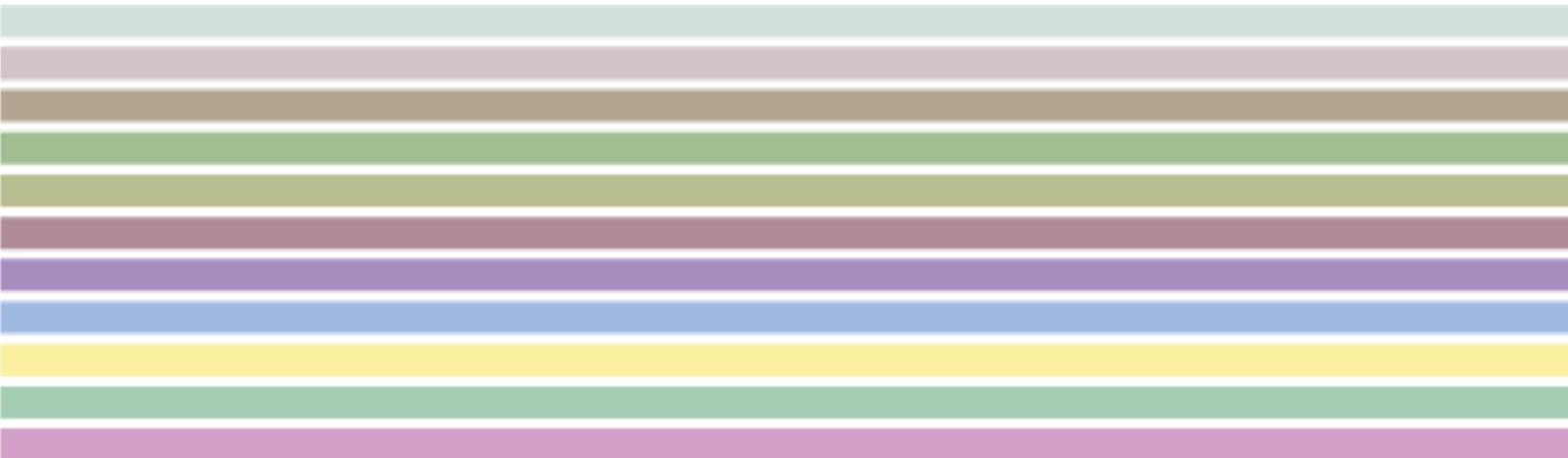# SWISS RESEARCH AGENDA FOR NURSING

SRAN

2019-2029

short version

Preface

The update of the Swiss Research Agenda for Nursing (SRAN) is another milestone within the 20 year old history of nursing science in Switzerland. It provides guidance for the seven institutes of nursing science that exist today in all language areas, in conducting high quality research and education towards bachelor, master and doctoral programs. These academic institutions have achieved remarkable reputation within their geographic regions and beyond.

During the past two decades, members of the Swiss Association of Nursing Science have developed a strong network for exchange and expertise, which strengthens the discipline nationwide and internationally.

Looking ahead to the next decade of nursing research in Switzerland, it is time to roll out the SRAN roadmap 2019-2029. I encourage an academic discourse that merits its value, that consequently involves patients[1] and family caregivers as co-researchers, and that embraces other disciplines and policy makers who have recognized that nursing science contributes substantially to the health of the population, and to the individuals we care for.

Prof. Dr. Iren Bischofberger
President VFP/APSI

Research agendas are internationally regarded as important elements of a good research infrastructure. The updated Swiss Research Agenda for Nursing (SRAN) provides a framework for continuing to align nursing research with the challenges of Swiss healthcare in the future.

It has had an impressive evolution. In 2007, VFP/APSI, under the leadership of Prof. Dr. Lorenz Imhof, adopted the first "Agenda for Clinical Nursing Research in Switzerland". It was drawn up with the involvement of the first specialists to obtain a Master's degree in nursing either abroad or in the degree programme offered by the Aarau Centre for Further Education for Health Professions with the University of Maastricht.

The VFP/APSI SRAN symposium which was held in 2014 under the presidency of Prof. Dr. Maria Müller Staub showed that SRAN attracts national and international attention. Responsible persons at all Swiss nursing research institutes, universities and partner organisations, as well as international experts, emphasised the importance of its further development. In 2017, the second SRAN Conference took place under the a.i. presidency of Dr. Stefan Kunz, at which the update of the existing agenda was widely discussed and the foundation stone for the present version was laid. SRAN 2019-2029 is now available and

---

[1] In this document, we use the term "patient" to describe the person at the center of care activities in different settings (e.g., long-term care institutions, home- and community care, hospitals). The term "informal caregiver" describes any person, including a family member, partner, friend or neighbor, who has a personal relationship and provides care and support to the patient.

shows that scientifically based nursing focuses on the benefits for patients, whether in connection with patient safety, innovative care models or nursing-specific interventions.

