

EDCNS

European Doctoral Conference in Nursing Science

Celebrating the International PhD Community -

Looking Back and Looking Forward



The 20th European Doctoral Conference in Nursing Science Looking Back and Looking Forward

20-21. September 2024

Graz, Austria



Foreword

Dear participants, colleagues, and friends.

It is a great pleasure and honour for me to welcome you to the 20th anniversary of our ***European Doctoral Conference in Nursing Science***. It is really wonderful to see how this conference has developed over the years into an important platform for scientific exchange for PhD students.

More than twenty years ago, it was my wish to create a conference that was specifically designed to the needs and interests of PhD students in nursing science. A conference that not only imparts knowledge, but also promotes dialog and networking between young scientists from all over the world. Today, more than two decades later, we can proudly say that this goal has not only been achieved, but far exceeded.

The international orientation, the stress- and anxiety-free atmosphere and the organization by doctoral students for doctoral students are still the core components of this conference.

Every year, the diversity of the submitted abstracts, presentations, posters and the quality of the research presented here are multifaceted, impressive and reflect the challenges and needs of nursing science.

An anniversary such as the one we are celebrating this year is a special occasion to look back on the past years, meet colleagues and friends, exchange memories, admire careers but also look to the future. Many current topics will be presented during these days and thus offer an opportunity to look ahead and recognize the future challenges and opportunities for nursing, true to this year's **EDCNS** motto - *looking back and looking forward*.

I am convinced that this conference has been and will continue to be an important milestone in the academic careers of many young researchers in the field of nursing science.

I wish us all inspiring presentations, stimulating discussions and valuable encounters.

With best regards,



Professor Dr. Christa Lohrmann, FEANS



Organization Committee

A warm welcome to all participants by the organization committee!



Lena Lampersberger



Eva Pock



Baptiste Lucien



Selvedina Osmanovic



Sebastian Rosendahl Huber

Conference Program

19th September: Welcome Reception and Registration 5 pm

Mensa MedUni Graz (<https://maps.app.goo.gl/tsrn3XtLoYrv1ixw7>)

20th September/Friday:

Medical University of Graz (<https://maps.app.goo.gl/ERavWM6GKiLFCNC17>)

Time	
8:15 – 09:00	Welcome & Registration <i>[Foyer]</i>
09:00 – 09:30	Opening <i>[Aula]</i>
09:30 – 10:25	<u>1st Keynote: Prof. Dr. Jan Kottner</u> <u>“Evidence-based skincare”</u> <i>[Aula]</i>
10:25 – 10:55	Coffee break <i>[Foyer]</i>
10:55 – 11:15	Welcome words <i>[Aula]</i>
11:15 – 12:00	Science slam <i>[Aula]</i> <i>Chair: Dr. Doris Eglseer</i> Why the sexual well-being of people with chronic illnesses is an important topic in nursing, and no, it's not about the sexy nurse! (Igerc IE) Cultural Competence: Illuminating Paths to Patient-Centered Care (Osmancevic S, Großschädl F, Lohrmann C) Student Nurse to Super Nurse! Patient safety culture development in the undergraduate nursing student population (Gore J)
12:00 – 13:00	Lunch break

	<i>[Foyer]</i>		
13:00 – 13:10	Welcome words <i>[Aula]</i>		
13:10 – 13:55	<p><u>2nd Keynote: Assoc. Prof. Birgit Heckemann RN, PhD</u> <u>“Unpacking a buzzword: Patient and Public Involvement in healthcare research”</u></p> <i>[Aula]</i>		
14:00 – 15:30	<p>Oral presentations session 1.1 <i>[Aula]</i></p> <p><u>Health Care as a Workplace 1</u></p> <p><i>Chair: Prof. Dr. Sabine Hahn</i></p> <p>Understanding Employee Voice Behavior Through the Use of Digital Voice Channel in Long-Term Care: An Embedded Multiple-Case Study. (Kepplinger A, Braun A, Fringer A, Roes A)</p> <p>Exploring Barriers and Opportunities for Effective Leadership in Addressing Healthcare Workforce Retention and Recruitment in Tyrol, Austria (Fiedler A)</p> <p>Nurses’ preferences for modifiable hospital working conditions: a discrete choice experiment (Miedema N, Felder M, Wallenburg I, Veldwijk, Jorien, Rutten-van Molken M,</p>	<p>Oral presentation session 1.2 <i>[HS 5]</i></p> <p><u>Holistic Healthcare Practices 1</u></p> <p><i>Chair: Prof. Dr. Christa Lohrmann</i></p> <p>Co-designing a culturally-informed Intervention to promote family-centred care in an Indonesian Paediatric Intensive Care Unit (Apriyanti E, Coyne I)</p> <p>The manifestation of neuropsychiatric symptoms in older psychiatric patients with cognitive impairment: An ethnographic case study (Baumberger E, Klöppel S, Zwakhalen S, Hahn S)</p> <p>Assessing Delirium in a Hospital in Germany - Psychometric Testing of the Ultra-Brief Confusion Assessment Method (Fink L, Maucher H, Roes M)</p>	<p>Oral presentation session 1.3 <i>[SR 04]</i></p> <p><u>Nursing Practice in Focus 1</u></p> <p><i>Chair: Dr. Gerhilde Schüttengruber</i></p> <p>A Systematic Review of Nursing Interventions for Dyspnoea Management among Inpatients with Cancer in Palliative Care (Kero J, Koivisto JM, Kuusisto A, Kesonen P, Haavisto E)</p> <p>Practice Variation in hours, type and duration of home care in the assessments of one client case: a survey study (Van Dorst JIE, Van den Bulcka A, Schwenke M, Bleijenberg N, De Jong JD, Brabers AEM, Zwakhalen SMG)</p> <p>Experiences of students in nursing professions with the end of life (Hutter E)</p>

	Goossens L, RN2Blend consortium)	The concept of “Routine care” and “Usual care” in the nursing discipline: a multi-method study (Dentice S, Badagliacca G, Moreal, Chiappinotto S, Palese A)	
15:30 – 15:40	Coffee break [Foyer]		
15:40 – 17:00	<p>Oral presentations session 2.1 [Aula]</p> <p><u>Education and Digitalization</u></p> <p><i>Chair: Dr. Franziska Großschädl</i></p> <p>PerCenAI – Development of Artificial Intelligence to analyse patient stories in the context of Person-Centred Nursing Quality (Schönfelder B, McCance T, Cleland I, O’Connor S, Mayer H)</p> <p>Nursing students’ perception and communication of patient safety concerns - A multicenter cross-sectional survey study in Austria (Schmied M, Hoffmann M, Schwarz C, Schwappach D, Sendlhofer G, Buchberger W, Müller G)</p> <p>The effectiveness of digital gaming on the functioning and activity of older people living in long-term care facilities:</p>	<p>Oral presentations session 2.2 [HS 5]</p> <p><u>Nursing Practice in Focus 2</u></p> <p><i>Chair: Prof. Dr. Sandra Zwakhalen</i></p> <p>Effective interventions for older adults (65+) transitioning from acute care setting to home: a systematic review (Steiner LM, Hahn S, Osmanovic S, Bonetti L, Zwakhalen S)</p> <p>Safety and efficacy of subcutaneous administration of Beta-Lactams: A Systematic Review and Meta-analysis (Moreal C, Lanini S, Palese A, Chiappinotto S, Tascini C)</p> <p>Advanced nursing practitioners’ impact on adult patients in acute care - partial results of a literature review (Sterr F, Fels M, Dahlmann P, Rester C, Bauernfeind L)</p>	<p>Oral presentations session 2.3 [SR 04]</p> <p><u>Different Perspectives on Health and Health Problems 1</u></p> <p><i>Chair: Assoc. Prof. Birgit Heckemann RN, PhD</i></p> <p>What is the impact of the CEOL (Compassionate End of Life) program on end of life care from a staff, family and organizational perspective? (Abraham L, Moore Z, Connor TO)</p> <p>Car-T Cell Therapy from the Perspective of Patients, Family, Caregivers and Nurses. A Multicentric Qualitative Study (Leinemann V, Dunger C)</p> <p>Spirituality and care: a holistic perspective for family caregivers (Kubitzer J)</p>

	a systematic review and meta-analysis (Kukkohovi S, Siira H, Arolaakso S, Miettunen J, Elo S)	Navigating the Dimensions of Autonomy and Nurses Autonomy-Supportive Behavior Through the Lens of Nursing Theories. (Botana Gronek MP, Bleijlevens MHC, Vluggen S, Moonen E, van Dijk A, Hamers JPH, Meijers JMM)	
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18:00: Start Social program: City tour Graz ending at the conference dinner venue.
Meeting point: Hauptplatz Graz (<https://maps.app.goo.gl/yawSWuGi3NInc3Kr8>)

19:30: Conference dinner at Gösserbräu (<https://maps.app.goo.gl/gScEzcovv5mv2dL36>)

21th September/Saturday:

Medical University of Graz (<https://maps.app.goo.gl/ERavWM6GKiLFCNC17>)

Time			
08:00 – 08:30	Welcome & Registration <i>[Foyer]</i>		
08:30 – 09:15	<u>3rd Keynote: Dr. Silvia Bauer, BSc MSc</u> <u>“Survey data in nursing science – a useful basis for numerous successful PhD-projects?”</u> <i>[Aula]</i>		
09:15 – 09:45	Coffee break <i>[Foyer]</i>		
09:45 – 11:15	<p>Oral presentations session 3.1 <i>[Aula]</i></p> <p><u>Health Care as a Workplace 2</u></p> <p><i>Chair: Prof. Dr. Sandra Zwakhalen</i></p> <p>Workplace violence and their determinants toward formal caregivers in the homecare setting: A cross-sectional study. (Lucien B, Hahn S, Busnel C, Zwakhalen S)</p> <p>Presentism among Nurses: An Integrative Review (Gerlach M, Rossier C, Geese F, Backhaus R, Hamers J, Hahn S)</p> <p>Burnout and backpain in homecare workers and the association with psychosocial work environment - a national multicenter cross-</p>	<p>Oral presentations session 3.2 <i>[HS 5]</i></p> <p><u>Holistic Healthcare Practices 2</u></p> <p><i>Chair: Prof. Dr. Sabine Hahn</i></p> <p>Exploring the definition and conceptualization of informal coercion in inpatient psychiatry: preliminary results of a scoping review (Beeri S, Baumberger E, Zwakhalen S, Hahn S)</p> <p>The experience of patients with acute graft-versus-host disease about oral medication adherence: a qualitative descriptive study (Visintini C, Lucchetta C, Venturini M, Mansutti I, Palese A)</p> <p>Non-pharmacological interventions to prevent and treat delirium in</p>	<p>Oral presentations session 3.3 <i>[SR 04]</i></p> <p><u>Different Perspectives on Health and Health Problems 2</u></p> <p><i>Chair: Dr. Silvia Bauer</i></p> <p>Ethical Contemplations: Patient and Public Involvement in Randomized Controlled Trials within Cancer Care Research (Batool S, Suhonen R, Gul B, Stolt M)</p> <p>Incivility in the Therapeutic Radiography clinical setting in the UK: a concept analysis (Admani A, Skyes S, Benwell M, Stewart-Lord A, Enterkin J)</p> <p>Felt-bodily communication as a medium for parents and their children with care</p>

	sectional study (Martins T, Simon M, Zúñiga F)	critically ill children: a scoping review (Zilezinski M, Denninger NE, Tannen A, Kottner J) Development of clinical items to identify dysphagia in patients with dementia - A e-Delphi study (Palli C, Mack S, Müller C)	needs: a neo-phenomenology perspective (Falkenstein T, Mayer H, Nagl-Cupal M) Methods to involve people with dementia in health policy and guideline development: A scoping review. (Bühler F, Geyer J, Hilleke L, Meyer G, Bieber A)
11:20 – 13:00	Workshop 1 [F16] <u>“Convincing research proposals: experiences, tips, tricks, & go for it!”</u> Dr. Manuela Hödl, BSc MSc	Workshop 2 [SR 04] <u>“Guideline development and GRADE”</u> Dr. Daniela Schoberer, BSc MSc	Workshop 3 [F17] <u>“Present your research data - make it easy to follow!”</u> Eva Pock, BScN, MSc and Lena Lampersberger, BScN, MSc
13:00 – 14:00	Lunch break <i>[Foyer]</i>		
14:00 – 15:15	Poster presentations session 4.1 <i>[Foyer]</i> : <u>Education and Digitalization</u> <i>Chair: Prof. Dr. Christa Lohrmann</i> [7] 3D technologies to support teaching and learning in health care education – scoping review (Alhonkoski M, Salminen L, Pakarinen A, Veermans M) [18] Can nurse students’ learning of infection prevention and control be promoted by applying principles of meaningful learning? A field experimental study	Poster presentations session 4.2 <i>[Aula]</i> : <u>Multidisciplinary and the Care Continuum</u> <i>Chair: Dr. Franziska Großschädl</i> [40] What are midwives and sonographers’ understanding and experience of the informed consent process within antenatal screening for fetal anomalies. (Drought A, Stewart-Lord A, Church S) [44] Construing compassionate nursing care – the perspective of nurses working in	Poster presentations session 4.3 <i>[HS 5]</i> : <u>Caring for Older People</u> <i>Chair: Dr. Daniela Schoberer</i> [2] A Systematic review of the Impact of care bundles on the incidence of pressure ulcer among at-risk older adults (Edede Q, Avsar P, Renjith V, Moore Z, O’Connor T, Nugent L, Patton D) [5] Nurses’ individualized care competence in older people’s nursing care – instrument development

