems führen.

Methodik und Ziele

Mittels pflegediagnostischer Dialoge wurden Fallstudien erstellt, in deren Mittelpunkt die Hauptbelastungen und Auswirkungen der Dependenzpflege auf die Selbstpflege pflegender Angehöriger analysiert wurden. Die Dialoge wurden transkribiert und mittels qualitativer Inhaltsanalyse ausgewertet.

Das Ziel der Untersuchung war es, einen Beitrag zur Aufdeckung von Bedarfen und präventiver Interventionsansätze für die Selbstpflege pflegender Angehöriger zu leisten.

Ergebnisse

In den vorliegenden Fallstudien konnte gezeigt werden, dass es ein umfangreiches Angebot an Informationsmöglichkeiten bzgl. der Dependenzpflegeübernahme gibt. Auch Beratungsangebote und materielle Hilfestellungen waren in den vorliegenden Fallstudien hinreichend vorhanden. Jedoch konnten wir zeigen, dass diese Angebote von den Dependenzpflegenden nicht als konkrete Hilfestellungen im Bezug auf ihre eigene Selbstpflege angesehen werden. Die Begleitforderungen aus den gewährten Hilfestellungen wurden von den betroffenen Dependenzpflegenden als eigenständige Zusatzbelastung erlebt. Für die Praxis ergeben sich aus den Fallstudien direkte Hinweise für den Umgang mit pflegenden Angehörigen, um einen vorzeitigen Zusammenbruch des Dependenzpflegesystems zu verhindern.

PosSess-009

Verlaufsformen von Dependenzpflegesystemen dargestellt am Übergang zum professionellen Pflegesystem - Eine Fallstudie

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Ausgangssituation

Aktuelle Untersuchungen weisen darauf hin, dass der Bedarf an Dependenzpflege bis 2030 stark ansteigen wird. Ein Hauptteil der Versorgung wird auf pflegende Angehörige übertragen werden. Die hieraus entstehenden Belastungen für Angehörige verlangen eine systematische Betrachtung des Übergangs zwischen Dependenzpflege- und professionellen Pflegesystemen.

Wenig ist bisher bekannt, welche Motive letztlich zur Übernahme der Dependenzpflege führen, obgleich die persönlichen Belastungen der Dependenzpflegenden durch die Betreuungs- und Pflegemaßnahmen relativ eindeutig zu erkennen sind.

Fragestellung und Methodik

Beim Einzug in Altenpflegeeinrichtungen stehen im Wesentlichen die Pflegebedürftigen im Mittelpunkt. Die Verläufe möglicher Dependenzpflegesysteme rücken häufig erst in Konfliktsituationen ins Zentrum der Betrachtung. In dieser Untersuchung haben wir uns mit der Frage befasst, welche Motive zur Übernahme der Dependenzpflege geführt haben und wie dadurch der Einzug in eine Altenpflegeeinrichtung beeinflusst wird. An Hand von Dialogen mit pflegenden Angehörigen sind Fallstudien erarbeitet worden, die mit Zustimmung der teilnehmenden Personen elektronisch aufgenommen, transkribiert und im Anschluss mittels qualitativer Inhaltsanalyse ausgewertet wurden.

Ergebnisse

In der vorliegenden Fallstudie kann gezeigt werden, dass die Erscheinungsbilder der offensichtlichen Belastungen pflegender Angehöriger mit den tatsächlichen Motiven und Belastungen nicht übereinstimmen müssen und dass somit Belastungen über einen langen Zeitraum ertragen und kompensiert werden, die sich negativ auf das eigene Selbstpflegesystem auswirken können.

Für die Praxis der pflegerischen Anamnese zeigen die Erkenntnisse der Fallstudie auf, dass die Betrachtung der situativen Selbstpflegebedarfe der Pflegebedürftigen nicht ausreichen, um die Komplexität des bestehenden Dependenzpflegesystems zu verstehen. Vielmehr erscheint es sinnvoll, dass Pflegende in konkreten Praxissituationen, die Motive zur Übernahme der Dependenzpflege zum Gegenstand der Pflegediagnostik machen. An ausgewählten Problemstellungen der Fallstudie werden Praxishinweise gegeben.