I hope that with this brochure, VFP/APSI will be able to initiate fruitful discussions on the further development of nursing research.

Dr. Stefan Spycher
Head of Health Policy Directorate, FOPH

Introduction

Research agendas are an indispensable element of research infrastructure within or across disciplines. The content of such an agenda provides focus when facing the wide range of questions to be answered by a discipline. Agendas provide guidance to young researchers at the outset of their career to help identify their contribution to the discipline. Generally, agendas provide a good overview of a discipline's core questions and purpose.

The first Swiss Research Agenda for Nursing (SRAN) was developed in 2007 under the direction of the Swiss Association for Nursing Science (VFP/APSI). For more than a decade, the SRAN has served as a roadmap for nurse researchers' inquiry in the field of clinical nursing research. A decade later, it is time for an update that will identify and bridge knowledge gaps and provide guidance for the direction and development for the next decade of nursing research programs and projects. Like the SRAN 2007-2017, the updated SRAN 2019-2029 supports alignment of nurse researchers and research teams across all areas of nursing research. It is also designed to guide decision makers and funding organizations.

Overall, the updated agenda presents four general priorities for clinical nursing research, each elaborated by specific research themes. These priorities are not focusing on specific populations or health conditions. The aim was to define research priorities broad enough for various researchers and/or decision makers to apply them to their populations and settings. Along with the recommended research priorities, the revised SRAN includes transversal themes relevant to nursing research, e.g. methodological approaches or diversity.

The SRAN 2019-2029 is presented in a full version available in English and in a short version available in English, German, French, and Italian.

A) New models of care

New care models outline best care delivery practices via the application of a set of evidence-based practice principles across identified clinical pathways and patient care continuums. They need to be evaluated regarding their impact on improving related health-, patient-, and economic outcomes

A1.   Collaboration within new models of care

Interprofessional collaboration shows positive impact on patient-, informal caregiver- and health outcomes, and needs to be further developed and evaluated within new care models.

Examples of specific sub-themes to be addressed are:

- Conceptual differentiation between teamwork, collaborative practices, and interprofessional collaboration, as well as nurse researchers' contributions to evaluating the structures, processes, and outcomes of various collaboration models, particularly as these pertain to new care delivery approaches
- Teamwork or collaborative practices and their impact on patient care, including family support and patient outcomes
- Power relationships among health professionals and their impact on patient outcomes and experiences

A2.   Nursing contributions
including advanced practice nursing and outcomes

New models of care integrating APN roles have shown to improve patient health outcomes; new nurse roles need to be evaluated with respect to these outcomes.

Examples of specific sub-themes to be addressed are:

- New models of care, including roles, tasks, and responsibilities (scopes of practice) of nurses with various levels of education and other members of health care teams
- Effectiveness of new nursing roles (particularly those of APN) with respect to patient-, health- and socioeconomic outcomes
- Interprofessional, policy, and user responses to APN, particularly on patient- and informal caregiver experiences

A3. Self-management support by and for patients and informal caregivers

Self-management support by nurses and others (e.g. patients, other professionals) has shown positive impacts on patient and informal caregiver health outcomes and needs to be evaluated within new care models.
Examples of specific sub-themes to be addressed are:
- The needs, contributions, and health outcomes of chronically ill patients and their caregivers during the constantly changing course of treatment and care.
- Self-management support for patients and informal caregivers within various care models, including the allocation of community resources and digital health, followed by evaluation of their effectiveness and implementation outcomes
- Patient centeredness and patients' experiences of tailored care delivery approaches; moving toward developing interventions that allow for diversity of populations and cultural perspectives

A4. Development of methodology for new models of care

New models of care are approached as complex health interventions. Further refinements are needed regarding theoretical frameworks and methodologies for evaluation.
Examples of specific sub-themes to be addressed are:
- Theoretical frameworks and methodologies that allow for the evaluation of complex interventions
- Care delivery models that include autonomous nursing roles as sustainable implementation
- Specific theoretical frameworks that provide guidance for the development, implementation and evaluation of nursing roles in models of care.

B) Nursing care interventions

Nursing care interventions target individuals of all ages, families, and populations in all health conditions, and promote proactive changes in the society. In order for nurses to make informed clinical decisions, research on the development and implementation of patient-centered care, treatments, and technologies as well as interventions to improve health and wellbeing is needed.