	<p>(Eronen R, Helle L, Palonen T, Boshuizen HP)</p> <p>[47] Telemedicine Trust. Analyzing the Impact of Video Consultations on Healthcare Relationships: A Mixed-Methods Approach. (Munoz JM)</p> <p>[55] Women's Experience and Needs on Using Digital Technologies for Gestational Diabetes Management: An Integrative Systematic Review on Patient Portal Features (Qimeng Zhao, Alison Cooke, Gading Aurizki, Dawn Dowding)</p>	<p>primary and community care. (Waight, S, Trenoweth S, Zumstein-Shaha, M)</p> <p>[49] Measuring Autonomy Supporting Behavior: A Systematic Review (Penders S, Metzelthin S, Van den Bulck A, Henssen E, Erksen P, Zwakhalen S)</p> <p>[37] Adaptation of the Nursing Activities Score in Latvia (Cerela-Boltunocva O, Millere I, Trups-Kalne I)</p> <p>[32] Questionnaire development to assess the roles and responsibilities of nurses in ventilator weaning of infants in Austrian Pediatric Intensive Care Units (PICU) (Bauernfeind L)</p> <p>[52] Making Best Interest Decisions under Deprivation of Liberty Safeguards: A Q Methodological Study (Litvaitis S)</p>	<p>(Lahtinen K, Stolt M, Suhonen R)</p> <p>[10] Professional action by nursing staff when carrying out toilet training to promote continence in geriatric care. (Quartey, A)</p> <p>[35] Care problems and goals for improvement of a dementia-specific, nurse-led care model in German nursing homes - Results of a group Delphi study (Schmüdderich K, Roes M, Palm R, Holle B)</p> <p>[48] Antidepressant use, but not polypharmacy, is associated with worse outcomes after in-hospital cardiac arrest in older people (Lazzarin T, Ferreira GM, Barros JCC, Souza IA, Shalova A, Junior ELF, Azevedo PS, Minicucci MF)</p> <p>[50] The association of Frailty, Malnutrition, and mobility in 30-day mortality after hip fracture in older people (Ballarin RS, Campos MAG, Lazzarin T, Silvia TC, Morales V, Vulcano DSB, Pereira LF, Azevedo PS)</p>
<p>15:20 – 16:00</p>	<p>Winners: oral presentation, poster presentation, and science slam</p> <p>Announcement next EDCNS</p> <p>Goodbye</p> <p><i>[Aula]</i></p>		

Abstract book HeilberufeScience

Open access from 20th September 2024 to 18th October 2024

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Abstracts Keynotes

Keynote 1

Evidence-based Skin Care

Prof. Dr. Kottner J¹

¹ Institute for Clinical Nursing Science, Charité Universitätsmedizin Berlin, Germany

Skin (self) care is a basic activity performed from birth until the end of life. Skin care behaviours are largely influenced by tradition, culture, personal preferences, socio-economic status, ideals of beauty, geographical region, availability of sanitary structures, marketing campaigns of industry and many more. They also serve various purposes such as increasing well-being, enhancing attractiveness or relaxation. In general, skin care takes place in private and people give little thought to the effects and side effects. However, there are situations in which skin care becomes the task of other people including parents, partners, nurses, for example due to disabilities, illnesses or care dependency. In all healthcare setting across the globe nurses spend substantial time cleaning care receivers' bodies and applying products. Nurses thus take responsibility for skin integrity. In addition, across the life course there are various risks for developing adverse skin conditions such as diaper dermatitis, intertrigo, dry skin and many more. Empirical evidence indicates, that evidence-based structured skin care interventions are helpful to maintain and to promote a healthy and intact skin. However, there are also a number of challenges regarding evidence-based skin care, including confusing terminology of skin care products, limited body evidence and clinical practice guidelines, and misconceptions regarding skin function and intervention effects. Future nursing education and research should address these issues because nurses bear professional responsibility for this fundamental care element.

Keynote 2

Unpacking a buzzword: Patient and Public Involvement in healthcare research

Associate Professor Heckemann B^{1,2}, RN, PhD

¹ Region Västra Götaland, Sahlgrenska University Hospital/Östra, Department of Anaesthesiology and Intensive Care Medicine, Gothenburg, Sweden

² Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

Today, funders and policy makers are increasingly requiring patient and public involvement (PPI) in healthcare research, governance, service development, and innovation to ensure that projects are being carried out 'with' or 'by' members of the public rather than 'to,' 'about' or 'for' them. However, PPI is not yet firmly embedded or adequately formalized in European healthcare systems and research, and commitment to PPI varies widely across Europe. Patients can be involved at most stages of research projects, and the experience can be empowering for researchers and all stakeholders alike. However, for researchers, PPI can be challenging because it adds complexity to projects. PPI requires specific considerations throughout all project phases from project design through to its evaluation and dissemination. This keynote focuses on PPI in healthcare research and aims to inspire the audience to explore and consider PPI in their own projects – despite the challenges. The keynote gives a broad overview of the “why” (the importance of PPI in healthcare research), the “what” (different types of PPI), the “when” (PPI in different phases of projects), and the “how” (principles, ethics, skills, knowledge, challenges of PPI) in healthcare research. The keynote concludes with some pointers to practical resources for starting PPI.

Keynote 3

Survey data in nursing science – a useful basis for numerous successful PhD-projects?

Dr. Bauer, S¹

¹Institute of Nursing Science, Medical University of Graz, Austria

Collecting and analyzing survey data has a long tradition in nursing science. It enables researchers to obtain primary data from nearly all kind of populations with the aim of describing the status quo, of identifying gaps in the existing evidence base and of deriving further research questions.

The Nursing Quality Measurement is an established survey within nursing research that was first launched in 1998. Since then, the Nursing Quality Measurements has been providing nursing researchers with comprehensive data about six relevant nursing problems, namely pressure ulcer, incontinence, malnutrition, falls, physical restraints and pain. Since its beginning, numerous PhD students have been involved in this project and frequently used the obtained data for their PhD theses. For instance, the data on malnutrition lead to the development of the KoM-G, the Knowledge of Malnutrition-Geriatric questionnaire, which assesses the knowledge of nursing staff with regard to the topic of malnutrition. Furthermore, the data on falls informed the development of evidence-based fall information brochures for use among older people.

As a result, survey data – especially data from the Nursing Quality Measurement – have initiated numerous successful nursing studies that resulted in a PhD graduation in nursing science. Consequently, survey data does not only facilitate scientific work in the discipline of nursing, but also helps to improve nursing practice in the long run.

Abstracts Workshops

Workshop 1

Convincing research proposals: experiences, tips, tricks, & go for it!

Dr. Manuela Hödl BSc MSc¹

¹Institute of Nursing Science, Medical University of Graz, Austria

In the academic world, third-party funding refers to financial resources that universities and research institutions receive from third parties in addition to the basic funding. These funds are mostly available for a limited period of time for primarily research projects. The aim of this workshop is to share experiences, tips, tricks, for convincing research proposals and to give the participants an idea how to go for it. Within the workshop, will discuss and work on short tasks on the following topics: (1) Why? Personal or institutional success – try to find the answer; (2) From me to WE - Never change a winning team; (3) Which came first: the chicken or the egg? - Your idea as a bestseller; (4) Imperfect is the new perfect - The 'imperfect' grant call; (5) Go for it - structured, organized & motivated; and (6) Submit & celebrate - this is your success.

Workshop 2

Guideline development and GRADE

Dr. Daniela Schoberer BSc MSc¹

¹Institute of Nursing Science, Medical University of Graz, Austria

Evidence-based clinical guidelines offer clear and unambiguous recommendations on preventive strategies and/or treatment interventions by incorporating the external evidence, the practicability of interventions, necessary resources and local regulations. For Austrian hospitals and nursing homes an evidence-based fall prevention guideline was developed by using internationally recommended methods for guideline development. The guideline development included a systematic literature search for each key question, evidence synthesis by means of meta-analysis and evidence and recommendation grading using GRADE (Grading of Recommendations Assessment, Development and Evaluation). GRADE provides a framework that can be used to rate the quality of evidence and, thus, the confidence in estimates of the effects in a systematic, standardized manner. Therefore, GRADE can be also helpful to rate the evidence when writing a systematic review. Within the workshop the basic steps of guideline development will be discussed and the GRADE method will be introduced.

Workshop 3

Present your research data - make it easy to follow!

Eva Pock BScN, MSc¹, Lena Lampersberger BScN, MSc¹

¹Institute of Nursing Science, Medical University of Graz, Austria

It is not only important to have good data; you also should be aware of the power of how you present you data. Often we want to reach a certain goal with our data, we want to inform, we want to convince, we want to point out a problem and want to change something. Therefore, it is important to break your information down to a certain level, a level that makes it easy to follow! To be able to do so, it is helpful to follow a few tricks.

Abstracts Science Slam

Science Slam 1

Why the sexual well-being of people with chronic illnesses is an important topic in nursing, and no, it's not about the sexy nurse!

Judy GORE¹

Department of Nursing Science University of Vienna, Austria

For nurses it is a challenge to integrate the topic of sexuality into nursing care, after all, they don't want to be pushed into the sleazy corner. Plus, they didn't learn to talk about this taboo topic during their training. But is there a necessity for caregivers to address the sexuality of individuals in nursing? The literature unequivocally says yes. Especially for people with chronic illnesses, sexuality can be a crucial issue for their quality of life. Patients want to discuss it with their health professionals. It is not only about questions like "Can I still get pregnant with Multiple Sclerosis?" but also more explicit questions like "What should I consider during sex if I have an insulin pump?" So, who can you ask about sexuality when affected by a chronic illness? Why not nurses? And what do they need to know about the sexual well-being needs of people with chronic illness? How can carers support patients' self-management of their sexual well-being? The first results show that interviewees perceive nurses as very approachable. They reported that they could imagine talking about sexuality, particularly with a specialist nurse, e.g. MS nurse.

Science Slam 2

Cultural Competence: Illuminating Paths to Patient-Centered Care

Osmancevic S¹, Großschädl F¹, Lohrmann C¹

Institute of Nursing Science, Medical University of Graz, Austria

Cross-sectional study, using an online survey, was conducted in March 2021, reaching out to 841 registered nurses across Austrian acute care institutions. The German version of the Cultural Competence Assessment Scale (CCA-G), consisting of two subscales (cultural awareness and culturally competent behaviour), was used to assess the cultural competence. Overall, nurses scored high on the CCA-G. The results on the subscales demonstrated high levels of cultural awareness, and moderate level of culturally competent behaviour. Using the linear regression analysis, we uncovered some influential factors. Age, training in cultural diversity, and nurses' own perception of cultural competence played significant roles in building cultural competence. To provide patient-centred care, we need to tailor nursing interventions to meet the diverse preferences and needs of patients with different cultural backgrounds.

