

## Publikationen aus SHURP 2018/ Publications de SHURP 2018 (Swiss Nursing Homes Human Resources Project)

### Peer-reviewed journals

#### Associations of surveillance technologies and staff attitudes with physical restraint use in nursing homes: Cross-sectional multicenter study

Favez L, Simon M, Bleijlevens MHC, Serdaly C, Zúñiga F. Association of surveillance technology and staff opinions with physical restraint use in nursing homes: Cross-sectional study. J Am Geriatr Soc. 2022;1-12.

<http://doi.org/10.1111/jgs.17798>

[Laienabstract auf Deutsch](#)

[Resumé en français](#)

**Background:** Physical restraints are used in nursing homes (NHs) despite their negative consequences. Use of surveillance technologies as alternatives to physical forms of restraints and negative staff opinions about the appropriateness of restraint use have been postulated to reduce this practice; however, these have rarely been investigated alongside resident outcome data. This study aimed to measure physical restraint prevalence in Swiss NHs and its associations with a) the use of surveillance technologies and b) staff's opinion about the appropriateness of physical restraint use.

**Methods:** This cross-sectional multi-center study analyzed data on 3'137 staff and 6'149 residents of 292 units in 86 Swiss NHs (2018-2019). Based on routine resident data, we measured the prevalence of two classes of physical restraint: a) bedrails; or b) trunk fixation or seating option that prevent standing. To assess

potential factors associated with restraint use we applied a logistic multilevel model.

**Results:** 11.1% of residents were restrained with at least one form of physical restraint. Against our hypothesis, surveillance technologies were not significantly associated with restraint use and staff members' opinion that the use of physical restraints was appropriate on their unit was associated with decreased odds of residents being restrained (OR: 0.48; 95% CI 0.29 – 0.80).

**Conclusions:** Although Swiss NHs have a low prevalence of physical restraint use, only a minority of NH units do not use any restraints with their residents. Surveillance technologies seem to be used concurrently with restraints and not as an alternative. Further research should investigate staff's current and intended uses of surveillance technologies in practice. Staff members' opinion that they use restraints inappropriately might correctly reflect overuse of restraints on their unit. If so, staff ratings of inappropriate restraint use may identify units that need improvement.

#### Quality of care is what we make of it: a qualitative study of managers' perspectives on quality of care in high- performing nursing homes

Asante BL, Zúñiga F. & Favez L. Quality of care is what we make of it: a qualitative study of managers' perspectives on quality of care in high-performing nursing homes. BMC Health Serv Res 21, 1090 (2021).

<https://doi.org/10.1186/s12913-021-07113-9>

[Laienabstract auf Deutsch](#)

[Resumé en français](#)

**Background:** Leadership has a vital role regarding quality of care in nursing homes. However, few studies have explored upper-level managers' views on how to assure that residents receive high quality of care.

Therefore, this study's aim was to examine how managers of top-quality nursing homes define, develop and maintain high-quality of care.

**Method:** We used interpretive description, an inductive, qualitative approach. Our research included 13 semi-structured interviews with 19 managers. We analyzed their input using reflexive thematic analysis, which is an iterative approach.

**Results:** Quality development and maintenance are cyclic processes. Managers in high-performing nursing homes lead with high commitment towards a person-centred quality of care, creating appropriate working conditions and continuously co-creating a vision and the realization of quality of care together with employees.

**Conclusions:** This study confirms that, in high-performing nursing homes, a person-centered approach—one where both residents and employees are at the center—is essential for quality development and maintenance. The most effective managers exemplify “person centeredness”: they lead by example and promote quality-focused working conditions. Such strategies motivate employees to provide person-centered care. As this means focusing on residents' needs, it results in high care quality.

### Electronic Health Record Use in Swiss Nursing Homes and Its Association With Implicit Rationing of Nursing Care Documentation: Multicenter Cross-sectional Survey Study

Ausserhofer D, Favez L, Simon M, Zúñiga F. Electronic Health Record Use in Swiss Nursing Homes and Its Association With Implicit Rationing of Nursing Care Documentation: Multicenter Cross-sectional Survey Study. *JMIR Med Inform* 2021;9(3):e22974

<https://doi.org/10.2196/22974>

[Laienabstract auf Deutsch](#)

[Résumé en français](#)

**Background:** Nursing homes (NHs) are increasingly implementing electronic health records (EHRs); however, little information is available on EHR use in NH settings. It remains unclear how care workers perceive its safety, quality, and efficiency, and whether EHR use might ease the burden of documentation, thereby reducing its implicit rationing.

**Objective:** This study aims to describe nurses' perceptions regarding the usefulness of the EHR system and whether sufficient numbers of computers are available in Swiss NHs, and to explore the system's association with implicit rationing of nursing care documentation.

