

HESAV-SCHOOL OF HEALTH SCIENCES

RESEARCH ON HEALTHCARE SERVICES

Multidisciplinary research, serving the health care field

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Research on healthcare services

In the face of current societal challenges, health care research must contribute to health care system reform.

Well suited to acute care situations, the health care system must better integrate profound changes taking place today (population aging, chronicity, rehabilitation, expectations surrounding birth and delivery settings, etc.). Health professionals find themselves at the heart of these issues. Their expertise enables them to build bridges between acute clinical care and the field of medico-social service provision; it allows them to produce crucial knowledge needed to efficiently design and structure care interventions and health care services.

Research in this field is focused on health care sectors, on hospital and institutional structures for the elderly or for chronic care, as well as on new treatment and care modalities. It produces knowledge about such issues as the transitions between hospital care or rehabilitation services and returning home, the organization of work within home health/home care services, the social integration of residents who enter nursing homes and the implementation of nursing consultations for the follow-up of patients suffering from chronic conditions; these projects all contribute to the structural improvement of institutions as well as to reorientations of the healthcare system.

We also study innovative solutions for managing dependency, whether in the sector of private for-profit home care and home health services or through an examination of the setting up of geriatric services within convents, with a view to setting up of geriatric services within convents, with a view to envisioning the implementation of alternative care models while also shedding light on aspects of current health policies and structures.

Finally, research in this field examines the expectations of women in terms of labour and delivery, as well as the responses of hospitals and birthing centres in terms of (de) medicalization of the birth experience – thus exploring the specific role of midwives.

Current research

E-NEO: Developing the skills and knowledge of neonatal resuscitation students with a collaborative e-learning module in Switzerland and Lebanon.

CLAIRE DE LABRUSSE

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Neonatal resuscitation is a key element of the newborn care in the delivery room. In 2014, the Lancet Series on Neonatal Survival proposed new targets to accelerate the reduction of neonatal mortality (Sustainable Development Goal 3) which still affects approximately 2.9 million newborns worldwide, or 4, 5 per 1000 live births in Lebanon, and 3 per 1000 live births in Switzerland. One of the success factors in the management of resuscitation procedures is the competence of the caregivers to prepare the appropriate equipment, as well as their expertise to perform resuscitation procedures.

Training by E-Learning was chosen for its many educational advantages conducive to skills development. This not only impacts the knowledge and skills of students, but also the health of at-risk newborns and their families. By the assignment of their duties in the delivery room, midwives and nurses are on the forefront of births. Moreover, it has been shown, both in the training of midwives in neonatal resuscitation at the Haute Ecole de Santé Vaud (HESAV) and in Lebanese training, that no specific emphasis is placed on the preparation of the resuscitation table. Therefore, training with an e-learning module to acquire knowledge in a structured way in neonatal resuscitation, while exercising its critical sense seems particularly suitable for students. Scientific cooperation between Switzerland and Lebanon, with the same objectives of training and improving the health of newborns is proposed in this project.

The objective of the E-NEO project is to develop the skills and knowledge of neonatal resuscitation students with a collaborative e-learning sequence in Switzerland for midwifery and nursing students (respectively in 2nd and 3rd year of Bachelor) ; and in Lebanon (respectively 3rd/4th and 3rd Bachelor).

[SexoOnco: How nurses address sexuality in oncology](#)

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More and more people are surviving significantly longer after cancer. Quality of life has then become a major issue for the Swiss health system. The impact on sexuality is often one of the most problematic aspects of patients' quality of life after cancer. If introducing sexuality stakes in oncology is today more and more advocated, nurses, yet placed at the forefront of clinical contact and patient follow-up, struggle to systematically address this issue. This project is based on interviews (n=30) conducted with nurses practicing in oncology departments and dealing with cancers affecting both directly and indirectly the genital and reproductive organs. The aim is to examine which representations and practices of nurses addressing the issue of sexuality in the field of cancer. The project will also help to grasp the positioning adopted by nurses within the profession and vis-à-vis other professionals engaged in the care of sexuality in oncology.

Healthcare providers' experience on the integration of women-centred care in a university hospital in French-speaking Switzerland.

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Women-centred care, as one of the quality criteria for care, has shown an improvement in several perinatal indicators such as a reduction in medical interventions during pregnancy and childbirth, while ensuring a higher level of satisfaction compared to traditional follow-up. Despite its clinical effectiveness on the health of women and their children, a majority of women currently do not benefit from this model of care.

This research project aims to understand why women-centred care is struggling to be implemented in maternity services by exploring the perspective of healthcare providers, a component that has received little attention in the literature. More specifically, it will identify the facilitators and barriers that interact in the implementation of the women-centred care model through a mixed methodology, an online questionnaire for the healthcare providers (n=334) and face-to-face interviews (n=15). A descriptive analysis of the quantitative data with a thematic analysis of the content of the interviews will be carried out and linked to an implementation process tested in the literature.

Pedagogising elder care.
Sociology of continuous
training as means to humanize
care homes.

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SWISS NATIONAL SCIENCE FOUNDATION

Medicalised care homes are often talked about with criticism, and demands for their improvement have been constant. A re-professionalisation of elder care workers through continuous training has imposed itself through a political and social consensus as one of the means to ensure such improvements.

Training institutes that provide training courses, and therefore partly implement this reform, insert themselves in interactions between residents, employees and managers with the goal to improve the lives of the elderly. This model of a dual reform of both care homes and of professional practices brings on a change in social relations and is structured by specific knowledge circulations. Knowledge exchanges take place in a field, that of ageing, where soft skills and know-how with and about the elderly are at stake.