Science Slam 3

Student Nurse to Super Nurse! Patient safety culture development in undergraduate nursing students.

Judy GORE¹

¹ Department of Nursing Science University of Vienna, Austria

Patient safety culture (PSC) is a critical aspect of healthcare delivery. This presentation examines the development of PSC among undergraduate nursing students, focusing on factors influencing its formation. Understanding these factors is crucial for fostering a robust PSC within nursing education programs and improving patient outcomes. PSC development is influenced by various factors. The academic curriculum shapes students' grasp of safety concepts, teaching error prevention, communication, teamwork, and ethical decision-making. Clinical experiences provide opportunities to apply theoretical knowledge in real-world settings, emphasizing safe practices and effective collaboration within interprofessional teams. Positive role models who prioritize patient-centered care, open communication, and error reporting can inspire students to embrace these values and integrate them into their professional practice. Conversely, negative role modeling or a lack of emphasis on patient safety may perpetuate unsafe practices and attitudes among students. Organizational culture also molds PSC. Institutions prioritizing safety, open communication, and error reporting foster strong PSCs, whereas punitive approaches hinder students' willingness to report errors. Additionally, individual attitudes matter; personal values and experiences influence students' advocacy for patients and adherence to best practices. PSC development in nursing students is complex, shaped by curriculum, clinical experiences, role models, organizational culture, and personal factors. One aspect remaining unclear is how students' PSC develops and evolves during training and immediately afterwards. Additionally, there is a need to understand how to specifically foster or support the development of positive PSC during this critical time.

Abstracts Oral Presentations

Session 1.1 – Health Care as a Workplace 1

Understanding Employee Voice Behavior Through the Use of Digital Voice Channel in Long-Term Care: An Embedded Multiple-Case Study.

Kepplinger^{A1,2}, Braun^{A3,4}, Fringer^{A1,5}, Roes^{A1,6}

¹ Department of Nursing Science, Faculty of Health, Witten/Herdecke University, Witten, Germany

² Institute Nursing Science, Department of Health Sciences, IMC University of Applied Sciences Krems, Krems, Austria

³ Institute Health Management, IMC University of Applied Sciences Krems, Krems, Austria

⁴ Institute for Management and Economics in Healthcare, UMIT Tyrole, Hall, Austria

⁵ Institute of Nursing, School of Health Sciences, Zurich University of Applied Sciences ZHAW, Winterthur, Switzerland

⁶ Deutsches Zentrum für Neurodegenerative Erkrankungen (DZNE), Witten, Germany

Introduction:

Challenges in the healthcare sector, such as the shortage of nurses and the turnover of nurses, require changes to improve working conditions and retain nurses. One way to address these challenges is through a process of organizational culture change in which employees have a participatory voice in the company. A digital voice channel can provide a way for employees to raise their voices by answering surveys and making comments in an anonymous forum. This can positively influence staff turnover and sick leave. The purpose of this study is to understand how the use of a digital voice channel support opportunities affect employee voice behavior in long-term care.

Methods:

To investigate the experiences of two healthcare providers who have implemented a digital voice channel an embedded multiple-case study will be used. There are two main phases: (1) a scoping review and (2) an embedded multi-case study. Focus group interviews with employees, discursive-dialogical interviews with managers, meeting protocols, and data from the digital voice channel will be analyzed. First, all units of analysis from every embedded unit will be separately analyzed and then comprehensively analyzed to obtain a case vignette from every embedded unit (within-analysis). In the second stage, the analyzed data will be compared with each other in a comparative analysis (cross-analysis).

Results:

The results will provide insight into how a digital voice channel can support nurses to get a participatory voice in the organization. First results are expected in autumn 2024.

Exploring Barriers and Opportunities for Effective Leadership in Addressing Healthcare Workforce Retention and Recruitment in Tyrol, Austria

Fiedler, A¹

¹ CSHI – Center for Social & Health Innovation of the MCI | The Entrepreneurial School®, Austria

Introduction:

The COVID-19 pandemic has highlighted significant challenges in the global healthcare sector. The World Health Organization predicts a global shortage of 10 million health workers by 2030, adversely affecting population health. In Austria, a shortfall of 76,000 care workers is projected by 2030. The research question guiding this study is “What are the barriers and opportunities for effective leadership in addressing healthcare workforce challenges in Tyrol, Austria, with a focus on retaining and recruiting healthcare professionals?” Understanding these dynamics is crucial as new generations enter the sector and face evolving methods and challenges.

Methods:

A total of 124 individuals within the health and social sector in Tyrol were interviewed in 2022 about the corporate culture. The interviews were conducted using a problem-centered approach, and the data was analyzed using inductive content analysis.

Results:

Findings revealed a pronounced hierarchy in nursing and a lack of appreciation evident in communication, collaboration, and interprofessional relationships. Criticism of poor working conditions, unreliable rosters and non-transparent or poorly organized processes is high. Flexibility is understood in two dimensions, as something that affects employers and employees alike. Nurses expressed a desire for greater recognition and autonomy. Additionally, healthcare professions' public image is seen as ambivalent.

Conclusion:

To improve job satisfaction and retain healthcare professionals, it is necessary to transition towards shared decision-making, implement a flatter organizational structure, foster an inclusive work environment with a robust feedback culture, provide flexibility in working hours and contracts, offer educational opportunities, and empower nurses with greater responsibility and autonomy.

Nurses' preferences for modifiable hospital working conditions: a discrete choice experiment

Miedema N¹, Felder M¹, Wallenburg I¹, Veldwijk Jorien¹, Rutten-van Molken M¹, Goossens L¹, RN2Blend consortium²

¹ Erasmus School of Health Policy & Management, Erasmus University Rotterdam, Rotterdam, The Netherlands

² RN2Blend consortium

Introduction:

The demand for nursing staff is ever increasing due to aging population. However, it is estimated that on average 9% of European hospital nurses consider leaving their profession within a year. Hospitals need more specific information on the work preferences of nurses to be able to increase nurses' retention. We investigated nurses' preferences for modifiable hospital working conditions by conducting a Discrete Choice Experiment (DCE). This study is, to our knowledge, the first European study assessing modifiable hospital working conditions using a DCE.

Methods:

DCE is a methodology used in health economics to quantify individuals' preferences and trade-offs, and to predict choice behaviour. Participants are repeatedly presented choices between several alternatives, which are described by a set of attributes. In this case participants were 966 Dutch nurses. They were asked to choose between three alternatives: two hospital nursing jobs with eight different modifiable working conditions, and an optout (leave the profession). The data were analysed using a mixed logit model.

Results:

The attractiveness of jobs was increased most by a higher salary, flexible scheduling, influence within the organisation and more social engagement. The preferences for professional development and nature of work were quite mixed. The attractiveness of jobs was least increased by a different organisation of work and additional support with mental or physical strain.

Conclusion:

This study indicates that nurses' preferences are influenced by both economical and non-economical working conditions. Additionally, some factors show contrasting preferences which could indicate that working conditions should accommodate individual preferences and adjustable for different alternatives.

Session 1.2 – Holistic Healthcare Practices 1

Co-designing a culturally-informed Intervention to promote family-centred care in an Indonesian Paediatric Intensive Care Unit

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Introduction:

Around half of critically ill children's parents reported having symptoms known as Post-Intensive Care Syndrome-Family (PICS-F). Family-centred care (FCC), a globally recognised philosophy of care in paediatric nursing, acknowledges the importance of supporting these parents, as this support may also improve the outcomes of their children. However, Paediatric Intensive Care Units (PICUs) have adopted FCC very slowly, particularly in resource-constrained settings such as those in developing countries. The study will be conducted in Indonesia, a developing nation renowned for its diverse socio-cultural background. Therefore, there is a need for a structured intervention that acknowledges the significance of cultural sensitivity. This study aims to understand parents' experiences and needs to inform the design of an intervention to promote FCC in Indonesian PICU.

Methods:

In this study, data will be obtained in two phases. In the first phase, an interpretive description will be used with a purposive heterogeneous sampling strategy to reflect the range of children and parents in the PICU. Phase 1 will include non-participant observations, medical records, and semi-structured interviews with parents. Approximately 15 parents will be interviewed or until the sample has acquired satisfactory information saturation. Phase 2 will include four co-design workshops, with parents and nurses joining separate sessions to ensure conducive environments for expressing their perspectives. A constant comparative method will be used for data analysis.

Results:

By delving into parental experiences and considering how cultural nuances may influence their needs, the intervention will be informed by parents' perspectives and aligned with the Indonesian PICU context.

The manifestation of neuropsychiatric symptoms in older psychiatric patients with cognitive impairment: An ethnographic case study

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Introduction:

Neuropsychiatric symptoms (NPS) in older people with cognitive impairment include heterogeneous symptoms such as apathy, agitation, or depressive mood. These symptoms are distressing for patients, health professionals and informal caregivers. In return, this distress can even lead to a behavioural crisis in people with cognitive impairment and subsequent admission to geriatric psychiatry. However, there is a lack of knowledge about the manifestation of NPS and the usual care practices of health professionals in acute geriatric psychiatry. This knowledge is needed to develop effective non-pharmacological interventions aimed at reducing NPS in further steps. Therefore, our study aims to investigate the manifestation of NPS in people with cognitive impairment hospitalised for behavioural crises and the usual care practices of health professionals encountering NPS in two acute geriatric psychiatric units of a university hospital in German-speaking Switzerland.

Methods:

An ethnographic case study design will be used with participant observation, ethnographic interviews and data review as methods of data collection. In addition, an iterative process will guide the data collection and analysis, moving from a relatively open ethnographic observation phase to piloting a case study and finally to a structured data collection for the case studies.

Results:

At the conference, I will provide insights into the methodological process and the primary findings of this ethnographic case study.

Conclusion:

Conclusion is not yet available.

Assessing Delirium in a Hospital in Germany- Psychometric Testing of the Ultra-Brief Confusion Assessment Method (UB-CAM).

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Introduction:

Delirium is an acute risk and medical emergency, especially for older people'. The prognosis for people with dementia who also suffer delirium is still underestimated. Unfortunately, nurses and physicians fail to recognize delirium in more than 66% of hospital cases. A structured, validated and user-friendly delirium assessment is of

enormous importance for optimizing the acute care of elderly patients, especially with regard to avoiding complications.

The evidence-based Ultra-Brief Confusion Assessment Method (UB-CAM) needs to be validated in German. In our study we conducted psychometric testing on two pilot wards of the RKU in Germany. We expect that a structured and systematic application of the UB-CAM will improve the assessment of delirium and initiate timewise interventions.

Methods:

A mixed-methods design is used to enable a combination of a qualitative (translation process, cognitive debriefing, focus group interviews) and quantitative (psychometric testing at pilot wards using the application) part.

Results:

After the cognitive debriefing and training in the digital application of the UB-CAM, the pilot wards were accompanied by an APN. Preliminary results of the psychometric testing and focus group interviews will be presented. We identified challenges of culturally sensitive adaptation. The results of the focus group interviews address live topics. Altogether, all results provide insight into how the nurses handle the application of the UB-CAM and where adjustments may need to be made.

Conclusion:

The training of the nurses and the monitoring of the application of the UB-CAM is essential to be successful.

The concept of “Routine care” and “Usual care” in the nursing discipline: a multi-method study

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Introduction:

The term “Routine” is used in various fields of knowledge with multiple connotations. In nursing, it remains poor developed and inconsistently defined in literature. This study aims to define “Routine care” and “Usual care” in nursing, exploring their implications in clinical, research and educational contexts.

Methods:

A multi-method approach. In the first phase, a systematic review synthesized definition of “Routine care” and “Usual care” following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis – guidelines. The second phase involved semi-structured interviews with multiple stakeholders (nurses, physicians, patients, caregiver, students) to explore the concept at the practical levels.

Results:

From 27,364 studies, the 10 articles included identified 16 thematic areas defining "Routine care" and "Usual care". "Routine care" was mainly characterized by repeated activities over time. Nineteen semi-structured interviews were conducted, involving 7 nursing students, 4 nurse manager, 2 patients, 2 caregivers and 4 physicians, who reported heterogeneity in the interpretation of these concepts.