PosSess-010

The effectiveness of exercise program for Chronic Kidney Disease Patients Receiving Haemodialysis in Thailand

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BACKGROUND

The prevalence of chronic kidney disease (CKD) is rising all over the world, in both developed and developing countries. As a result, there is a growing demand for renal replacement therapy. However, dialysis has the attributes of a serious and progressive chronic illness (Swidler, 2009). It generally impacts upon health and quality of life of patients (Kumar et al, 2001).

PURPOSE

This research aims to evaluate the effectiveness of exercise on CKD patients receiving haemodialysis.

METHODS

The sample was 45 patients aged from 20 to 80 years who had been receiving haemodialysis at three haemodialysis units and who meet the inclusion criteria. Pre and post tests were conducted to determine the effectiveness of exercise for CKD patients receiving haemodialysis. The experimental group received six months of exercise training: information provision, stiffness preventive exercise, a six-minute walking test, group meetings and individual counseling. The control group received normal advice.

The adequacy in receiving haemodialysis was measured on Kt/V, six-minute walk test, and stiffness preventive exercise. The data were collected before the experiment and repeated at 1 month, 3 months and 6 months during the experiment. The data were analyzed using Two Factor split-plot or mix ANOVA.

RESULTS

Statistics revealed that, in the finding the six-minute walk test and stiffness preventive exercise, patients improved significantly (at $p < 0.05$) throughout the program, while the control group showed no significant change in those parameters.

CONCLUSIONS

The results of this study demonstrated the effectiveness of exercise for CKD haemodialysis patients. The program should be considered by health personnel in order to promote health and quality of life among CKD patients receiving haemodialysis.

PosSess-011

Emergency admission and the process of diagnostic reasoning in nursing

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46% of patients admitted to Ingolstadt hospital in 2009 were older than 65 years, and of those 60% entered hospital through the emergency unit. Studies estimate, that about 35% of patients older than 65 leave hospital in worse health than on admission because treatment based solely on medical diagnosis may not consider underlying health deficits. The nurse management team at Ingolstadt hospital decided to implement a program for the nursing work force to adequately respond to the needs of patients showing complex health care demands. To meet this challenge, the role of a clinical nurse case manager was introduced. It is established that early assessment of all health deficits strongly influences and improves eventual patient outcomes and can reduce overall costs of patient stays. Therefore, since 2007 specially qualified nurses have been put in charge to immediately assess the general health of patients on admission to the emergency unit. They are trained to identify risks related to unmet self care demands, to assess the potential therapeutic and long term self-care demands, to develop a plan of care for the period spent in hospital, and plan for continued care after discharge. The team selected Orem's Self-Care Deficit Nursing Theory to provide the organization and the framework for decision making. An instrument for systematic data collection was created (gbconcept Bekel, 2004), divided into 3 focus areas: issues of degree of severity of patient needs; issues of the existing care system before admission, issues relevant to coordination of care while in hospital.

The quality of data gathered and diagnostic decisions made by nurses has noticeably improved working relationships with other health professionals, leading to a better outcome for patients. Early communication of relevant information of patients' health situation would be in accordance with basic principles of case coordination when admitted in the emergency unit.

PosSess-012

Structured patient education programs in clinical context – for example of the therapeutic self care demand concerning the changed breathing patterns of patients with COLD

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Chronic obstructive lung disease (COLD) mainly concerns people from the age of 60 and older. The chronic obstruction of the lung leads to a continuous progressive change in respiration. From the second stage onwards, this change is noticeable for the patient. Symptoms are dyspnoea, cough and increase in mucous secretion. In every day life, the strain increases with the progression of the disease. It leads to insomnia, to conditions of exhaustion up to functional restrictions. A progression of the disease can not be stopped but the process of deterioration can be slowed down through a consequent regime of therapeutic measures.

The national guideline demands a determined and reliable education of the patient to delay progression of the disease and to reduce exacerbation (NVL COPD, 2011). Therefore patients have to judge their exact

respiratory condition in order to apply measures to support their respiratory capacity and to react adequately to changes in their breathing situation.

In the clinical context, these aspects are only be taken marginally into account. Patient education programs are not uniform in any way. There is no control of the self care agency nor comparison between the treatments of two hospital stays.

After a comprehensive literature research the therapeutic self care demand for the change in respiration of patients with COLD was defined. It includes the areas of self-awareness and breathing control, knowledge and adequate usage of breathing supporting measures, avoiding situations which affect the breathing negatively, early recognition and adequate reaction to detect exacerbation and also to severe exacerbation. On this basis a new structured patient education program was developed which includes theoretical handouts and practical training materials.

