

# Distance Caregiving

How can we succeed with distance caregiving at universities?

Priv.Doz. Dr. Iren Bischofberger  
Lecturer Institute of Nursing Science, University of Vienna  
Clinical, executive and strategic activities in Switzerland

Webinar, June 4, 2024  
unikid – unicare Austria

*Please note: The presentation does not have pictures due to restrictions on copyright.*

## Program

---

1. Picture journey – sit back and relax!
  2. Distance Caregiving – What is it conceptually?
  3. Universities – What challenges and approaches are relevant?
  4. Conclusion
- Discussion

Welcome to the  
picture journey

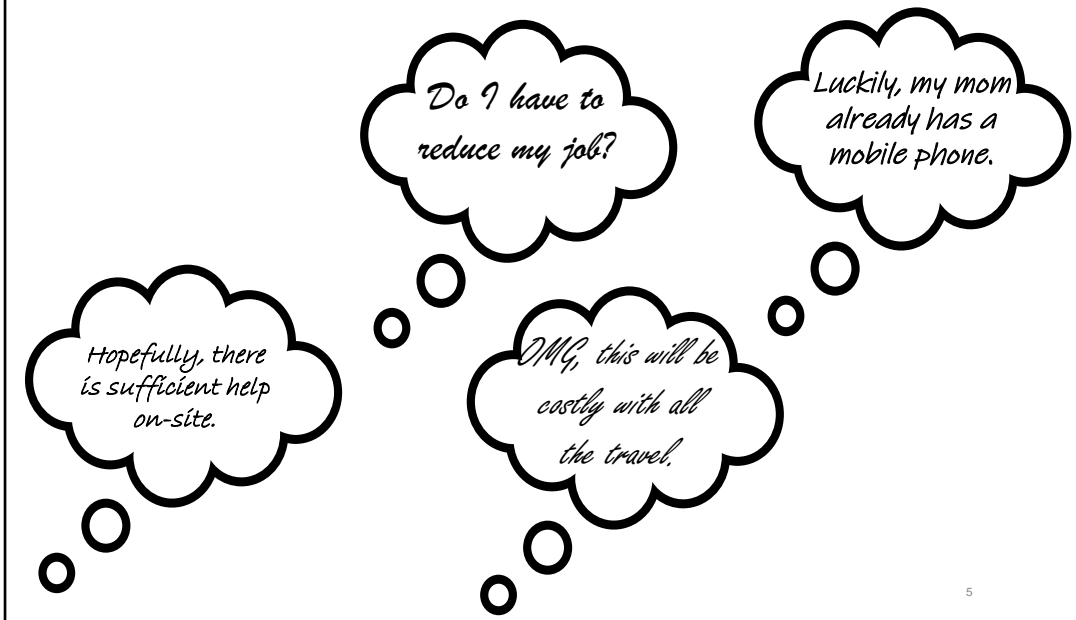
A starter

---

## Your impressions?

Scarry? Worried? Feasible?

---



How are you after this picture journey?

What are you thinking about?

Feel free to write you thoughts in the chat.

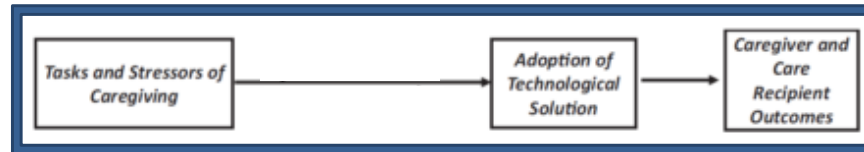
# Distance Caregiving – What is it conceptually?

We are now taking a closer look at the concept of distance caregiving.