Conclusion:

Concepts of "usual care" and "routine care" are not equivalent still and appear poorly conceptually and practically defined. "Routine care" are oriented towards work efficiency, and it is influenced by temporal, relational, cultural and ritual factors. The "usual care" varies considerably between contexts and individuals reflecting mainly the current standards of care. There is a need to further develop these concepts according also to their relevance in comparative or interventional studies.

Session 1.3 – Nursing Practice in Focus 1

A Systematic Review of Nursing Interventions for Dyspnoea Management among Inpatients with Cancer in Palliative Care

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Introduction:

Dyspnoea is one of the most distressing symptoms for patients with cancer. Dyspnoea necessitates the need for appropriate non-pharmacological interventions for its management and suitable assessment scales. The aim of this systematic review was to explore the nursing interventions and assessment scales for managing dyspnoea in cancer patients receiving palliative care.

Methods:

A systematic review was conducted and five electronic databases, CINAHL Complete (EBSCO), PubMed (Medline), Web of Science, Scopus and the Cochrane Central Register of Controlled Trials) were searched between January 2008 and December 2022 for publications in English. Studies that comprised randomised controlled trials (RCTs), non-randomised controlled trials or quasi-experimental settings were included.

Results:

A total of 877 studies were identified and seven studies published between 2010 and 2019 were included in the systematic review. Four nursing interventions were identified that support a patient's physical breathing such as face-to-face therapy, and mental functioning such as theta music with guided imagery therapy, virtual reality (VR) travel and patient education programme involving case management group therapy are effective in managing dyspnoea. Four scales, the NRS, the MBS, the ESASr and the EORTC QLQ-C30, were used to measure the effectiveness of the interventions.

Conclusion:

These interventions have proven effective, with outcomes centred on changes in physiological measurements and patients' subjective expressions. Nursing interventions and patient self-reported assessment scales of dyspnoea should be implemented in the dyspnoea management of patients with cancer in palliative care. It is crucial to use both subjective and physical assessment methods to accurately measure the outcomes of these interventions.

Practice variation in hours, type and duration of home care in the assessments of one client case: a survey study

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Introduction:

Nurses use clinical reasoning to identify and address nursing problems, plan interventions, and decide on the amount and type of care. In the Netherlands, bachelor-educated home care nurses' clinical judgements functions also as access to insured home care. Earlier research findings showed variation in terms of systems used and nursing reports. However, it remains unclear if nurses' assessment of hours, type and duration of home care vary. This study aims to explore variations in the hours and types of home care provided based on the needs assessed by home care nurses.

Methods:

A cross-sectional survey was used. Home care nurses assessed the needs of one specific client. The videotaped client case, with cues for connecting the diagnosis of mourning, loneliness, and ineffective self-management, was presented in an online survey. Next to demographic questions about age and years of experience, they were asked to state nursing diagnoses, aimed results, and hours and type (interventions) of care per week for this client.

Results:

The survey was completed by 160 nurses. Preliminary results show that almost 90%, of all home care nurses state ineffective self-management as the main nursing diagnosis. Connections between these diagnoses and psycho-social diagnoses were expected, yet they were not selected. Interventions are set on regular medicine intake and gaining more client mobility. The indicated hours of care per week varied between 30 minutes and 15 hours.

Conclusion:

A large variation of care needs and time was indicated. Nurses focused on physical rather than psycho-social problems. Connections between nursing problems were missed.

Experiences of students in nursing professions with the end of life

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Introduction:

Little is talked about the end of life even though it is a topic that affects all of us – especially (future) nurses. Based on different studies I assume that students in older people and nursing care are often confronted with the end of life even before they start their training. Although such experiences can have an impact on their career choice and professional experiences (and vice versa), neither in training nor in research much attention is paid to this matter. I therefore analyse the pre-, extra- and early professional experiences with death, dying and bereavement of students in nursing professions.

Methods:

As part of our research project “SoKuL”, students in nursing professions, among others, talked about these biographical experiences in 13 storytelling cafés on "stories about the end of life". In consideration of the innovative character of the storytelling café as a research method, the students together with us reflected on its impact. The narratives are analysed using a text-analytical approach, while a thematic-analytical approach is pursued in the analysis of the focus groups. The main goal is the reconstruction of biographical experiences with end-of-life care as well as establishing the storytelling café as a qualitative research method. I will also demonstrate that it constitutes a useful tool in the training of students in nursing professions to make their biographical knowledge visible and useful for their professional future.

Session 2.1 – Education and Digitalization

PerCenAI – Development of Artificial Intelligence to analyse patient stories in the context of Person-Centred Nursing Quality

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Introduction:

Person-centredness became a fundamental principle of good healthcare. One way to reflect the quality of care in terms of person-centredness is to use “Key Performance Indicators (KPIs)”. These can be tracked by using a measurement framework, available in an App. Patient stories are a central data source, automatically transcribed in the App.

Although nurses categorize and map them to the KPIs. This could be automated using artificial intelligence (AI). The aims of this dissertation are to improve the usability of the App by implementing AI and to explore whether the use of an AI contradicts the philosophical underpinning and principles of person-centredness.

Methods:

The study utilises a multi method approach with a strong focus on user involvement. A valid database of approximately 100 real patient stories is collaboratively created with experts in person-centredness. Workshops are conducted with nursing experts to ensure that the AI's type and functionality meet practice requirements. Following the AI development, a pilot test is conducted: Interrater reliability compares the AI and the human perspective. Focus groups with nurses will address usability, acceptance, and trust in AI. Additionally, discussions about the use of AI in the context of person-centredness and ethical issues are planned.

Results:

n/a – early stage PhD

Conclusion:

n/a – early stage PhD

Nursing students’ perception and communication of patient safety concerns - A multicenter cross-sectional survey study in Austria

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Introduction:

The expression of safety concerns to prevent adverse events and possible harm to patients is called Speak Up. Despite the specific challenges nursing students face with Speak Up, little is known about their behavior in Austria.

Methods:

Between February and April 2024, we conducted an online survey using the SUPS-Q and H-PEPSS instruments among approximately 4000 bachelor's degree in nursing students at twelve Austrian study locations. Descriptive statistics were used to examine how students perceived the communication of safety concerns in their last clinical placement and the main barriers to Speaking Up. The Kruskal-Wallis-test was utilized to test for significant differences in Speak Up behavior based on study term, institution, age, and gender.

Results:

Among 982 respondents, 78.1% had experienced at least one patient safety concern during their last placement. 57.9% chose not to voice an existing concern at least once. The primary reasons for not voicing concerns were fear of negative consequences (62.4%) and the reaction of the person causing the concern being unpredictable (50.1%). Our (preliminary) results indicate no significant differences in Speak Up behavior concerning study term, age, or gender. However, significant differences were observed between study institutions.

Conclusion:

Survey results imply that nursing students in Austria commonly notice safety concerns but may remain silent fearing negative consequences. Speaking Up behavior seems to be unrelated to study term, age, or gender but differs significantly between institutions. The results enable us to conduct contrasting case analyses, forming the second qualitative part of the explanatory sequential design of this doctoral thesis.

The effectiveness of digital gaming on the functioning and activity of older people living in long-term care facilities: a systematic review and meta-analysis

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Introduction:

Long-term care facilities (LTCF) residents often experience symptoms of depression, loneliness, and social isolation and their physical functioning is low. Playing digital games has been found to be motivating and entertaining way for older people to maintain physical activity and therefore functioning. The objective of this review was to identify, critically appraise, and synthesize evidence about the effectiveness of playing digital games on older people's physical, psychological, and social functioning and physical and social activity in LTCF.

Methods:

A systematic review was conducted according to Joanna Briggs Institute guidelines. Five databases were systematically searched and two reviewers independently screened records for inclusion based on inclusion criterias. A quality assessment was made for included studies by two independent reviewers. Narrative synthesis and meta-analysis were conducted for 15 studies.

Results:

All digital games used in the interventions were exergames. Meta-analysis showed that exergame interventions have a statistically significant large effect on physical functioning [number of studies (N) = 6, standardized mean difference (SMD)= 0.97, p = 0.001] and self-assessed physical activity (N = 3, SMD= 1.20, p < 0.001) and medium effect on social functioning (N= 5, SMD= 0.74, p = 0.016) compared to alternative intervention or no intervention. There was no significant difference between groups of pooled depression scale scores.

Conclusion:

The results are encouraging that exergames effectively increase the physical and social functioning and physical activity of older adults living in LTCF. The effects in terms of psychological functioning are not completely clear but exergaming might reduce depression symptoms in older people. More research on the effectiveness of digital gaming on social activity is needed.

Session 2.2 – Nursing Practice in Focus

Effective interventions for older adults (65+) transitioning from acute care setting to home: a systematic review

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Introduction:

The global population is experiencing a rapid increase in the number of older adults, posing significant challenges to health and social care systems around the world. These challenges are compounded by the frequent transitions between levels and settings of care that older adults often require. This is particularly true given the prevalence of multiple chronic conditions and complex care needs in this population. However, these transitions can be a vulnerable period associated with risks such as poor clinical outcomes, patient dissatisfaction and inappropriate use of health services. Therefore, this review aimed to identify and synthesise the existing published evidence on the effectiveness of interventions designed to optimise the transition of older adults from acute hospital to home. The research question is: What are effective interventions aimed at optimizing the transition from acute care settings to home for older adults?

Methods:

PubMed, CINAHL complete, and Scopus were comprehensively searched from February 6th to March 6th, 2024, to identify studies assessing the effectiveness of interventions in older adults transitioning from hospital to home. These studies included randomized-controlled and quasi-experimental designs. Studies published between 2013 and 2024 and written in English, German, French or Italian were included.

Results:

Study screening was completed, and critical appraisal is ongoing (n=38). Results will be available to present at the conference on identified interventions and outcomes. Our findings will help inform effective transition strategies to optimise the transition from acute care settings to home for older adults.

Conclusion:

Optimising transitions benefits patients and reduces health system burden. Evidence-based interventions can ensure safe transitions from hospital to home.

Safety and efficacy of subcutaneous administration of Beta-Lactams: a Systematic Review and Meta-analysis

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Introduction:

Beta-lactam antibiotics are widely used for bacterial infections due to their efficacy. Subcutaneous administration, beneficial for patients with oral intolerance or poor venous access, shows efficacy comparable to intravenous routes. This method could extend antibiotic use beyond hospitals, improving healthcare. The study aims to evaluate the safety and efficacy of subcutaneous beta-lactam administration compared to other routes or placebo.

Methods:

This study was developed according to the PRISMA 2020 guidelines. The research question defined: population as individuals of all ages; the intervention as subcutaneous administration of beta-lactams; the comparison as no intervention or placebo or other routes of administration; the outcomes as safety and efficacy; the study design as clinical trials and prospective observational studies. Online databases were accessed: Pubmed, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, Scopus and Clinicaltrial.gov. The resulting records were blindly checked by two researchers and disagreements were resolved by a third researcher. The same process was carried out independently for data extraction.

Results:

The search strategy identified 2953 records, of which 534 were checked for duplicates. At the end of the process, thirty-one records were eligible for full-text evaluation. The data extracted from the records suggest satisfactory results for the safety and efficacy of subcutaneous administration of some antibiotics. However, there is considerable imprecision due to the heterogeneity of the studies.

Conclusion:

This systematic review and meta-analysis adds promising new information about subcutaneous administration of antibiotics, but further randomised clinical trials are needed to gain a more complete understanding of safety and efficacy.

Advanced nursing practitioners' impact on adult patients in acute care - partial results of a literature review

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Introduction:

We designed a literature review. Initially, we conducted a systematic search in Medline (via PubMed), CINAHL, Cochrane Library, and PEDro. Screening of titles, abstracts, and fulltexts was then performed by three independent reviewers. We only included English or German studies reporting on patient outcomes related to advanced practitioners in acute care. Finally, results were thematically analyzed and clustered. This abstract reports on partial results concerning ANPs in adult acute care.

Methods:

The systematic search yielded 4,332 results, of which 67 were included in our primary review. Of these, 47 matched the inclusion criteria of this sub-study ANPs performed diagnostic procedures (e.g. test ordering, X-ray, and ECG interpretation) and treatments (e.g. minor trauma care, analgesia application) equivalent to physicians. Care provided by ANPs resulted in reduced mortality, less adverse events (e.g. infections, pressure injuries), and improved vital signs. Patients were treated faster, had reduced hospital length of stays, and less readmissions.