The aim of this program is to diagnose components of the self care agency systematically as well as to improve the measures to deal with the changes in respiration.

PosSess-013

Using the theory of self-care deficit to identify unmet supportive care needs of lung cancer patients during the chemotherapy phase: descriptive design

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BACKGROUND

To date, the evidence on self-care deficits of lung cancer patients during treatment is sparse. In order to appropriately address the support needs of the patients suffering from lung cancer, it is necessary to complete the lack of knowledge on their specific self-care deficits during treatment. This should in turn allow the development of nursing interventions to improve the self-care of patients.

PURPOSE: The aim of this study is to describe an analysis of the unmet supportive care needs among patients suffering from lung cancer during the chemotherapy phase at a University Hospital in Switzerland and to explore a potential relation between the unmet supportive care needs and the patient's age, gender and tabagism.

METHODS

The study employed a descriptive design. Patients were recruited in the outpatients' oncological department of a University Hospital in Switzerland following a non-probability sampling method. Unmet needs were measured with the Supportive Care Needs Survey Short Form 34 (SCNS SF 34). It has 34 items that are categorized in five domains (psychological, health system and information, physical and daily living, patient care and support, and sexuality needs). For each item, respondents report the level of need they have (no need, need satisfied, low need, moderate need or high need. Data were collected through two self-administered questionnaires (SCNS SF 34 and a socio-demographical questionnaire), and from patients' records (medical data).

RESULTS

To date, 26 patients were included in the study (response rate: 31.3%). The interim results showed that patients with lung cancer have self-care deficits in different domains, especially in the psychological and physical/daily living domains. The two most prevalent unmet supportive care needs (65.38%) were: "Being informed about things you can do to help yourself to get well" and "Uncertainty about the future". The results showed that 14 items were not met by at least 50% the patients. With respect to differences in dissatisfaction in relation to socio-demographic data, we found differences in gender, age groups, and patients who were smoking before diagnosis and non-smokers. Since data gathering will end on February 29th, final analysis will be provided at the conference.

CONCLUSIONS

Patients with lung cancer showed a limited capacity of self-care during treatment phase. This might be related to limited application of methods of helping by nurses, including acting or doing for another, guiding and directing, providing physical or psychological support, providing and maintaining an environment that supports personal development and teaching. To date, few studies focused on a potential relation between tabagism and psychosocial needs. Our early results showed that tabagism can affect the degree of satisfaction with supportive care needs. We need to investigate this result within a larger sample.

PosSess-014

Active aging and self-care among the elderly within the social-economic context of Armenia

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BACKGROUND

This research is a combination of theoretical approaches using and applying the world's best practice of care and self-care of the elderly people. The study takes into consideration (a) the socio-economic context of Armenia (b) a practical approach of working with groups of elderly and groups of nurses to create their own statistical base to build further research on and (c) providing all the stakeholders with proper knowledge and skills.

PURPOSE

The purposes of this study were (1) to analyze how active living conditions affect aging processes of elderly people and (2) to introduce the actions that should be taken to raise the quality of living among the Armenian population group older than 65 years.

METHODS

A group of 50 elderly people voluntarily participated in the research. Effects of the following factors on living quality and length were analyzed: physical activity, mental activity, rhythm of living (employment or other informal occupation) and sexual activity.

RESULTS

As a result of the research, the Medical University of St. Theresa undertook follow-up activities to raise physical activeness among elderly groups and encourage their knowledge in self-care. The activities included physically active lifestyle promotion and encouragement of economic, social and political involvement.

CONCLUSIONS

Actions that should be taken to raise the quality of living among the Armenian population group older than 65 years are being implemented.

PosSess-015

Characteristics in diabetes self-care agency by Statistical Cluster Analysis

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BACKGROUND

This study was designed to provide better nursing interventions and more accurately measure nursing effectiveness.

PURPOSE

The aim of this research was to identify characteristics in diabetes self-care agency by statistical method and to discuss nursing intervention for people with diabetes.

METHODS

A total of 368 Japanese adults with diabetes responded to 54 IDSCA (Instrument of Diabetes Self-Care Agency) questions. IDSCA is consistent in 7 factors (one's own self-management, ability to get knowledge, ability to make the most of the available support, stress-coping ability) and has already obtained reliability and validity. We used the cluster analysis (the method of ward) for characteristics in diabetes self-care agency.