B1.   Patient reported outcomes and experience

Patients points of view are essential for the evaluation of nursing care interventions. Therefore, assessment of patient-related outcomes measures (PROMs) and patient-reported experience measures (PREMs) are important. Further implementation of these measures and the evaluation of aligned interventions are needed.
Examples of specific sub-themes to be addressed are:
- Patient experiences with respect to changing illness, treatment, and care interventions
- Development of PROMs and PREMs for specific patient populations and family caregivers, with targeted and tailored interventions aligned with assessment results
- PROMs and PREMs in registries and clinical routine reports allowing for big data generation and analysis

B2.   Person-centered care

Person-centered care improves the quality of health care, targets the needs of families and patients and fosters self-care. Research efforts are needed to improve patient-centered care in specific and changing fields (e.g., marginalized populations, long-term care, and in populations being treated with personalized medicine).
Examples of specific sub-themes to be addressed are:
- Strategies to communicate well with vulnerable populations that do not have a common language with health care providers
- Counselling programs to improve information, decision making, and education in situations of equipoise or in ethically complex situations (e.g., personalized medicine approaches and their consequences)
- Strategies and interventions to improve interaction between patients and healthcare professionals in situations with limited verbal communication (e.g., trauma, dementia, delirium, mental illness, cognitive impairment)

B3.   Reduction of suffering and burden

Illness but also care interventions and diagnostic and treatment procedures, can cause considerable suffering and burden for patients and families. Relief interventions across all stages of ill-health need continuous development.
Examples of specific sub-themes to be addressed are:
- Self-management or coping support provided or led by nurses for patients and informal caregivers in long-term conditions to reduce disease and treatment burden
- Reducing care- related burden (e.g. in mental health and psychogeriatric care) and development of effective supportive strategies
- Palliative care approaches and coverage across regions and health care settings
- Educating and enabling nurses, nursing teams, and other health care professionals to deal with complex care situations (e.g. dementia care, multi-morbidity)

B4.   Promotion of health and prevention of disease

The evolution of chronic diseases and their negative consequences can be limited by a reduction of modifiable risk factors. Nursing interventions improving health on the individual and population level need to be developed or scaled up.
Examples of specific sub-themes to be addressed are:
- Access to evidence-based interventions to improve health and well-being on the population level
- Effective health promotion programs for marginalized and hard to reach populations
- Targeted nursing interventions improving health for communities and populations, namely improving health literacy and health behavior in all age groups and marginalized groups

C) Work and care environment

Healthy and supportive care environments are important for both health care professionals and informal caregivers, and have an impact on patient and health outcomes. Factors contributing to quality care environments need to be better understood and management interventions need to be evaluated.

C1.   Nursing leadership and management styles

Nursing leadership is associated with patient, nurse, and informal caregiver outcomes at each organizational level. Studies are required, in which intervention to improve the skills and competency of the nurse leaders are developed and tested, with reference to defined patients-, nurses- and informal caregivers- outcomes. Examples of specific sub- themes to be addressed are:

- Sustainable nursing leadership skills: at all management levels including frontline, middle and top management embracing clinical, academic and administrative tasks and roles including new technologies for planning, managing, and allocating staff resources.
- Middle-level management competences in terms of leadership-oriented career pathways, knowledge and skills
- Leadership styles (transformational leadership, transactional leadership, management by exception) and healthcare management approaches (lean management, quality improvement tools) and their impact on various outcomes
- Transfer and adoption of essential elements of recognized international healthcare certification /accreditation programs (magnet/beacon designations) to the Swiss context

C2. Skill/grade mix and nursing resource planning

Nurse staffing and skill/grade mix levels contribute to safe patient care and sustainable work and care environments. Empirical research and conceptual developments are needed to provide leadership with key figures and algorithms. Examples of specific sub- themes to be addressed are:

- Skill and grade mix standards and criteria for health care activities performed by nursing teams with various experiences and educational backgrounds
- Methods to determine nurse staffing levels in relation to quality of care (e.g. patient experiences), patient safety (e.g. infection rates), patient characteristics and care demands (e.g. changes in acuity), and financial sustainability.
- Measures for optimal numbers of different grades in a team per unit of required patient care, e.g. undergraduate, and diploma nursing staff as well as vocational training and assistant team members

C3.   System-level professional collaboration and teamwork

Professional and interprofessional collaboration and teamwork are crucial to quality of care and health outcomes. System-level data and intervention is needed.
Examples of specific sub- themes to be addressed are:
- Approaches on strategies and interventions to improve professional and interprofessional collaboration and team work
- Contextual complexity of interprofessional collaboration and teamwork and their underlying mechanisms
- Transferability of intervention results across institutions as well as cultural and linguistic regions
- Research tools to assess and evaluate interprofessional teamwork, collaboration, and learning