Results:

Conclusion:

ANPs provide high-quality diagnosis and treatment. Delivered care resulted in various improved patient outcomes. Therefore, the education and implementation of ANPs in adult acute care is highly recommended.

Navigating the Dimensions of Autonomy and Nurses Autonomy-Supportive Behavior Through the Lens of Nursing Theories.

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Introduction:

As people age, their dependency on others in essential self-care activities intensifies. Although the core of nursing is to support older people's autonomy in these activities, there remains a lack of knowledge on what autonomy is and how nurses could show autonomy-supportive behavior within these activities. For this reason, we consulted nursing theories to find guidance. The aim of the study is to explore if, and how, nursing theories describe autonomy and what actions nurses should undertake to demonstrate

autonomy-supportive behavior within essential care activities in long term care. To achieve this, we first examined if and how autonomy is described within nursing theories.

Methods:

We conducted a scoping review, selecting nursing theories from nursing theory textbooks, internet search engines and expert checks. Nursing theories mentioning autonomy (or synonyms such as independence) were included, and data extraction was done using inductive coding.

Results:

We identified twenty-five nursing theories, of which nine were included for further analysis. Autonomy is described as a broad concept comprising being oneself, having freedom and control over one's life, expressing and making choices and engagement in carrying out actions. We derived six autonomy-supportive behaviors: being aware of your own behavior, respecting individual uniqueness, fostering interpersonal connections, facilitating open communication, allowing the other person to choose the best action, and collaborative guidance and assistance.

Conclusion:

Although autonomy is a key concept in nursing, nursing theories do not explicitly define autonomy and autonomy-supportive behavior. Though they do provide guidance for aspects of autonomy and autonomy-supportive behavior within essential caregiving.

Session 2.3 – Different Perspectives on Health and Health Problems

‘What is the impact of the CEOL (Compassionate End of Life) program on end of life care from a staff, family and organizational perspective?’

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Introduction:

Health care staff face emotional distress due to death and dying. To address this, the Compassionate end of life care programme (CEOL), provides staff with skills in the provision of end of life for residents. The aim of the study was to explore impact of the CEOL programme from staff, management, and residents' families perspectives.

Methods:

Seven CEOL and 3 non-CEOL sites including 371 staff, 7 DoNs and 4 family members participated. SNs at both types of sites exhibited good self-efficacy, while HCAs in CEOL sites display the highest stress levels. Higher levels of grief were observed among HCAs compared to staff nurses in non-CEOL settings. DONs felt the CEOL program had a favorable influence on their institutions, and family members were happy with the care their relatives had received.

Results:

A mixed method approach was employed. Following ethical approval, two types of clinical sites in Ireland were chosen, those using the CEOL programme and those not. Staff nurses (SNs) and health care assistants (HCAs) completed the palliative care self efficacy tool, the nurses stress scale and the texas revised inventory of grief. Residents relatives completed the CEOL feedback tool, and one to one interviews were undertaken with the directors of nursing (DoNs). Quantitative data were analysed using descriptive statistics and Qualitative data were analysed using thematic analysis.

Conclusion:

The conflicting outcomes suggest that the CEOL program may not be the primary influencing factor, but rather, Covid-19. Therefore, further research is warranted to attain more precise findings.

Car-T Cell Therapy from the Perspective of Patients, Family, Caregivers and Nurses. A Multicentric Qualitative Study

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Introduction:

CAR T cell therapy is becoming increasingly important in the treatment of haemato-oncological cancers. Knowledge is available on the management of the main side effects and the possible late effects. On the lived experience of patients, their family caregivers and the experiences of nurses there is hardly any knowledge. In three qualitative studies, the participants stated that there was no alternative to the treatment decision, that monitoring after the administration of CAR T cells was stressful and that the occurrence of late effects was surprising for them. The aim of the study is to investigate how patients with severe haemato-oncological diseases, their family caregivers and the nursing staff experience and shape CAR T cell therapy.

Methods:

During the process of CAR T cell therapy, the patients and family caregivers interact with each other, with their social environment and with the healthcare professionals. A qualitative study design will be conducted to investigate these processes and social interactions during CAR T cell therapy. Data will be obtained using semi-structured interviews with patients and family caregivers as well as focus group interviews with healthcare professionals. The interviews are going to be recorded, transcribed and analysed according to grounded theory by Charmaz.

Results:

The results are expected to reflect the lived experiences of patients, family caregivers and nurses during the process of CAR T cell therapy and their interactions with each other. Support needs of patients and family caregivers are to be identified and to contribute to the development of a care concept for CAR T cell therapy.

Conclusion:

Spirituality and care: a holistic perspective for family caregivers

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Introduction:

Family caregivers suffer from multiple strains, e.g., lack of leisure time or social isolation. This has a negative impact on their health, well-being, and quality of life. To mitigate the caregivers' burdens, spirituality can be used as a resource. There is currently a lack of studies examining how spirituality is experienced by family caregivers of people with different illnesses and different stages of illness. The following research question was identified: how do family caregivers of people with various illnesses and care needs experience spirituality?

Methods:

In a qualitative study, semi-structured interviews with 24 family caregivers in Bavaria, Germany were conducted, recorded, transcribed, and analyzed using content analysis

according to Mayring. The family caregivers care for children, partners, or parents with various illnesses and care needs.

Results:

Family caregivers who find meaning in their lives are generally more aware of themselves as persons with their own requirements, are better able to distinguish between themselves and caregiving, and can better accept help. Family caregivers should clarify why they are caring for the person in need of care and what define their own lives. These questions should be answered in the context of their values, their past, present, and future.

Conclusion:

Regardless of the illness and the specific care needs of the relative, clarifying the meaning of one's own life is essential to accepting the role of caregivers and coping with it in a positive way over a long period of time. In this reflective process, many family caregivers need professional support.

Session 3.1 – Healthcare as a Workplace 2

Workplace violence and their determinants toward formal caregivers in the homecare setting: A cross-sectional study.

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Introduction:

Workplace violence against formal caregivers is a significant concern in health care, with consequences on formal caregivers' health state as well as care-dependent people's quality of care. However, this topic is rarely investigated in European home care settings. Therefore, this study aims to assess the frequency, type of violence, consequences and related factors of workplace violence towards formal caregivers working with care-dependent people living at home.

Methods:

A descriptive cross-sectional study was conducted, with a convenience sample of formal caregivers employed in a home care setting in the French-speaking part of Switzerland. The formal caregivers included in this study met the following criteria: (1) aged 18 years or older, (2) directly involved in providing care to the care-dependent people living at home, and (3) possessed sufficient proficiency in French.

Results:

Out of the 686 invited formal caregivers, 200 participated in the study. In total 42% of the participants reported experiencing at least one instance of workplace violence in the last year, including physical violence (14.5%), non-physical violence (39%), sexual harassment (8%), and sexual aggression (2.5%). Consequences of workplace violence included injuries, with 24% of participants experiencing injuries during the most recent incident of physical violence.

Conclusion:

These findings emphasize the high rate of workplace violence toward formal caregivers in the home care setting in Switzerland and highlight the significant consequences for formal caregivers. Addressing and reducing workplace violence is crucial for maintaining formal caregiver safety, quality of work and the care-dependent people's quality of care.

Presenteeism among Nurses: An Integrative Review

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Introduction:

Going to work despite physical or mental limitations is called presenteeism. Factors such as emotional stress and workload contribute to presenteeism among nurses, leading to adverse consequences for staff and patients, including higher healthcare costs and compromised patient care. Although research on presenteeism is increasing, further research is needed to understand its impact and develop effective interventions fully.

Methods:

An integrative review of the associated literature was conducted. Online databases were searched for research related to presenteeism in the nursing workforce. Original primary research investigating presenteeism in the nursing workforce, in all clinical settings, in English or German, and published between 2018 and 2023 were included.

Results:

This review includes 37 studies that meet the inclusion criteria: 31 quantitative, four qualitative, and two reviews. The studies are predominantly hospital-focused, with only two qualitative studies addressing nursing homes. The results cover prevalence, reasons, personal/work-related factors, and individual/organizational consequences. The findings reveal that 49.2% of nurses experience presenteeism. The causes of presenteeism include workload, team culture, age, childcare, job insecurity, and leadership.

Conclusion:

Future studies should broaden their scope to include outpatient care, retirement homes, and nursing homes to understand presenteeism in these settings better. It is crucial to raise awareness of presenteeism in nursing and develop measures to improve the health and well-being of nursing staff, patients, and residents while enhancing organizational efficiency. Furthermore, further investigation is needed to explore the potential positive effects of presenteeism.

Burnout and back pain in homecare workers and the association with psychosocial work environment - a national multicenter cross-sectional study

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Introduction:

Healthcare professionals face various work environment risk factors in their workplace that can negatively impact their health and consequently patient safety. Homecare presents specific risk factors. Despite these and the increasing future need for homecare, little attention has been directed to homecare workers' health and work environment. Therefore, our study aimed to 1) determine the prevalence of burnout and back pain among homecare workers in Switzerland and 2) assess its association with psychosocial work environment.

Methods:

This study is part of a national multicenter cross-sectional study in the Swiss homecare setting. Using a stratified random sample, we recruited 88 homecare agencies and collected data from January to September 2021 through paper-pencil questionnaires for employees (n=3223). To assess the association of psychosocial work environment and health-related outcomes we conducted multilevel regression analyses.

Results:

Most homecare employees reported back pain (68.4%). One quarter (26.3%) reported burnout. Work-life balance, workload and verbal aggression from clients showed to be significant positive associated with both outcomes. In addition, leadership (β -2.60 [95% CI; -3.84, -1.36]) and social support from colleagues (β -0.04 [-0.07, -0.01]) showed to be significant associated with burnout.

Conclusion:

Our findings, suggest that psychosocial work environment factors, such as work-life balance, workload, leadership, social support from colleagues, and verbal aggression from Clients influence workers' health and should be taken into consideration when designing interventions to improve workers' health. Initiatives and strategies at safeguarding and promoting homecare workers' health and well-being will benefit not only the workers themselves but also contribute to patient safety, quality of care and the sustainability of homecare.

Session 3.2 – Holistic Healthcare Practices 2

Exploring the definition and conceptualization of informal coercion in inpatient psychiatry: preliminary results of a scoping review

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Introduction:

Coercion is any action taken against a patient's expressed will or resistance and can take many forms and is subject to ethical and legal judgment. The definition of coercion includes formal coercion, which refers to measures that restrict movement (involuntary admission, seclusion, physical or mechanical restraint) and treatment without consent (chemical restraint). It also refers to informal coercion, a verbal and nonverbal form of communication used by mental health professionals to achieve a particular behavior and influence the patient's decision. Informal coercion consists of a wide range of subtle interventions designed to control, influence, manipulate, or pressure. Unlike formal coercion, informal coercion is not regulated by law, is not included in clinical guidelines, and has little scientific evidence. Another problem is the lack of an accepted definition and a valid conceptual framework. In addition, the limited number of studies available have focused on the outpatient setting. Because of these ambiguities, we examine how informal coercion is defined and conceptualized in empirical and theoretical research on inpatient psychiatric care. Accordingly, the aim of this review is to map the state of knowledge regarding definitions and conceptualizations of informal coercion in inpatient psychiatry.

Methods:

A scoping review was conducted in October 2023 according to the Joanna Briggs guidelines. After data extraction, study characteristics, reported definitions, and conceptual frameworks were narratively summarized and compared based on Walker and Avant (2019).

Results:

Preliminary results are pending and will be presented at the conference.

Conclusion:

Pending and will be presented at the conference.

The experience of patients with acute graft-versus-host disease about oral medication adherence: a qualitative descriptive study

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Introduction:

Adherence to immunosuppressors after an allogeneic hematopoietic stem cell transplant (HSCT) is required for the prevention and treatment of acute graft-versus-host disease (aGvHD), one of the most frequent HSCT complication. The aim of this study was to explore the experience of patients with aGvHD about adherence to immunosuppressors.