## The TECH Modell

Technology-Enabled Caregiving in the Home

---



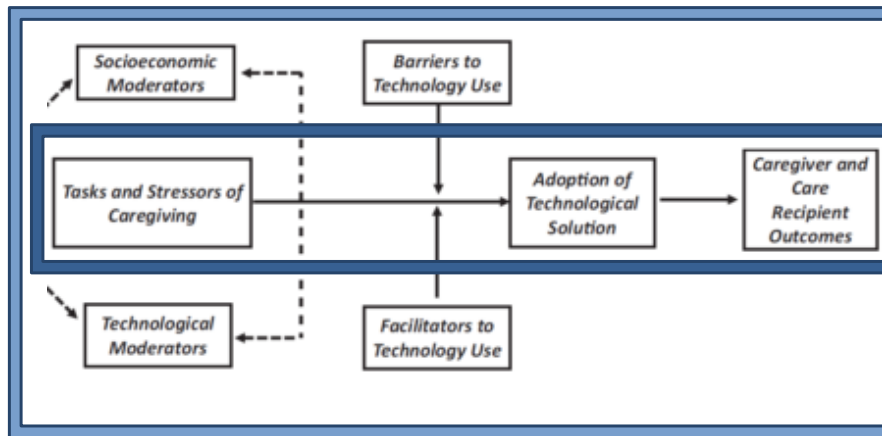
(Lindeman et al., 2020, p. 45)

Here are some first influences on distance caregiving.

At a first glance, it looks like that technical measures kann solve all problems. But it is not that easy. We are talking about real life not about a lab situation.

## The TECH Modell

### Technology-Enabled Caregiving in the Home

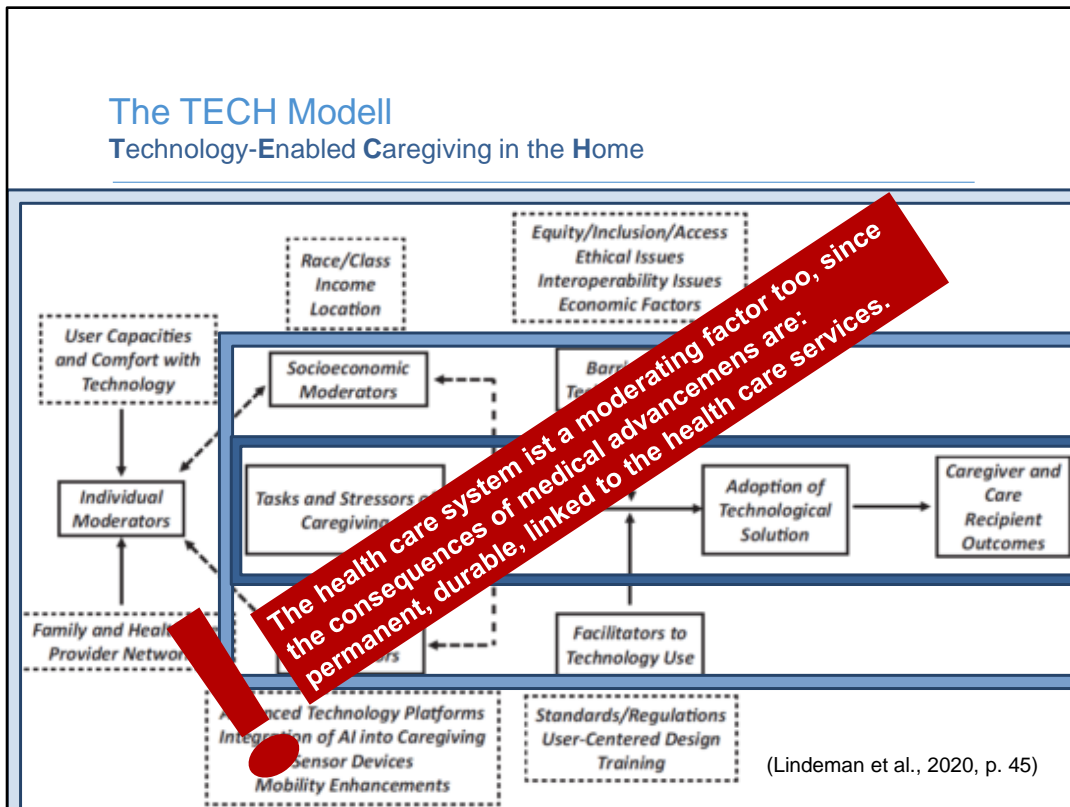


(Lindeman et al., 2020, p. 45)

Moderating factors are added, above all about using technological measures and socioeconomic factors. And technique might be beneficial or a barrier, e.g. when you can see that someone who is wearing a GPS sensor is lost in the woods.