C4.   Reconciliation of employment and family/informal care

Informal caregiving is an essential part of health care systems, with important effects regarding patient safety/outcomes. Organizational structures allowing the reconciliation of employment and informal caregiving need to be evaluated.
Examples of specific sub- themes to be addressed are:
- Sustainable work arrangements for employed family caregivers through proactive leadership and friendly workplace strategies
- Awareness in the health care system for double-duty caregiving and implication for communication and collaboration with distance caregivers
- Care coordination and patient safety to establish smooth care pathways, which enable working caregivers to fulfil their workforce responsibilities without being interrupted by unnecessary care duties
- Mindset of "burdened employed family caregivers" towards a more contemporary understanding of competent and resilient working caregivers

D) Quality of care and patient safety

Quality of care, including patient safety, is a key dimension to describe, assess, and improve healthcare performance from the individual clinician level to the system level. For nursing care quality, "nursing sensitive outcomes" (NSOs), i.e. outcomes depending on nursing care processes and structures, needs ongoing development. For patient safety, it is vital to monitor clinical practices and evaluate intervention bundles which take human and system factors into account.

D1. Nursing quality- measures and improvement

Health care settings require sound quality measures of processes, structures and outcomes. Research is needed for the use of quality measures for profiling as well as for implementation of quality improvement.
Examples of specific sub- themes to be addressed are:
- Quality measures on processes, structures, and outcomes in all settings
- Barriers and facilitators of quality measures at various health care organization levels
- Interventions to facilitate organizational learning based on quality measures of structures, processes, and outcomes

- Quality measures on standardized and un-standardized routine data in electronic health records in all settings

D2. Communication and safety culture

Safety climate and culture relies on core factors including staff members' individual and collective performance, attitudes, and communication. These factors need to be better understood in order to design system interventions.
Examples of specific sub- themes to be addressed are:
- Evaluation of safe care-oriented teamwork across hierarchical boundaries and improvement of team safety cultures, including positive deviants among care professionals, to model safe patient care practices
- Reliable interventions to overcome poor safety cultures and blame-oriented processes and support for second victims in health care facilities
- Human factors embedded in design and care operations
- Speak-up and interprofessional communication in situations critical to patient safety and medical error disclosure to patients and families

D3.   Safe systems – measurement, methodology and monitoring

Improving patient safety requires complex system-level interventions for which human, technical, and system factors need to be considered. Evaluating the impacts of care activities on health care quality requires consistent monitoring.

Examples of specific sub- themes to be addressed are:
- Theories, models, and context behind interventions to implement patient safety practices
- Robust indicators for patient safety and quality of care sensitive to nursing care based on voluntary reporting and adverse event detection methods in the electronic health record (e.g., nosocomial infections, medication errors) and interoperability of electronic health records among professional groups (e.g., regarding medication processes)
- Identifying and ameliorating latent organizational failures (e.g., availability of proper functioning equipment, organization of work processes)
- Effects of patient safety practices on outcomes, including possible unexpected effects and costs

D4.   Safe clinical practices, procedures and technologies

Safe care depends on reliable and evidence-based operations and best practices. Their implementation needs to be studied in real-life contexts, including nursing care. Examples of specific sub- themes to be addressed are:
- Health information technology/information systems and patient/informal caregiver involvement effects on patient safety
- Patient safety-oriented design principles such as noise reduction, standardization, minimizing fatigue, immediate accessibility of information, etc.
- Patient safety in neglected areas such as ambulatory care, long-term care, and psychiatric settings including costs and benefits of safe care activities
- Medication safety within electronic health record interfaces

E)	Organization of research
	Individual studies incorporated in systematic nursing research programs promote and support professional, interprofessional, and interdisciplinary collaborations. Throughout the research cycle, ethical principles have to be applied and patient involvement needs to be systematically planned and facilitated.
F)	Research methodologies, methods and technologies
	Methodologies are needed, which accelerate the implementation of complex interventions and evidence into daily nursing practice. Meaningful use of large routine data sets needs to be facilitated, taking data security into account. Intelligent use of digital and technological advancements in healthcare needs to be enhanced, guided by both theory and practices of professionals.
G)	Research in health care policy and policies of higher nursing education
	Nursing research both guides and follows health care policy and decision making. It consults and informs nursing-related regulation and helps implement national strategies targeting pressing health care issues. Policy research is needed that evaluates these endeavors.
H)	Public health perspectives, diverse and vulnerable populations in research
	Nursing research serves both individual and public health. In particular, public health perspectives across populations and fields need to be further integrated in research. Likewise, nurse researchers across all fields of research have to account for health care disparities influenced by diversity and vulnerability.