RESULTS

Statistical cluster analysis yielded 6 distinct clusters of diabetes self-care agency. The first cluster had the highest scores in every factor of the IDSCA and better HbA1c than the other clusters. The second

cluster's only low score came in stress coping ability. The third cluster's only low score was in ability to make the most of available support. The fourth cluster's only non below average score was in ability to get knowledge. The fifth cluster only non below average scores came in the ability to make the most of available support and stress coping ability. Every factor in the sixth cluster had an average score. HbA1c, gender, age and therapy of the six clusters were compared. Using the cluster analysis we found six characteristics in diabetes self-care agency.

CONCLUSIONS

Based on the result of the IDSCA, we can provide better nursing interventions and more accurately measure nursing effectiveness.

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PosSess-016

Connecting nursing theory with practice through education based on Self-Care Deficit Nursing Theory and utilization of nursing record

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BACKGROUND

The gap between theory and clinical practice is a topic often discussed worldwide. There is a need to examine this area.

PURPOSE

This study focused on details of nursing records based on SCDNT and whether nursing education effectively bridges the gap between theory and practice.

METHODS

Semi-structured interviews lasting 30 min were conducted with three nurses, working in a hospital that has been applying SCDNT in its nursing practice for 20 years. The subjects were either chairpersons or key members of the committee that plays a role in developing nursing records within the hospital. Data from the three types of nursing records were collected and a qualitative and inductive analysis was performed. The education system whereby nurses learn SCDNT was also investigated by the same methods.

RESULTS

Five categories were extracted from Type 1: (1) relay-style mention of the rational efficiency-like patient, nurse; (2) agreement between process of thinking and the record paper; (3) theoretical recognition by term mention of the SCDNT; (4) basis of the individual treatment-like nursing process; and (5) reflection of the urgent overt self-care demand. Development of the individual nursing process which assumed a base of record paper 1 was extracted from category 2. In addition, with regard to characteristics of the SCDNT method of education, two categories were extracted: (1) composite learning by the development of an example; nursing process following theory and (2) good knowledge sharing between nurses who have finished SCDNT training and those who have started to learn. The SCDNT education system was formulated under the Career Ladder System, step by step.

CONCLUSIONS

With regard to the characteristics of nursing records in connecting SCDNT with nursing practice, the following observations were noted.

- Based on role and function of the hospital and patient characteristics.
- Patients' information agreeing with their health progress.
- Change toward remedial self-care demands.
- Process of thinking (thought processes are not interrupted if put in writing by the nurse).

PosSess-017

Bedingungen zum Aufbau erfolgreicher Dependenzpflegesysteme - Ein länderübergreifender Vergleich dargestellt an zwei Fallstudien

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Ausgangssituation

Die Herausforderungen an die Versorgung und Betreuung von pflegebedürftigen Menschen sind in europäischen Studien hinlänglich beschrieben. Vielfach werden die Bedarfe auf materielle und personalbezogene Daten fokussiert.

Es ist bisher wenig bekannt, welche individuellen Anforderungen sich aus dem Aufbau von Dependenzpflegesystemen im Rahmen von Familiensystemen ergeben.

Fragestellung und Methodik

In dieser Untersuchung stand ein länderspezifischer Vergleich der durch Angehörige geleisteten Pflege und Versorgung in Familien im Zentrum der Betrachtung.

An Hand von Dialogen mit pflegenden Angehörigen in der Tschechischen Republik und in Deutschland wurden qualitative Inhalte der Dependenzpflege erhoben, transkribiert und mittels Inhaltsanalyse ausgewertet.

Ergebnisse

Die Ergebnisse der Fallstudien zeigen für die Praxis im Umgang mit Dependenzpflegenden auf, dass trotz deutlicher materieller und systembedingter Unterschiede der Pflegeversicherungssysteme der beiden Länder, die persönlichen Anforderungen und Belastungen der betroffenen Angehörigen in beiden Ländern übereinstimmen. Die Fallstudien zeigen eindeutig die kritischen Faktoren auf, die für pflegende Angehörige im Mittelpunkt Ihres Alltags stehen. Die Ergebnisse zeigen weiterhin, dass es von enormer Bedeutung ist, das professionelle Pflegende in Kliniken und Altenheimen die individuellen Belastungen der Dependenzpflegenden im Verlauf der Behandlung und Betreuung zum Thema machen sollten, da nur so der Verlauf der Dependenzpflege sinnvoll erkennbar ist.

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