It is often overlooked, that the use of technique needs on-site support (updates, hardware etc.).





Finally, the model is getting more comprehensive and systemic. Partly, it is the lived experience, partly the advancement of technique and partly regulations in a given society.

During longer care trajectories, the arrangement is always in motion. This is a limit of such graphical models. This motion is perceived only in real life and needs constant adaptations in the care arrangement. Over the years, the constant motion and change is the biggest stressor for family caregivers – once a solution is established, the next influencing factor is changing.

It is often overlooked, that medical advancement results in more and longer care trajectories – despite all the preferred consequences. The moderating factors of the health care system are not addressed in the model.

## Wake up call

Nursing director of a large nursing home

---

- Not recognizing a lonely resident **and**
- Being unaware of calls from movement-impaired sister **and**
- Ignoring barrier to participating in written family caregiver survey **and**
- Overlooking the cake sent from the sister for home care staff at X-mas

10

The health care system is equally in motion and, therefore, a strong influencing factor.

An impressive wake up call was described by a nursing director of a nursing home, when I invited her for a presentation at an event on distance caregiving. She realized, that there is a blackbox in her organisation on this topic.

## Backlog of reforms in health care

Digital, coordination and communication innovations helpful, but...

---

- **Widespread mindset among health care professionals:** «on-site» treatment is preferred over TeleCare
- **Digitalisation:** lengthy implementation of new features
- **Financing:** fragmented, disintegrated and federal
- **High degree of regulations:** Education and practice of health care professionals

11

In health care and social care organisations there are, unfortunately, quite some barriers for distance caregivers.

## Distance Caregiving – what is it?

### Core aspects

---

- **Understanding of care:** Not only hands-on care, but also "managerial care", "emotional care" etc.
- **Place of activities:** Combination of distance, on-site and while travelling
- **Efforts:** Time, distance, costs, contacts
- **Technology:** Coordination and communication measures necessary

12

The meaning of distance caregivers includes the following aspects.

## Activities from a distance

Emotional support, coordination, and organisation

Empathy / Reinforcement	Management/tangible help
<ul style="list-style-type: none"><li>▪ Emotional support</li><li>▪ Support for taking decisions</li><li>▪ Selfmanagement and motivation support</li><li>▪ Ensure control and safety</li></ul>	<ul style="list-style-type: none"><li>▪ Information processing</li><li>▪ Coordination, organisation, and administration of diagnostic and therapeutic procedures</li><li>▪ Contribution to quality assurance along the entire care setting</li><li>▪ Ordering household items and maintenance</li><li>▪ Organising finances</li></ul>

I call my mom every day. I can tell immediately from the tone of her voice if something is wrong. And the movement and vital signs monitor warns me immediately - but really only in an emergency. That gives us both peace of mind - despite the distance.

(Otto et al., 2016)

13

Referring to this understanding of distance caregiving, above all emotional, organisation, and coordination tasks are possible.

## Examples for combined tasks

On-site and from a distance



Ulla fährt regelmässig ihre **Mutter** zu **Arztterminen**.



Frau M. kocht einmal wöchentlich **Mittagessen** für ihren **Nachbarn** Herrn P.



Peter koordiniert die **Spitex** für seinen dementen **Grossvater**.



Markus macht die **Steuererklärung** für seine an Depression erkrankte **Tante**.



Fritz geht einmal die Woche mit seinem querschnittsgelähmten **Freund** **Einkaufen**.



Marion klärt mit der **Krankenkasse** die Finanzierung der Chemotherapie ihres **Partners**.

14

Here are some examples of the combination of tasks from a distance and on-site.

## Network on-site

Care migrant, volunteers, neighbourhood support...

---

The first thing I always did on-site was bake a cake for the helpers.

University professor in CH with transnational care for her father in D

This example was highlighted in a qualitative interview with a university professor. She lives and works in Switzerland takes care of her father who is in his 90ies and lives in Germany. She organized care migrants who live with him in his house, and she integrates old friends on-site and neighbours as well.

