

NEWSLETTER

AVALEMS

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A l'attention de :

AVALEMS

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PRÉSENTATION DE LA MEDIATHÈQUE SANTÉ – PRÄSENTATION DER MEDIATHEK GESUNDHEIT

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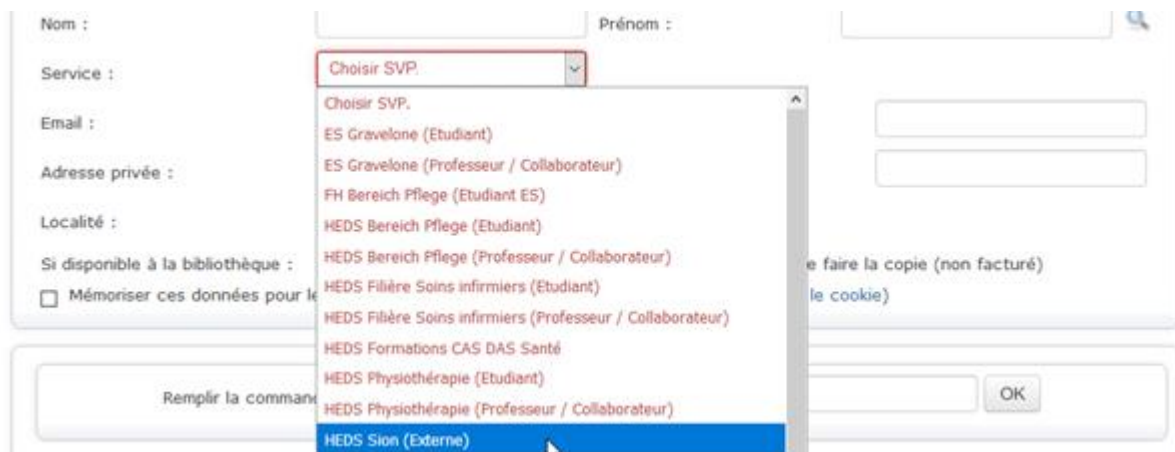
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SOINS ET ACCOMPAGNEMENT - PFLEGE UND UNTERSTÜTZUNG

L'hypnoanalgésie pour améliorer la prise en charge des soins cutanés en gériatrie

Résumé Les soins de plaies ou la réfection des pansements peuvent induire des douleurs ou de l'anxiété chez les personnes âgées. Dans cet article, nous avons voulu décrire le phénomène de transe induite par l'hypnose, ses effets sur la modulation de la douleur et la relation soignant-soigné ainsi qu'un exemple de séance de soins de plaies sous hypnose. L'objectif étant de montrer que l'accompagnement de ces soins cutanés par l'hypnose, en complément des thérapeutiques antalgiques usuelles, peut améliorer la prise en charge des personnes âgées. **Summary** Wound care or dressing changes can entail pain or anxiety for the elderly. In this article, we set out to describe the phenomenon of trance induced by hypnosis, its effects on the modulation of pain and on the caregiver-patient relationship. We also provide an example of a wound care session under hypnosis. The objective is to show that the accompaniment of these skin care procedures with hypnosis, in addition to the usual analgesic therapies, can improve the care of the elderly.

Abdelhadi, C., Perraud, C., Maréchal, F., & Lefebvre, S. (2023). L'hypnoanalgésie pour améliorer la prise en charge des soins cutanés en gériatrie. *NPG Neurologie - Psychiatrie - Gériatrie*, 23(135), 166-170. <https://doi.org/10.1016/j.npg.2023.02.002>

Salivary levels of five microorganisms of root caries in nursing home elderly: A preliminary investigation

Background: Streptococcus, Bifidobacteria, Lactobacillus and Actinomyces are acidogenic aciduria that may be associated with root caries (RC). The aim of the study was to analyze Streptococcus mutans (S. mutans), Streptococcus sobrinus (S. sobrinus), Bifidobacterium spp., Lactobacillus spp. and Actinomyces naeslundii (A. naeslundii) in the saliva of nursing home elderly, to assess the correlation between bacterial composition and RC for five putative cariogenic organisms. **Methods:** In this study, we collected 43 saliva samples and divided into two groups: the root caries group (RCG, n = 21) and the caries-free group (CFG, n = 22). Bacterial DNA was extracted from the saliva samples. The presence and abundance of the five microorganisms were detected by Quantitative real-time PCR (qPCR). Spearman correlation test was performed to evaluate the relationship between the numbers of root decayed filled surfaces (RDFS) and root caries index (RCI) and salivary levels of the bacteria. **Results:** The salivary levels of S. mutans, S. sobrinus, Bifidobacterium spp. and Lactobacillus spp. were significantly higher in RCG than in CFG ($p < 0.05$). RDFS and RCI (RDFS/RCI) were positively associated with salivary levels of S. mutans, S. sobrinus and Bifidobacterium spp. ($r = 0.658/0.635$, $r = 0.465/0.420$ and $r = 0.407/0.406$, respectively). No significant differences in presence and amounts of A. naeslundii was observed between the two groups ($p > 0.05$). **Conclusion:** S. mutans, S. sobrinus and Bifidobacterium spp. in saliva appear to be associated with RC in the elderly. Taken together, the findings indicate that specific salivary bacteria may be involved in the progression of RC.

Chen, L., Qin, Y., Lin, Y., Du, M., Li, Y., & Fan, M. (2023). Salivary levels of five microorganisms of root caries in nursing home elderly: A preliminary investigation. *BMC Oral Health*, 23(1), 1-8. <https://doi.org/10.1186/s12903-023-02953-9>

Vitamin D deficiency in nursing home residents: A systematic review

Context: Vitamin D deficiency is a global public health issue, particularly in nursing home residents. **Objective:** This review critically summarizes the prevalence of vitamin D deficiency in nursing home residents worldwide. In addition, it outlines the effect of vitamin D intervention, alone or in combination with other nutrients or therapies, on improving vitamin D status and associated health outcomes in nursing home residents. **Data Sources, Extraction, and Analysis:** Searches were conducted of electronic databases for articles published from 2010 to May 2021. After screening of the 366 papers initially identified, 58 articles were included. **Conclusions:** A paucity of observational studies in nursing homes suggests a high prevalence of vitamin D deficiency ranging from 8% [25(OH)D < 25 nmol/L], up to 94% [25(OH)D < 50 nmol/L] in some cohorts where supplement use was low. Reported factors associated with deficiency and suboptimal vitamin D status include lack of sunlight exposure, poor dietary intake of vitamin D, limited vitamin D food fortification, frailty, poor renal function, and low use of vitamin D supplements. Residents who are severely deficient, deficient, or insufficient in vitamin D require remedial vitamin D supplementation prior to maintenance supplementation at doses > 800 IU/day. High-dose vitamin D supplementation may reduce

respiratory illness; however, supportive data are limited. Oral nutritional supplements, in combination with exercise, may benefit physical function and performance, whereas supplementation with vitamin D– and calcium-fortified foods has been associated with improved quality of life and reduced bone resorption. Globally, vitamin D deficiency is highly prevalent in nursing home residents. There is an urgent need for standardized dietary and supplementation guidelines to prevent deficiency in this vulnerable group.

Feehan, O., Magee, P. J., Pourshahidi, L. K., Armstrong, D. J., & McSorley, E. M. (2023). Vitamin D deficiency in nursing home residents: A systematic review. *Nutrition Reviews*, 81(7), 804-822. <https://doi.org/10.1093/nutrit/nuac091>

The optimal intervention for preventing physical restraints among older adults living in the nursing home: A systematic review

Aim: This study aimed to evaluate the effectiveness of restraint reduction programs for nursing home care providers in enforcing physical restraint on residents and identify the best strategies for such programs. **Methods:** We searched for randomized controlled trials published until February 2021 for systematic review. The systematic review captured multifactorial interventions, education and consultation measures, including nursing home residents' and care providers' results. Study quality was assessed using the Cochrane Collaboration criteria. **Results:** In all seven trials, the interventions were led by a nurse specialist or unit leader and targeted at care providers. Five of the restraint reduction programs effectively reduced the rate of physical restraint use; two increased knowledge of restraint reduction for care providers; and one each promoted positive attitudes and behaviours. Duration of at least 6 weeks significantly improved the knowledge of care providers.

Liang, S., & Huang, T. (2023). The optimal intervention for preventing physical restraints among older adults living in the nursing home: A systematic review. *Nursing Open*, 10(6), 3533-3546. <https://doi.org/10.1002/nop2.1632>

Development and validation of a nomogram for predicting dysphagia in long-term care facility residents

Background: Dysphagia is a common problem that can seriously affect the health of elderly residents in long-term care facilities. Early identification and targeted measures can significantly reduce the incidence of dysphagia. **Aim:** This study aims to establish a nomogram to evaluate the risk of dysphagia for elderly residents in long-term care facilities. **Methods:** A total of 409 older adults were included in the development set, and 109 were included in the validation set. Least absolute shrinkage selection operator (LASSO) regression analysis was used to select the predictor variables, and logistic regression was used to establish the prediction model. The nomogram was constructed based on the results of logistic regression. The performance of the nomogram was evaluated by receiver operating characteristic (ROC) curve, calibration, and decision curve analysis (DCA). Internal validation was performed using tenfold cross-validation with 1000 iterations. **Results:** The predictive nomogram included the following variables: stroke, sputum suction history (within one year), Barthel Index (BI), nutrition status, and texture-modified food. The area under the curve (AUC) for the model was 0.800; the AUC value for the internal validation set was 0.791, and the AUC value for the external validation set was 0.824. The nomogram showed good calibration in both the development set and validation set. Decision curve analysis (DCA) demonstrated that the nomogram was clinically valuable. **Discussion:** This predictive nomogram provides a practical tool for predicting dysphagia. The variables included in this nomogram were easy to assess. **Conclusions:** The nomogram may help long-term care facility staff identify older adults at high risk for dysphagia.