Collaborators

As former president of the Swiss Association for Nursing Science (VFP/ASPI), Prof. Dr. Maria Müller-Staub initiated the revision of the SRAN. Under the lead of Nicole Zigan, MNS and Prof. Dr. Dunja Nicca, the following persons, listed in alphabetical order, participated in the expert groups, revision and writing process of the SRAN 2019-2029. Many thanks to everyone.

- ❖ Dr. Alexandra Bernhart-Just († 2018), Bethesda Hospital Basel
- ❖ Dr. Monica Bianchi, University of Applied Sciences and Arts of Southern Switzerland (SUPSI), Manno
- ❖ Prof. Dr. Iren Bischofberger, Careum School of Health, part of Kalaidos University of Applied Sciences, Zurich
- ❖ Katja Bohner, Hospital Affoltern am Albis
- ❖ Prof. Dr. Manuela Eicher, University Institute of Higher Education and Research in Healthcare, Lausanne
- ❖ Prof. Dr. Katharina Fierz, Zurich University of Applied Sciences, Winterthur
- ❖ Dr. Fritz Frauenfelder, Psychiatric University Hospital Zürich
- ❖ Prof. Dr. Lorenz Imhof, Nursing Science & Care GmbH, Winterthur
- ❖ Agnes Kocher, Institute of Nursing Science, University of Basel
- ❖ Prof. Dr. Andrea Koppitz, Zurich University of Applied Sciences, Winterthur
- ❖ Dr. Stefan Kunz, University of Applied Sciences and Arts of Southern Switzerland (SUPSI), Manno
- ❖ Prof. Dr. Romy Mahrer Imhof, Nursing Science & Care GmbH, Winterthur
- ❖ Prof. Dr. Maria Müller Staub, Pflege PBS, Wil & Hanze University, Groningen NL
- ❖ Prof. Dr. Dunja Nicca, Institute of Nursing Science, University of Basel
- ❖ Prof. Dr. Annie Oulevey Bachmann, La Source - School of Nursing Science, University of Applied Sciences and Arts Western Switzerland HES-SO
- ❖ Prof. Dr. Maria Schubert, Zurich University of Applied Sciences, Winterthur
- ❖ PD Dr. René Schwendimann, University Hospital of Basel
- ❖ Prof. Dr. Michael Simon, Institute of Nursing Science, University of Basel & DPMTT, Inselspital Bern
- ❖ Dr. Veronika Waldboth, Zurich University of Applied Sciences, Winterthur
- ❖ Dave Zanon, XUND College of higher education for health professionals
- ❖ Nicole Zigan, Zurich University of Applied Sciences, Winterthur
- ❖ Dr. Karin Zimmermann, Institute of Nursing Science, University of Basel
- ❖ Prof. Dr. Maya Zumstein-Shaha, Bern University of Applied Sciences, Department of Health Professions

We also would like to thank Dr. Dalit Jäckel, managing director of the VFP/APSI, and Yoshija Walter, secretary of the VFP/APSI, for their highly appreciated administrative support. Further, a big thank you goes to the Academic Societies of the VFP/APSI and all persons who

participated in the survey and/or the conference for their important contributions that made the SRAN revision possible.

Sponsors

We also like to acknowledge the following sponsors, who supported the development of the SRAN 2019-2029 financially:

- ➢ Federal Office of Public Health - FOPH
- ➢ Swiss Nurses Association SBK – ASI
- ➢ Bern University of Applied Sciences, Department of Health Professions
- ➢ University of Applied Sciences FHS St. Gallen, Department of Health
- ➢ Institute of Nursing Science, University of Basel
- ➢ University Institute of Higher Education and Research in Healthcare, Faculty of Biology and Medicine, University of Lausanne
- ➢ Careum School of Health, Part of Kalaidos University of Applied Sciences, Zurich
- ➢ University of Applied Sciences and Arts Western Switzerland HES-SO
- ➢ University of Applied Sciences and Arts of Southern Switzerland (SUPSI)
- ➢ Institute of Nursing, Zurich University of Applied Sciences ZHAW

Impressum

Suggested citation: Swiss Association for Nursing Science VFP/APSI. (2019). Swiss Research Agenda for Nursing 2019 – 2029 (SRAN) short version. Bern: VFP/APSI.