**Methods:** This was a multicenter cross-sectional study using survey data from the Swiss Nursing Homes Human Resources Project 2018. It includes a convenience sample of 107 NHs, 302 care units, and 1975 care workers (ie, registered nurses and licensed practical nurses) from Switzerland's German- and French-speaking regions. Care workers completed questionnaires assessing the level of implicit rationing of nursing care documentation, their perceptions of the EHR system's usefulness and of how sufficient the number of available computers was, staffing and resource adequacy, leadership ability, and teamwork and safety climate. For analysis, we applied generalized linear mixed models, including individual-level nurse survey data and data on unit and facility characteristics.

**Results:** Overall, the care workers perceived the EHR systems as useful; ratings ranged from 69.42% (1362/1962; guarantees safe care and treatment) to 78.32% (1535/1960; allows quick access to relevant information on the residents). However, less than half (914/1961, 46.61%) of the care workers reported

sufficient computers on their unit to allow timely documentation. Half of the care workers responded that they sometimes or often had to ration the documentation of care. After adjusting for work environment factors and safety and teamwork climate, both higher care worker ratings of the EHR system's usefulness ( $\beta = -.12$ ; 95% CI  $-0.17$  to  $-0.06$ ) and sufficient numbers of computers ( $\beta = -.09$ ; 95% CI  $-0.12$  to  $-0.06$ ) were consistently associated with lower implicit rationing of nursing care documentation.

**Conclusions:** Both the usefulness of the EHR system and the number of computers available were important explanatory factors for care workers leaving care activities (eg, developing or updating nursing care plans) unfinished. NH managers should carefully select and implement their information technology infrastructure with greater involvement and attention to the needs of their care workers and residents. Further research is needed to develop and implement user-friendly information technology infrastructure in NHs and to evaluate their impact on care processes as well as resident and care worker outcomes.

## SHURP 2018 Studie / Étude SHURP 2018

### Schlussbericht/Rapport final

Zúñiga F, Favez L, Baumann S, Kindlimann A, Oeri A, Benkert B, Blatter C, Renner A, Baumgartner-Violand, Serdaly C, Ausserhofer C, Mabire C & Simon M. (2021). [SHURP 2018 – Schlussbericht. Personal und Pflegequalität in Pflegeinstitutionen in der Deutschschweiz und Romandie](#). University of Basel.

Zúñiga F, Favez L, Baumann S, Kindlimann A, Oeri A, Benkert B, Blatter C, Renner A, Baumgartner-Violand, Serdaly C, Ausserhofer C, Mabire C & Simon M. (2021). [Étude SHURP 2018 – Personnel et qualité des soins dans les établissements médico-sociaux en Suisse alémanique et en Suisse romande](#). University of Basel.

### National veröffentlichte Artikel/Articles publiés au niveau national

Favez L, Zúñiga F. (2021). [Die Situation des Personals in Alters- und Pflegeheimen](#). *Obsan Bulletin* (05/2021). Neuchâtel: Schweizerisches Gesundheitsobservatorium.

Favez L & Zúñiga F. (2021). [La situation du personnel dans les EMS](#). *Obsan Bulletin* (5/2021). Neuchâtel: Observatoire suisse de la santé.

Zúñiga F & Favez L (2021). [Personal unter Druck](#). *FOCUS* (2/21) S. 13.

Zúñiga F & Favez L (2021). [Le personnel sous pression](#). *FOCUS* (2/21) S. 13.

Zúñiga F, Petrig M, Ulrich M, Favez L (2021). [Infektionsprävention – lokale Expertise ist gefragt](#). *NOVAcura* (5), 29-31.

Asante, BL, Zúñiga, F, Favez, L. (2021). [Viel Leidenschaft für die Arbeit in der Langzeitpflege](#). *Curaviva*, 4, 38-40.

Seifer E (2021). [Die Heime stehen zunehmend unter Druck](#). *Curaviva*, (1-2/21), 34-36.

Seifer E. (2021). [Les institutions de plus en plus sous pression](#). *Curaviva*, 1, 23-25

### Dissertationen/Thèse de doctorat

Favez L. (2022). Quality Indicators and quality iMprovement PRocESSes in Swiss nursing homes (IMPRESS): a multi-study research project. (PhD thesis). University of Basel, Basel.

**Unveröffentlichte Masterarbeit/  
Travaux de master non publié**

Brigitte Asante (2020). Pflegequalität aus Sicht von Führungspersonen aus „guten“ Pflegeheimen: Eine qualitative Studie

Anja Renner (2021). Variations of implicit rationing of nursing care over time – A time-series cross-sectional analysis

Christian Saladino (2021). Practice patterns of nurses in expanded roles employed in nursing homes: A cross-sectional study

Pflegewissenschaft - Nursing Science -  
Institut des Sciences Infirmières (INS)  
Department Public Health (DPH)  
Medizinische Fakultät Universität Basel -  
Faculty of Medicine Basel University  
[www.shurp.unibas.ch](http://www.shurp.unibas.ch)  
[www.nursing.unibas.ch](http://www.nursing.unibas.ch)