Methods:

A phenomenological qualitative descriptive study was conducted through a purposeful sample of 16 patients with aGvHD in the outpatient setting of a bone marrow transplant centre. The audio-recorded semi-structured interviews were transcribed and analysed according to thematic analysis. Member checking was performed.

Results:

Participants aged 25-74 years and mainly males (62.5%) developed cutaneous aGvHD (75%) and 56.2% were in treatment with both cyclosporine and prednisone. Patients' experience has been summarised around four main themes: "Transiting from an external obligation to a habit", "Experiencing the effects of the immunosuppressors", "Failing in respecting systematically the rules", and "Adopting personal strategies to become adherent". After initial difficulties and external obligation, the patients get used to a new habit in order to be adherent to their medication regimen and face with the side effects. Although there are failures in systematically respecting the right intake with episodes of non-adherence, the adoption of personal strategies helped patients to become adherent.

Conclusion:

Immunosuppressors affect everyday life of patients with aGvHD; however, they learn a new habit to be adherent. These results could increase healthcare professionals' awareness of patients coping with aGvHD, to be supportive in the adherence management process. Future studies are required to increase adherence in this population, considering the role of caregivers.

Non-pharmacological interventions to prevent and treat delirium in critically ill children: a scoping review

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Introduction:

Delirium is one of the most common forms of acute cerebral dysfunction in critically ill children, leading to increased morbidity and mortality. The aim was to identify studies describing or evaluating non-pharmacological interventions to prevent or treat pediatric delirium.

Methods:

Scoping Review. Searches were performed in Medline, CINAHL, Cochrane Library, Ovid (Journals), EMBASE and Web of Science from 01/2000 to 04/2023. A hand search was conducted on 01/2024. Title and abstract screening and full-text review of articles were conducted by two reviewers based on prespecified inclusion criteria. Two reviewers extracted relevant information from the included studies in tabular form. Extracted variables included publication year, title, author(s), country, setting, population and age, design, sample size, intervention components, outcome(s), and findings.

Results:

Nine before-after, quality improvement or descriptive studies and two reviews were included. Interventions for preventing and treating pediatric delirium include handling day/night cycles, improving sleep, structuring the day, encouraging family presence and involvement, promoting mobilisation, implementing orientation practices, utilizing personal items and aids. The included evidence indicates that bundled interventions may be effective in delirium occurrence.

Conclusion:

Various non-pharmacological interventions are described to mitigate pediatric delirium, but the underlying evidence is limited. Interventions used in adults may be adopted to prevent or treat pediatric delirium. High-quality intervention research is needed to evaluate the effect of non-pharmacological interventions.

Development of clinical items to identify dysphagia in patients with dementia — An e-Delphi study.

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Introduction:

Dementia affects a significant portion of healthcare patients, exacerbated by global aging. Dysphagia, prevalent in up to 93% of elderly individuals via Fiberoptic Endoscopic Evaluation of Swallowing (FEES), poses challenges, particularly in dementia, leading to complications like aspiration pneumonia. Despite common use, feeding tubes in dementia lack evidence for efficacy and increase restraints. Proper dysphagia assessment is vital to prevent complications, reducing hospital stays and economic burdens. Gold standard methods like videofluoroscopic swallowing study (VFS) and FEES have drawbacks, including costs and radiation. Alternatives like logopaedic diagnosis exist, but bedside assessments with various food consistencies, though radiation-free, require trained personnel. Accessibility, especially during non-working hours, remains challenging. Trained nurses, while effective in dysphagia screening, face caring-resistant behavior, especially in severe dementia. Recognizing the need for inconspicuous assessments, the study suggests nurses' potential role, employing Delphi methodology to identify clinically observable items for dysphagia identification during eating situations.

Methods:

An expert panel consisting of five nurses, eight speech language therapists and five physicians participated in this three-round e-Delphi survey from November 2022 to January 2023.

Results:

The content analysis initially generated 36 items suggested by the expert panel. Seven additional items were incorporated from the literature review. In rounds 2 and 3, a 4-point Likert scale was used to rate each item and to calculate the level of agreement. The predetermined level of agreement exceeded 70% for 23 items.

Conclusion:

Based on the expert opinions, it is possible for nurses to identify dysphagia in patients with dementia by using the determined 23 items while observing a typical eating situation.

Session 3.3 – Different Perspectives on Health and Health Problems

Ethical Contemplations: Patient and Public Involvement in Randomized Controlled Trials within Cancer Care Research

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Introduction:

Patient and public involvement (PPI) in cancer research has been recognized as a mean of improving validity and relevance of research outcomes. This approach emphasize the importance of doing research with, rather than on people with lived health or disease experience. With the growing recognition of PPI in cancer research, current research aims to implement a nurse-led intervention with the integration of PPI on self-care behavior outcomes of patients with cancer. Involving patients with cancer, their caregivers, oncology nurses and oncologists in Randomized Controlled Trials (RCTs) raises several ethical considerations that researchers must carefully address. Ethical dimensions at various stages of RCTs necessitates careful considerations. The primary aim is to assess the ethical implications of PPI in cancer care RCTs, considering its impact on study design, participant recruitment, and outcome dissemination. Moreover, benefits and challenges associated with PPI will be addressed. Furthermore, existing methods and frameworks aimed at fostering ethical engagement of PPI within the context of cancer care RCTs will be evaluated.

Methods:

A comprehensive review of literature, including case studies and empirical research will be conducted to analyze existing frameworks, methodologies, and outcomes related to PPI in cancer care RCTs. Moreover, synthesis of evidence will inform ethical considerations surrounding PPI engagement in cancer research.

Results:

Incorporating PPI in cancer care RCTs contributes to increased study relevance, active engagement, acceptance of intervention, participant satisfaction, and ethical research conduct. Challenges include balancing diverse perspectives and managing potential conflicts. Strategies for effective PPI implementation requires transparent communication and collaboration between researcher and members of PPI.

Conclusion:

Ethical contemplations on PPI in cancer care RCTs highlight the importance of a patient-centered approach. Ethical engagement enhance the validity and applicability of research findings.

Incivility in the Therapeutic Radiography clinical setting in the UK: A concept analysis

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Introduction:

Incivility is currently defined as 'Low intensity deviant behaviour with ambiguous intent to harm the target in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others' (Andersson and Pearson, 1999, p.457) The focus is to explore this further in Therapeutic radiography, this presentation will focus on the methods and findings of a concept analysis.

Methods:

A concept analysis using the 6-steps Rodgers Evolutionary method where (Identifying the concept and related terms, determining the appropriate realm for gathering data, determining attributes, antecedents, and consequences, data analysis, identify an exemplar and identify hypotheses and/or implications for further development of the concept). The data included all articles published in English between 1999-2022.

Results:

A total of 41 data sources were selected, the concept analysis identified clusters of attributes, antecedents, and consequences with 3 regularly occurring defining attributes - rudeness, disrespect, and a lack of malicious intent were identified. When experienced by the individual, incivility can lead to significant personal and professional detriments for both victim and organisation including psychological distress such as anxiety and depression; sick leave affecting the service and patients and reduced citizenship

Conclusion:

This process of current concept clarification and its findings have been utilised in the development of a questionnaire guide to explore the participants' understanding of the concept of incivility, their personal experiences of incivility including that of witnessing incivility. The final phase of this study will aim to focus on the extent of incivility in the identified population.

Felt-bodily communication as a medium for parents and their children with care needs: a neo-phenomenology perspective

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Introduction:

In my dissertation, I explore felt-bodily communication as a medium between parents and their children with care needs. For parents and their children, it can be a way of communicating beyond words. The felt body emerges from the moment and influences the way of being with the person. For example, eye contact, touch and the sound of the voice make it possible to establish contact without the spoken or written word. Parents are involved in this shared moment. They are the children's mouthpieces in a world of spoken and written language. Communication beyond the verbal dimension is a familiar element of their relationship. Based on this background, the following research questions go along the theoretical foundation of felt-bodily communication: "What are moments of felt-bodily communication between parent-child relationship?" and "Which meaning structures can explain the felt-bodily communication of parents and their children with care needs?". Communication is essential for any caring relationship, which means special responsibilities for the person and their environment. The aim of the dissertation is to visualise the meaning structures of felt-bodily communication between parents and their children in need of care and to develop an awareness of the medium beyond verbal communication channels.

Methods:

A neo-phenomenological perspective guides the research: It began with the parents' first contact, continued with the collection of daily moments through the parents' felt-bodily communication in paper-pencil or digital diaries, and concluded with qualitative interviews about these collected moments as a shared process.

Results:

**Data collection started 04.2024: preliminary results at the conference

Conclusion:

**n/a

Abstracts Poster Presentations

Session 4.1: Education and Digitalization

Poster Number 7

3D technologies to support teaching and learning in health care education – scoping review

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Introduction:

There is a lack of research related to technology in health care education. Three-dimensional (3D) technology is one promising tool in education, although the research about it is very incoherent. The first aim of this study was to describe the use 3D technology to support teaching and learning in health care education. Second aim was to describe the outcomes related to 3D technology from the perspective of teaching and learning. This study defined the concept “3D technology” as an entity of different technological tools; 3D images, 3D environment (for example virtual reality), 3D hologram and 3D printing.

Methods:

This study used a scoping review as a research method and utilized Arksey and O’Malley’s framework for identifying the relevant literature. Seven databases were included in this study: Cinahl (Ebsco), Eric (Ebsco), APA PsychInfo (Ebsco), Teacher Reference Center (Ebsco), Education Research Complete (Ebsco), Pubmed (Medline) and Cochrane Library (Wiley).

Results:

The study identified 31 articles that met the inclusion criteria. Results are presented in four categories: 3D environment, 3D image, 3D holograms and 3D print. Pedagogical contexts were multiple for example teaching anatomy. All categories were connected to positive learning outcomes and outcomes that supported learning for example satisfaction. Positive learning outcomes were related to skills, knowledge, students’ perceptions and emotions.

Conclusion:

As a conclusion, these findings describe multiple use of 3D technologies, which can have positive effect to students’ learning in health care education.

Poster Number 18

Can nurse students' learning of infection prevention and control be promoted by applying principles of meaningful learning? A field experimental study

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Introduction:

When teaching infection prevention and control (IPC), nursing education tends to focus on procedural knowledge ("rote learning") rather than promoting an understanding of the underlying reasons behind seemingly isolated pieces of knowledge ("meaningful learning"). The starting point of the study relies on Ausubel's insights on meaningful learning. Teachers can provide advance organizers for new material to promote meaningful learning. These are intended as bridges to connect what is already familiar to students and what needs to be learned. The aim of this study was to investigate if teaching of IPC could profit from applying these principles of meaningful learning.

Methods:

The study is based on a field-experimental pre-post-test design involving a comparison group. Both groups were taking a mandatory course on IPC. The content of the course was the same, but the two conditions differed. To promote meaningful learning, in the experimental condition the teaching started with an introduction to microbiology in line with the notion of an advance organizer; the students were expected to assume an active role during lessons; and teaching relied on one topic per lesson.

Results:

Performance improvement was more substantial in the experimental group than in the comparison group. In the experimental group, test performance increased from $M=104.8$ ($SD=11.9$) to $M=117.6$ ($SD=10.3$), whereas in the comparison group test performance increased from $M=111.5$ ($SD=9.6$) to $M=119.0$ ($SD=7.6$). The interaction effect was almost statistically significant, $F(1,53)=3.6$, $p=.065$, $\eta^2=.06$.

Conclusion:

The results of the study indicate that developing nursing education by applying principles of meaningful learning may support IPC learning.

Poster Number 47

Telemedicine Trust. Analyzing the Impact of Video Consultations on Healthcare Relationships: A Mixed-Methods Approach.

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Introduction:

The Fourth Industrial Revolution is transforming healthcare, shifting the patient-provider relationship towards digital platforms. This shift moves from traditional Hippocratic ideals to remote medicine, characterized by ICT and telemedicine. While digitization enhances efficiency and access, it can exacerbate inequalities and requires maintaining trust in technology. Patients now actively manage their health, aided by accessible information and continuous monitoring. Digital healthcare must balance technology with human interaction, exemplified by Electronic Health Records (EHR). Artificial Intelligence (AI) promises to revolutionize decision-making and treatment personalization but should enhance, not replace, medical judgment. The aim of this study is to describe the impact of video consultation on trust and other aspects of the clinical relationship for both users and Sanitas professionals from 2023 to 2025.