Liu, J., Liao, M., Yang, H., Chen, X., Peng, Y., & Zeng, J. (2023). Development and validation of a nomogram for predicting dysphagia in long-term care facility residents. *Aging Clinical & Experimental Research*, 35(6), 1293-1303. <https://doi.org/10.1007/s40520-023-02413-y>

Association of oral status with frailty among older adults in nursing homes: A cross-sectional study

Background: The oral status of an individual is a vital aspect of their overall health. However, older adults in nursing homes have a higher prevalence of frailty and poor oral health, particularly in the context of global aging. The objective of this study is to explore the association between oral status and frailty among older adults residing in nursing homes. **Methods:** The study involved 1280 individuals aged 60 and above from nursing homes in Hunan province, China. A simple frailty questionnaire (FRAIL scale) was used to evaluate

physical frailty, while the Oral Health Assessment Tool was used to assess oral status. The frequency of tooth brushing was classified as never, once a day, and twice or more a day. The traditional multinomial logistic regression model was used to analyze the association between oral status and frailty. Adjusted odds ratios (OR) and 95% confidence intervals (CI) were estimated while controlling for other confounding factors. Results: The study found that the prevalence of frailty among older adults living in nursing homes was 53.6%, while the prevalence of pre-frailty was 36.3%. After controlling for all potential confounding factors, mouth changes requiring monitoring (OR = 2.10, 95% CI = 1.34–3.31, $P = 0.001$) and unhealthy mouth (OR = 2.55, 95% CI = 1.61–4.06, $P < 0.001$) were significantly associated with increased odds of frailty among older adults in nursing homes. Similarly, both mouth changes requiring monitoring (OR = 1.91, 95% CI = 1.20–3.06, $P = 0.007$) and unhealthy mouth (OR = 2.24, 95% CI = 1.39–3.63, $P = 0.001$) were significantly associated with a higher prevalence of pre-frailty. Moreover, brushing teeth twice or more times a day was found to be significantly associated with a lower prevalence of both pre-frailty (OR = 0.55, 95% CI = 0.34–0.88, $P = 0.013$) and frailty (OR = 0.50, 95% CI = 0.32–0.78, $P = 0.002$). Conversely, never brushing teeth was significantly associated with higher odds of pre-frailty (OR = 1.82, 95% CI = 1.09–3.05, $P = 0.022$) and frailty (OR = 1.74, 95% CI = 1.06–2.88, $P = 0.030$). Conclusions: Mouth changes that require monitoring and unhealthy mouth increase the likelihood of frailty among older adults in nursing homes. On the other hand, those who brush their teeth frequently have a lower prevalence of frailty. However, further research is needed to determine whether improving the oral status of older adults can change their level of frailty.

Liu, S., Guo, Y., Hu, Z., Zhou, F., Li, S., & Xu, H. (2023). Association of oral status with frailty among older adults in nursing homes: A cross-sectional study. *BMC Oral Health*, 23(1), 1-11. <https://doi.org/10.1186/s12903-023-03009-8>

Vocally disruptive behaviour in nursing home residents in Ireland: A descriptive study

Background: Vocally disruptive behaviour (VDB) is relatively common in nursing home residents but difficult to treat. There is limited study on prevalence and treatment of VDB. We hypothesise that VDB is a result of complex interaction between patient factors and environmental contributors. Methods: Residents of nursing homes in south Dublin were the target population for this study. Inclusion criteria were that the residents were 65 years or over and exhibited VDB significant enough for consideration in the resident's care plan. Information on typology and frequency of VDB, Interventions employed and their efficacy, diagnoses, Cohen-Mansfield Agitation Inventory scores, Mini-Mental State Examination scores, and Barthel Index scores were obtained. Results: Eight percent of nursing home residents were reported to display VDB, most commonly screaming (in 39.4% of vocally disruptive residents). VDB was associated with physical agitation and dementia; together, these two factors accounted for almost two-thirds of the variation in VDB between residents. One-to-one attention, engaging in conversation, redirecting behaviour, and use of psychotropic medication were reported by nurses as the most useful interventions. Analgesics were the medications most commonly used (65.7%) followed by quetiapine (62.9%), and these were reportedly effective in 82.6% and 77.2% of residents respectively. Conclusions: VDB is common, challenging, and difficult to manage. The study of VDB is limited by a variety of factors that both contribute to this behaviour and make its treatment challenging. Issues relating to capacity and ethics make it difficult to conduct randomised controlled trials of treatments for VDB in the population affected.

Nwogbunyama, C., Kelly, B. D., & Cooney, C. (2023). Vocally disruptive behaviour in nursing home residents in Ireland: A descriptive study. *Irish Journal of Psychological Medicine*, 40(2), 217-227. <https://doi.org/10.1017/ipm.2020.124>

Use of physical restraints and its associated risk factors in the aged care facilities: A multicentre cross-sectional study

Aims and Objectives: To investigate the use of physical restraints in aged care facilities (ACFs) and analyse its associated risk factors. Background: Physical restraints have been widely used in ACFs worldwide, but they can cause physical and mental harm to older people. It is important to regulate the use of physical restraint. Design: A cross-sectional observational and correlational multicentre study. Methods: By convenience sampling method, we selected eight ACFs in four representative regions of Hunan province, China, for this study. The ACF-related information was obtained by interviewing the managers and reviewing records. We conducted investigation and observation on the elderly in the ACFs to understand the use of physical restraints at three different times: 9:30–11:30, 16:00–18:00 and 19:30–21:30 on a working day. The STROBE checklist was followed for this cross-sectional study. Results: This study found that the utilisation

rate of physical restraints was 23.2%. The critical risk factors affecting the use of physical restraints include the following: (1) the ratio of nursing staff to the elderly residents; (2) whether there is a dementia care unit at the facility; (3) the number of elderly residents in each room; (4) the elderly residents' age, degree of education, marital status, care dependence and cognitive impairment; (5) whether the elderly has suffered from a stroke or senile dementia; (6) whether the elderly carries medical catheters. Conclusion: There is a lack of standardisation in the use of physical restraints in ACFs of central China. Chinese ACFs should develop guidelines and reduction measures to standardise the use of physical restraints, basing on the key factors affecting the use of physical restraints. Relevance to clinical practice: The use of physical restraints in ACFs is threatening the safety of the elderly residents. Understanding the implementation of physical restraint in ACFs can provide reference for reducing the use of physical restraint.

Pu, H., Zhang, X., Luo, L., Yu, Q., Feng, X., Yan, L., & Zhang, Y. (2023). Use of physical restraints and its associated risk factors in the aged care facilities: A multicentre cross-sectional study. *Journal of Clinical Nursing*, 32(13/14), 3504-3515. <https://doi.org/10.1111/jocn.16406>

Limitier les risques de la contention physique chez la personne âgée : De la réflexion au protocole d'application

Les contentions physiques existent depuis l'antiquité. Elles sont encore largement utilisées dans les unités de soins. Dans la loi française, elles sont un acte bien encadré. Leur mise en œuvre engage la responsabilité du prescripteur avec les sanctions qui en découlent en cas de complications et de plainte. La contention nécessite une réflexion éthique et pluridisciplinaire sur le rapport bénéfice/risque dont il faut toujours envisager toutes les alternatives possibles. De plus, il faut recueillir le consentement de la personne ou à défaut de la personne de confiance. Les proches doivent être informés. Chaque contention nécessite une prescription médicale et ne sera reconduite qu'après réévaluation toutes les 24 heures. Elle sera levée aussi souvent que possible. Le matériel devra être adapté. Dans cet article sont passés en revue les différents types de contention existants.

Rebstock, C. (2023). Limiter les risques de la contention physique chez la personne âgée : De la réflexion au protocole d'application. *NPG*, 23(135), 144-159. <https://doi.org/10.1016/j.npg.2023.01.002>

Interprofessionelle Zusammenarbeit von Hausärztinnen und Pflegefachpersonen in der Primärversorgung

Zusammenfassung. Hintergrund: Es bedarf einer Stärkung der interprofessionellen Zusammenarbeit von Hausärztinnen und Pflegefachpersonen in der Primärversorgung von Menschen mit chronischen Krankheiten und Pflegebedarf. Ziel: Mit dieser Studie wurde untersucht, a) wie Hausärztinnen und Pflegefachpersonen ihre Zusammenarbeit in der Primärversorgung wahrnehmen und b) welche Entwicklungsperspektiven der Zusammenarbeit aus ihrer Sicht existieren. Methoden: Es wurden Expertinneninterviews mit sieben Hausärztinnen und acht Pflegefachpersonen der ambulanten Pflege durchgeführt und mittels der inhaltlich strukturierten, qualitativen Inhaltsanalyse ausgewertet. Ergebnisse: Die Befragten beider Berufsgruppen berichten, dass ihre Zusammenarbeit durch eine schlechte gegenseitige Erreichbarkeit behindert ist. Sie betonen zugleich ihre Wertschätzung gegenüber dem fachlichen Austausch mit der anderen Berufsgruppe. Gleichwohl differieren die Wahrnehmungen zur Fachkompetenz der Pflegefachpersonen. Zur Verbesserung ihrer Zusammenarbeit empfehlen die Befragten die Etablierung interprofessioneller Besprechungen und eine Zusammenarbeit in räumlicher Nähe für den regelmäßigen fachlichen Austausch. Sie versprechen sich davon einen gemeinsamen Vertrauens- und Kompetenzaufbau und die Erweiterung des Verantwortungsbereichs von Pflegefachpersonen in der Primärversorgung. Schlussfolgerungen: Verbindliche Kommunikationsstrukturen, die Zusammenarbeit in räumlicher Nähe und Erweiterung des Verantwortungsbereichs von Pflegefachpersonen bieten hohes Potential für die Stärkung der Primärversorgung in Deutschland.

Zimansky, M., Ceylan, B., Klukas, E., Hamacher, M., van de Sand, H., Gustaevel, M., Wiegmann, S., & Hämel, K. (2023). Interprofessionelle Zusammenarbeit von Hausärztinnen und Pflegefachpersonen in der Primärversorgung. *Pflege*. <https://doi.org/10.1024/1012-5302/a000942>

Contentions en gériatrie, dernier recours

S'appuyer sur les capacités restantes des personnes âgées à domicile, hospitalisées ou en établissement d'hébergement pour personnes âgées dépendantes, permet de maintenir leur autonomie et éviter les contentions. Si les soignants en gériatrie observent une personne âgée agitée, à risque de chute ou qui se met en danger, ils proposent des stratégies afin d'apaiser la personne. En dernier recours, les médecins peuvent prescrire une contention adaptée. C'est une privation de liberté. L'évaluation pluridisciplinaire toutes les vingt-quatre heures de ce soin s'appuie sur le principe de bienfaisance en réévaluant le dispositif prescrit.