## «Information technology at home»

### Three categories

---

#### Health and (home) care

- Aim: Health promotion, prevention, rehabilitation
- Measures: e.g. remote and self-monitoring of vital and movement data, Reminder

#### Household and safety

- Aim: Self-determined, secure life in privacy
- Measures: e.g. sensors and control of everyday items in the smart home, alert functions

#### Communication und social environment

- Aim: Social networks, accessible information
- Measures: e.g. contact platforms, digital support in the neighbourhood, social robots

#### To consider:

- ✓ Readiness for change of organisations and persons
- ✓ Financing of costs
- ✓ Sustainable, lasting support
- ✓ Ethical considerations for remote monitoring

16

Information technology is self-evident in the 21st century and in the post-Covid 19 era. It offers many opportunities.

Equally, there are some fundamental aspects to consider.



# Universities – What challenges and approaches are relevant?

Now, we will address the work and study place at universities.

## Primary target groups

Employees, students, care recipient

---



### Employee

- Both directions: Immigrated from a distance (incl. foreign countries) or stay abroad away from own university
- Often parents (in law) or siblings in need of care
- Proactive plan of duties? Emergency plan?



### Students

- Both directions: Immigrated from a distance (incl. foreign countries) or stay abroad away of own university of young adult carers
- Often (grand) parents or siblings in need of care
- Study plan?



### Care recipient

- Possibly relocation to place of living of university employee, depending on financial, residency and social security coverage possibilities
- Social network on-site?

18

There are three primary target groups.

## Secondary target groups

Management, Human Resource, Organisation Ownership, day care

---



### Management

Management style, reconciliation and gender sensitivity

Talking about distance caregiving?

Expertise of distance caregivers made accessible?



### Human Resource and Diversity Office

Implementation readiness and competence

Provision of case/care management?



### Organisation Ownership

Expansion of reconciliation options

Cooperation with partner university?



### New care services

Not only day for toddlers/children, but also for older adults / care recipients

Cooperation with health care provider?



19

Equally important are the secondary target groups. They provide favourable conditions in the organization (or they should do so).

## Gendersensitive care from a distance

Stereotypes and expectations in families and at work

---

### **Women**

- More women in health and social care professions (useful know-how in the context of illness, accidents and longevity)
- Persistent expectations from society for division of labor in the context of care needs
- Speak-up on stereotypes in innovative institutions such as e.g. universities?

### **Men**



- Can contribute to care needs by using technology even in traditionally gendered expectations
- Increasing gender sensitivity «thanks» to smaller families?

20

Finally, women and men are target groups that need to be considered closely. In case of illness or accidents, role stereotypes and division of care labor are persistent in modern societies.

## To address a medal with two sides

Perception of the whole picture

Opportunities, since distance...	Challenges, since distance...
<ul style="list-style-type: none"><li>... helps emotionally</li><li>... allows space for own activities</li><li>... fosters bird's eye perspective on the entire situation</li><li>... strengthens support options from a distance</li><li>... advances reconciliation literacy in the organisation</li></ul> 	<ul style="list-style-type: none"><li>... raises bad conscience</li><li>... results in little time for recovery</li><li>... increases helplessness above all in acute situations</li><li>... is a financial burden</li><li>... increases absence from on-site workplace.</li></ul> 

21

Mit diesem Verständnis sind aus Distanz vor allem emotionale und koordinative Aufgaben möglich.

# Conclusion

Kommen wir nun zum Arbeits- und Studienort der Hochschulen.

## Conclusion

DiCa – An important step towards better reconciliation literacy

---

[Iren Bischofberger | LinkedIn](#)  
[iren.bischofberger@univie.ac.at](mailto:iren.bischofberger@univie.ac.at)

**To understand interrelationships**  
**To gain a clear view**  
**To act carefully**

23

### Conclusion:

Universities with a high degree on reconciliation literacy can provide a fostering climate for distance caregivers. Most probably, there is quite a number of them among employees and students.

I am available on LinkedIn, if you would like to contact me, or of course as well using my Univie mail adress.