Methods:

The study will use a mixed-methods approach with two phases: quantitative and qualitative. The quantitative phase involves a cross-sectional, observational, and prospective study of individuals over 18 who have used Sanitas' video consultation service. Non-probabilistic convenience sampling will divide participants into age groups. The qualitative phase includes phenomenological interviews and a focus group with healthcare professionals. Trust in doctors will be measured using the Trust in Physician Scale (TPS), healthcare quality with the Servqual Model questionnaire, and satisfaction with the Telehealth Usability Questionnaire (TUQ). The study aims to assess trust, healthcare quality, and satisfaction in telemedicine services.

Women's Experience and Needs on Using Digital Technologies for Gestational Diabetes Management: An Integrative Systematic Review on Patient Portal Features

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Introduction:

Digital technologies help GDM women with remote dietary and exercise management interventions. Quantitative systematic reviews have been conducted to demonstrate GDM digital technologies as complementary approaches to standard GDM care. The existing evidence lacks in synthesizing the technologies from methodological aspects and user experiences. This systematic review aims to investigate the experiences of women using GDM digital technologies.

Methods:

An integrative review methodology was used to include quantitative, qualitative and mixed-method studies. A comprehensive search strategy guided by the SPIDER framework was applied to identify all relevant literature on electronic databases, grey literature, and government websites. The Mixed Methods Appraisal Tool (MMAT) was used for the quality appraisal process. Findings were synthesised into sub-themes and themes.

Results:

Thirty peer-reviewed articles were eventually included in this systematic review, focusing on 5 types of digital technologies including mobile applications, virtual care services, webpages, digital devices, and online communities. Women's experiences and needs of using GDM digital technologies were synthesised into five overarching themes: (1) sufficient and straightforward GDM-relevant educational information; (2) advanced personalisation and broader commitments in coaching components; (3) easy data recording and advanced data visualisation in data management; (4) improved healthcare professionals' engagement; (5) development of online community interfaces.

Conclusion:

This systematic review gives information on the types of available features across technologies and specific preferences for features by women. According to the inferred gaps, efforts should be made to facilitate women's self-estimation with interactive features, improve individualisation to facilitate autonomy and reinforce informational features to provide sufficient support.

Session 4.2: Multidisciplinary and the Care Continuum

Poster Number 40

What are midwives and sonographers' understanding and experience of the informed consent process within antenatal screening for fetal anomalies

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Introduction:

Obtaining informed consent is a legal and ethical principle. In antenatal screening, informed consent is reported as being poorly understood by healthcare professionals (HCPs). This was highlighted by a UK legal ruling, 'Mordei versus Royal Berkshire NHS Trust' (2019), where informed consent prior to an ultrasound scan was deemed not to have been obtained, due to blurred responsibilities between midwives and sonographers. The aim of this study was to explore what HCPs understand by informed consent in antenatal screening. The aim of the presentation is to provide an overview of the methodological approach used and present the three main themes identified from the observational data alone. Research question: What are midwives and sonographers' understanding of the informed consent process within antenatal screening for fetal anomalies?

Methods:

Qualitative research in two London teaching hospitals. Focused ethnography was carried out in Spring 2023, drawing on observations of midwives and sonographers during antenatal screening appointments and ultrasound scans. Semi-structured interviews were carried out with six midwives and six sonographers. Data was analysed using reflexive thematic analysis to identify key themes.

Results:

Three themes were identified: 1) Exchanging information versus informing- HCPs were giving women information without properly informing them; 2) Antenatal screening is a labyrinth of complexity- the myriad of screening options is causing confusion for HCPs when counselling women; 3) The Pregnancy Experience- social factors such as videoing the ultrasound scan were eroding informed consent.

Conclusion:

Obtaining informed consent in antenatal screening is very complex. Both midwives and sonographers face challenges associated with their roles.

Poster Number 44

Construing compassionate nursing care – the perspective of nurses working in primary and community care

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Introduction:

Today, patient safety remains at risk as current nursing care is under enormous time and personnel constraints. Therefore, compassionate care is often not delivered, overlooked, or misunderstood. Compassion is an essential part of nursing and can be defined as 'sympathetic consciousness of others' distress together with a desire to relieve it.' Currently, compassion in nursing happens automatically and instinctively, is often hidden and taken for granted. In order to address patient safety and to provide compassionate care as patients expect, it is necessary to explore it in more detail. The aim of this study is to explore nurses' perception of compassion in primary and community care health settings.

Methods:

A qualitative approach is employed using constructivist grounded theory. The researcher is following the qualitative framework proposed by Charmaz (2000-2015). Data is analysed using NVivo software. Thus, transparency is obtained and an audit trail for the analysis is created.

Results:

Use of the data analysis framework and coding is a major step toward theoretical analysis and theory construction. Early emerging findings will be shared.

Conclusion:

Compassion in nursing is key for the delivery of safe care and is important to patients and nurses. This study will provide a deeper understanding of compassion and advance nursing care in primary and community care settings.

Measuring Autonomy Supporting Behavior: a Systematic Review

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Introduction:

Autonomy is a fundamental human right in healthcare. Autonomy can be affected by acute and chronic diseases or age-related functional decline. Enabling client autonomy is crucial in nursing, as nurses play a key role in supporting clients in their decisional and executional autonomy. To understand nurses' autonomy-supporting behavior, reliable and valid instruments are needed. This study aimed to identify these instruments. This study is part of ACCENT, which aims to empower nurses to support older clients' autonomy in ADL care by enhancing their behavior, competencies, and professionalism.

Methods:

A systematic review was performed, searching three relevant databases. Three reviewers screened the articles by title/abstract and later by full text. Next general characteristics, measured concepts, and psychometric properties were extracted, followed by narrative analysis.

Results:

The process began with 6160 unique articles and resulted in identifying 14 final instruments. These instruments have various aims but are related to measuring concepts connected to autonomy-supporting behavior, such as person-centered care, empowerment or disempowerment behavior, and perceived capacity for self-management support. The assessors of the instruments were professional caregivers (9), clients (4), or both (1). The average number of items was 35. All instruments demonstrated good content validity, and 11 showed good internal consistency and construct validity.

Conclusion:

No instrument was found that specifically measures the autonomy-supporting behavior of nurses. In some instruments, autonomy-supporting behavior was included as an item or a subscale. Further research should focus on developing a valid and reliable instrument specifically designed to measure autonomy-supporting behavior.

Poster Number 37

Adaptation of the Nursing Activities Score in Latvia

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Introduction:

Nursing workload can be considered as the time, physical and cognitive effort required by nurses to perform direct, indirect and non-patient care activities. It is necessary to clarify whether the number of nurses was higher than required by current legislation or, conversely, the nursing staffing was inadequate for the nursing workload. A specific tool is needed to measure this habit. The Nursing Activities Score reflects the diverse nature of nursing workload. The aim of the study is to assess the content and validity of the instrument by consulting with experts and conducting focus group discussions.

Methods:

This is a methodological study. First Phase - determining the Content Validity Index (CVI). The First phase involved validating the instrument by assessing the consistency of expert ratings on the statements. In this phase, 10 experts participated. Second Phase - focus group. In the second phase, considering that some statements had a CVI lower than 0.78, a focus group was convened, consisting of 10 experts. The focus group's goal, in accordance with the Delphi method, was to verify content validity. The focus group was conducted via videoconference as an online remote meeting. The objective of the pilot study was to obtain psychometric indicators. Expert inclusion criteria must be a nurse, head nurse, or deputy head nurse with a certification in anesthesia and intensive care nursing, have at least 5 years of work experience in an intensive care unit, hold a master's degree in healthcare. These phases aim to ensure the robustness and reliability of the instrument by thorough validation and obtaining relevant psychometric data.

Results:

The first stage was found to have an overall CVI of 0.874 for all items, the overall CVI for all experts was 0.871. The CVI for all experts ranged from 0.78 to 0.97. Overall, it was found that for items 4a (CVI 0.6), 14 (CVI 0.6) and 20 (CVI 0.5) the SVI was lower than 0.78. During the second stage of the adaptation, the focus group identified 3 items (4.a.,14,20) that were not suitable for revision. After the discussion, the focus group moderator compiled all the data, ideas and wording of the items, resulting in the final version of the tool in Latvian, which was accepted by the focus group.

Conclusion:

The Nursing Activities Score is a validated tool for measuring nursing workload in intensive care units worldwide. In Latvia, the Score is not yet known or used. After two phases of methodological research, the content of the Score was adapted to the Latvian nursing environment.

Questionnaire development to assess the roles and responsibilities of nurses in ventilator weaning of infants in Austrian Pediatric Intensive Care Units (PICU)

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Introduction:

Studies almost showed positive effects when implementing protocol-based, nurse-led weaning from mechanical ventilation in children. Before such complex interventions can be successfully implemented in clinical practice, a feasibility study must be conducted to describe the current situation (“usual care”) and consider the mechanism's influencing factors and the context. As no suitable survey instrument for this data collection was available, two questionnaires (one for nurses/one for physicians) were developed.

Methods:

The guideline by Burns et al. (2008) with the five phases for developing and testing a survey instrument was used to systematically develop the questionnaires for surveying the roles and responsibilities of nurses in ventilator weaning of infants in Austria.

Results:

According to the steps by Burns et al. (2008), all potential items for inclusion in the questionnaires were considered and grouped into domains. Then questions were formulated and critically reviewed using the Question Appraisal System by Willis (2005). The questions were also reflected and specified using guidelines defined by Burns et al. (2008). Next, an information letter including a data privacy policy was composed. The pretest required for verification was conducted with eight nursing scientists with experience in quantitative research. In a further test phase, the questionnaires were tested for process, meaning, acceptance, and user-friendliness, considering the research hypotheses. Finally, the clinical sensitivity test focused on how well the questionnaires addressed the topic of interest and the survey objective.

Conclusion:

The completed questionnaires were categorized into six domains with different numbers of questions per domain. The questionnaires mainly consisted of closed questions with predefined answers, along with hybrid questions when the range of possible answers was not completely clear. The development of the questionnaires proved to be a time-consuming and complex process. However, the step-by-step approach made it possible to develop the questionnaires, and the survey on the roles and responsibilities of nurses in ventilator weaning in Austrian PICUs was carried out successfully.

Poster Number 52

Making best interest decision under deprivation of liberty safeguards: A Q methodology study

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Introduction:

In the ten years since Lady Hale proclaimed "a gilded cage is still a cage" in the landmark Cheshire West Judgement (P v Cheshire West and Chester Council and another; P and Q v Surrey County Council) which defined what is deprivation of liberty for a person who lacks capacity, whether they reside in hospital, a care setting, or their own home. The making of a best interest's decision remains a contested and confusing process. My thesis aims to analyse the factors affecting best interest decision making concerning care and treatment arrangements which amount to a deprivation of liberty with adults in England and Wales. An initial scoping review of the literature confirmed the need for clarification in this area of clinical practice. A Q methodological approach will be taken to explore these factors, the rationale and stages of this process will be presented.

Methods:

The next stage of this thesis is to address this with a sequential mixed methods approach, using an overall Q-methodology. A bespoke Q-set, derived from a wider Q Concourse, relating to factors involved in best interest decisions will be presented to a sample of Best Interest Assessors who will then rank statements relating to the decision-making process. This Q Concourse will be developed using the following steps: a) a literature review of factors influencing decision making; b) case law analysis of published English & Welsh case law between 2014-2023.

Session 4.3: Caring for Older People

Poster Number 2

A Systematic review of the Impact of care bundles on the incidence of pressure ulcer among at-risk older adults

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Introduction:

Care bundles augment clinical outcomes when used regularly with reliable interventions that define a standard of care, which leads to adequate and efficient treatment, and control of infections (Lavallée et al., 2017). Using the PICO model, this systematic review aims to determine the impact of care bundles on the incidence of pressure ulcers among at-risk older adults.