Trochet, C. (2023). Contentions en gériatrie, dernier recours. *Revue de l'infirmière*, 72(292), 26-28. <https://doi.org/10.1016/j.revinf.2023.05.006>

SOINS PALLIATIFS – PALLIATIVMEDIZIN

Pourquoi transfère-t-on aux urgences des résidents d'EHPAD en fin de vie ?

Introduction. Les résidents d'EHPAD sont des personnes âgées fragiles et vulnérables. En situation de fin de vie, un transfert en service d'urgence, pourtant souvent évitable, est parfois décidé. Objectif. Explorer les raisons de ces transferts aux urgences, en étudiant le vécu par les soignants et faire ressortir des pistes d'amélioration de l'accompagnement en fin de vie des résidents. Méthode. Étude qualitative inspirée de la théorisation ancrée par entretiens individuels semi-dirigés réalisés auprès de tout professionnel actif dans le parcours de soins de résidents d'EHPAD en fin de vie, exerçant dans les Hautes-Alpes. Les intervenants ont été recrutés de juin 2021 à mars 2022. Les informations ont été recueillies jusqu'à l'obtention d'une suffisance des données. Une analyse inductive a été réalisée, avec triangulation des données par deux chercheurs. Résultats. 18 professionnels ont participé à l'étude. Le travail des soignants d'EHPAD est peu valorisé, avec un épuisement du personnel en carence de recrutement. EHPAD, services d'urgence et acteurs extérieurs doivent renforcer leur communication pour une prise en charge coordonnée des résidents. L'élaboration d'un projet de fin de vie se prépare tôt dans la vie d'un patient, mais les outils existants sont difficiles à mettre en œuvre. Le soin du résident d'EHPAD n'est plus adapté à l'activité du médecin traitant libéral. Pour coordonner les soins et salarier un médecin traitant, les modèles de financement et de tarification des EHPAD doivent être remodelés. Conclusion. Le transfert de résidents d'EHPAD en fin de vie met en lumière un épuisement des soignants dans une activité peu valorisée au sein de structures dont les modèles de financement et de gestion médicale ne sont plus adaptés.

Barale-Penanguer, M.-A., Bernaudon, S., Carvelli, J., Janczewski, A., & Forté, J. (2023). Pourquoi transfère-t-on aux urgences des résidents d'EHPAD en fin de vie ? *La Revue Exercer*, 194, 252-258.

Les réalités de la faim et la soif en fin de vie

Les questionnements sur l'alimentation et l'hydratation sont fréquents dans le contexte de la fin de vie. Par fin de vie, il faut entendre la phase palliative terminale, période particulière de fragilité organique. Ces questionnements posent difficultés, dans la mesure où l'acte de manger et de boire comme acte vital comporte une dimension symbolique, culturelle et sociale. Ils doivent être éclairés auprès des proches voire des soignants non familiers de ces prises en charge.

Lelut, B. (2023). Les réalités de la faim et la soif en fin de vie. *Revue de l'infirmière*, 72(291), 42-43. <https://doi.org/10.1016/j.revinf.2023.04.012>

DÉMENCES – DEMENZEN

Kontroverse um die Alzheimer-Frühdagnostik – eine literaturbasierte Übersicht über die Vor- und Nachteile

Hintergrund: Die Alzheimer-Krankheit (Alzheimer's disease, AD) wird inzwischen als ein Kontinuum aufgefasst, bei dem vor dem Auftreten der klinisch manifesten (Alzheimer-)Demenz ein prodromales Vorstadium (objektivierbare leichte kognitive Beeinträchtigungen) und davor ein präklinisches Stadium (mit oder ohne subjektive Symptome) auftritt. Die verschiedenen Stadien der AD sind mit unterschiedlicher

Häufigkeit mit neuropathologischen Korrelaten assoziiert. Ziel der Frühdiagnostik, also einer Diagnostik vor dem Auftreten der Demenzsymptomatik, ist es, derartige Korrelate in den Vorstadien der Demenz festzustellen und daraus eine Vorhersage für eine spätere Alzheimer-Demenz abzuleiten. Hierbei spielt die Frage der Genauigkeit der Vorhersage eine wesentliche Rolle. Aus der Perspektive der Betroffenen, also der Menschen, die sich Sorgen machen, dass sie später einmal eine „Demenz bekommen“ könnten, oder die bereits mehr oder weniger deutlich ausgeprägte subjektive kognitive Einbußen bei sich wahrnehmen, stellen sich ganz andere Fragen, etwa: Was bedeutet diese Diagnose für mein Leben? Welche Präventions- bzw. Therapiemöglichkeiten gibt es? Auch wenn die Alzheimer-Demenz bei Weitem die häufigste Demenzform ist, lässt sich das Thema aus Betroffenenperspektive nicht auf die AD reduzieren. Das Ziel dieser Übersichtsarbeit ist es deshalb, einen literaturbasierten Überblick über die Vor- und Nachteile der Demenz-Frühdiagnostik auch in Abgrenzung der AD von anderen Demenzformen zu geben. Darauf aufbauend sollen Handlungsempfehlungen für die Gewichtung der frühdiagnostischen Vor- und Nachteile in der Beratungssituation der klinischen Praxis formuliert werden. Methoden: Es wurden drei Datenbanken nach aktuellen Übersichtsarbeiten durchsucht, welche die Vor- und Nachteile sowie die ethischen Aspekte der AD-Frühdiagnostik thematisieren. Die Suche wurde auf aktuelle deutsche oder englische Arbeiten im Publikationszeitraum zwischen dem 01.01.2018 und dem 30.11.2022 beschränkt. Die systematische Suchstrategie orientierte sich am PICO-Schema und inkludierte sowohl eine Boolesche als auch eine fokuserweiternde Stichwortsuche mithilfe zuvor festgelegter Suchbegriffe. Hinzu kam eine Recherche entsprechend dem Schneeballsystem. Die Aussagen zu den Vor- und Nachteilen wurden nach der Methode der zusammenfassenden Inhaltsanalyse nach Mayring analysiert. Nach Zusammenfassung inhaltsgleicher/-ähnlicher Aussagen wurden die Argumente den Kategorien soziale, individuelle oder klinische Aspekte zugeordnet. Zum Zweck der Fokuserweiterung wurde zusätzlich eine Unterscheidung zwischen Argumenten vorgenommen, die spezifisch für die Frühdiagnostik der AD sind, und solchen, die für die frühe Diagnostik aller Demenzformen gelten. Ergebnisse: Insgesamt konnten sieben Reviews eingeschlossen werden. Soziale Argumente reichen vom Schutz des Betroffenen und der Gesellschaft bis hin zu einer möglichen Stigmatisierung nicht nur des Betroffenen, sondern auch der An- und Zugehörigen aufgrund der AD- oder Demenz-Diagnose. Individuelle Argumente erstrecken sich vom Recht auf einen „rationalen Suizid“ inklusive Abwendung finanzieller und Versorgungsbelastungen für Familienmitglieder bis zum Anrecht, die Diagnose nicht wissen zu wollen („right not to know“). Klinische Argumente beginnen beim wissenschaftlichen Forschungskontext im Sinne der erleichterten Identifikation geeigneter Personen für klinische Studien und enden bei verschiedenartigen negativen Auswirkungen einer falsch positiven oder falsch negativen Frühdiagnose. Schlussfolgerung: Die Frühdiagnostik der AD sowie anderer Demenzformen ist durch zahlreiche Vor- und Nachteile sozialer, individueller und klinischer Art gekennzeichnet. Die Entscheidung für oder gegen eine Demenz-Frühdiagnostik sollte immer auf der Grundlage des Abwägens gegenwärtiger Vor- und Nachteile im Einzelfall getroffen werden. Dabei sind insbesondere die Wünsche des Betroffenen, die Gültigkeit der verfügbaren Diagnoseverfahren und vor allem auch die Verfügbarkeit wirksamer Präventions- oder Therapieverfahren zu berücksichtigen.

Gräßel, E., & Lauer, N. (2023). Kontroverse um die Alzheimer-Frühdiagnostik – eine literaturbasierte Übersicht über die Vor- und Nachteile. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*, 179, 95-105. <https://doi.org/10.1016/j.zefq.2023.04.004>

The Experiences, Needs, and Solutions of Caregivers of Patients with Behavioral and Psychological Symptoms of Dementia Living in Residential and Long-Term Care Centers

Behavioral and psychological symptoms of dementia (BPSD) pose great challenges for the caregivers during the evolution of the disease with impacts on patients, caregivers, and healthcare providers. Caregivers often remain very present and involved once the difficult decision has been made to relocate the person to a residential and long-term care center (centre d'hébergement de soins de longue durée [CHSLD] in Quebec). The experience of caregivers about BPSD management in CHSLDs remains poorly understood. The aim of this study is to explore the needs and experience of caregivers of patients with BPSD living in CHSLDs, as well as the solutions they suggest to better manage BPSD in CHSLDs. We carried out this qualitative interpretive descriptive study with six focus groups, including 32 caregivers, in Quebec, Canada. Data analysis identified six themes: (1) the transition period between home and the CHSLD; (2) the lack of knowledge about BPSD; (3) the approach to BPSD by healthcare professionals; (4) the lack of communication; (5) defining the caregiver's role in the healthcare team; and (6) the caregiver's need for respite. These results offer relevant avenues to improve collaborative practices with caregivers in CHSLDs involved in the care of people with BPSD.