The present sociological research will study this area in the French-speaking part of Switzerland and the reconfigurations brought on by continuous training. The study of both the production and reception of training programs offered by two different institutes in care homes will shed light on the cultural challenges faced by the ageing of the population, where research has ordinarily aimed the sanitary and economical effects of the phenomenon.

We will study to that end:

1. On a micro level, the reconfigurations of practices and social interactions among caregivers and residents and, secondly, the innovation work and the effects of management through skills in situations observed and thirdly in grey literature.
2. On an intermediate level (meso), the elaboration of knowledge, their process of validation and legitimization, of reproduction and distribution will be studied.
3. On a macro level, attention will be brought to institutional changes and the normalisation work that will come from these changes.

These three levels of analysis will allow us to jointly seize the evolution of training today in the field of ageing in institutions, as well as more general social reforms that this evolution stems from and participates in.

Current PhD research

Introducing an acuity-based nurse assignment tool in inpatient oncology and haemato-oncology units.

ANNE GERBER

Director of thesis

Dr. rer. medic. Manuela

Eicher

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Co-director of thesis

Prof. Michael Simon

University of Bâle end University Hospital of Berne

The rapid increase in the number of cancer patients and the complexity of care situations, respectively, increase the workload of oncology nurses. This complexity is the result of several converging factors such as the age of patients associated with physical, functional and cognitive weaknesses, multiple comorbidities, an increase in the side effects of medications and psychosocial support needs. Moreover, according to the research results, the increase in the complexity of treatments and the explosion of knowledge defy the supply of nursing care. Without appropriate management action, a significant workload has been identified as a major cause of job dissatisfaction, burnout and therefore may reduce patient safety as well as quality of care. An equitable distribution of the workload should reduce these risks during a shift.

An approach to measuring patient care needs is the measurement of acuity. The Oncology Acuity Tool (OAT) is a tool to quantify the severity of the disease (in terms of physical and psychological status) of the patient and the intensity of nursing care, (in terms of care needs, workload and complexity of care required by the patient). The OAT is used by nurses to assess prospectively, in less than one minute, before each shift, patients acuity. The division of work can be based on the acuity score. Therefore, it should allow a fair distribution of patients between nurses according to the acuity score. To date, the feasibility and acceptability of OAT has not been investigated in oncology and haemato-oncology units in Switzerland.

The overall objective of the PhD is to assess the feasibility of OAT based assignments in hospitalized oncology and haematology-oncology units in three hospitals in French-speaking Switzerland.

Maternity protection at work: practices, obstacles, resources.

ALESSIA ZELLWEGER

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Medicine,
University of Lausanne.

Co-director of thesis
Prof. Isabelle Probst
School of Health Sciences,
HESAV

This thesis is part of an interdisciplinary project on maternity protection at work.

Ground findings' clearly indicate that the implementation of existing legal provisions (Federal Labour Law, Ordinance on the Protection of Maternity) aimed at protecting the health of pregnant workers or new mothers and their children contains flaws, both in the employment field and in the health care system.

The project, in which this thesis is inscribed, is conducted by a multidisciplinary team (psychologist, midwife and occupational health physician) in collaboration with the Institute for Work and Health (IST). This study aims to provide an overview of the current implementation of legal provisions for maternity protection in two employment sectors (health care and food production), as well as by gynecologists and midwives in French-speaking Switzerland. It seeks to identify the obstacles and the resources that have an impact on the implementation of these provisions, to evaluate their adequacy with workers' needs and the perceptions of women workers themselves upon these policies.

Data collection will be comprised of two facets:

1. Questionnaires for gynecologists, midwives and employers.
2. Case studies in 6 to 8 enterprises including interviews with women workers, human resources managers, occupational health physicians and workplace security specialists.

In a knowledge enhancement's perspective, the present thesis will be able to provide insights on current health protection practices for workers facing professional risks, as well as on work and maternity conciliation in Switzerland.

Completed research

Corinne Schaub

In collaboration

Catherine Bigoni (HESAV)

Alexia Stantzos
(DP-CHUV/SPN)

Bruno Deschamps
(DP-CHUV/SPN)

End 2019

Identifying the complementary and integrative medicine (CIM) practices of healthcare professionals in canton Vaud's Northern Psychiatric Sector (DP-CHUV/SPN) and the individual determiners of their intention to use CIM.

Françoise Maillefer (CHUV)

Emilie Bovet (HESAV, CHUV)

In collaboration with

Laure Jaton (CHUV)

Patrick Bodenmann (CHUV)

Françoise Ninanne (CHUV)

End 2018

Identification of facilitators and barriers for the access to healthcare for asylum seekers of afghan and erythrean origins in the canton of Vaud, Switzerland, and proposals for actions.

Cédric Mabire

In collaboration with Andrew Dwyer CHUV)

End 2015

A systematic review on the effectiveness of nursing discharge planning interventions on health-related outcomes in elderly inpatients discharged home.

Completed PhD research

Claire de Labrusse

Director of thesis

Dr. Sara MacLennan

Academic Urology Unit, University of
Aberdeen, Scotland

Co-directors of thesis

Prof. Anne Sylvie Ramelet

Faculty of Biology and Medicine (IUFRS),
University of Lausanne

Prof. Tracy Humphrey

Midwifery and Social Care, Edinburgh,
Scotland

End 2016

How to elicit and record women's views and preferences for care around birth: Case study approach of Scotland vs. Switzerland.

All research can be found on the website of HESAV

<http://recherche.hesav.ch>



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