Methods:

A systematic review was conducted including the following databases: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library) (latest issue), Ovid MEDLINE (1946 to August 2023), Ovid EMBASE (1974 to August 2023), EBSCO CINAHL Plus (1937 to search August 2023), PubMed, Scopus. Two reviewers out the searching, screening, and extraction of data, excluding all possible biases and including an evidence-based high-quality appraisal and synthesis of all data extracted.

Results:

The search strategy identified 1642 citations of which six were deemed to meet the set inclusion and exclusion criteria. Four studies were carried out in America and two in Sweden in a variety of settings. Six of the included studies identified that there was a direct relationship between the use of care bundles and the reduction in the incidence of pressure ulcers in older adults in all studies.

Conclusion:

This systematic review highlights the connection between care bundles and the reduction of the number of pressure ulcers in the older adult population (≥ 65 years). Further studies are justified given that care bundles can reduce the incidence of pressure ulcers which can occur easily in older adults due to the nature of their frail skin, increased age, and medical status.

Poster Number 5

Nurses' individualized care competence in older people's nursing care – instrument development

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Introduction:

Older people often report unmet care needs because their preferences and needs are not identified or assessed. One solution to prevent unmet care needs is the promotion of individuality in nursing care. Individualized nursing care is highly recommended for the golden standard, demanding special competencies from nurses. However, no instruments measure nurses' individualized care competence in older people's nursing care. An instrument would benefit the measurement of these competencies to understand the importance of nursing roles in older people's nursing care. Aim of this study is to develop a self-assessment instrument "Individualized Care Competence in Older People's Nursing Care" for nurses.

Methods:

The instrument development consists of four phases. First, the literature about nurse competence, individualized care, and older people's nursing care was searched and synthesized, and the theoretical concepts were operationalized. An item pool was developed and discussed within the study group. Items were categorized into four domains general nurse competence; knowledge, skills, attitudes and values, and performance. VAS-scale was chosen for evaluation. An expert panel is called to discuss the content and face validity of the instrument. Using cross-sectional survey design data from nurses (n= xx) will be collected (year 2024), followed by validity and reliability testing.

Results:

The first version of the instrument has 91 items in four domains, and it is designed for use in different care environments for older people. The next step is to validate and test the instrument.

Conclusion:

Assessing nurses' individualized care competence in older people's nursing care can be an important tool for implementing quality care for older people.

Poster 10

Professional action by nursing staff when carrying out toilet training to promote continence in geriatric care

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Introduction:

Caring for people (65 years of age and above) affected by urinary incontinence is a major challenge, both for those affected and for caregivers. This affects the quality of life for older adults and underlines the importance of continence promotion. Therefore, this study focuses on professional action of nursing staff when carrying out toilet training, highlighting on nurses' knowledge, attitude, practical actions and creating a caring relationship to promote continence in geriatric care.

Methods:

The basis of this work is a systematic literature research of 10 studies from 2019 to 2023, which is based on databases from the Cochrane study, CINAHL Ultimate, PubMed, NICE and Wiley.

Results:

The results of the 10 studies showed an impact of professional action by nursing staff on older adults affected by urinary incontinence and on the quality of care. The advantage of toilet training included timed voiding, habit training and prompted voiding have no side effect on those affected who are being instructed. This success is portrayed in nurses' attitude, education and care in promoting continence and their understanding of the purpose of training.

Discussion:

National and international guidelines emphasize toilet training as non-pharmaceutical interventions within the scope of nursing skills. However, this study identifies stigmatization and tabooing of the topic of incontinence by nurses among older adults. There is also lack of cooperation and understanding between nursing staff and those affected.

Conclusion:

Nurses should take the leading role and act as facilitators in assisting and instructing those affected with toilet training.

Poster Number 35

Care problems and goals for improvement of a dementia-specific, nurse-led care model in German nursing homes - Results of a group Delphi study

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Introduction:

In Germany, the Federal Ministry of Health has recommended the implementation of innovative nurse led care models. As currently no nurse ed care models exist for German nursing homes, the study aimed to prioritize care problems and goals for improvement for the development of a dementia-specific, nurse-led care model.

Methods:

In this group Delphi, nursing home managers and representatives of responsible bodies prioritized and discussed empirically identified care problems and goals for improvement in terms of their relevance in the subject areas' personnel, collaboration, dementia care and relatives. The group Delphi comprised two assessment rounds in rotating groups and a plenary discussion. The questionnaire contained 40 items, which were rated on a 10-point Likert scale. Ratings with a variation coefficient of ≥ 0.5 and a standard deviation of ≥ 2.0 were classified as deviating.

Results:

We included 16 participants. After two rounds and the plenary discussion, consensus or consensus on dissent was reached for all but two items. The consensus on dissent was explained context-specificity. Prioritizations comprised mean values between 2.3 and 7.8. Four care problems that seem to influence the workflow of nurses and the realization of dementia-specific care (mean values: 6.5 -7.0) and six goals for improvement relating to job satisfaction and professional collaboration (mean values: 6.0 - 7.8) were prioritized as more relevant.

Conclusion:

This study prioritizes topics and outcomes for a future care model. It also highlights the need for context-specific elements in care models to address the different situations in nursing homes.

Antidepressant use, but not polypharmacy, is associated with worse outcomes after in-hospital cardiac arrest in older people

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Introduction:

The objective of this study was to evaluate the association between polypharmacy and antidepressant use before hospital admission with return of spontaneous circulation (ROSC) and in-hospital mortality in in-hospital cardiac arrest (IHCA).

Methods:

This retrospective study included patients over 18 years of age with IHCA, attended by the rapid response team in hospital wards, from March 2018 to September 2023. The exclusion criteria were the absence of information regarding polypharmacy, pregnancy, and the presence of an express order of "do-not-resuscitate order". Data were collected from the electronic medical records.

Results:

Five hundred and seventy-eight patients with IHCA were evaluated; 42 patients were excluded due to the absence of information regarding polypharmacy and 24 due to "natural death permission". Thus, we included 512 patients in the analysis. The mean age was 64.4 ± 14.9 years, 52.3% were male and 54.5% were older people. Polypharmacy was prescribed for 50.8% of patients, 48.4% had ROSC, and in-hospital mortality was 92.0%. In logistic regression models the polypharmacy regimen, in the older population, use was not associated with ROSC (OR: 1.122; CI95%: 0.660-1.906; p: 0.672) or mortality (OR: 1.185; CI95%: 0.170-8.260; p: 0.864). Regarding antidepressant use, it was associated with lower rates of ROSC (OR: 0.412; CI95%: 0.183-0.925; p:0.032), but was not associated with mortality in older people (OR: 1.682; CI95%: 0.129-21.996; p: 0.692).

Conclusion:

In conclusion, polypharmacy regimen was not associated with the ROSC and in-hospital mortality; however, antidepressant use was associated with lower ROSC only in older patients.

The association of Frailty, Malnutrition, and mobility in 30-day mortality after hip fracture in older people

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Introduction:

Malnutrition, Frailty Syndrome, and low mobility are conditions that intersect in older individuals experiencing low-energy hip fractures. While these conditions are associated with mortality, it remains an area ripe for exploration. Aim: To evaluate malnutrition, frailty syndrome, and low mobility are associated with 30-day mortality after a hip fracture treated with surgery.

Methods:

This was an observational study in which patients older than 60 years old hospitalized in a University Hospital in Brazil that were prospectively assisted by the Nutritional, Clinical, and Surgical interprofessional team. Clinical data, mini-nutritional assessment (MNA), Clinical Frailty Scale (CFS), and Parker & Palmer Scale (PP) were collected. Survival (S) and death (D) were analyzed in a dichotomous way, and variables were compared with Mann Whitney and multiple logistic regression, adjusted by sex, age, and fracture type.

Results:

485 patients were included in 3,5 years. The mean age was 79.3+/-10; women 74%, 8.80% 30-day mortality. Malnutrition or at risk was observed in 70%, Low mobility in 40% and Frailty in 39%. In the univariate analysis it was observed ECF in S=4.00(3.00-5.00) and D=5.00 (4.00-6.50) (p<0.001); MNA in S=21.5 (18.0-24.5) and D=19.0 (17.0-22.5) (p=0.04); PP in S=7.00(4.00-9.00) and D=4.00 (3.00-6.25) (p<0.001). The logistic regression showed that ECF (OR =1.37; 95 CI=1.10-1.70) (P=0.004) and PP (OR=0.84;95 CI=0.74-0.96) (P=0.01) were associated with mortality, but not MNA.

Conclusion:

Since it is a high-mortality disease and there is no validated risks core in Brazil and other Low—and medium-income countries, bed side common assessments such as mobility and frailty can help predict mortality and guide person-centred care. Malnutrition is very common and must be addressed for all patients.

Green Event

The EDCNS will be held as a Green Event for the first time. The Austrian Eco-label for Green Events aims to contribute to a sustainable event culture - so that Styria remains "the green heart of Austria". One of the aims of the Austrian Eco-label for Green Events is to make environmental and climate protection initiatives visible to the outside world. Some of the measures we have taken will be more visible for you than others. Participants, visitors and audience at an event naturally come from different backgrounds and have different levels of awareness of environmental issues. We would therefore like to draw your attention to a few important aspects.

Arrival

We would recommend that you arrive by bus or tram. There are tram and bus stops close to the conference location. These are the following bus and tram line that will bring you to the conference location:

- tram number 7 to "LKH Med Uni/Klinikum Nord"
- bus number 41 or 64 to "St. Leonhard/Klinikum Mitte"
- bus number 58 to "Ragnitz"
- bus number 82 to "Klinikum Mitte"

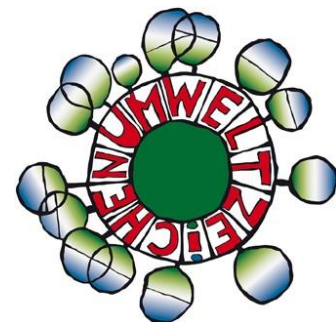
Check out the best way to get there by using the link: [BusBahnBim Routenplaner \(verbundlinie.at\)](https://www.verbundlinie.at)

Depending on where you are staying, another good option would be to go by foot. At the same time, you can have a look around Graz.

If it is necessary to travel by car, we recommend that you form a car pool.

Accessibility

At the Medical University, accessibility is of course provided in order to ensure that everyone has access to the conference. If you have any questions in this regard, please do not hesitate to contact us in advance.



General eco-friendly tips

- Reusable is environmentally-friendly: avoid bottled beverages, eating food from single-use plates, using milk and sugar from small packages
- Dispose your garbage (PET, glass, paper, metal, etc.) accordingly, using the garbage bins that are available at the conference location
- If possible, use online registrations or digital materials instead of paper printouts/handouts
- Use your own writing utensils
- At the end of the event, hand in your name badges at the information desk, in order to avoid a one-time use

Social program and conference dinner

The social program and conference dinner will take place on Friday, September 20th 2024.

Social program

City tour: We meet here at 18:00: <https://maps.app.goo.gl/yawSWuGi3NJnc3Kr8>

Date: **September 20th 2024, at 6 pm**

The fee for the conference dinner and social program is not included in the registration fee.

Conference dinner

Date: **September 20th 2024, at 7:30 pm**

Location of the conference dinner: Gösser Bräu Graz

Neutorgasse 48, A-8010 Graz

[+43 316 82 99 09-0](tel:+433168299090)

<https://www.goesserbraeugraz.at/>



Acknowledgements



→ Economy, Tourism,
Science and Research



The European Doctoral Conference in Nursing Science



Celebrating the PhD Community

17-19 September 2026, University
Maastricht

first announcement

At Home in Care: Advancing Nursing Knowledge, One Step Beyond.

Let us come together and share our research at the 21st European Doctoral Conference on Nursing Science, which is a meeting point for PhD students from all over the world.

The EDCNS is organised by students of the Program in nursing science of the Medical University of Graz and Maastricht University in cooperation with the Bern University of Applied Sciences. The 21st EDCNS will be held in Maastricht, the Netherlands on September 17th-19th 2026.

The conference provides the opportunity to:

- Meet and build contacts with international colleagues
- Present a research project as part of their thesis
- Share experiences and information in the area of nursing research
- Learn what is currently happening in nursing science internationally
- Meet the Professors

All PhD students in nursing or health science, professors, and health care professionals are welcome to attend the conference.