Bélanger-Dibblee, M., Pham Thi-Desmarteau, S., Jacques, M.-C., Tremblay, H., & Roy-Desruisseaux, J. (2023). The Experiences, Needs, and Solutions of Caregivers of Patients with Behavioral and Psychological Symptoms of Dementia Living in Residential and Long-Term Care Centers. *Qualitative Health Research*, 10497323231173854. <https://doi.org/10.1177/10497323231173854>

Effectiveness of digital technologies to engage and support the wellbeing of people with dementia and family carers at home and in care homes: A scoping review

Use of digital technologies to support meaningful engagement of people with dementia and carers increased during the COVID-19 pandemic. The purpose of this scoping review was to determine the effectiveness of digital technologies in supporting the engagement and wellbeing of people with dementia and family carers at home and in care homes. Studies published in peer reviewed literature were identified across four databases (CINAHL, Medline, PUBMED, PsychINFO). Sixteen studies met the inclusion criteria. Findings indicate that digital technologies can potentially support the wellbeing of people with dementia and family carers, although only a few studies had measured impact on wellbeing, as many were reporting on technology at proof-of-concept stage rather than commercially ready products. Moreover, current studies lacked meaningful involvement of people with dementia, family carers, and care professionals in the design of the technology. Future research should bring together people with dementia, family carers, care professionals and designers to coproduce digital technologies with researchers and evaluate them using robust methodologies. Codesign should start early in the intervention development phase and continue until implementation. There is a need for real world applications that nurture social relationships by focusing on how digital technologies can support more personalised, adaptive forms of care. Developing the evidence base to identify what makes digital technologies effective in supporting the wellbeing of people with dementia is crucial. Future interventions should therefore consider the needs and preferences of people with dementia, their families, and professional carers, as well as the suitability and sensitivity of wellbeing outcome measures.

Bradley, L., Shanker, S., Murphy, J., Fenge, L.-A., & Heward, M. (2023). Effectiveness of digital technologies to engage and support the wellbeing of people with dementia and family carers at home and in care homes : A scoping review. *Dementia*, 14713012231178444. <https://doi.org/10.1177/14713012231178445>

People With Dementia as Active Agents in Nursing Homes: A Scoping Review

People with dementia (PWD) are fragile and need aid and care in their daily lives. This scoping review explores the extent to which PWD can be involved in society and their daily lives. Publications were selected according to PRISMA guidelines. We graded the level of participation/involvement in daily life and research using a five-level participation model developed by Shier. A higher grade means a greater ambition to involve PWD in decisions. Of the 11 included studies, three reached level three according to Shier's model. The studies describe ways of and potentials for participation, capabilities of PWD, caregivers' opportunities to foster involvement, and cooperation between PWD caregivers and relatives. Caregivers and managers must have the attitude that PWD can be involved in decisions and caregivers need opportunities to actively promote such involvement. Shier's model can be a tool with which organizations strive to involve PWD.

Ingard, C., Sjölund, M., & Trygged, S. (2023). People With Dementia as Active Agents in Nursing Homes: A Scoping Review. *SAGE Open*, 13(2), 21582440231180584. <https://doi.org/10.1177/21582440231180585>

Film as cooperative endeavour: The promises for people living with dementia, their relatives, caregivers and aged care staff

Creative expression by people living with dementia and their families and carers can improve communication and relationships and strengthen relational personhood. The transition to residential aged care from living at home with dementia is a time of 'relocation stress', and a time when additional psychosocial supports like these might be particularly beneficial. This article reports on a qualitative study that explored how a co-operative filmmaking project functioned as a multifaceted psychosocial intervention and explored its potential impacts on relocation stressors. Methods included interviews with people living with dementia who were involved in the filmmaking, and their families and close others. Staff from a local day centre and residential aged care home also took part in interviews, as did the filmmakers. The researchers also observed some of the filmmaking process. Reflexive thematic analysis techniques were used to generate

three key themes in the data: Relationship building; Communicating agency, memento and heart; Being visible and inclusive. The findings reveal challenges regarding privacy and the ethics of public screenings, as well as the pragmatics of using short films as a communication tool in aged care settings. We conclude that filmmaking as a cooperative endeavour holds promise to mitigate relocation stressors by improving family and other relationships during challenging times for family and for people living with dementia; providing opportunities for new self-narratives derived from relational subjectivities; supporting visibility and personhood; and improving communication once in residential aged care. This research has relevance for communities who are looking to support dynamic personhood and improve the care of people living with dementia.

Marsh, P., Courtney Pratt, H., Kelly, L., & White, L. (2023). Film as cooperative endeavour: The promises for people living with dementia, their relatives, caregivers and aged care staff. *Dementia*, 14713012231183394. <https://doi.org/10.1177/14713012231183394>

Navigating the process of deciding to send a beloved elderly family member with dementia to a nursing home

The aim of this study is to create a conceptual framework that captures the decision-making process involved in admitting an elderly person with dementia to a nursing home. Thirteen participants who were family members of elderly individuals with dementia residing in nursing homes were included in this study. The data collected during the study was analyzed using Corbin and Strauss's grounded theory approach. The core category driving the decision-making process for elderly individuals with dementia was the goal of 'finding a good care home for the elderly person', and the five stages identified were 'crisis', 'decision', 'exploration', 'choosing', and 'moving'. There is a need to develop appropriate information, counseling, and specific and individual support intervention programs for elderly individuals with dementia and their families as they decide on a nursing home.

You, S. Y. (2023). Navigating the process of deciding to send a beloved elderly family member with dementia to a nursing home. *NPG Neurologie - Psychiatrie - Gériatrie*. <https://doi.org/10.1016/j.npg.2023.05.003>

Black and white proxy experiences and perceptions that influence advanced dementia care in nursing homes: The ADVANCE study

Background: Regional, facility, and racial variability in intensity of care provided to nursing home (NH) residents with advanced dementia is poorly understood. Materials and Methods: Assessment of Disparities and Variation for Alzheimer's disease NH Care at End of life (ADVANCE) is a multisite qualitative study of 14 NHs from four hospital referral regions providing varied intensity of advanced dementia care based on tube-feeding and hospital transfer rates. This report explored the perceptions and experiences of Black and White proxies (N = 44) of residents with advanced dementia to elucidate factors driving these variations. Framework analyses revealed themes and subthemes within the following a priori domains: understanding of advanced dementia and care decisions, preferences related to end-of-life care, advance care planning, decision-making about managing feeding problems and acute illness, communication and trust in NH providers, support, and spirituality in decision-making. Matrix analyses explored similarities/differences by proxy race. Data were collected from June 1, 2018, to July 31, 2021. Results: Among 44 proxies interviewed, 19 (43.1%) were Black, 36 (81.8%) were female, and 26 (59.0%) were adult children of residents. In facilities with the lowest intensity of care, Black and White proxies consistently reported having had previous conversations with residents about wishes for end-of-life care and generally better communication with providers. Black proxies held numerous misconceptions about the clinical course of advanced dementia and effectiveness of treatment options, notably tube-feeding and cardiopulmonary resuscitation. Black and White proxies described mistrust of NH staff but did so towards different staffing roles. Religious and spiritual beliefs commonly thought to underlie preferences for more intense care among Black residents, were rarely, but equally mentioned by race. Conclusions: This report refuted commonly held assumptions about religiosity and spirituality as drivers of racial variations in advanced dementia care and revealed several actionable facility-level factors, which may help reduce these variations.

McCarthy, E. P., Lopez, R. P., Hendricksen, M., Mazor, K. M., Roach, A., Rogers, A. H., Epps, F., Johnson, K. S., Akunor, H., & Mitchell, S. L. (2023). Black and white proxy experiences and perceptions that influence advanced dementia care in nursing homes: The ADVANCE study. *Journal of the American Geriatrics Society*, 71(6), 1759-1772. <https://doi.org/10.1111/jgs.18303>

ETHIQUE – ETHIK

Prevalence of Suicidal Behaviors in Residents of Long-Term Care Facilities: A Systematic Review and Meta-Analysis

Background Long-term care facilities (LTC) plays a pivotal role in caring for geriatric population. However, the risk of suicide in long-term care institutions among older individuals is little understood (e.g., nursing homes, assisted living facilities). **Objective** The purpose of this systematic review is to pool and meta-analyze the data on prevalence of suicidal behaviors in geriatric population residing in long-term care facilities. **Methods** We have conducted the systematic review in accordance with the PRISMA guidelines. The utilized databases are Pubmed, Medline, Google scholar and Scopus. The Meta-analysis was done using OpenMeta [analyst] software. Subgroup analysis was also performed. **Results** After running an analysis on pooled data from twenty cross-sectional studies with 3,023,224 participants, the prevalence of suicidal behavior is 6.4% (95% CI = 5.7–7) in LTC. **Conclusion** This meta-analysis shows pooled prevalence of suicidal behavior among geriatric residents of LTC was found to be moderately high all over the world.

Bareeqa, S. B., Samar, S. S., Masood, Y., & Husain, M. M. (2023). Prevalence of Suicidal Behaviors in Residents of Long-Term Care Facilities: A Systematic Review and Meta-Analysis. *OMEGA - Journal of Death and Dying*, 00302228231176309. <https://doi.org/10.1177/00302228231176309>

La mort dans la vie en Ehpad

Résumé Bien que les établissements d'hébergement pour personnes âgées dépendantes (Ehpad) soient parfois désignés comme « mouiroirs », tout concourt à y occulter la présence de la mort et du travail de trépas qui commence pour certains résidents dès leur admission. L'analyse des différents niveaux de rapport à la mort existant chez les résidents et les soignants, et de l'expérience de la pandémie de coronavirus, fait de la mort le principal facteur de nouage et de rupture des liens dans ces établissements. L'abord en groupe d'animation de questions touchant notamment la spiritualité et celui du deuil en groupe de travail institutionnel peuvent donner à la mort la place qui lui revient dans la vie collective.

Charazac, P. (2023). La mort dans la vie en Ehpad. *NPG Neurologie - Psychiatrie - Gériatrie*. <https://doi.org/10.1016/j.npg.2023.05.007>

Équipe mobile de psychiatrie du sujet âgé et risque suicidaire en Ehpad

La dépression est fréquente chez le sujet âgé et le risque suicidaire majeur chez une population qui a davantage recours à des modes de suicide à forte létalité. L'évaluation et la gestion du risque suicidaire peuvent s'avérer particulièrement délicats pour des équipes qui n'y sont pas formées, comme celles des établissements d'hébergement pour personnes âgées dépendantes (Ehpad). Ce cas illustre comment les équipes mobiles de psychiatrie du sujet âgé (EMPSA) peuvent intervenir afin d'offrir une alternative à l'hospitalisation tout en proposant un accompagnement des équipes soignantes et une prise en charge personnalisée.

Poupard, L., Bami, B., & Hanon, C. (2023). Équipe mobile de psychiatrie du sujet âgé et risque suicidaire en Ehpad. Un cas clinique. *L'Information psychiatrique*, 99(5), 315-318.

« Projet de soins anticipé » : Penser à sa fin de vie et la prévoir n'est pas un réflexe évident. Comment anticiper ?

Le Projet de soins anticipé (ProSA), est le processus dans lequel les patientes et patients et le cas échéant leurs proches, discutent avec les équipes soignantes des objectifs de soins. Chaque personne doit avoir la possibilité de déterminer comment elle souhaite être traitée et prise en charge médicalement en cas d'incapacité de discernement future ; et qui dans ses proches est apte à la représenter. A cet effet, une roadmap pour aider les professionnels à appréhender la question a été publiée en mars par un groupe de travail national co-dirigé par l'OFSP et l'ASSM. Pour aborder ces questions liées au projets de soins anticipés et pour ce nouvel épisode de Spectra, nous sommes allé à la rencontre de nombreuses professionnelles: la Professeure Monica Escher, médecin adjointe, responsable de la Consultation hospitalière de soins palliatifs des Hôpitaux universitaires de Genève, Christine Clavien éthicienne,

professeure à la Faculté de Médecine à l'Université de Genève, Flurina Näf responsable du dossier soins palliatifs à l'OFSP et personne de référence pour le projet de soins anticipés, et Valérie Clerc de l'Académie Suisse des Sciences Médicale ASSM.

Spectra (Réalisateur). (2023, juin 20). Podcast n°25 : « Projet de soins anticipé » : Penser à sa fin de vie et la prévoir n'est pas un réflexe évident. Comment anticiper ? [Audio]. <https://www.spectra-online.ch/fr/spectra/actualites/podcast-nd25-l-projet-de-soins-anticipe-r-1103-29.html>

CUISINE – KÜCHE

Warum Ernährungsmanagement mehr Aufmerksamkeit braucht

Ernährungsmanagement ist in Alters- und Pflegeheimen ein noch weitgehend unbeachtetes Gebiet. Dabei leiden viele ihrer Bewohnerinnen an Mangelernährung. Gesundheitsfachpersonen sollten dieses Thema gemeinsam angehen.

Lehmann, U., Scheidegger-Balmer, F., & Zurfluh, A. (2023, juin). *Warum Ernährungsmanagement mehr Aufmerksamkeit braucht*. Frequenz. 1 <https://www.bfh.ch/gesundheit/de/aktuell/frequenz/>

ACCOMPAGNEMENT DES PROCHES – FAMILIENUNTERSTÜTZUNG

Auf dem Weg in ein sicheres Daheim : Erleben des Übergangs in ein ambulantes Setting mit Heimbeatmung

Zusammenfassung. Hintergrund: Mit dem Fortschritt an medizinischen Möglichkeiten erfolgt ein erhöhter Bedarf an Heimbeatmung. Der Übergang von stationärer Langzeitbeatmung in ambulante Heimbeatmung ist eine schwierige Phase in Bezug auf den Aufbau des Netzwerks zur Betreuung, die Koordination der Pflege und die Finanzierung. Ziel: Die Studie beschreibt, wie Betroffene mit ventilatorischer Insuffizienz und pflegende Angehörige den Übergang von einer Institution ins ambulante Setting mit invasiver oder nichtinvasiver Heimbeatmung erleben. Methode: Es wurde ein qualitatives Forschungsdesign mit sozialkonstruktivistischem Ansatz gewählt mit einer Auswertung nach der thematischen Analyse von Braun und Clarke. Eingeschlossen wurden sieben deutschsprachige Betroffene (≥ 18 Jahre) mit ventilatorischer Insuffizienz und Heimbeatmung (> 6 h/Tag) aus der Deutschschweiz, mit Austritt von einer Institution nach Hause, sowie fünf pflegende Angehörige, welche Betroffene mit den beschriebenen Kriterien betreuen. Ergebnisse: Die Institution wurde als sicherer Ort erlebt. Betroffene und Angehörige mussten nach dem Übergang zu Hause ein sicheres Umfeld schaffen. Drei Themen wurden induktiv gebildet: Miteinander schrittweise Vertrauen gewinnen, als Angehörige Expertinnen werden und das eigene Netzwerk auf die neuen Betreuungsbedürfnisse ausrichten. Schlussfolgerungen: Der Übergang nach Hause gelingt im Zusammenspiel von Vertrauen gewinnen, Expertise aufbauen und tragfähige Netzwerke schaffen. Fachpersonen können mit diesem Wissen Betroffene mit Heimbeatmung und ihre Angehörigen gezielt begleiten.

Brüll, N., Nicca, D., Staudacher, S., Schmid-Mohler, G., & Zúñiga, F. (2023). Auf dem Weg in ein sicheres Daheim : Erleben des Übergangs in ein ambulantes Setting mit Heimbeatmung. *Pflege*. <https://doi.org/10.1024/1012-5302/a000943>

Family involvement with care homes following placement of a relative living with dementia: A review

This review updated a previous review [Gaugler JE (2005) Family involvement in residential long-term care: a synthesis and critical review. *Aging and Mental Health* 9, 105–118] and focused on dementia. Fourteen years of development in family involvement with care homes following placement of a relative was explored. The review aimed to investigate two questions: (1) What types of involvement do families have with care homes following placement of people living with dementia? (2) Which factors influence family involvement with care homes? PsycINFO, MEDLINE and CINAHL Plus were searched for publications between January 2005 and December 2018. Thirty-three papers representing 30 studies were included. Papers were appraised using a quality rating tool designed for use with mixed study designs. Studies were of a reasonable quality though some weaknesses included single-site samples, high attrition rates and poor reporting. Twenty-eight papers highlighted types of involvement including collaboration, family-staff

relationship development, decision making and visiting. Twenty-five papers pertained to factors influencing involvement, which included outcome of care quality evaluation, wish for recognition and sense of integration into the care team. Type of family involvement has changed over time with increased emphasis on families' desire for partnership, to be active rather than passive advocates, and to focus on care monitoring and evaluation. Seven themes of family involvement activities are featured and a non-linear process is proposed. When compared to patient and family-centred care principles, an analysis of family involvement types found good fit overall and potential for framework improvements. Over 30 diverse factors influence inter-family variation in the level and nature of family involvement. Consideration of these factors and resolution of the gaps in evidence, including intergenerational and cultural concerns, can improve care home facilitation of family participation. This dementia-specific review is a comprehensive timely complement to Gaugler's seminal work about older adults in care.

Hayward, J. K., Gould, C., Palluotto, E., Kitson, E. C., & Spector, A. (2023). Family involvement with care homes following placement of a relative living with dementia: A review. *Ageing & Society*, 43(7), 1530-1575. <https://doi.org/10.1017/S0144686X21000957>

PERSONNEL SOIGNANT – PFLEGEPERSONAL

Accompagner les équipes pour décrypter et gérer les émotions dans certaines situations de soins

Soigner l'autre, c'est être confronté à des situations qui suscitent des émotions. Pour apporter le juste soin, le soignant doit être en mesure de savoir les gérer, qu'elles soient positives ou négatives. Pour soutenir les soignants, le cadre de santé exerce un rôle fondamental et doit être en mesure de proposer des actions permettant de faciliter la gestion des émotions au sein de l'équipe ainsi qu'envers les patients et leurs proches.

Benazzouz, M., Bastos, M., Chrif, K., & Jouan, S. (2023). Accompagner les équipes pour décrypter et gérer les émotions dans certaines situations de soins. *Revue de l'infirmière*, 72(291), 32-33. <https://doi.org/10.1016/j.revinf.2023.04.008>

Les émotions, utiles et alliées

Les émotions sont des éprouvés individuels et subjectifs, ressentis en réaction à une situation spécifique. Agréables ou désagréables, elles s'expriment de manière plus ou moins intense et s'inscrivent dans le corps avec des manifestations physiques plus ou moins perceptibles, comme un cœur qui bat, des vertiges, une sensation de chaleur ou des larmes. On y prête surtout attention lorsque leurs manifestations sont inconfortables et la tentation est alors forte de les fuir, de les éviter ou de les refouler. Pourtant, les émotions ont une fonction adaptative et se révèlent des alliées précieuses en général, y compris dans le domaine de la maladie.

Bonnières, M. de. (2023). Les émotions, utiles et alliées. *Revue de l'infirmière*, 72(291), 22-23. <https://doi.org/10.1016/j.revinf.2023.04.005>

La réflexologie plantaire au service des soignants de soins palliatifs

La réflexologie plantaire est l'utilisation de techniques de massage et d'acupression sur l'ensemble des pieds, qui représentent chaque organe du corps humain. Le réflexologue connaît précisément l'anatomie du corps et les points réflexes au niveau du pied afin de soulager et de traiter les problématiques de la personne. Une équipe du centre hospitalier universitaire de Clermont-Ferrand partage une expérience des plus positives, hélas interrompue par la crise sanitaire liée à la Covid-19.

Braud, S. (2023). La réflexologie plantaire au service des soignants de soins palliatifs. *Revue de l'infirmière*, 72(291), 35-36. <https://doi.org/10.1016/j.revinf.2023.04.009>

Santé des personnels soignants : L'importance des activités physiques adaptées

Les activités physiques adaptées (APA) dans le domaine professionnel améliorent la santé des travailleurs. Paradoxalement, les APA restent marginales dans les lieux mêmes où l'amélioration de la santé est l'objectif central des personnels soignants, à savoir les cliniques et les hôpitaux. Promouvoir l'activité physique sur le lieu de travail relève d'un double enjeu. Non seulement les APA améliorent la santé et le bien-être des soignants, mais ces activités leur permettent aussi d'être plus efficaces dans leurs missions quotidiennes auprès des patients.

Coudeville, G. R., Sinnaph, S., Ginoux, C., & Bouchard, J.-P. (2023). Santé des personnels soignants : L'importance des activités physiques adaptées. *Revue de l'infirmière*, 72(291), 39-41. <https://doi.org/10.1016/j.revinf.2023.04.011>

L'intelligence émotionnelle au cœur de la formation initiale

Tout soin est un soin relationnel. Il n'y a pas de soin sans émotion et il n'y a pas d'émotion sans mouvement, la relation est continue et dynamique. C'est une rencontre entre deux individus et les différentes émotions qui les traversent à ce moment précis. Comment développe-t-on à l'Institut de formation en soins infirmiers (Ifsi)-Institut de formation d'aides-soignants (Ifas) de la Pitié-Salpêtrière, à Paris, les compétences émotionnelles des apprenants au cours de leur formation initiale ?

Dudous, L., Gorlier, E., & Papas, A. (2023). L'intelligence émotionnelle au cœur de la formation initiale. *Revue de l'infirmière*, 72(291), 29-31. <https://doi.org/10.1016/j.revinf.2023.04.007>

Registered nurse mentors' experiences from co-creation in higher education targeting enhancement of mentorship practices in nursing homes: A qualitative study

Aim: To explore registered nurse (RN) mentors' experiences of participating in the co-creation of a digital educational resource intended to enhance mentorship practices of first-year nursing students in clinical placement in nursing homes. **Design:** An interpretive, descriptive qualitative study design. **Methods:** Data were collected through two focus group interviews with 15 RN mentors (n = 15) participating in co-creative workshops. The co-creative process entailed four co-creative workshops conducted over a 17-month period (June 2019 to end of Oct 2020). Focus group interviews were conducted following the second and third workshops (i.e., in Dec 2019 and in Oct 2020) and data were analysed using thematic analysis. The consolidated criteria for reporting qualitative research (COREQ) checklist was used to report the findings. **Results:** The analysis identified three themes: (1) co-creative reflective dialogues contributed to knowledge development and increased motivation among mentors; (2) the co-creative approach facilitated and validated the nursing academic-practice tripartite partnership; and (3) effectiveness of workshop structure in facilitating collaboration and mitigating power inequities. **Conclusion:** A co-creative process provides notable opportunities to advocate for mentorship needs and to enhance mentorship practices in nursing homes. **Impact** Our study adds to the evidence on co-creation in nursing education, providing insights on the co-creative process and methodology. Higher Education Institutions are uniquely positioned to act as a co-creative arena for the academic-practice collaboration and for the development of educational resources within nursing education. Co-creation may facilitate stronger academic-practice partnership that may more effectively impact mentorship practices in nursing homes and health care system effectiveness. **Public Contributions:** The RNs included in the study were involved in the co-creative process as active contributors informing the digital educational resource content and design.

Frøiland, C. T., Akerjordet, K., Aase, I., Husebø, A. M. L., Andersen, L. L., & Laugaland, K. (2023). Registered nurse mentors' experiences from co-creation in higher education targeting enhancement of mentorship practices in nursing homes: A qualitative study. *Journal of Advanced Nursing*, 79(7), 2525-2538. <https://doi.org/10.1111/jan.15602>

Online Modules to Alleviate Burnout and Related Symptoms Among Interdisciplinary Staff in Long-Term Care: A Pre-post Feasibility Study

Background: The rising trend of providing palliative care to residents in Canadian long-term care facilities places additional demands on care staff, increasing their risk of burnout. Interventions and strategies to alleviate burnout are needed to reduce its impact on quality of patient care and overall functioning of

healthcare organizations. Aim: To examine the feasibility of implementing online modules with the primary goal of determining recruitment and retention rates, completion time and satisfaction with the modules. A secondary goal was to describe changes in burnout and related symptoms associated with completing the modules. Setting: This single-arm, nonrandomized feasibility study was conducted in five long-term care sites of a publicly-funded healthcare organization in Vancouver, British Columbia, Canada. Eligible participants were clinical staff who worked at least 1 day per month. Results: A total of 103 study participants consented to participate, 31 (30.1%) of whom were lost to follow-up. Of the remaining 72 participants, 64 (88.9%) completed the modules and all questionnaires. Most participants completed the modules in an hour (89%) and found them easy to understand (98%), engaging (84%), and useful (89%). Mean scores on burnout and secondary traumatic stress decreased by .9 (95% CI: .1-1.8; $d = .3$) and 1.4 (95% CI: .4-2.4; $d = .4$), respectively; mean scores on compassion satisfaction were virtually unchanged. Conclusions Modules that teach strategies to reduce burnout among staff in long-term care are feasible to deliver and have the potential to reduce burnout and related symptoms. Randomized controlled trials are needed to assess effectiveness and longer-term impact.

Puyat, J. H., Pott, K., Leclerc, A., Song, A., Choi, Y. N., Chan, K., Bernard, C., & Rodney, P. (2023). Online Modules to Alleviate Burnout and Related Symptoms Among Interdisciplinary Staff in Long-Term Care : A Pre-post Feasibility Study. *American Journal of Hospice and Palliative Medicine*®, 10499091231174448. <https://doi.org/10.1177/10499091231174448>

Schichtdienst: Bochumer Bund fordert faire Vergütung

Arbeiten im Schichtmodell, wie in der Pflege üblich, wirkt sich negativ auf die Lebenserwartung aus. Der Bochumer Bund will daher die „berufsinhärente Verkürzung der Lebenszeit“ in der Vergütung von beruflich Pflegenden berücksichtigt sehen.

Springer Pflege. *Schichtdienst: Bochumer Bund fordert faire Vergütung*. (2023, juin 14). [springerpflege.de. https://www.springerpflege.de/rahmenbedingungen/schichtdienst/bochumer-bund-fordert-fairere-verguetung/25484514?utm_medium=email&utm_source=Update&utm_campaign=SCARE_NL_UPDATE_PFLEGE&utm_content=Hitzeaktionstag%20%20%20%20Diversity%20Special&utm_term=2023-06-16&fulltextview=true&nl_name=SCARE_NL_UPDATE_PFLEGE&nl_date=2023-06-16](https://www.springerpflege.de/rahmenbedingungen/schichtdienst/bochumer-bund-fordert-fairere-verguetung/25484514?utm_medium=email&utm_source=Update&utm_campaign=SCARE_NL_UPDATE_PFLEGE&utm_content=Hitzeaktionstag%20%20%20%20Diversity%20Special&utm_term=2023-06-16&fulltextview=true&nl_name=SCARE_NL_UPDATE_PFLEGE&nl_date=2023-06-16)

Conception des émotions dans la discipline infirmière, survol et points de repère

Voici comment les émotions sont considérées au sein de la discipline infirmière. Une exploration au niveau de la taxinomie, de la discipline et des théories infirmières a été réalisée. De plus, quelques articles sont présentés. Nous démontrons également que les émotions font partie de la discipline infirmière et qu'il serait pertinent d'approfondir le sujet.

Rey, S. (2023). Conception des émotions dans la discipline infirmière, survol et points de repère. *Revue de l'infirmière*, 72(291), 24-28. <https://doi.org/10.1016/j.revinf.2023.04.006>

The limits of social investment and the resilience of long-term care

This article investigates the extent to which a social investment paradigm has guided policy reforms in long-term care for the elderly in France and the Netherlands and how this relates to the resilience of the sector during the Covid-19 pandemic. It conceptualizes the theoretical impact of social investment on long-term care policy and analyzes its use to justify reforms since the early 2000s. It concludes that social investment has not played any role in Dutch long-term care reforms and a moderate role in France. Meanwhile, in both countries a neoliberal emphasis on the efficiency of the market has contributed to a rise in for-profit service provision and fragmentation of the long-term care sector. While long-term care provision in both countries proved relatively resilient in the first phase of the pandemic, at a later stage its resilience was undermined by fragmentation and marketization, limiting the government's ability to respond adequately to new challenges and, crucially, to improve working conditions in the sector. The article concludes that a social investment approach cannot resolve these problems and that there is a need for a new paradigm that acknowledges the inherent value of care work and prioritizes the long-term sustainability of care provision.

van Hooren, F., & Ledoux, C. (2023). The limits of social investment and the resilience of long-term care. *European Journal of Social Security*, 13882627231176134. <https://doi.org/10.1177/13882627231176134>

Experiences and needs of certified nursing assistants regarding coaching by bachelor-educated registered nurses in nursing homes: A qualitative study

Aims and objectives: This study aimed to gain insight into the experiences and needs of certified nursing assistants regarding their coaching by bachelor-educated registered nurses in nursing homes. **Background:** Certified nursing assistants are key in providing day-to-day nursing home care. They are, however, not trained to meet the increasingly complex needs of nursing home residents. For certified nursing assistants to respond to high-complexity care, coaching by bachelor-educated registered nurses may be appropriate. Yet, knowledge of how bachelor-educated registered nurses can provide valid coaching is lacking. **Design:** An explorative qualitative design was adopted. **Methods:** Certified nursing assistants ($n = 13$) were purposively selected from 10 Dutch nursing homes. Semi-structured interviews were conducted in 2020 and 2021, and thematic analysis was applied. **Results:** Two main themes emerged: connecting with certified nursing assistants, and the coaching activities themselves. Certified nursing assistants deemed several aspects important for bachelor-educated registered nurses to connect with them: respecting the autonomy of certified nursing assistants, being visible and reachable, adapting communication, clarifying own job description, and participating in care. Certified nursing assistants perceived coaching by bachelor-educated registered nurses as valuable when they fulfil their needs through activities such as empowering, teaching, and mediating between management and certified nursing assistants. **Conclusions:** Valid coaching of certified nursing assistants appears possible and requires specific competencies of bachelor-educated registered nurses. **Relevance to clinical practice:** Coaching certified nursing assistants is one way of addressing complex care needs in nursing homes, and coaching can contribute to both professional and team development. As coaching requires specific competencies of bachelor-educated registered nurses, nursing education profiles should be enriched with this most important role. **Management can facilitate coaching by providing bachelor-educated registered nurses with a clear job description.** **Patient or public contribution:** Experts on coaching in nursing home settings informed the topic list. Furthermore, member check was performed.

Van Kuppenveld, M., Lovink, M. H., & Persoon, A. (2023). Experiences and needs of certified nursing assistants regarding coaching by bachelor-educated registered nurses in nursing homes: A qualitative study. *Nursing Open*, 10(6), 4044-4054. <https://doi.org/10.1002/nop2.1664>

GESTION –VERWALTUNG

Auswirkungen der komplexen Modellintervention CoCare auf die medizinische Versorgung in deutschen Pflegeheimen: Eine Übersicht über die Ergebnis- und Prozessevaluation

Zusammenfassung Hintergrund Immer mehr Menschen werden heutzutage in Pflegeheimen versorgt. Das Vorhandensein von Multimorbidität sorgt für häufige Krankentransporte und Krankenhausaufenthalte. Die CoCare-Intervention wurde als pflegeheimbasierte Intervention entwickelt, um die Koordination der medizinischen Versorgung und die haus- und fachärztliche Versorgung in Pflegeheimen zu verbessern. Das Projekt zielte darauf ab, durch eine bessere Zusammenarbeit der beteiligten Akteure vermeidbare Krankenhauseinweisungen und Krankentransporte zu reduzieren, Kosten zu minimieren und die Lebensqualität der Heimbewohner*innen zu erhöhen. Dieser Artikel stellt die Ergebnisse der Prozess- und Ergebnisevaluation der Intervention integriert vor und bewertet sie vor dem Hintergrund der Projektzielsetzung. **Methoden** Intervention und Datenerfassung begannen im Januar 2018 und endeten im September 2020. Für die Evaluation wurde ein Mixed-Methods-Design gewählt. Dabei wurde die (Kosten) Effektivität der Intervention durch eine kontrollierte Beobachtungsstudie mit einem Vergleich von Interventions- (IG) und Kontrollgruppe (KG) überprüft. In der Ergebnisevaluation wurden Routinedaten der Krankenkassen und Befragungen der Behandler*innen und Bewohner*innen mit Fragebögen ausgewertet. Im Rahmen der Prozessevaluation wurden mithilfe von Fokusgruppen und quartalsweise durchgeführten Telefoninterviews die subjektiv wahrgenommenen Versorgungsveränderungen und Implementationsschwierigkeiten erfasst. **Ergebnisse** Aus Sicht der gesundheitsökonomischen Evaluation kann bei einem Rückgang der Gesamtkosten von 468,56 € ($p < ,001$) pro Pflegeheimbewohner*in und Quartal von einem vorteilhaften Kosten-Nutzen-Verhältnis ausgegangen werden. Der deutlich intensivierten ambulanten Betreuung der Bewohner*innen stand eine Reduktion von Krankenhausaufenthalten um 0,08 ($p = ,001$) und Krankentransporten um 0,19 ($p = ,049$) gegenüber. Bei der Behandlerinnen-Befragung konnte bezüglich der Kommunikation und Zusammenarbeit ein signifikanter positiver Unterschied der Interventionsgruppe zu T1 gegenüber der Kontrollgruppe beobachtet werden. Zudem zeigte sich beim Prä-

Post-Vergleich in der Interventionsgruppe zu T1 gegenüber T0 beim Pflegepersonal eine signifikante Verbesserung bezüglich der Bewertung der interprofessionellen Zusammenarbeit. Sowohl bei den Pflegekräften als auch bei den Ärzt*innen wurden vorteilhafte Veränderungen in der Versorgung wahrgenommen, und der Nutzen der Intervention wurde positiv bewertet. Während die Behandler*innen eine Intensivierung und Verbesserung der Kommunikation und Zusammenarbeit erlebten, konnten diese Veränderungen bei der Bewohnerinnen-Befragung nicht wahrgenommen werden. Diskussion Die CoCare-Intervention konnte die Hürden einer Kontaktaufnahme mit den behandelnden Ärztinnen durch das Pflegepersonal senken und dafür sorgen, dass Hausärztinnen öfter in unklaren Situationen kontaktiert wurden. Sie kann somit als ein wirksames Instrument gesehen werden, um potenziell vermeidbare Krankenhauseinweisungen und die damit verbundenen Belastungen und Kosten zu senken. Eine Übertragbarkeit der Ergebnisse auf andere Regionen in Deutschland sowie auf ähnliche Versorgungsszenarien ist denkbar. Als nächstes sollte geprüft werden, inwiefern Ansätze der neuen Versorgungsform in die Regelversorgung überführt und ob im Rahmen von Gesetzgebungsverfahren Anpassungen zur Erleichterung der Umsetzung koordinierter berufsgruppenübergreifender Versorgungsansätze in stationären Pflegeeinrichtungen vorgeschlagen werden können.

Brühmann, B. A., von der Warth, R., Kaier, K., Sehlbrede, M., Ott, M., & Farin-Glattacker, E. (2023). Auswirkungen der komplexen Modellintervention CoCare auf die medizinische Versorgung in deutschen Pflegeheimen: Eine Übersicht über die Ergebnis- und Prozessevaluation. *Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen*. <https://doi.org/10.1016/j.zefq.2023.04.002>

(Re)designing the Continuum of Care for Older Adults: The Future of Long-Term Care Settings

Discusses current and future applications of technology for care including innovation in care environments and settings Presents a holistic view of care transitions in long-term care and a culture change in continuum of LTC provision Offers implications of COVID-19 on policy, staffing, design, and infection prevention/control.

Ferdous, F., & Roberts, E. (Éds.). (2023). *(Re)designing the Continuum of Care for Older Adults: The Future of Long-Term Care Settings*. Springer International Publishing. <https://doi.org/10.1007/978-3-031-20970-3>

Mise en œuvre de l'initiative sur les soins infirmiers : Lancement d'un monitoring par la Confédération et les cantons

Confédération et les cantons ont décidé de franchir une nouvelle étape dans la mise en œuvre de l'initiative sur les soins infirmiers. À partir de l'été 2024, un monitoring national sur le personnel infirmier évaluera si les mesures pour appliquer cette initiative font effet et améliorent la situation des soins en Suisse. Le dialogue Politique nationale de la santé de la Confédération et des cantons a pris cette décision lors de sa séance du 1er juin 2023.

Spectra. Gesundheit, S. / B. für. (2023). *Mise en œuvre de l'initiative sur les soins infirmiers : Lancement d'un monitoring par la Confédération et les cantons*. Spectra – Gesundheitsförderung und Prävention. Consulté 28 juin 2023, à l'adresse <https://www.spectra-online.ch/fr/spectra/actualites/mise-en-oeuvre-de-linitiative-sur-les-soins-infirmiers-lancement-dun-monitoring-par-la-confederation-et-les-cantons-1089-29.html>

Exploring the Relationship Between Extent of Person-Centered Care Implementation and Staffing Levels in Ohio Nursing Homes

Background: The Preferences for Everyday Living Inventory (PELI) is a person-centered care (PCC) tool that uncovers/honors older adults' important preferences. PCC implementation in nursing homes (NHs) often requires additional resources, such as staff time. We explored if PELI implementation is associated with NH staffing levels. Methods: Using NH-year as the unit of observation (n = 1307), 2015 and 2017 data from Ohio NHs was used to examine the relationship between complete versus partial PELI implementation and staffing levels, measured in hours per resident day, for various positions and total nursing staff. Results: Complete PELI implementation was associated with higher nursing staff levels in both for-profits and not-for-profits; however, total nursing staff levels in not-for-profits were higher than for-profits (0.16 vs. 0.09 hours per resident day). The specific nursing staff associated with PELI implementation varied by ownership. Discussion: For NHs to fully implement PCC, a multifaceted approach to improve staffing is needed.

Kunkel, M. C., Bowblis, J. R., Straker, J. K., Van Haitsma, K., & Abbott, K. M. (2023). Exploring the Relationship Between Extent of Person-Centered Care Implementation and Staffing Levels in Ohio Nursing Homes. *Journal of Applied Gerontology*, 07334648231185274. <https://doi.org/10.1177/07334648231185274>

Pflegeroboter unterstützen Pflegekräfte, aber sie ersetzen sie nicht

Der Einsatz intelligenter Robotertechnologie im Gesundheitswesen, konkret in der Pflege und Betreuung alter Menschen, schlägt medial regelmäßig hohe Wellen. Der Begriff „Pflegeroboter“ weckt im gesellschaftlichen Diskurs sowohl Erwartungen wie Ängste. Robotersysteme sind bereits jetzt in verschiedenen patientennahen und -fernen Bereichen im Gesundheitswesen im Einsatz und können nach Einsatzgebiet und Funktion kategorisiert werden. Speziell zu Einsatz und Nutzen sozial assistiver Roboter (SAR) gibt es sowohl immer mehr wissenschaftliche Evidenz, also auch positive Praxisbeispiele. Viele gesellschaftliche, finanzielle, ethische und rechtliche Fragen gilt es noch zu klären. Im Lichte der demographischen und gesellschaftlichen Entwicklungen, sowie dem beeindruckenden technischen Fortschritt der letzten Jahre ist jedoch die Frage nicht ob, sondern wie, wo und letztlich wann intelligente und autonome Roboter in der Altenpflege Einsatz finden werden.

Kratky, W., Paletta, L., & Schüssler, S. (2023). Pflegeroboter unterstützen Pflegekräfte, aber sie ersetzen sie nicht. *ProCare*, 28(4), 52-55. <https://doi.org/10.1007/s00735-023-1696-2>

COVID

The Impact of the COVID-19 Pandemic on People with Cognitive Impairment Residing in Aged Care Facilities: An Integrative Review

This review explored the impact of the COVID-19 pandemic on people with cognitive impairment living in aged care facilities. It also considered policy and organizational responses to COVID-19 and makes recommendations to ameliorate the impact of the pandemic on residents with cognitive impairment in aged care facilities. ProQuest, PubMed, CINAHL, Google Scholar, and Cochrane Central were searched April-May 2022 for peer reviewed articles, and an integrative review of reviews was conducted. Nineteen reviews were identified which referred to people with cognitive impairment living in residential aged care facilities (RACFs) during COVID-19. Negative impacts were highlighted, including COVID-19 related morbidity and mortality, social isolation, and cognitive, mental health and physical decline. Few research articles and policy responses consider people with cognitive impairment in residential aged care. Reviews highlighted that social engagement of residents should be better enabled to reduce the impact of COVID-19. However, residents with cognitive impairment may have inequitable access to communications technology for the purposes of assessment, health care and social engagement, and require more support (along with their families) to access this technology. Greater investment in the residential aged care sector (eg, for workforce and training) is required to address the significant impacts of the COVID-19 pandemic on people with cognitive impairment.

Battams, S., & Martini, A. (2023). The Impact of the COVID-19 Pandemic on People with Cognitive Impairment Residing in Aged Care Facilities: An Integrative Review. *Inquiry* (00469580), 1-15. <https://doi.org/10.1177/00469580231160898>

Effects of COVID-19 Lockdown on Nutritional, Functional and Frailty Biomarkers of People Living in Nursing Homes. A Prospective Study

Background Nursing home residences suffered a lockdown from the beginning of the COVID-19 pandemic. The present study prospectively evaluates the frailty, functional, and nutritional statuses of nursing home residents. Methods Three hundred and one residents from three nursing homes took part in the study. Frailty status was measured using the FRAIL scale. Functional status was evaluated using the Barthel Index. Additionally, Short Physical Performance Battery (SPPB), SARC-F, hand-grip strength, and gait speed were also evaluated. Nutritional status was determined using the mini nutritional assessment test (MNA) and several anthropometrical and biochemical markers. Results Mini Nutritional Assessment test scores decreased in 20% throughout the confinement ($p < .001$). Barthel index, SPPB and SARC-F scores also decreased, although to a lesser extent, reflecting a decrease in functional capacity. However, both

anthropometric parameters, hand grip strength and gait speed, remained stable throughout confinement ($p > .050$ in all cases). Morning cortisol secretion significantly decreased by 40% from baseline to post-confinement. A significant reduction in daily cortisol variability was observed, which may suggest increased distress. Fifty-six residents died during the period of confinement (81.4% survival rate). Sex, FRAIL and Barthel Index scores were significant predictors of resident survival. Conclusion After the first COVID-19 blockade, several alterations in residents' frailty markers were observed, which were small and potentially reversible. However, many of the residents were pre-frail after the lockdown. This fact highlights the need for preventive strategies to reduce the impact of future social and physical stressors on these vulnerable individuals.

De Souza Oliveira, A. C., Gómez Gallego, M., Martínez, C. G., López Mongil, R., Moreno Molina, J., Hernández Morante, J. J., & Echevarría Pérez, P. (2023). Effects of COVID-19 Lockdown on Nutritional, Functional and Frailty Biomarkers of People Living in Nursing Homes. A Prospective Study. *Biological Research For Nursing*, 10998004231176248. <https://doi.org/10.1177/10998004231176249>

Traitement de la Covid-19

Cette fiche a pour objectif d'accompagner les professionnels de santé dans la conduite du traitement antiviral de la Covid 19, en ambulatoire comme dans les établissements de santé. Elle concerne des patients atteints de la Covid-19 à risque de forme grave de la maladie, dont les patients immunodéprimés.

Haute Autorité de Santé. (2023, juin). *Traitement de la Covid-19*. Haute Autorité de Santé. https://www.has-sante.fr/jcms/p_3447571/fr/traitement-de-la-covid-19

Factors Associated With the Quality of Life of Nursing Home Residents During the COVID-19 Pandemic: A Cross-Sectional Study

Quality of life (QoL) of nursing home (NH) residents is critical, yet understudied, particularly during the COVID-19 pandemic. Our objective was to examine whether COVID-19 outbreaks, lack of access to geriatric professionals, and care aide burnout were associated with NH residents' QoL. Cross-sectional study (July to December 2021). We purposefully selected 9 NHs in Alberta, Canada, based on their COVID-19 exposure (no or minor/short outbreaks vs repeated or extensive outbreaks). We included data for 689 residents from 18 care units. We used the DEMQOL-CH to assess resident QoL through video-based care aide interviews. Independent variables included a COVID-19 outbreak in the NH in the past 2 weeks (health authority records), care unit-levels of care aide burnout (9-item short-form Maslach Burnout Inventory), and resident access to geriatric professionals (validated facility survey). We ran mixed-effects regression models, adjusted for facility and care unit (validated surveys), and resident covariates (Resident Assessment Instrument–Minimum Data Set 2.0). Recent COVID-19 outbreaks ($\beta = 0.189$; 95% CI: 0.058–0.320), higher proportions of emotionally exhausted care aides on a care unit ($\beta = 0.681$; 95% CI: 0.246–1.115), and lack of access to geriatric professionals ($\beta = 0.216$; 95% CI: 0.003–0.428) were significantly associated with poorer resident QoL. Policies aimed at reducing infection outbreaks, better supporting staff, and increasing access to specialist providers may help to mitigate how COVID-19 has negatively affected NH resident QoL.

Hoben, M., Dymchuk, E., Corbett, K., Devkota, R., Shrestha, S., Lam, J., Banerjee, S., Chamberlain, S. A., Cummings, G. G., Doupe, M. B., Duan, Y., Keefe, J., O'Rourke, H. M., Saeidzadeh, S., Song, Y., & Estabrooks, C. A. (2023). Factors Associated With the Quality of Life of Nursing Home Residents During the COVID-19 Pandemic: A Cross-Sectional Study. *Journal of the American Medical Directors Association*, 24(6), 876-876. <https://doi.org/10.1016/j.jamda.2023.03.033>

Prävention und Gesundheitsförderung

Die COVID-19 Pandemie ("coronavirus disease 2019") stellt für den Gesundheitsbereich eine Herausforderung dar. Zur Bewältigung dieser durch angepasste Maßnahmen ist die Einbeziehung von betroffenen Gruppen zentral.

Plangger, B., Riedel, P.-L., Kulcar, V., & Juen, B. (2023). Soziale Teilhabe in Pflegeheimen während der COVID-19-Pandemie („coronavirus disease 2019“). *Prävention und Gesundheitsförderung*. <https://doi.org/10.1007/s11553-023-01055-2>

COVID in Nursing Homes: A Call to Repentance

This essay details the author's experiences as a medical director at Canterbury Rehabilitation and Healthcare Center in Richmond, Virginia, the first nursing home to have a COVID-19 outbreak in the Commonwealth of Virginia. It explores how the deaths of his patients challenged his faith and raised issues of theodicy. Ultimately, the author does not ask for an explanation of evil but urges us to examine our culpability and our responsibility, then listen to Jesus's call to repentance (Luke 13:1–5). In the end, our light, as weak as it is, must persist in the darkness.

Wright, J. L. (2023). COVID in Nursing Homes: A Call to Repentance. *Interpretation*, 77(3), 265-271. <https://doi.org/10.1177/00209643231167132>

Caregiving for Older Adults With Dementia During the Time of COVID-19: A Multi-State Exploratory Qualitative Study

This qualitative semi-structured interview study explores how 64 family caregivers for older adults with Alzheimer's Disease and related dementias across eight states experienced and executed caregiving decisions before and during the COVID-19 pandemic. First, caregivers experienced challenges communicating with loved ones and healthcare workers in all care settings. Second, caregivers displayed resilient coping strategies in adapting to pandemic restrictions, finding novel strategies to balance risks while preserving communication, oversight, and safety. Third, many caregivers modified care arrangements, with some avoiding and others embracing institutional care. Finally, caregivers reflected on the benefits and challenges of pandemic-related innovations. Certain policy changes reduced caregiver burden and could improve care access if made permanent. Telemedicine's increasing use highlights the need for reliable internet access and accommodations for individuals with cognitive deficits. Public policies must pay greater attention to challenges faced by family caregivers, whose labor is both essential and undervalued.

Yan, K., Sadler, T., Brauner, D., Pollack, H. A., & Konetzka, R. T. (2023). Caregiving for Older Adults With Dementia During the Time of COVID-19: A Multi-State Exploratory Qualitative Study. *Journal of Applied Gerontology*, 07334648231175414. <https://doi.org/10.1177/07334648231175414>

CONFLIT ET VIOLENCE - KONFLIKT UND GEWALT

Gewaltvorkommnisse in Pflegeheimen—Keine Einzelfälle

Gewalt und Grenzverletzungen in Alten- und Pflegeheimen sind keine Ausnahmereignisse. Eine Studie zeigt: Regelmäßig werden pflegebedürftige Menschen dort zum Opfer von Gewalt.

Springer Pflege. *Gewaltvorkommnisse in Pflegeheimen—Keine Einzelfälle*. (2023, juin 1). [springerpflege.de. https://www.springerpflege.de/altenpflege/altenpflegeheim/gewaltvorkommnisse-in-pflegeeinrichtungen-sind-keine-einzelfaell/25432926?utm_medium=email&utm_source=Update&utm_campaign=SCARE_NL_UPDATE_PFLEGE&utm_content=Problem%20Fachkr%C3%A4ftemangel%20%20+++%20Gewalt%20gegen%20Pfleger%20C3%BCrftige&utm_term=2023-06-02&fulltextView=true&nl_name=SCARE_NL_UPDATE_PFLEGE&nl_date=2023-06-02](https://www.springerpflege.de/altenpflege/altenpflegeheim/gewaltvorkommnisse-in-pflegeeinrichtungen-sind-keine-einzelfaell/25432926?utm_medium=email&utm_source=Update&utm_campaign=SCARE_NL_UPDATE_PFLEGE&utm_content=Problem%20Fachkr%C3%A4ftemangel%20%20+++%20Gewalt%20gegen%20Pfleger%20C3%BCrftige&utm_term=2023-06-02&fulltextView=true&nl_name=SCARE_NL_UPDATE_PFLEGE&nl_date=2023-06-02)

So erkennen Sie Misshandlungen an älteren Menschen

Zink, N. (2023). So erkennen Sie Misshandlungen an älteren Menschen. *MMW - Fortschritte der Medizin*, 165(10), 12-16. <https://doi.org/10.1007/s15006-023-2653-1>